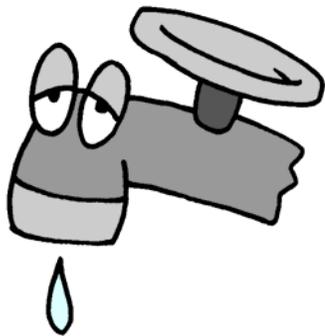




CHRONIC PAIN AND WOMEN'S HEALTH NEWSLETTER

BLADDER CONTROL—INCONTINENCE



Do any of these scenarios sound familiar?

Allergy season is in full swing and you are not only dealing with constant sneezing but you leak every time you “achoo”. You just gave birth recently and you bend over to pick up your newborn and have an “accident”. You want to go shopping, to church, or for a walk but don’t because you can’t control your bladder and the odor is embarrassing. You are out with

your friends having a good time when you “pee your pants” because you are laughing so hard.

The ability to hold urine and not leak is a normal condition that we take for granted. Incontinence, or the leakage of urine is NEVER normal and in most cases, something can be done to improve or fix the problem. You do not have to accept leakage as a matter of course with aging, pregnancy, or after surgery. There are steps you can take to improve this situation or even prevent it from happening in the first place.

WHAT IS INCONTINENCE?

Incontinence is losing control of your bladder and experiencing a leakage of urine at inappropriate times.

This often occurs with coughing, laughing, sneezing, or even with getting up out of bed or a chair.

According to the National Association for Continence, one-fourth of women over age 18 have experienced incontinence. Two-thirds have never discussed this with their physician due to thinking it normal with aging or being too embarrassed to discuss this touchy subject. Worldwide, over 200 million people are affected, so it is not at all uncommon, yet most people are unaware of this as it is a “taboo” subject that people are afraid to discuss. Unfortunately, this can lead to years of suffering unnecessarily.

WHO HAS

INCONTINENCE?

While women are more

(continued on pg 3)

SQUEEZE PLEASE! Kegel Exercises for Bladder Control

Kegel, or pelvic floor muscle exercises, are one of the best treatments for bladder control. Pelvic floor muscles act as a on-off release valve to keep urine in the bladder and to let it out with bathroom

trips. When this muscle is not functioning properly or is not strong enough, this can lead to embarrassing leakage with coughing, sneezing, or laughing or lifting.

This exercise is very im-

portant to do but is commonly done incorrectly. As many as 50-80 percent of people cannot perform a correct contraction and may even make their problem worse by bearing

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Clemens Physical Therapy PLLC

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WEB ONLY! Journal Entries

- ☺ Info on Women’s Health Issues
- ☺ Tips and Tricks
- ☺ Info on special topics such as fibromyalgia, TMJ jaw pain, headaches, pelvic pain
- ☺ Your Questions Answered
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- ☺ Marnie Clemens 2010

Squeeze Please– Kegels for Bladder Control Continued...

(Continued from page 1)
down and increasing the pressure in their tummy (intra-abdominal pressure). A physical therapist who specializes in pelvic floor rehabilitation can help you learn the correct way to perform this crucial exercise so that you may have a leak-free life.

Most people have heard of the abdominal muscles (abs) or the quadriceps (quad) muscle in the thigh, but the pelvic floor muscles are not so familiar to them. Many are surprised to learn that most of the underneath part of the pelvis is muscle (see anatomy pg 5). Just as any muscle, the pelvic floor can be trained and strengthened. In this case, improvements lead to better bladder control and sexual response.

First, lets learn a little about this important muscle. If your pelvis was a box, the pelvic floor would be the bottom of the box with the abdominal and back muscles being the sides and the diaphragm (breathing muscle under the ribcage) would be the top of the box. The pelvic floor muscles act like a hammock to help support the pelvic organs and control bladder function. They work in cahoots with the abdominal muscles (especially the transverse abdominus) and the diaphragm to allow for continence during daily activities. Any in-coordination, weakness, or confusion among these muscles can lead to problems.

While exercises for the pelvic floor (along with the diaphragm and transverse abdominus) are very easy to incorporate in to your daily activities, performing them correctly is not easy at first. With training you can see correct contractions of the abdominals and diaphragm but the pelvic floor is not so easy. Since the muscle is contained within the pelvis, you

cannot “see” a contraction from outside. While this means you can exercise the muscle anywhere, anytime without anyone knowing, it does not help you figure out how to start strengthening the pelvic floor.

A physical therapist can help you determine how to find the pelvic floor muscles and correctly perform the Kegel without any incorrect muscle contraction. Another way to find these muscles is to stop the flow of urine while peeing. Once you determine how to contract this mus-

“quick” muscle fibers and the slow “hold” muscle fibers. This is done by incorporating “quick flicks” of the muscle 10 times as well as 10 second endurance holds.

Once you are able to perform the exercise correctly without doing anything to worsen your problem, you can easily incorporate them into your daily life. Kegel exercises should become routine, like brushing your teeth. Once learned properly, they are easy to incorporate into car trips (squeeze at stoplights), while doing dishes or laundry, or even grocery trips (a few squeezes in the frozen foods!) They typically do not require any special equipment unless they are very weak or you want to make them super strong with weights. All you have to do is learn the correct exercise and remember to do them.

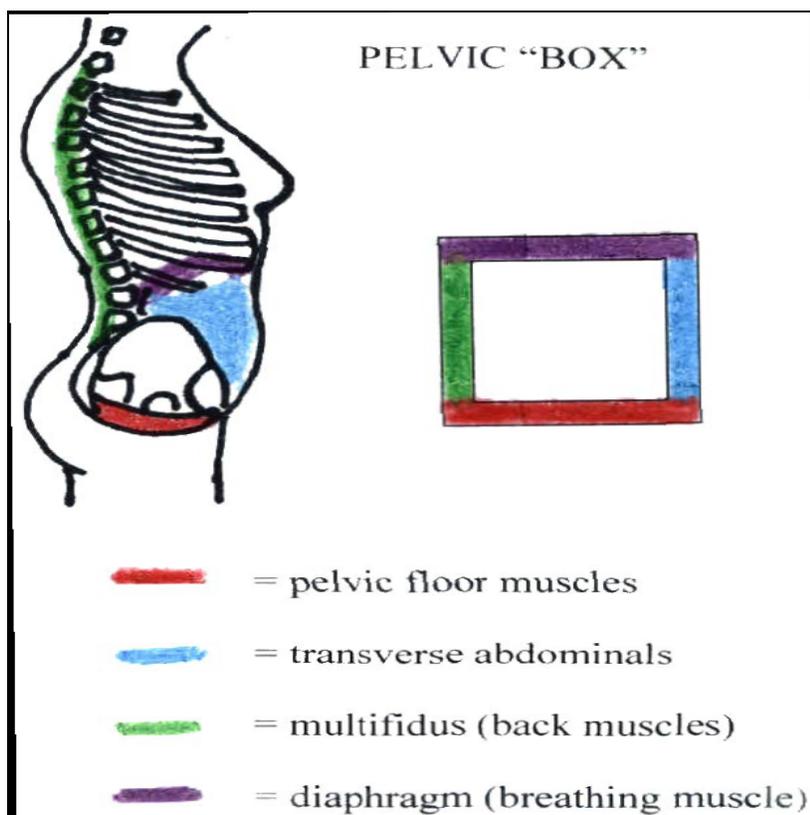
It may take up to 6-12 weeks to see improvement from starting a pelvic floor Kegel program so don't get discouraged if you don't see results off the bat. If you are not seeing results, don't hesitate to see a physical therapist. They have lots of tricks to help you get it right. It often takes only a few visits to learn this very important skill that will help you be continent.

IMPORTANT

While most people can benefit from Kegel exercises, it is important to realize that it is

NOT always the right thing to do for everyone with leakage. In the case of people who have tightness in the pelvic floor muscle or pelvic pain, Kegel exercises performed too early or incorrectly may make the problem worse. Your physical therapist can help you determine if and how to perform these exercises to get the best result and not make your problem worse.

Don't live with leakage. Learn how to exercise this muscle correctly and “SQUEEZE PLEASE” the rest of your life.



cle, do not continue to practice the contraction in this way. While useful to find the muscle, it is not normal to contract the pelvic floor during urination and too much practice this way can “confuse” your body and lead to problems.

The frequency and number of repetitions of performing the exercise can vary, depending on a person's specific needs. Exercises may need to be “prescribed” to be more or less frequent, done in a specific way or position. A common frequency to perform Kegels is 3 times a day. It is also important to work both the

Bladder Control—Incontinence continued...

(continued from page 1)

likely to have incontinence, men and children also can have trouble with this issue. Women are more likely to have problems due to their anatomy and childbirth. A woman's urethra is shorter than a man's which means less "stopping" force. Pregnancy and childbirth also take their toll on the pelvic region and especially the pelvic floor muscles. Pelvic nerve damage is not uncommon with vaginal deliveries and C-sections take a toll on the abdominal region, potentially leading to more leakage issues.

While their anatomy includes a longer urethra and therefore improved ability to hold urine, men are not immune from bladder problems. They can experience this especially after prostate surgery or any other lower region surgery such as hip replacement.

Very young children are not expected to be continent until potty training is complete. Once this occurs, they are often continent in the daytime but may experience bedwetting. There are many potential causes for this including medication and psychological factors.

Age is also a common factor in having incontinence. As we age, we lose muscle. The pelvic floor muscles are one of the main components in controlling leakage and weak can equal leak. The elderly may also experience more mobility issues, such as difficulty getting to the bathroom in time. Memory issues such as dementia or Alzheimer's may also affect their ability to know they need to go to the toilet.

Most people don't realize that being young does not prevent leakage problems. Incontinence is also very

common in high-school or college age girls. This happens more frequently in high-impact sports such as track and field and volleyball but can occur for any reason.

WHAT ARE THE TYPES OF INCONTINENCE?

Stress Urinary Incontinence (SUI)

Any increase in tummy pressure, also known as intra-abdominal pressure, places the squeeze on the balloon-like bladder. If the bladder is filled with fluid and the pelvic floor muscles do not hold the urethra closed, increased intra-abdominal pressure can lead to leakage. Coughing, laughing, sneezing, and even getting up out of a chair, out of bed, or bending over to pick something off the floor can cause this type of incontinence. It is also caused by obesity, chronic constipation with straining, the chronic cough of asthma or smoking, high impact exercise such as running, or repetitive heavy lifting on the job or at home.

Stress incontinence is the most common type of leakage and the easiest to do something about. Research has shown that physical therapy including emphasis on strengthening the pelvic floor muscles (see Squeeze please pg 1) is the best first-line conservative treatment for this type of incontinence.

Urge Urinary Incontinence

This is the "gotta go right now" syndrome. It is caused by a signal or irritation to the bladder muscle causing it to squeeze at inappropriate times. This often occurs when you are putting the key in the door on arrival home. It is also the reason you have to go when you hear water running. The sound of water triggers the bladder muscle nerves to fire and squeeze. This type is a little more complicated

but also can respond well to conservative physical therapy measures or the addition of medication prescribed by your physician.

Mixed Urinary Incontinence

This is a combination of both stress and urge incontinence.

WHAT CAN BE DONE ABOUT INCONTINENCE?

Most of the time, incontinence can be treated conservatively. The best first-line treatments for stress, urge and mixed incontinence according to research are pelvic floor muscle training (Kegels), and bladder training (see Squeeze Please pg 1). While Kegels are a good exercise, 50 to 80 percent of people do not perform the exercise correctly (and may even make the problem worse) unless they receive the proper instruction. A physical therapist who works with pelvic floor rehabilitation can help with this and has tools such as biofeedback to enhance the success of this type of training (see Physical Therapy for Bladder Control pg 4)

It is important to bring up incontinence issues with your physician. There are medications that can help with bladder control that they may prescribe. Surgery may also be needed if there is organ prolapse (the bladder, uterus or intestines drop or "fall") or if conservative treatments fail.

While incontinence is not something anyone wants to have, it is important to understand that it is not uncommon and you CAN do something about it. Make sure to bring it up to your doctor or physical therapist. They can help you on your way to stopping the leak and getting back to your life.

PHYSICAL THERAPY FOR BLADDER CONTROL

I am a physical therapist and most of the people I see for incontinence or other pelvic floor rehabilitation issues are not sure why they are there to see me. After all, don't physical therapists work in an open gym with ankles and knees and lots of people around, or in a hospital with people after knee replacement or strokes?

While many PT's do commonly work in these areas, there are also those of us who specialize in areas that are not as familiar as others. Physical therapists are experts in the musculoskeletal system (muscles-joints-nerves) and in functional movement. Most people do not realize that many pelvic floor issues such as incontinence and pelvic pain, may relate to the function of the pelvic muscles and as such, a PT familiar with the pelvic floor area is a good person to see.

Once your physician has ruled out possible problems with the organs and such, the musculoskeletal system may be at fault and physical therapy can help. Not all PT's work with the pelvic floor or women's health issues so look for one that does. You can start by checking out the American Physical Therapy Association's website at www.apta.org to search for a PT by zip code and specialty (women's health). For more specific areas of specialty such as incontinence, Fibromyalgia, pelvic pain, and pregnancy check online at the APTA's Section on Women's Health

www.womenshealthapta.org.

Once you find a PT, what can you expect? Going to a PT is somewhat different than going to a medical doctor. We are interested in knowing your medical history

BLADDER FUNCTION- WHAT'S NORMAL?

NUMBER OF TRIPS TO VOID (PEE)-

6-8 TIMES A DAY IN 24 HOURS

5-7 DURING THE DAY

0-1 X PER NIGHT

(UNDER AGE 65)

1-2 X PER NIGHT

(OVER AGE 65)

**FIRST "URGE" TO GO
TO BATHROOM** BLADDER
AT 200-400 ML FULL (ABOUT
THE AMMOUNT OF FLUID IN A
JUICE GLASS)

FLOW CHARACTERISTICS

QUICK START

COMPLETE EMPTYING

SOLID STREAM

NO SPITTING OR SPUTTERING

RECOMMENDED FLUID INTAKE

64 OZ WATER, SPREAD
THROUGHTOUT THE DAY
(EIGHT, 8OZ GLASSES)

*****BLADDER LEAKAGE
OR INCONTINENCE IS
NEVER NORMAL*****

but it is also important to find out about how your problem is affecting your functioning. Can you sit, stand, walk, exercise and otherwise do all the activities you want and need to do? You may be asked to fill out forms and questionnaires to determine what you are having trouble with and to have a baseline to determine your progress with treatment.

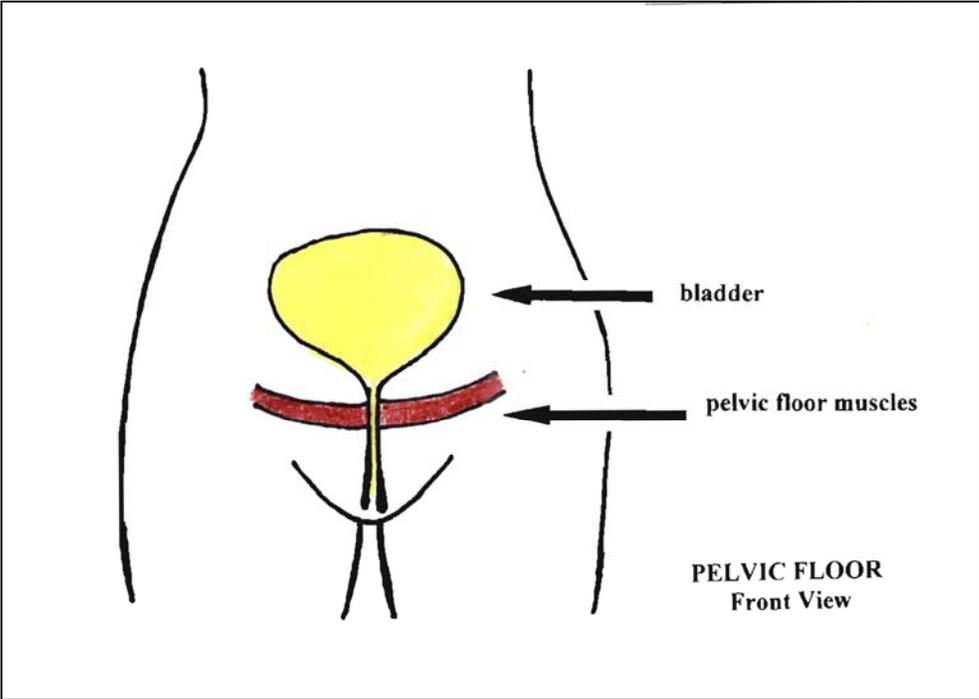
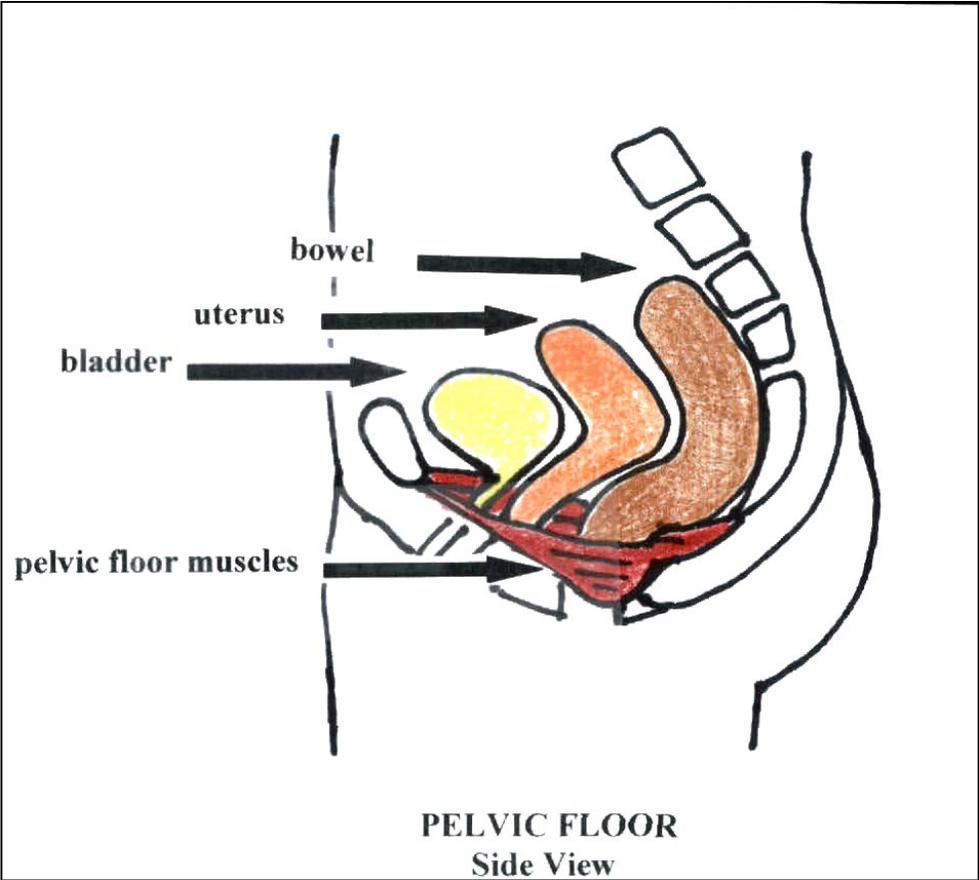
Your muscle strength, joint range of motion, nerve reflexes, sensation and other things that need to work properly for normal function will be checked. The exam procedure will be discussed in detail and all your questions, big or small, will be answered. Make sure to talk with your physical therapist about all your concerns.

Once an exam has been performed, your therapist will discuss your treatment options. These may include strengthening exercises (Kegels), breathing and abdominal muscle exercises, biofeedback (a computer program that lets you "see" the pelvic floor muscle contraction to help correct performance), electrical stimulation (used to help contract the muscle if it is very weak), and other treatment options tailored to your specific needs.

In the case of incontinence, you may not need many visits. Most people do well with learning the correct way to do the exercises and then doing them at home. Individual circumstances may affect the number of visits and your therapist will discuss your treatment plan and options to best suit your needs.

Often there are simple tips, tricks, and treatments that can make a big difference in your function. Don't hesitate to seek help from a physical therapist to get control of your bladder.

ANATOMY OF THE PELVIC FLOOR



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Helping People Who Hurt



Chronic Pain and Women's Health Newsletter

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TMJ (Jaw Pain)
Osteoporosis
Biofeedback
Tai Chi, Pilates, Yoga
Manual Therapy

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