
You Can Do Something About

INCONTINENCE

A Physical Therapist's Perspective



American Physical Therapy Association

You Can Do Something About Urinary Incontinence

Incontinence, involuntary loss of bladder control...“accidents.” These words describe a physical condition that affects an estimated 13 million Americans every day. Both men and women, young and old, can experience some form of urinary incontinence that can make them feel ashamed and isolated.

Worse yet is the feeling of not having control over your own body, the feeling that somehow you can no longer depend on it functioning the way it did before. For some people it seems just too embarrassing to confide in someone about your “problem,” even a health care provider.

The truth is there’s no need to feel this way. Physical therapists can help. With the right kind of treatment, you can get your bladder control problem back under control. This brochure will help you understand what

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incontinence is and the different kinds of physical therapy options available to manage this condition, or, in many cases, regain complete continence.

What Exactly Is Urinary Incontinence?

Urinary incontinence means you lose urine when you don't want to. Along with leakage, there may be other symptoms:

Urgency: A strong desire to urinate, even when the bladder is not full. This is sometimes accompanied by pelvic discomfort or pressure.

Frequency: Urinating more than six to eight times a day or more than once every two hours (with normal fluid intake).

Nocturia: Awakening from sleep because of the urge to urinate. This can vary with age and is not necessarily abnormal unless it occurs

regularly more than two or three times a night. Many things can contribute to urinary incontinence:

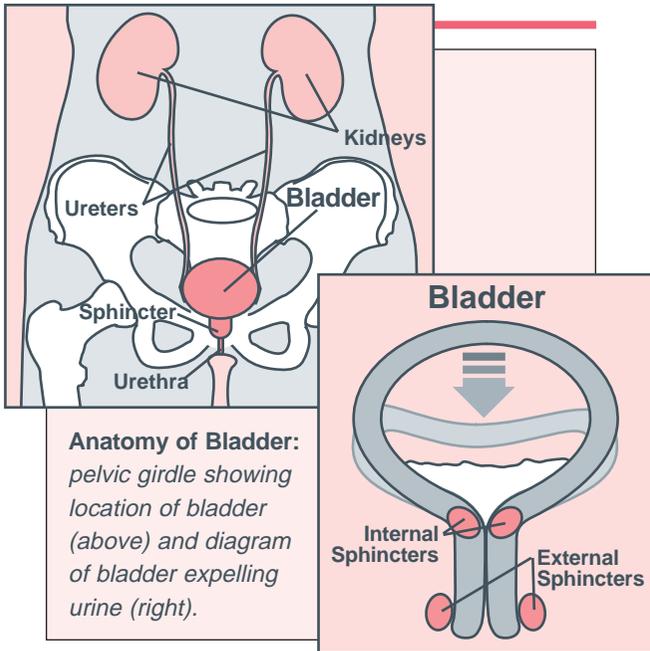
- bladder infection
- obesity
- pregnancy and childbirth
- weak pelvic floor muscles
- chronic illness/cough
- constipation
- medications
- urinary tract abnormalities
- neuromuscular disorders
- stress
- cigarette smoking
- caffeine intake
- hormonal changes of menopause

Although incontinence is not necessarily a natural part of aging, it can be the result of many years of changes in your body, especially in women. Childbirth, improper lifting of heavy objects at work and at home, chronic constipation, or post-menopause—all these factors over time contribute to a weakening of the pelvic floor muscles (muscles that surround the openings of the urethra, vagina, and anus), leading to poor bladder control.

How Bladder Control Works

The bladder's job is to store and empty urine. When the bladder becomes full, nerves signal the brain, giving you the urge to urinate.

When you urinate, your sphincter relaxes and the detrusor muscle (bladder muscle) contracts to squeeze urine out of the bladder. The urine leaves your body through a tube called the ure-



thra. Strong sphincter and pelvic floor muscles help keep the urethra closed until you're ready to urinate.

Treating Urinary Incontinence

Knowing that you can do something about incontinence—that you don't have to just learn to live with it—puts you on the path to regaining control over your bladder.

First—and this is the hardest step for many people to take—you must discuss your problem with a health care professional. It is important to find a health care practitioner who is knowledgeable in evaluating and treating incontinence.

Get a thorough examination from your physician to rule out any medical conditions that may be causing your loss of bladder control. The initial screening should include your health history

regarding incontinence, a physical examination, including a pelvic exam, analysis of your urine, and a measurement of the amount of urine left in your bladder after you urinate. Then you'll be ready for the next step—an individualized treatment program that works best for your type of incontinence.

Types of Urinary Incontinence

There are two major types of urinary incontinence that benefit from physical therapy treatment—stress and urge—and you can suffer from more than one.

Stress incontinence—the sudden involuntary loss of urine when you exercise or move in a certain way (for example, jumping, coughing, sneezing, or laughing). Urine leakage occurs in this case due to weak pelvic floor muscles and poor ligament support at the bladder outlet and urethra or due to a defect in the urethral tube itself.

Urge incontinence—urine leakage that occurs as soon as you get the urge to go to the bathroom. The sensation is overwhelming—your bladder muscle, the detrusor, contracts (tightens) at the wrong time, and you can't control it. These inappropriate contractions can stem from reversible causes like a bladder infection, bladder irritability after surgery, or simply poor dietary and bladder habits. Sometimes they are caused by problems with the nervous system.



URINARY INCONTINENCE IN MEN

While bladder control problems occur twice as often in women, men too experience involuntary loss of urine, particularly after prostate surgery.

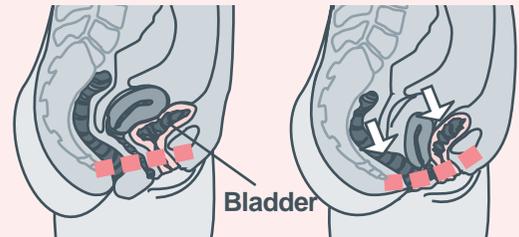
But most men will seek medical treatment much sooner than will women. Why? Perhaps because women are used to “bodily fluid loss” as a normal part of life, such as during menstruation and childbirth. Wearing pads and changing clothes because of an “accident” are outside a man’s realm of experience.

Whatever the reason, men who learn to correctly exercise their pelvic floor muscles are not as likely to experience incontinence in their later years. Physical therapists can help men as well as women with a program of exercises to improve bladder control.

Treatments for urinary incontinence can include:

- Education about the bladder, pelvic floor muscles, and normal emptying techniques
- Bladder retraining and timed schedules for urinating
- Exercises to strengthen the pelvic floor muscles
- Vaginal weights to strengthen the pelvic floor muscles

Pelvic Floor Support



*Left: Good pelvic floor support
Right: Inadequate pelvic floor support*

- Medication to treat infection, replace hormones, stop abnormal bladder muscle contractions, or tighten sphincter muscles
- Dietary modifications
- Surgery to correct the bladder position

If muscles are very weak, your physical therapist may also use:

1. EMG/biofeedback: The therapist places an electrode over the pelvic floor muscle and this “reads” the activity in your muscle. A wire connects the electrode to a TV monitor and you may watch yourself contracting the muscles (see Kegel exercises, page 10) on the screen. You learn how much to squeeze, when to let go, and how many exercises to do, and you can see yourself improve in a few weeks.

2. Electrical stimulation of the pelvic floor muscles: Gentle electrical stimulation over the pelvic floor muscles helps the muscles to contract and may also help the bladder to be less irritable. Most types of bladder control problems benefit from a customized intervention program that emphasizes strengthening the pelvic floor muscles. This is another area in which your physical therapist can help.

How Physical Therapists Help

Many physical therapists concentrate their practice in women's health, and incontinence is one of the most common problems they treat. Physical therapists use a variety of methods to help their clients correct pelvic floor weakness. Your physical therapist will teach you how to strengthen your pelvic floor muscles, which may prevent the onset of incontinence or help to reverse the process. He or she will evaluate the extent of your incontinence, identify treatment goals, and make sure you understand how your treatment works—now and in the future. Physical therapists may also offer some tips on



FECAL INCONTINENCE

Although not as common as urinary incontinence, involuntary leakage of feces and gas is just as uncomfortable and embarrassing to those who suffer from it. Weak pelvic floor muscles can contribute to the body's inability to "tighten and close" the opening to the rectum.

Two factors that contribute to fecal incontinence are chronic constipation (straining to have a bowel movement weakens the pelvic floor muscles) and trauma to the muscles during childbirth.

A lifelong commitment to healthy eating and exercise, plus Kegel exercises (see page 10) to keep your pelvic floor muscles strong, are the best defense against fecal incontinence.

lifestyle changes that will help the bladder be less irritable. These suggestions include:

- Lifting and moving correctly
- Bracing the pelvic floor muscles when you cough, laugh, or sneeze
- Avoiding common bladder irritants
- Keeping a bladder diary to promote normal urinating habits
- Exercising correctly and avoiding improper sit-up techniques

How to Strengthen Pelvic Floor Muscles

Exercises to strengthen your pelvic floor muscles can help improve your bladder control. But these exercises are not easy to do correctly, unless you follow your physical therapist's instructions.

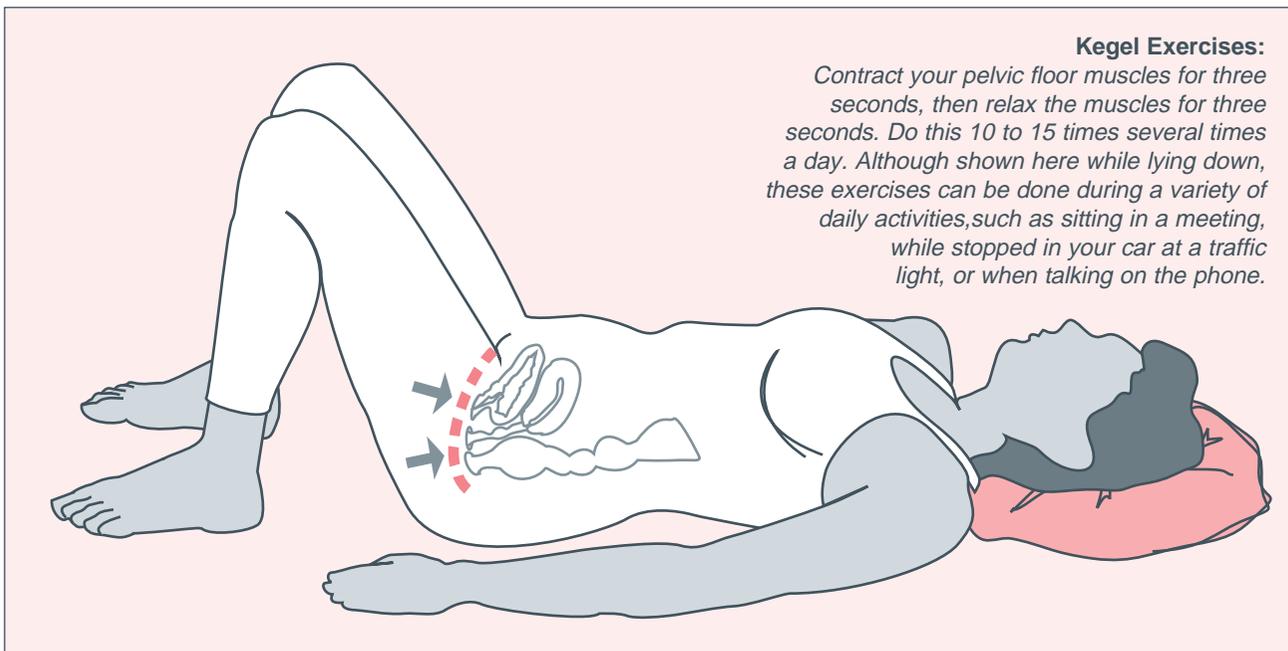
First, identify your pelvic floor muscles by trying the following: Partially empty your bladder, then try stopping or slowing down the flow of urine. If you can stop or slow the flow, then you're contracting (tightening) the right muscles. Use this technique about once a month, only to identify the right muscles and to see if you are improving.

Once you have learned how to contract the pelvic floor muscles, try doing these contractions, called **Kegel exercises**, throughout the day. Do them with daily activities, such as sitting

in a meeting, while stopped in your car at a traffic light, or when talking on the phone. Hold the muscles contracted for about three seconds, 12 to 15 times in a row, making sure to rest for a few seconds between each exercise set. Do this at least three to six times a day.

If your pelvic floor muscles are weak, you may need to lie down while you exercise. As you feel stronger, you can go to a sitting position, then do these exercises while standing. Your physical therapist will help guide you.

You should also vary these exercises: Contract your pelvic floor muscles and hold for 5 to 10 seconds. Or contract and release quickly. Or clear your throat or cough while holding the muscles contracted. You should do these exercises several times throughout the day. Remember that Kegel exercises are discreet. Nobody will notice that you are doing them.



Kegel Exercises:

Contract your pelvic floor muscles for three seconds, then relax the muscles for three seconds. Do this 10 to 15 times several times a day. Although shown here while lying down, these exercises can be done during a variety of daily activities, such as sitting in a meeting, while stopped in your car at a traffic light, or when talking on the phone.

How Early in Life Should You Begin Kegel Exercises?

Many women learn about their pelvic floor muscles and Kegel exercises during childbirth classes, but what about individuals who don't have children or athletes who experience incontinence while exercising?

Perhaps the best time for a young woman to learn about the function of her pelvic floor muscles is when she is an adolescent or when she has begun menstruating. At this age, she will be old enough to understand where the pelvic muscles are, and she will be developing health habits for a lifetime that should include Kegel exercises as part of her regular exercise program for health and fitness.

About APTA

The American Physical Therapy Association (APTA) is a national professional organization that represents more than 75,000 members throughout the United States. The goal of the American Physical Therapy Association is to promote excellence in physical therapy practice, research, and education.

Other APTA Brochures Include

"For Women of All Ages"

"What You Need to Know About Osteoporosis"

"For the Young at Heart: Exercise Tips for Seniors"

"Taking Care of Your Back"

"Fitness: A Way of Life"

"Taking Care of Your Hip"

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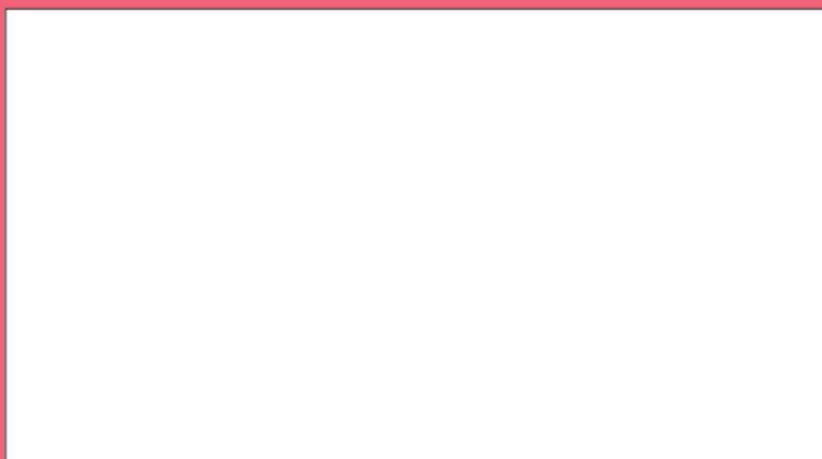
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