

**ARE YOU A CANDIDATE  
FOR PHYSICAL THERAPY  
TO TREAT URINARY  
INCONTINENCE?**

**Do you experience...**

Urine loss with physical activity

Urine loss when you cough, sneeze  
or laugh

Symptoms of urgency

**Urinary Incontinence**

- It is currently estimated that over 12 million Americans have urinary incontinence.
- Current reports estimate that approximately 16% of the population over 40 exhibit symptoms of an overactive bladder.
- Approximately 20% of postpartum women experience urinary incontinence.
- It is estimated that 15 to 30% of people over the age of 60 who live at home have incontinence.
- Women are twice as likely as men to develop urinary incontinence.



***Women's Health  
Physical Therapy***

*at*

**Balance and Concussion Center  
at ITT West**

**2010 Shelly Drive**

**Indiana, PA 15701**

**Phone: 724.349.2276**

**Mon, Wed, Thurs. 7 am—6:30 pm**

**Tue. & Fri. 7:00 am—noon**

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***Physical Therapy  
and  
Women's Health***



***Treating Stress, Urge and  
Mixed Urinary Incontinence***

# TYPES OF URINARY INCONTINENCE

## Stress Incontinence

The loss of urine due to poor bladder support by the pelvic floor muscles or due to a weak or damaged sphincter. Urine leaks during such physical activities as coughing, sneezing, laughing, or even walking.

## Urge Incontinence

The loss of urine results when an overactive bladder contracts without you wanting it to. You may feel as if you cannot wait to reach a toilet. You may leak urine without any warning at all. A bladder infection may irritate the bladder lining, causing symptoms. The nerves that normally control the bladder can also be responsible for an overactive bladder.

## Mixed Incontinence

Is a combination of both stress and urge incontinence.

## Overflow Incontinence

The loss of urine results when the bladder is allowed to become so full that it simply overflows. This happens with bladder weakness or when a blocked urethra prevents normal emptying. An enlarged prostate can result in such blockage. For this reason, overflow incontinence is more common in men than in women. Both men and women can develop bladder weakness, but it happens most often in people with diabetes and with heavy alcohol users.



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**Physical therapy is a non-invasive alternative to medication and/or surgery to treat urinary incontinence.**

### *Treatment Options Include:*

- *Individualized exercise regime*
- *Visual biofeedback to ensure proper muscle use*
- *Electrical stimulation to increase musculature recruitment to address pelvic muscle weakness*
- *Internal/external evaluation of the pelvic floor*

### **Possible causes of urinary incontinence include:**

**Urinary tract or vaginal infections, effects of medicine, weakness of muscles, disease and disorders involving nerves and/or muscles, a blocked urethra and some types of surgeries.**

## **WHAT IS PELVIC PHYSICAL THERAPY?**

Pelvic physical therapy is a specialized area of PT that provides assessment and treatment of problems involving the pelvis and pelvic floor, namely urine and bowel incontinence, pelvic pain, vaginal pain, pelvic muscle weakness, and pelvic organ prolapse.

## **WHAT TO EXPECT AT AN ITT PELVIC PHYSICAL THERAPY VISIT?**

Indiana Total Therapy provides treatment for female patients with a referral from a physician, physician assistant, or nurse practitioner. The first visit is the initial assessment where problems are discussed and evaluated, and a plan of care for treatment is established. Most follow-up visits begin weekly and then are extended to every other week, with the total treatment length varying according to the patient's needs and goals.

## **WHAT IS THE TYPICAL TREATMENT FOR PELVIC PHYSICAL THERAPY?**

Treatment interventions may include strengthening exercises, relaxation techniques, postural training, myofascial massage, electric muscle stimulation, and self-care management strategies for symptom management. Commitment to the home program is essential to work toward the established treatment goals. An internal pelvic floor assessment completed by a trained physical therapist can be beneficial in some cases, but it is *always optional, and only completed with patient consent*.

Indiana Total Therapy strives to ensure that the patient has a clear understanding of the treatment plan and outcome goals, encouraging ongoing communication and modifications of the plan of care as needed.

## **ARE MY PROBLEMS APPROPRIATE FOR PELVIC PHYSICAL THERAPY?**

***Some common symptoms and scenarios to consider that may indicate your need for PT:***

1. Pelvic pain, pubic pain, pain with intercourse that is persistent and greater than a "3" on the 0-10 pain scale
2. Urinary symptoms of accidental urine loss, difficulty starting or stopping urine flow, feeling a need to rush to the toilet, having to void again within a few minutes after a previous void
3. The need to urinate two or three times or more through the night
4. Feeling of increased pressure or feeling a bulge in the vaginal area, especially after a bowel movement, with exercise or worse at the end of the day
5. Loss of bowel control, straining with bowel movements, difficulty starting bowel movements

*(Taken from the Pelvic Dysfunction Screening Protocol, Nicole Cozean, DPT, WCS)*

**Speak to your provider about your concerns and the possible need for Pelvic Physical Therapy**