

PHYSIOTHERAPY MANAGEMENT OF URINARY INCONTINENCE

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CONTENT

- ⦿ Causes of urinary incontinence
- ⦿ Physiotherapy Assessment
- ⦿ Physiotherapy Treatment in Outpatients
- ⦿ Post Operative Physiotherapy

CAUSES OF URINARY INCONTINENCE

- ◉ Gender
- ◉ Muscular / Collagen
- ◉ Constipation
- ◉ Childbirth
- ◉ Gynae / prostate Surgery
- ◉ Menopause
- ◉ Lung disease / Smoking
- ◉ Obesity
- ◉ Injury
- ◉ Neurological Disease
- ◉ Radiation
- ◉ Recreation/Occupation
- ◉ Dementia /Debility
- ◉ Environment
- ◉ Medications

PHYSIOTHERAPY ASSESSMENT

○ Obstetric History

- Parity
- Type of delivery
- Trauma
- Weight

○ Urological and Gynaecological History

- Surgery
- Smears
- Hormone status
- UTIs

○ PMH, SH, DH

SYMPTOMS

- Of most importance is to know how much, how often and how bothersome the patient's symptoms are
- Symptoms can be measured as a % or a number of times /day or week
- Leakage how wet are clothes or pads how often are they changed
- By taking an accurate history we can then see what effect treatment is having and modify it if not having the desired effect

SYMPTOMS

- ◉ Stress Incontinence
- ◉ Urgency / Urge Incontinence
- ◉ Frequency
- ◉ Nocturia / Nocturnal Enuresis
- ◉ Flow
- ◉ Pain
- ◉ Retention
- ◉ Post Micturition Dribble
- ◉ Sexual Intercourse

MALE ASSESSMENT

- ⦿ Can patient stand to void
- ⦿ Erectile Dysfunction
- ⦿ Can patient get an erection
- ⦿ Can patient maintain erection
- ⦿ Is it of normal turgor
- ⦿ Can patient reach climax
- ⦿ Pain

FREQUENCY / VOLUME CHARTS

- ◉ Fluid Intake
- ◉ Type of drinks
- ◉ Frequency
- ◉ Voided Volumes
- ◉ Nocturia

Treatment








- ◉ Modified Bladder Re-training

BOWEL SYMPTOMS

- ◉ Constipation
- ◉ Assisted Evacuation
- ◉ Frequency
- ◉ Urgency
- ◉ Incontinence
- ◉ Control of Flatus

BOWEL HISTORY

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

CONSTIPATION & DEFECATION DYNAMICS

- ◉ Diet & Fluids
- ◉ Laxatives
- ◉ Position
- ◉ Diaphragmatic Breathing
- ◉ Transversus Abdominus

OBJECTIVE ASSESSMENT

○ Look

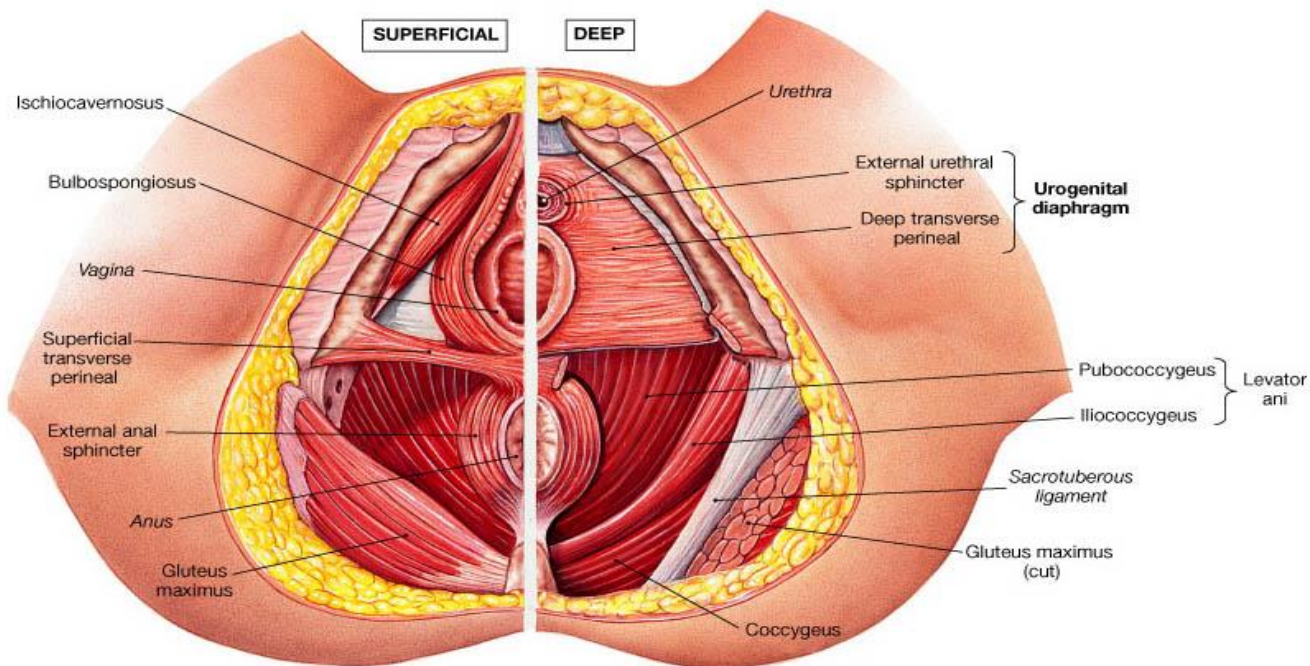
- Excoriation
- Prolapse
- Leakage
- Atrophy
- Haemorrhoids
- Cough
- Scarring

OBJECTIVE ASSESSMENT

○ Palpation

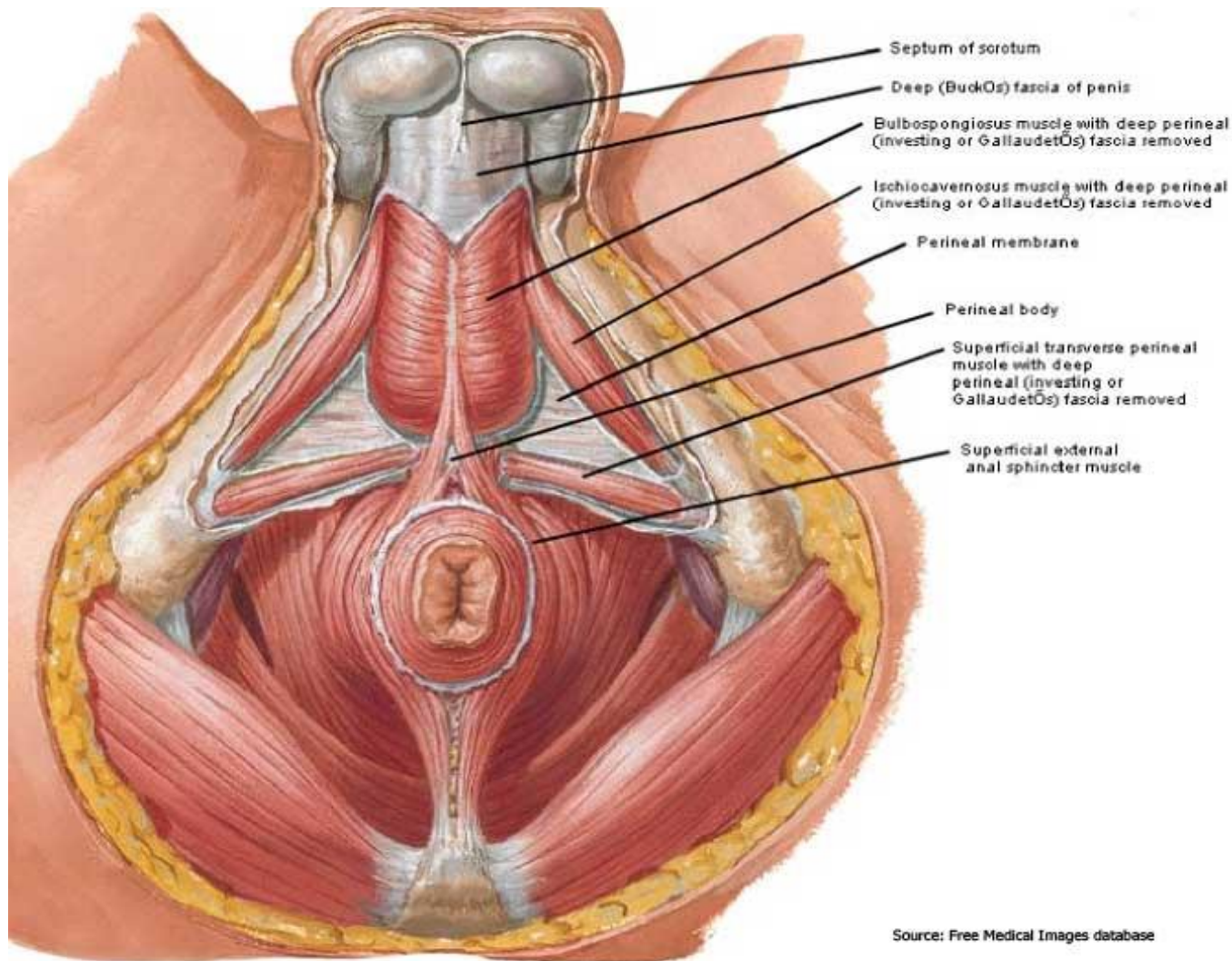
- Pubococcygeus
- Iliococcygeus
- Ichiocavernosus & bulbospongiosus
- Obturator Internus
- Prolapse
- Tone
- muscle bulk or deficiency
- Scarring
- Pain

THE FEMALE PELVIC FLOOR



(a) Female

THE MALE PELVIC FLOOR



PELVIC FLOOR STRENGTH

⦿ Pelvic Floor Exercises

- ⦿ Power (modified oxford grade 0-5)
- ⦿ Endurance
- ⦿ Repetitions
- ⦿ Fast
- ⦿ Every
- ⦿ Contraction
- ⦿ Timed

⦿ How often

TREATMENT

- ◉ Modified Bladder Retraining
- ◉ Life Style Re-education
- ◉ Progressive Pelvic Floor Exercises
- ◉ Cones
- ◉ Biofeedback
- ◉ Acupuncture
- ◉ Manual Therapy Techniques

NEUROMUSCULAR ELECTRICAL STIMULATION

- ◉ Which patients?
- ◉ Which machine?
- ◉ Cautions and contraindications
- ◉ Parameters
- ◉ How to use

POST OPERATIVE ADVICE

- ◉ Avoid Constipation - prescribe movicol / laxido for all women post gynae or urological surgery
- ◉ Advice regarding what is normal and abnormal voiding
- ◉ Pelvic Floor Exercises (defer post tape for 2 weeks at Salford)
- ◉ No heavy lifting or high impact activity for 12 weeks even after tape procedures