


Pelvic Floor and More

Utilizing habits, muscle coordination, and dietary changes to reduce incontinence.

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Objectives

- Discuss the risks of performing pelvic floor contractions without proper assessment to prevent symptom aggravation and muscle imbalances.
- Describe how certain voiding habits can lead to urinary incontinence, emphasizing the importance of making lifestyle changes and adopting behavioral strategies for a well-rounded approach to reducing incontinence.
- List common bladder and bowel irritants in food/drinks.
- Foster a collaborative healthcare team approach in patient care when identifying symptoms of Pelvic Organ Prolapse (POP), Urinary Incontinence, and Chronic Pelvic Pain (CPP) to facilitate timely referral to a Pelvic Health Therapist.

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Survey says....

- What populations do you treat?
 - >65 y/o
 - <65 y/o
 - Pediatrics
 - All of the above

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Survey says....

- How familiar are you with pelvic health therapy?
 - Never heard of it before this break out
 - I have heard of it a few times
 - I know of a pelvic health therapist
 - I know the name of a pelvic health therapist in the area
 - I regularly send referrals to pelvic health therapy

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Who are Pelvic Health Therapists?

- Physical Therapists
- Occupational Therapists



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Physical Therapist

- Education
 - Doctor of Physical Therapy
- Post Graduate Training
- Certification
 - APTA
 - WCS
 - H&W
 - PRPC



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Occupational Therapists

- Education
 - Masters or Doctorate
- Post Graduate Training
- Certification
 - H&W
 - PRPC

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What do PHT's Treat?

- Voiding Dysfunction
 - Urinary Incontinence
 - **Stress urinary incontinence:** Observation of involuntary leakage from the urethral orifice synchronous with effort or physical exertion, or on sneezing or coughing
 - **Urge urinary incontinence :** Complaint of involuntary loss of urine associated with urgency.
 - **Mixed urinary incontinence:** Complaints of both stress and urgency urinary incontinence {2}

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What do PHT's Treat?

- Voiding Dysfunction
 - Urinary Incontinence (cont.)
 - **Overflow Urinary Incontinence:** Complaint of urinary incontinence in the symptomatic presence of an excessively (over-) full bladder **Disability**
 - **Associated Urinary Incontinence:** Complaint of urinary incontinence in the presence of a functional inability to reach a toilet/urinal in time because of a physical impairment, (e.g. orthopedic, neurological) and/or mental impairment **{2}**
 - **Nocturnal Enuresis:** Bedwetting

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What do PHT's Treat?

- Voiding Dysfunction
 - **Fecal Incontinence**
 - “Among 71,812 individuals who completed the National GI Survey, 14.4% reported FI in the past; of these, **33.3%** had FI within the past 7 days.” **{3}**
 - This survey was internet based, therefore likely did not capture a large portion of the target population

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What do PHT's Treat?

- **Voiding Dysfunction**
 - **Constipation**
 - “In individuals **65** years of age or older in the community, the prevalence is **26%** for women and **16%** for men. This rate increases to **34%** for women and **26%** for men in those **84** years of age and older. For long-term care residents, the prevalence is as high as **80%.**” {4}

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Survey says...

- **Do you currently have patients with constipation?**
 - Yes
 - No

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What do PHT's Treat?

- Chronic Pelvic Pain
 - “Chronic pelvic pain is pain that is **located anywhere in the lower abdomen, pelvis, lower back or genitalia**. Sometimes the pain can be felt in the **upper thighs or legs**. In general, pain is considered chronic if it does not respond to initial treatments, lasts longer than 3-6 months regardless of its location, and if it is associated with disability or need for medical care. The pain may come and go, or it can be constant. Sometimes chronic pelvic pain occurs on a regular cycle, such as during menstruation or it can occur before or after walking, eating, urinating, or during sex.” [1]

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What do PHT's Treat?

- Prolapse
 - Types
 - Cystocele
 - Rectocele
 - Uterine
 - Enterocele
 - Intestines
 - Vaginal

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What do PHT's Treat?

- Prolapse Symptoms
 - Pressure or bulge at vaginal opening
 - Worse later in the day, after activity, or extended standing
 - Achiness in pelvic region
 - Ache/pain in the low back.
 - Pressure or pain during intercourse
 - Need to splint/support organs to void urine or stool
 - Spotting vaginally

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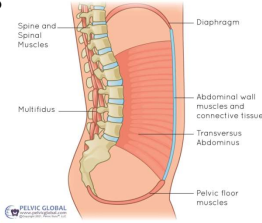
How do PHT's Treat?

- Breathing
- Pelvic Floor Muscle Coordination
- Life Style Modification
- Stress Management
- Dietary Changes

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Breathing

- Pelvic floor and diaphragm correlation
 - Inhale/lengthen
 - Exhale/shorten
- Decreased downward pressure
 - Reduced leaks
 - Improved prolapse symptoms

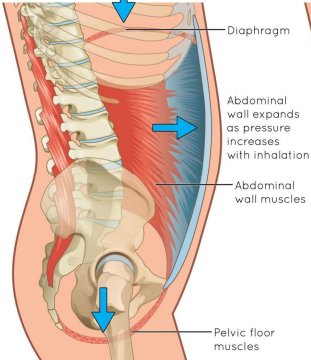


The diagram shows a sagittal view of the human torso. Labels include: Spine and Spinal Muscles, Diaphragm, Multifidus, Abdominal wall muscles and connective tissue, Transversus Abdominus, and Pelvic floor muscles. The PELVIC GLOBAL logo is at the bottom left of the diagram.

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Inhalation

Diaphragm shortens and lowers to expand lungs



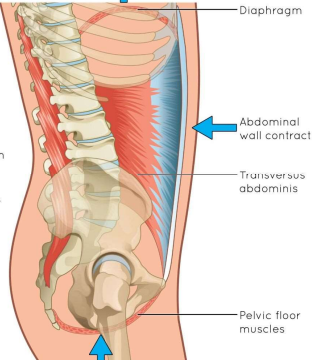
Abdominal wall expands as pressure increases with inhalation

Abdominal wall muscles

Pelvic floor descends (relaxes) as intraabdominal pressure increases

Exhalation


Diaphragm relaxes as air moves out of lungs



Abdominal wall contracts

Transversus abdominis

Pelvic floor contracts



The diagram illustrates the relationship between breathing and pelvic floor function. During inhalation, the diaphragm contracts and moves down, while the abdominal wall expands. This causes the pelvic floor to descend and relax. During exhalation, the diaphragm relaxes and moves up, and the abdominal wall contracts, causing the pelvic floor to contract. Labels include: Diaphragm, Abdominal wall expands as pressure increases with inhalation, Abdominal wall muscles, Pelvic floor descends (relaxes) as intraabdominal pressure increases, Diaphragm, Abdominal wall contracts, Transversus abdominis, and Pelvic floor contracts.

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Survey says...

- Did you feel your pelvic floor press gently into the chair?
 - Yes
 - No
 - Maybe so

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A Word of Caution

- When **not** to do pelvic floor contractions
 - Pelvic muscle tightness/shortening
 - Constipation
 - Urinary retention
 - Urinary Spraying
 - Pelvic pain



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A Word of Caution

- Why it is worth having the pelvic floor assessed?
 - Bearing down vs pulling up
 - Prolapse
 - ER nurse incontinence case study

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Muscle Coordination

- Different Types of Contractions
 - Quick
 - Sustained
- Different Positions
 - Sitting
 - Standing
 - Weight shifting

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Survey says...

- Have you heard of the squatty potty?
 - Yes
 - No

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Lifestyle Modification

- Toileting Ergonomics
 - Knees above hips
- Double Voiding
- Toilet hula



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Lifestyle Modification

- **Voiding Bad Habits & Consequences**
 - Waiting >6 hours between voiding urine habitually
 - Lack of an early warning urge
 - Just in case urination (JIC)
 - Urge that is situational vs due to filling/stretch
 - Going to the bathroom right when you get home
 - Latch Key incontinence

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Lifestyle Modification

- **Voiding Bad Habits & Consequences**
 - Stopping your flow while on the toilet
 - Incomplete emptying
 - Ignoring the urge to void stool habitually
 - Constipation
 - Pushing to void quickly
 - Detrusor muscle reduced function

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Lifestyle Modifications

- **Reducing Voiding at night**
 - Fluid Intake Timing
 - Reduce fluids 90 minutes before bed
 - Lower Extremity Elevation
 - Elevate LE's above the level of the heart for at least 10 minutes 1 hour before bed



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Stress Management

- **Physical Stress**
 - Strengthening and ergonomics to address:
 - Lifting
 - Sit to stand transfers
 - Bending over
 - Pushing/Pulling



https://www.gaiam.com/products/05-62091_2

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Stress Management

- **Psychological Stress**
 - Referral to trained mental health therapist
 - Diaphragmatic breathing {5}
 - Meditation
 - Guided Imagery

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Dietary Changes

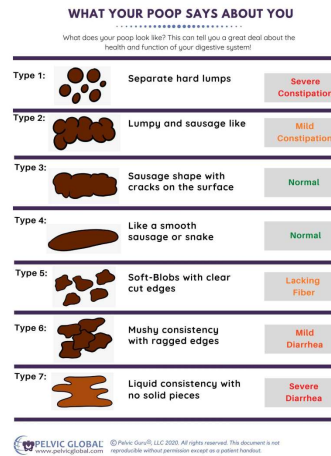
- **Common Bladder Irritants**
 - Sugar substitutes
 - Carbonation
 - Caffeine
 - Spicy
 - Acidic foods
 - Alcohol

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Dietary Changes

- Common Bowel Irritants

- Gluten
- Dairy
- High fructose foods
- Sugar alcohols



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Dietary Changes

- Low Fodmap Elimination Diet

- Usually for IBS and SIBO
- Phases
 - Elimination
 - Reintroduction
 - Maintenance
- Resources
 - Monash University Website and App

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Working with the Medical Team

- Case Studies
 - Enuresis in adult female, sudden onset
 - Sudden onset 2 months before evaluation
 - Waking up wet 2-3x/week
 - No leaks during the day
 - Good pelvic floor coordination and strength
 - Reducing liquids 90 minutes before bed without improvement

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Working with the Medical Team

- Case Studies
 - Constipation in youth diagnosed with ADHD
 - Did not like to void stool at school
 - Did not feel hungry until medication wore off
 - Would not eat lunch
 - Played afterschool sports
 - Eating dinner around 8 pm, right before bed
 - Was not a fruit or veggie fan

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Working with the Medical Team

- **Case Study**
 - **Multiple night time voids (4-6)**
 - No daytime urgency
 - No medication changes
 - **Cause**
 - Night time urination of 4 or more may be a sign of significant obstructive sleep apnea{6}
 - Berlin Questionnaire

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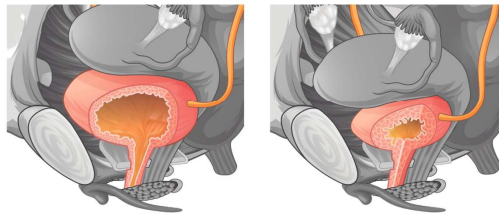
Working with the Medical Team

- **Case Study**
 - **Bedwetting in Kids**
 - Constipation
 - KUB
 - Modified O'Regan Protocol
 - Sleep Apnea

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Working with the Medical Team

- UTI Prevention/Treatment
 - Is it really a UTI?
 - Urinary retention



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Working with a Medical Team

- Medication
 - OAB medication as tolerated
 - Constipation Medication as needed

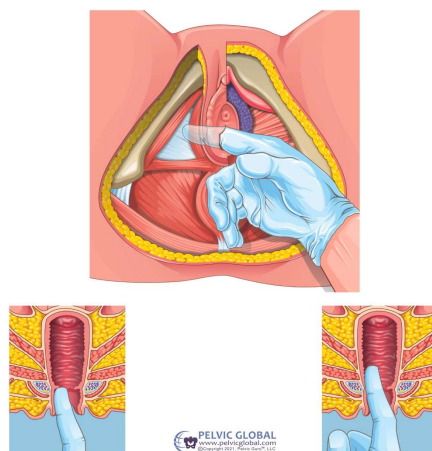
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What to Expect

- Pelvic Health Evaluation
 - Extensive History Taking
 - Musculoskeletal Screening
 - Internal Pelvic Muscle Screening

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Pelvic Muscle Assessment



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Where's Waldo?

- How to find a qualified pelvic health therapist in your area?
 - Herman and Wallace
 - APTA
 - Pelvic Guru

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Take Home Tips for Monday

- Breathing is important
- Kegels do NOT fix everything
- Knees above hips for better voiding
- Avoid the just in case urination

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Take Home Tips for Monday

- There is no gold star for who holds it the longest
- Common Bladder Irritants
- Common Bowel Irritants

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Questions

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