



# Womens Health: Regain Your Life!

## restoring confidence by treating incontinence

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### What is incontinence?

“Urinary incontinence (UI) has been called a silent epidemic. Millions of Americans suffer from the embarrassment, frustration, isolation, and depression associated with UI,” writes Lisa Prieto, PT, in her article, *Underdetected Affliction*.<sup>1</sup> It’s easily defined as a loss of bladder control due to a weak pelvic floor. (The pelvic floor is a group of muscles that support the bladder, rectum, and uterus.) Urinary incontinence is a very common problem among women of all age groups, but is more frequent among post-partum mothers. Roughly one-third of all women over the age of 40 are living with UI. This doesn’t have to be the case. UI is a very manageable, and easily cured disorder. In fact, “80 percent of all reported cases are cured or improved.”<sup>1</sup>

Less than half of people with UI mention it to their physician, yet it is easily treated.  
-Lisa Pietro, PT

### What causes UI?

In her book, *Womens Waterworks*, Dr. Pauline Chiarelli identifies the three most common types of incontinence:

- 1) **Stress Incontinence**
- 2) **Urgency**
- 3) **Frequency**

“**Stress** incontinence is leaks which happen when they cough, sneeze, swing at a golf ball, or lunge at tennis. **Urgency** is the really strong need to pass urine which, if ignored, most women feel would cause them to wet their pants. **Frequency** applies to the need to empty the bladder often, with only a short time between visits to the toilet.”<sup>3</sup> These three forms of incontinence can all be linked to the problem of having a weak pelvic floor. When healthy, the pelvic floor serves as a gatekeeper to the passage of urine. It also controls the amount that your bladder empties.

According to Alicia Silva, MSPT, in her article, *Two Women, Two Disorders: Prescribing the ideal exercise regimen for pelvic floor dysfunction*.<sup>2</sup>

“A healthy pelvic floor contracts efficiently to ‘hold’ the flow of urine or feces despite coughing, sneezing or laughing. It also relaxes appropriately to allow full bladder and bowel emptying without unnecessary bearing down. A dysfunctional pelvic floor fails in one of two ways: it is either too weak to control the need to go, or it is too hyperactive to relax and allow complete voiding.”<sup>2</sup>

She goes on to say that,

“A weak pelvic floor can be the result of pregnancy, trauma from surgery or a fall, poor posture or spinal alignment, muscle imbalances, infection or inflammation. A hyperactive pelvic floor, however, can be attributed to a neurological disorder or trauma resulting in damage to muscles and nerves. It can also be caused by adaptive shortening and spasm of the pelvic floor from pelvic misalignment or sustained contraction.”<sup>2</sup>

Other less common, but equally important, causes of incontinence are:

- Menopause
- Aging
- Chronic coughing
- Obesity
- Spinal problems
- Drug/alcohol use

UI is an all-to-common problem that affects millions of women in the U.S. alone. One reason for such staggering numbers is that it often goes untreated. Prieto writes, “*Less than half of people with UI mention it to their physician, yet it is easily treated. ... Many assume that UI is a normal part of aging while others are embarrassed or unaware of treatment options.*”<sup>1</sup> Fortunately UI is a treatable condition that usually only requires muscle strengthening and bladder retraining.

## Treating and managing UI

Physical therapists and women's health practitioners specializing in continence are both equally suited to treat UI. Bladder retraining consists of increasing the time between trips to the "ladies" and specific exercises aimed at the pelvic floor can aid in strengthening of these muscles. However, Pietro, PT, notes:

"While any therapist is qualified to give simple verbal or written instructions for pelvic floor muscle exercises, instructions alone may not be sufficient. A study conducted by Bump in 1991 found that 40 percent of women could not perform an effective pelvic floor contraction after verbal instruction, and 25 percent displayed techniques that could potentially worsen their incontinence. Often, patients are unaware of which muscles to contract, incorrectly contracting accessory muscles such as the gluteals or abdominals. ... The most effective treatments are multi-factorial in nature, requiring more in-depth knowledge of the urinary system."<sup>1</sup>

Amy Boyden-Hoekstra, PT, a Women's Health specialist at LifeRehab Services, Inc. in Wayzata, MN gives an example of a multi-factorial approach:

"We help our patients with incontinence by putting them on a Home Exercise Program. The program includes: setting the patient up with a stabilization program, helping them perform their Kegels properly, and modifying their diet when necessary. Plus, we commonly use modalities such as Biofeedback and e-stim."<sup>4</sup>

Pelvic floor exercises are even more effective when performed in conjunction with Biofeedback or electrical stimulation. According to Silva, MSPT, "*Biofeedback can more accurately assess muscular contractions, with sensors positioned internally (vaginal or rectal) and externally (abdominals and buttocks).*"<sup>2</sup> In regard to electrical stimulation, Silva states, "*Electrical stimulation of the pelvic floor, in combination with active contraction and relaxation, is beneficial for neuromuscular re-education, and to improve the patient's awareness of pelvic floor activity.*"<sup>2</sup>

Finally, "In addition to pelvic floor-specific exercises, it is important for women with weak pelvic floor muscles to address any deficits in core stability. Back, hip, and upper and lower abdominal muscle weakness should be targeted. The abdominals, in particular, play a role in supporting the pelvic organs and aid in preventing organ prolapse. Pilates techniques and traditional lumbar stabilization exercises on the floor or using a therapy ball can be effective to maximize core strength."<sup>2</sup>

## Product & resource recommendations



**Womens Waterworks: Curing Incontinence** is a female pelvic floor manual by Dr. Pauline Chiarelli. It provides patients with an educational and light-hearted look at a serious topic.



**Postpartum Health for Moms Video** is designed for all sufferers of UI. Diane Lee explains why these things happen during pregnancy and provides exercises to restore strength.

**Postpartum Health for Moms CD-ROM** is for clinicians and includes eight one-hour sessions for teaching the Postpartum Health for Moms in a clinical setting.



**Pelvic Muscle Therapy Program** is a Biofeedback device that is used to identify and strengthen weak pelvic floor muscles. Instructional video, manual, and carrying bag are included.



**The Female Pelvis: Anatomy and Exercises** is a descriptive resource that outlines the functional anatomy of the pelvis and how it responds to pregnancy and childbirth. Exercises designed to increase pelvic flexibility, strength, and coordination are also covered.



**The Next Core Challenge DVD Package** This new DVD program offers complete education and exercise demonstration for greater core strength, balance, and flexibility using progressive exercises with the new FitBall® Roller.

## Product Mentions

All products mentioned in this newsletter can be purchased from OPTP. Shop online at OPTP.com to see our vast selection of Women's Health products and more! Or you can talk to one of our knowledgeable customer service representatives Monday-Friday from 8AM-5PM CST. Call us today at 1-800-367-7393, and we'll be happy to assist you with all your health and fitness needs.

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### References:

- 1) Prieto, Lisa, PT. "*Underdetected Affliction.*" Advance for Physical Therapists & PT Assistants, June 21, 2004. Pp. 47-48.
- 2) Silva, Alicia, MSPT. "*Two Women, Two Disorders: Prescribing the ideal exercise regimen for pelvic floor dysfunction.*" Advance for Physical Therapists & PT Assistants, January 10, 2005. Pp. 31-32, 47.
- 3) Chiarelli, Pauline, PhD. *Womens Waterworks: Curing Incontinence.* Wallsend NSW 2287, Australia. George Parry, 2004. P. 7.
- 4) Amy Boyden-Hoekstra, PT, holds a Masters Degree in PT and is currently the Women's Health specialist at LifeRehab Services, Inc. in Wayzata, MN.