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## URINARY INCONTINENCE IS NO LONGER JUST YOUR GRANDMOTHER'S CONCERN

American Physical Therapy Association Opens the Door  
To Silent Health Issue Affecting Men and Women of All Ages

Urinary incontinence, or involuntary loss of bladder control, isn't something that just happens to older woman. In fact, the condition affects men and women alike, young and old. More than 17 million Americans have urinary incontinence, and the experience can leave them feeling ashamed, socially isolated, and depressed, yet only 15 percent seek treatment.\* According to the American Physical Therapy Association (APTA), those who experience incontinence need not feel this way, as proper preventive measures and treatment can help patients manage, if not alleviate, this often debilitating condition.

"While bladder control problems occur twice as often in women, men also experience incontinence, particularly after prostate surgery or lower back injuries," says physical therapist and APTA member Kendra Harrington, PT, MS, who focuses on bowel, bladder, and sexual dysfunction at Walter Reed Army Medical Center. She notes that structural or nerve damage from surgery or injury may result in chronic incontinence, or long-term difficulty controlling urination.

"But we have also seen a significant increase in the number of urinary incontinence cases involving servicemen and women who have developed the condition as a result of repeated jumps off caravans onto hard pavements. Or, in the case of paratroopers, as a result of strong, sudden yanks on parachute ripcords," she adds.

Harrington also works with incontinence patients as young as 18, who developed the condition as a result of poor muscle development in childhood, early pregnancy, pediatric surgery, or participating in highly intense athletics such as track and field.

Physical therapist and APTA member Stephanie M Coffey, PT, MPH, a specialist in pelvic floor dysfunction, notes that the number of people with urinary incontinence is most likely much higher than reported. "Patients often think that because of age or medical history, incontinence is something they have to learn to live with, but in reality that couldn't be further from the truth," she says. "Health care professionals need to be aware of the role that physical therapists play in treating incontinence so that their patients know about alternatives to diapers, medication, or surgery."

APTA offers a free brochure to help consumers understand what incontinence is and the different kinds of physical therapy options available to manage the condition or, in some cases, regain complete continence.

### Types of Incontinence

According to Coffey, one of the two most common types of incontinence is **stress incontinence** (a sudden involuntary loss of urine when moving in a certain way, such as when exercising, sneezing, laughing or coughing) that may result from pregnancy, childbirth, menopause, or pelvic surgery. "During pregnancy and childbirth, weakened pelvic floor muscles and poor ligament support at the bladder can lead to stress incontinence which may or may not resolve itself," said Coffey. "Similarly, women going through menopause experience incontinence because the reduction in estrogen can contribute to weakened vaginal tissues," she added.

Other contributors to stress incontinence may include:

- Pelvic surgery, such as hysterectomy
- Obesity
- Chronic cough that may be associated with pulmonary diseases
- Urinary tract abnormalities
- Certain over-the-counter cold medications

The causes of **urge incontinence** (when the bladder muscle contracts at the wrong time, causing leakage with the urge to urinate) can be less clear-cut, notes Coffey. Possible causes are urinary tract infection, kidney stones, constipation, neurological disorders (such as Parkinson disease or multiple sclerosis), and bladder irritants such as chocolate, caffeine, or nicotine. "To effectively treat or manage bladder control problems, it is essential to first get a proper diagnosis," cautions Coffey.

### **Squeeze Before You Sneeze!**

Physical therapists use a variety of methods to help patients correct pelvic floor weakness. They evaluate the extent of incontinence, identify treatment goals and make sure patients understand how treatment works. **Kegel exercises**, or pelvic floor muscle exercises that involve contracting, holding, and releasing pelvic floor muscles, are the most effective weapon in the fight against stress incontinence, notes Coffey. "Once patients have correctly identified these muscles, I typically recommend Kegel exercises three times daily for a total of 30 minutes for mild to moderate cases and 45 minutes daily for more impaired cases," she says. Coffey also notes that these exercises can be done during daily activities, such as while sitting at your desk, driving, or watching television, but for those with very weak muscles, she recommends starting the exercises while lying down.

Coffey often reminds her patients who experience stress incontinence to "squeeze before you sneeze," or to squeeze pelvic muscles tight before doing the activity that causes leakage, be it sneezing, coughing or laughing. Physical therapists can also offer tips on lifestyle changes that will help make the bladder less irritable -- including lifting and moving correctly, avoiding common bladder irritants, keeping a bladder diary, and exercising correctly, such as avoiding improper sit-up techniques.

Additional physical therapist management for urinary incontinence may include:

- Education about the bladder, pelvic floor muscles, and normal emptying techniques
- Bladder retraining and timed schedules for urinating
- Dietary modifications
- Vaginal weights to strengthen the pelvic floor muscles
- Biofeedback training (1. Electrode is placed over the pelvic floor muscle to read the muscle activity and a wire connects the electrode to a TV monitor in order to watch and learn how much to squeeze; or 2. An inflated probe inserted into the vagina is squeezed as pelvic floor muscles effectively contract )
- Electrical stimulation (A low electrical current is passed through an electrode placed over the pelvic floor muscles)
- General information about medications that aim to stop abnormal bladder muscle contractions or tighten sphincter muscles

According to the Society of Women's Health Research, more money is spent annually on incontinence products than on menstrual products and that lifetime medical costs associated with incontinence can be as much as \$60,000, "a staggering amount," Harrington observes.

\* Both statistics from National Association for Continence (NAFC)

The American Physical Therapy Association ([www.apta.org](http://www.apta.org)) is a national professional organization representing 66,000 physical therapists, physical therapist assistants and students.

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