



Women's Health Physiotherapy

Fixing Below the Belt!



Physiotherapy, combined with medical management is beneficial in treating...

1. Incontinence
2. Prolapse
3. Chronic Pelvic Pain
4. Low Back Pain
5. Pregnancy-Related Pain

Physiotherapy Treatment

A Pelvic Floor Physiotherapist will;

- ❧ Work as a team with other health practitioners
- ❧ Assess symptoms via thorough specific questioning
- ❧ Assess all aspects of PF muscle function per vaginum
- ❧ Assess posture and lumbopelvic muscle function
- ❧ Establish a clinical diagnosis
- ❧ Educate and explain using models and illustrations
- ❧ Set individual treatment goals in collaboration with the patient
- ❧ Initiate use of appropriate, reliable and valid outcome measurement tools
- ❧ Provide effective treatment based on individual assessment findings, with progression of exercises likely to resolve the symptoms without surgery or medications
- ❧ Continue treatment with supervision, motivation, feedback (verbal and/or EMG biofeedback) and adherence strategies
- ❧ Provide successful treatment to women of any age
- ❧ Regularly communicate with the referring GP or specialist regarding assessment findings, progress and outcomes



Urinary Incontinence



- ❧ International Continence Society defines UI as 'any involuntary leakage' (Abrams et al 03).
- ❧ Urinary incontinence affects up to 13% of Australian men and up to 37% of Australian women.
- ❧ Only approximately 40% of those with incontinence seek help (Chiarelli et al 1999)



Types of Incontinence



- ❧ **Stress Incontinence** - The complaint of involuntary leakage on effort or exertion or on sneezing or coughing (Abrams et al 03)
- ❧ **Urge Incontinence** - AKA Overactive Bladder (OAB). With or without leakage
- ❧ **Overflow Incontinence** - Occurs when the bladder does not empty properly and leakage occurs as a result
- ❧ **Reflex Incontinence** - Occurs when a person loses control of their bladder without warning. This is normally due to neurological impairment
- ❧ **Functional Incontinence** - when a person does not recognise the need to go to the toilet or does not recognise where the toilet is, which results in them not getting to the toilet in time or passing urine in inappropriate places
- ❧ **Faecal Incontinence** - difficulty controlling bowel movements

Patient Symptoms

Bladder Symptoms

- * Leak urine with coughs, sneezes, exercise or on the way to the toilet.
- * Pass urine frequently.
- * Rush to the toilet - urgency.
- * Get up twice or more at night to pass urine.
- * Wet the bed when asleep.
- * Feel their bladder is not completely empty.
- * Poor urine flow.
- * Strain to get the bladder to empty.
- * Frequent urinary tract infections.

Bowel Symptoms

- * Leakage from the bowel with the urge to open their bowels.
- * Urgency with the urge to open their bowels.
- * Leakage from the bowel without the urge to open their bowels.
- * Leakage from the bowel on passing wind.
- * Unable to control wind.
- * Straining to empty their bowels.

Risk Factors?

- ☞ Pregnancy;
- ☞ Childbirth;
- ☞ Parity;
- ☞ Menopause;
- ☞ Obesity;
- ☞ Urinary tract infections;
- ☞ Constipation;
- ☞ Specific types of surgery such as prostatectomy's and hysterectomy's;
- ☞ Reduced mobility;
- ☞ Health conditions such as dementia, stroke, diabetes;
- ☞ Neurological and musculoskeletal conditions such as multiple sclerosis and arthritis; and
- ☞ Some medications.

Australia's Statistics

Age Group	Aust Population	Proportion Incontinent	Estimated Prevalence
<40	5,414,884	16.5 %	893,721
40 - 49	1,373,537	20.9 %	286,495
50 - 59	1,042,819	25.7 %	286,427
60 - 69	725,572	20.3 %	147,125
70 - 79	611,470	23.5 %	143,443
80 +	343,574	28.4 %	97,695
Total	9,511,856		1,836,906

Chiarelli & Brown 1999

Physiotherapy Treatment

After a thorough assessment, treatment will then include;

1. Bladder Diary
2. Bladder Retraining
3. Pelvic Floor Muscle Retraining
4. Postural Retraining
5. Education - Handouts



Bladder Diary



- ❧ Forms the basis of treatment for OAB (can also check for mixed symptoms).
- ❧ 3 day diary - valid, reliable and objective!
- ❧ Tells you;
 - Daytime frequency
 - Nocturia frequency
 - Total 24 hour fluid intake
 - Total 24 hour output
 - Min and max volume voided
 - Nocturnal Polyuria
 - Leakage episodes
 - Activity associated with leakage



Bladder Retraining



Normal Bladder Habits are;

- ❧ Voiding 4 - 8 times per day (every 3 - 4 hours)
- ❧ Normal bladder capacity overnight is about 400 - 600mLs
- ❧ 1st desire to void felt between 150 - 250mLs bladder capacity
- ❧ Average voiding volume is 300 - 350mL
- ❧ Voiding 0 - 1 times per night
- ❧ No urge, wetting, infection, or blood
- ❧ Intake of 1.5 - 2L of fluid per day



Bladder Retraining



☞ Increase bladder capacity by:

- Gradual increases in voiding intervals
- Don't get into the habit of going to the toilet "just in case". Go only when you need to.

☞ Increase deferment time by techniques:

- Clitoral pressure
- Mental distraction
- Maximal pelvic floor muscle squeeze
- Stand on toes
- Squeeze buttocks

☞ Adequate fluid intake (6-8 cups per day)

☞ Reduce caffeine: Will irritate the bladder



Bladder Retraining



- ❧ **Stop smoking:** Chronic coughing associated with smoking can weaken the muscles of your pelvic floor and lead to bladder and bowel control problems.
 - ❧ **Toilet posture:** Sit down properly with your feet firmly supported. This helps to fully relax your pelvic floor and sphincter muscles.
 - ❧ **Avoid constipation:** This affects bladder and bowel function. If you often strain to move your bowels, the pelvic floor stretches and weakens over time.
 - ❧ **Visit your doctor:** As soon as you suspect a urinary tract infection.
 - ❧ **Exercise daily:** Exercise stimulates movement of the bowel.
- One Study conducted by Alhasso et al 2006 found that there was a 93% symptomatic improvement when Bladder retraining was combined with pharmacotherapy.

Pelvic Floor Muscle Retraining

Main functions:

- ☞ Squeezes and lifts the bladder neck to help stop urine leakage
- ☞ Supports the pelvic and abdominal organs in standing or on exertion
- ☞ Increases sexual stimulation during intercourse



Pelvic Floor Muscle Rehabilitation



☞ PFM training involves:

1. Endurance and Strength Training
2. Indirect training via abdominal muscle training
3. Conscious PFM pre-contraction during physical stress (“The Knack”)
4. Functional Retraining
5. Postural Retraining

Research

- ☞ PFMT & Adjunctive Therapies for the treatment of Stress UI in Women (Neumann et al 06). PFMT alone and in combination with adjunctive therapies is effective treatment with rates of 'cure/improvement' up to 73 – 97%.
- ☞ EMG-Biofeedback assisted PFMT is an effective therapy of stress and mixed urinary incontinence (Dannecker et al 05) – ST results = self-reported improvement of incontinence symptoms was 95% and EMG potentials almost doubled. LT results = 71% self-reported a persisting improvement of their incontinence.
- ☞ - ST efficacy group PFMT under intensive supervision VS unsupervised home training for female stress UI (Konstantinidou et al 07) – Group PFMT under intensive supervision had 100% reported improvement in their continence (compared to 20%) in primary and secondary outcomes in the ST.
- ☞ Neumann et al 2005 reported that specialised physiotherapy for SUI in Australia is a low-cost, low-risk and effective treatment. These results provide evidence to support international recommendations that physiotherapy should be routinely implemented as first-line treatment before consideration of surgery. This information has important economic implications for planning future health services.

Research

- ☞ 66% chance that when an exercise program is initially successful, effects still present 10 years later (Cammu et al BJU Int 2000)
- ☞ A study by Pauline Chiarelli 2002 reported that “once the pelvic floor muscles are contracting correctly, the key factor for success is adherence to the training program.” The GP therefore plays an important role in understanding the benefits of supervised PF muscle training and in motivating women to give it a good try.
- ☞ Hay-Smith J et al 2008. Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women.

Results: Pregnant women without prior urinary incontinence who were randomised to intensive antenatal PFMT were less likely (56% less) than women randomised to no PFMT or usual antenatal care to report urinary incontinence in late pregnancy and up to six months postpartum (30% less). Postnatal women with persistent urinary incontinence three months after delivery and who received PFMT were less likely than women who did not receive treatment or received usual postnatal care (20% less) to report urinary incontinence 12 months after delivery. It seemed that the more intensive the programme the greater the treatment effect. Faecal incontinence was also reduced at 12 months after delivery: women receiving PFMT were about half as likely to report faecal incontinence.

Prolapse - Physiotherapy Management

❧ Education - Mirror

❧ Information tailored to the women's needs
(eg):

- Bowel Habits
- BMI
- Intercourse
- "The Knack"
- Lifting

❧ Pelvic floor exercise program



Prolapse



- ∞ Strategies to prevent further descent (eg):
- Safe general fitness options
 - Perineal splinting during defecation
 - Pelvic floor strengthening and endurance
 - Pessaries
 - Specific problem solving



Chronic Pelvic Pain



- ❧ Chronic Pelvic Pain is pain that is felt in the abdomen, hips, pelvis, perineum, genitals, thighs, buttocks and rectum, that has persisted for six months or longer.
- ❧ Generalized Chronic Pelvic Pain may be seen in combination with vulvodynia, vulvar vestibulitis, vaginismus, sexual abuse, endometriosis, cystitis syndromes, interstitial cystitis, pelvic muscle tension syndromes, fibromyalgia, chronic fatigue syndromes, irritable bowel syndrome, traumatic injury, vaginal, testicular, penile, and groin pain.
- ❧ Chronic pelvic pain can be due to an imbalance of musculoskeletal and neuromuscular functions of the body, sexual abuse, direct trauma, childbirth, infections, surgery, and various medical conditions.

Physiotherapy Treatment

- ❧ Physiotherapy treatment can help to relax the pelvic muscles and to release trigger points often found in these muscles, resulting in a decrease in pain.
- ❧ Other components of the treatment program may include:
 - biofeedback
 - pelvic & other musculoskeletal rehabilitation
 - pain reducing techniques
 - postural correction
 - internal vaginal or rectal therapy techniques
 - electrical stimulation
 - bladder &/or bowel management
 - relaxation training
 - dietary management

Pregnancy-Related Pain

- ☞ There are a number of ways a physiotherapist can provide valuable input and assistance in the course of pregnancy:
- Education: to help prevent musculoskeletal strains and minimizing common physical discomforts
 - Optimal physical fitness and preparation for the changes that occur during and after the baby is born
 - Pelvic floor and core stability prenatal assessment
 - Assessment and treatment of musculoskeletal disorders
 - Physical coping skills for labour
 - Provision of information and advice about ergonomic aspects of life with a new baby