

# **Pelvic Floor Therapy: Urinary Incontinence & Prolapse**

**Kassidy Irons, PTA**

# PELVIC FLOOR THERAPY: URINARY INCONTINENCE & PELVIC ORGAN PROLAPSE

## Urinary Incontinence

Urinary incontinence is defined as any involuntary leakage of urine. There are 3 main types of urinary incontinence; urge, stress and mixed.

- ✓ Urge incontinence is characterized by leakage following a sudden need to urinate. For example, hearing rushing water and putting your key in the door.
- ✓ Stress incontinence is described as urinary leakage that happens in circumstances of physical exertions such as sneezing, coughing, jumping and running.
- ✓ Mixed urinary incontinence is a presentation that includes symptoms of both stress and urge incontinence.
- ✓ Approximately 25% of young women, 44-57% of middle-age woman and 75% of older woman experience some involuntary urine loss. Urinary incontinence affects quality of life and has a large economic and societal impact.

## Pelvic Organ Prolapse

Pelvic Organ Prolapse is the descent of one or more aspects of the vagina and uterus and occurs when organs are herniating in to the vaginal space.

- ✓ Prolapse includes bladder, uterus and rectum through the vaginal wall.
- ✓ Symptoms of a prolapse include sensation of a bulge, stress incontinence, necessity for bowel splinting, incomplete bladder or bowel evacuation, back pain, and sexual dysfunction.
- ✓ Risk factors include number of vaginal deliveries, age, family history, obesity, connective tissue disorders, chronic cough conditions, chronic constipation, weight lifting and menopausal state.
- ✓ The international prevalence of this condition among women of childbearing age and older is estimated between 32% and 64%.

# MEET OUR PELVIC HEALTH THERAPIST



## Kassidy Irons, PTA Physical Therapist Assistant

Kassidy Irons is a PTA for Therapy West, currently working primarily in the Mount Pleasant Outpatient Clinic. Kassidy is a 2013 graduate of Dixie State University, which prepared her for an exciting career in the healthcare field.

“My outgoing personality and ability to communicate with an individual helps to let them know that I am on their side without being intrusive. I explain why a particular treatment is needed and beneficial for their progress and care. I thoroughly enjoy helping people get back to the hobbies and activities they enjoy without pain.”

Kassidy enjoys anything outdoors and competitive activities/sports. She and her family enjoy camping, hunting, fishing, and being involved in the community and schools in any way they can.

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## LEARN MORE FROM OUR PODCAST

The Mountain Land Pelvic Health Podcast covers a wide variety of topics with an intimate, holistic and enthusiastic approach to pelvic health. Madison Splan, PT, DPT, WCS is the host of the Mountain Land Pelvic Health Podcast and specializes in Women's Health Physical Therapy. Each episode Madison hosts guests from a multitude of backgrounds including medical doctors, psychologists, nurses and personal trainers.

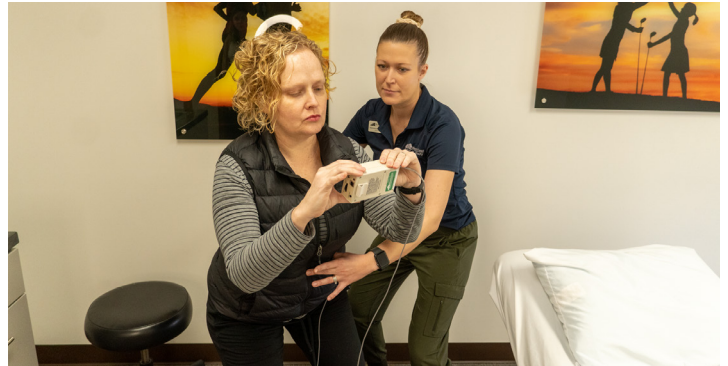


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# PELVIC FLOOR THERAPY PHASES

## BIOFEEDBACK

Biofeedback training includes external or internal sensors, which are placed on the pelvic floor musculature. This records the muscle activation output on to a monitor, which the patient will visualize during activity for live recording of what the muscles are doing. Research has shown pelvic floor strengthening with use of biofeedback has greater strength improvements than without.



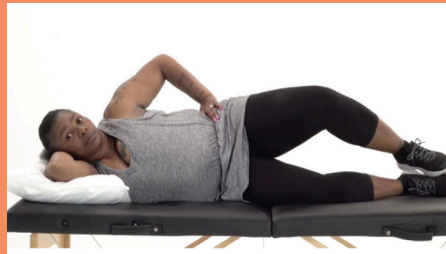
## PHASE 1

### Kegel Strengthening:

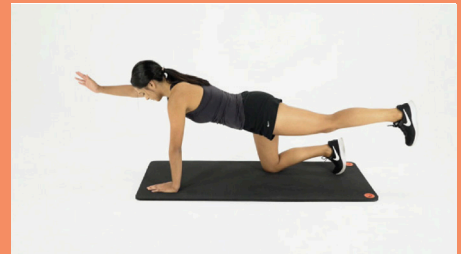
Pull your pelvic floor tissues up and in, similar to stopping your urine mid-stream or not allowing gas to pass. You should feel the perineal tissue elevate and the activation should be felt deep under your belly button. Slowly activate as you gently exhale.



Bridge



Clamshells



Bird Dog

## PHASE 2

### Kegel Endurance:

Progression to breathing normal with pelvic floor activation beginning with 10 seconds and progressing up to 60 seconds. This is used when training for pelvic organ prolapse.



Sit to Stand



Tandem Balance



Step-Up

# PELVIC FLOOR THERAPY PHASES

## PHASE 3

### Kegel Coordination:

- Quick Flicks: 3-5 quick pelvic floor contraction with maximum relaxation achieved between repetitions. This is used for urge incontinence.
- Percentage holds: Activating the pelvic floor muscles with 50% of max, 25% of max and 10% of max in order to work on endurance and high level activities including running and fitness classes.
- Perform a maximal pelvic floor contraction prior to blowing a full breath of air in to a balloon in order to simulate the pressure created with coughing and sneezing.



Running Mechanics

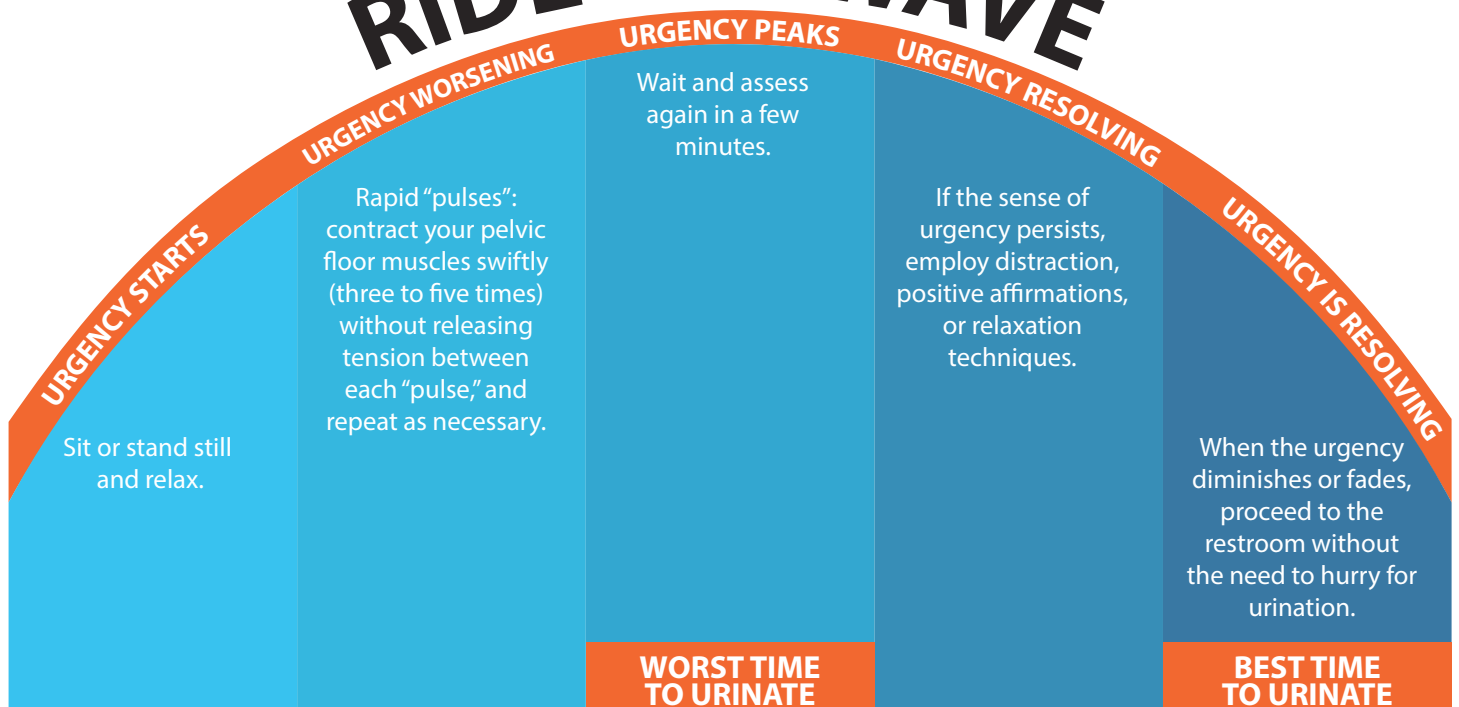


Squat Jump



Bosu Balance Squat

## RIDE THE WAVE



# BLADDER DIARY INSTRUCTIONS

Please complete a bladder log every day for 2-3 days and bring it back in to the clinic.

The main purpose of the bladder log is to document how your bladder functions. A log can give your health care provider an excellent picture of your bladder functions, habits, and patterns. At first, the log is used as an evaluation tool. Later, it will be used to measure your progress on bladder retraining or leaking episodes.

Logs will be more accurate if you fill them out as you go throughout the day. It can be very difficult to remember at the end of the day exactly what happened in the morning.

## COLUMN 1 - Time of Day

This log will cover 24 hours.

## COLUMN 2 - Type & Amount of Fluid & Food Intake

Keep this simple. Record the type and amount of food and fluids you ate/drank. Ex: chicken, broccoli, rice. With fluid intake, please be specific with type and quantity in either ounces or cups. Ex: 1 cup of coffee or 20 ounces water.

## COLUMN 3 - Amount Voided in Ounces (oz) or S / M / L

Record the time of day and amount voided using one of the three methods of recording listed below.

- Ounces (oz):** Measure urine in collection device. The best method is a collection "hat" placed in the toilet. Record the measured ounces of urine in the "hat" at the corresponding time.
- S / M / L:**
  - (S)mall:** small amount <8 oz or urinated "just in case"
  - (M)edium:** seemed like >8 oz or longer than 5 sec.
  - (L)arge:** seemed like > 10 sec or similar to when you first urinate in the morning.
- Seconds:** This is the easiest method to perform. Simply count "one-one thousand" or "one - Mississippi" (equaling one second) while you are voiding. Record the number of seconds it took to fully empty your bladder.

## COLUMN 4 - Amount Leaked

- (S)mall:** 1 or 2 drops
- (M)edium:** wet underwear, fills panty liner
- (L)arge:** wet pants/skirt, fills pad

## COLUMN 5 - Urgency

- Mild:** first sensation of needing to go. No worry about leaking
- Moderate:** strong need to void, slowly head to the bathroom.
- Strong:** strongest need to void, run to toilet or you will leak.

## COLUMN 6 - Activity with Leakage

Describe activity performed during urinary leaking: laughing, coughed, jumping, lifting groceries, running...

## COMMENTS

At the bottom of the table, mention any special/specific problems you encountered. Medications, time for bed vs time woken up, and the number of times you had to change a urinary pad should also be documented here.

# BLADDER DIARY LOG

Time	Type & Amount of Fluid & Food Intake	Amount Voided (Urinated)	Amount Leaked	Urgency	Activity with Leakage (Laughing, Coughing, Sneezing)
12:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
1:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
2:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
3:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
4:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
5:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
6:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
7:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
8:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
9:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
10:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
11:00 AM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
12:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
1:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
2:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
3:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
4:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
5:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
6:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
7:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
8:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
9:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
10:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	
11:00 PM		S / M / L ___Sec, ___ oz.	S / M / L	Mild / Moderate / Strong	

Medications: (ex: Oxybutynin) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bed Time: \_\_\_\_\_ Comments: \_\_\_\_\_

Wake Time: \_\_\_\_\_

# of Pad Changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FREQUENTLY ASKED QUESTIONS

**Q: What will my first evaluation look like?**

**A:** The first examination visit is around 1 hour in length. It is comprised of a general orthopedic lumbo-pelvic screen including hip, pelvic and lumbar mobility, strength assessment and special tests. This is followed by an internal vaginal pelvic floor exam with digital palpation to assess for the ability to perform a Kegel, relax, bear down to identify pelvic organ prolapse and tissue palpation for pain and scars. No stirrups or speculum is utilized.



**Q: How long will this take to resolve?**

**A:** We generally see resolution between 8-12 visits based on the chronicity and severity of your case. If we do not see improvements by then, we will refer you to the correct medical care provider for further interventions.



**Q: How are Kegels preformed differently for stress vs urge vs prolapse treatment?**

**A:** Exhale and Kegel coordination is used for stress incontinence issues such as coughing, sneezing and physical activity. These all occur with a forceful exhale. Quick flick activation of the pelvic floor is utilized for urge suppression with the reflex arc of reciprocal inhibition to the over active bladder muscle. Endurance and partial activation Kegel holds are taught to overcome symptoms of pelvic organ prolapse.



**Q: Do physical therapists have extra training to treat pelvic floor?**

**A:** Yes. Every therapist treating pelvic floor must have taken extra coursework beyond physical therapy school with a lab portion in order to work on the pelvic floor region. Therapists training varies from a weekend course, PRPC through Herman and Wallace and Woman's Clinical Specialist through the APTA.



**Q: Does PT resolve incontinence and prolapse?**

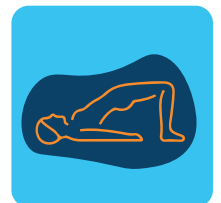
**A:** Yes, based on the chronicity and severity of the symptoms. If you put in the work, attend appointments as recommended by your PT in regards to frequency and duration, and complete your home exercises as prescribed, you can eliminate urinary incontinence and resolve symptoms of pelvic organ prolapse.



**Q: What else besides Kegels will my PT have me doing?**

**A:**

- Bladder retraining by understanding current bladder habits including voiding frequency, duration, aggravating factors for leakage, water and food intake.
- Exercises to emphasize hip, abdominal and pelvic floor activation
- Biofeedback
- Diaphragmatic Breathing



**Q: Is peeing your pants normal after having kids?**

**A:** No. Peeing your pants is never normal, but it is common. You can laugh, sneeze, cough and run without urine leakage after having children.





# SCREENING TOOL

## Instructions:

The purpose of this screening tool is to help our patients understand if they are a good candidate for pelvic floor therapy. Please answer the following questions by marking "Y" if the statement is yes, "N" if the statement is no, or "NS" if you're not sure. If you answered yes to any questions you may benefit from pelvic floor therapy.

	Y	N	NS
Do you have urine leakage with coughing, laughing, jumping or running?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have urine leakage associated with urgency such as running water or putting your key in the door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience a strong sense of urgency and have to rush to the bathroom to urinate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel a bulge or heaviness in your vagina?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have to press your finger along your perineum and vaginal floor to fully evacuate bowels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you usually experience a feeling of incomplete bladder emptying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you have not completely emptied your bowels at the end of a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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