

Women's Health

Stress Incontinence

Urge Incontinence

Painful Pelvic Floor



Presented by
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Shoreline Physical Therapy

Objectives

The participant will be able to explain:

- The underlying causes of stress & urge incontinence and of pelvic floor pain
- The evaluation process performed by a PT
- The treatment strategies implemented by PT
- Prognosis of these cases



Stress Incontinence

- Involuntary leaking of urine while coughing, laughing, sneezing, jumping or running
- Commonly begins after childbirth
- Can be due to weak pelvic floor muscles



Common causes of stress incontinence

- **Pudendal nerve** (S2-S4) dysfunction, which may develop as a consequence of traumas, or a spinal problem, or post-surgically
- **Supportive dysfunction**
 - Childbirth is #1 cause, as childbirth stretches the muscles in that area
 - Cystocele - herniation of bladder into vaginal wall
 - Urethrocele - hernia, part of urethra presses on vaginal wall
 - Uterine prolapse
 - Rectocele - rectum sags against vaginal wall
- **Disuse dysfunction**
 - Lack of awareness of pelvic floor muscles. The muscles become weak due to chronic state of relaxation.
 - Can be seen with SI joint or hip dysfunctions, including osteoarthritis.
 - Benign hypermobility syndrome. In this syndrome, all the body's connective tissue is loose, and does not provide adequate support.



Physical Therapy Evaluation for Stress Incontinence

All patients undergo an exam by a physician or nurse practitioner prior to beginning physical therapy. The physical therapist performs an exam that will assess the causes for the incontinence. This includes:

- Assess for cystocele, rectocele
- Reflex testing
- Manual muscle test
- Laycock Quantitative Assessment Scale
 - measures power, endurance, repetitions, fast twitch - repeated timed contractions



Treatment for Stress Incontinence

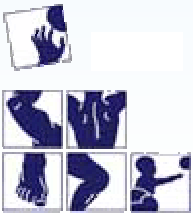
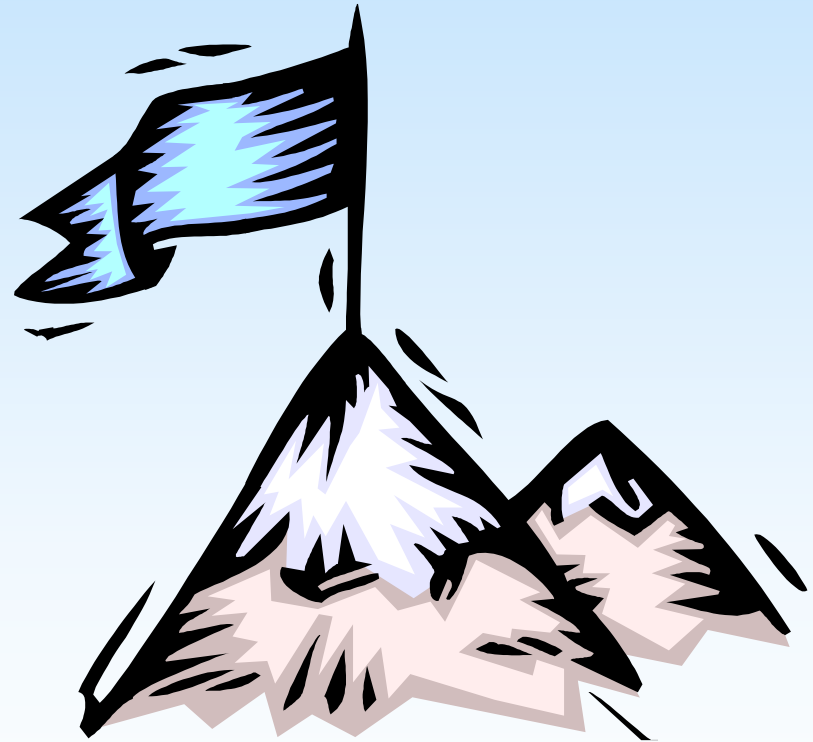
The physical therapy sessions last for one hour each time. Patients are taught the appropriate activities and exercises to perform at home. Some equipment is rented/purchased by the patient. Visits are scheduled once a week, usually for 6-8 weeks. This is covered by most insurance companies. Specific approaches might include:

- Therapeutic exercise for pelvic floor and accessory muscles, done properly
- Biofeedback(rent \$55/mo + \$25 electrodes)
- Electrical stimulation (50 Hz 5/5; 15 minutes bid x 20 weeks)
- Vaginal weights
- Pelvic floor educator
- Functional applications



Prognosis

- 30-45 repetitions of each exercise done daily usually has a positive outcome
- 10 repetitions of each exercises, done daily, are needed to maintain the success



Urge Incontinence

- Feeling of urgency to void bladder
- Frequent trips to the bathroom, voiding small amounts
- Accidents on the way to the bathroom
- Triggered by cues such as water running or putting the key in the door



Causes of Urge Incontinence

- “Over-active bladder”, “Gotta go!”
- Not considered a pelvic floor muscle problem:
- Bladder uninhibited/unstable “detrussor instability”- the bladder can’t relax & stretch to contain a large amount
- Can be due to bladder infection, radiation, or previous surgeries



Treatment of Urge Incontinence

- Bladder Diary
- Medical care
- Electrical stimulation (12.5 Hz) 15 minutes bid x 20 weeks. Purpose: inhibits bladder overactivity.
- Behavioral
 - avoiding irritants
 - ignoring the first urge (distracting techniques)
 - No “Just in case” voiding



Prognosis of Urge Incontinence

- Good outcome expected
- Maintenance: Electrical stimulation, as taught by the physical therapist, 15 minute sessions performed 2-3 times per week



Painful Pelvic Floor

- Pain while sitting
- Pain with sexual intercourse
- Painful defecation



I. Levator Ani Syndrome

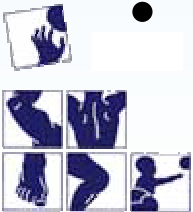
Hypertonus of deepest layer of muscles:

- pain/pressure/ache in vagina/rectum
- referred pain to thigh or coccyx/sacrum
- gluteal region
- Sitting increases pain
- Defecation can cause pain for 20-30 minutes
- Severe/sharp/burning/aching/prickling with urination.



Causes of Levator Ani Syndrome

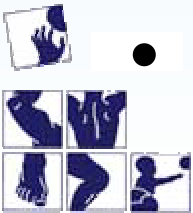
- Previous pelvic surgery
- Strenuous physical activity
- Childbirth injury (especially if supine delivery)
- Lumbar disc surgery(L4&5 send fibers to sacral plexus)
- Sexual injury
- Pelvic infection/inflammation
- Habitual and postural patterns (sitting on one foot)



Clinical Findings

Levator Ani Syndrome

- High resting sEMG baseline (should be under 2 mv), as determined by biofeedback in physical therapy
- Muscle weakness from fatigue
- Trigger points: levatores ani, obturator internus, piriformis, QL, abs, psoas, adductors, coccygeus, gluteus medius
- Tender muscles in pelvic floor
- Asymmetrical sitting



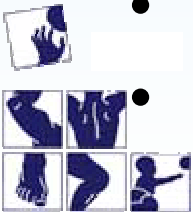
Goals of Levator Ani Syndrome Treatment

- Decrease pain with defecation
- Decrease pain with urination
- Increase sitting tolerance to 2 hours



Physical Therapy Treatment for Levator Ani Syndrome

- sEMG - biofeedback with surface electrodes
- Hold/relax exercises x 60 reps (fatigue allows relaxation)
- Orthopedic management of hip & low back
- Soft tissue mobilization
- Myofascial release
- Trigger point therapy
- Interferential electrical stimulation
- Lidocaine cream, if prescribed by physician
- Dilators
- Ice



Prognosis of Levator Ani Syndrome

- Good outcome is expected



II. Scarring

- From episiotomy or other scars
- Treat with ultra sound, soft tissue work, dilator



Conclusion

- PT can play major role in helping patients with incontinence and pelvic floor pain. We are uniquely qualified to care for the muscles of the pelvic floor.
- Prognosis is good. Most patients find significant relief with weekly visits to PT and home exercises. The duration of physical therapy is between 6 & 20 weeks.
- Physical therapy for incontinence and for pelvic floor pain is covered by most insurances.

