

Treatment options for Incontinence and Pelvic Pain

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Statistics suggest that more than 50% of women will have urinary incontinence at some point in their lives. Less than half of these women will tell their healthcare provider, and those that do will typically wait over 6 years before sharing that information. Equally alarming is this: *the prevalence of pelvic pain is approaching that of low back pain*. Seeking care for pelvic disorders can be an uncomfortable topic; however, knowing you're not alone and that treatment alternatives are available is comforting.

Physical therapy is a safe, discrete treatment alternative to pelvic disorders. Physical therapists who treat these conditions are commonly referred to as “women’s health physical therapists.” In addition to expertise as a physical therapist, a women’s health physical therapist has further knowledge about issues directly related to women as they move through different stages of life—from childbearing years to the post-menopausal period. Pelvic conditions treated by women’s health physical therapists include: urinary incontinence, bowel incontinence, constipation, pelvic pain, pain during or after pregnancy, and painful intercourse.

These conditions are not something that you need to live with just because you’re a woman or just because you’re a mom! Below is an overview on incontinence and pelvic pain and ways that physical therapy can treat these conditions.

INCONTINENCE

Incontinence refers to the leakage of urine at inappropriate times. There are three forms of incontinence: stress, urge and mixed. Stress incontinence is leakage of small amounts of urine when there is increased pressure on the bladder. This can happen with sneezing, coughing, lifting, jumping, running or with other activities. Stress incontinence usually results from weakness and lack of support in the muscles of the pelvic floor—the muscles that attach to the bottom of the pelvic bones, forming a bowl-like structure that supports the internal organs and helps control the sphincter muscles. Women with stress incontinence often have “under active” pelvic floor muscles. With proper strengthening, data shows there's an 85% chance of complete resolution.

Urge incontinence is the leakage of medium to large amounts of urine when a person feels a sudden strong urge to urinate—usually this is associated with a trigger, such as running water or putting the key in the door when you get home. Women with urge incontinence often have weak and “over active” pelvic floor muscles. The bladder can become very sensitive and have difficulty storing urine (even when you just went!). With the help of physical therapy, by learning how to

use their pelvic floor muscles, as well as changing behaviors such as diet and fluid intake, women can often significantly improve or resolve this strong urge to go.

PELVIC PAIN

Pelvic pain is described as pain in the lower abdomen, pelvis, hip or buttock, tailbone, limited sitting tolerance, pain with sexual intercourse, tender points in the muscles of the abdomen, painful bowel movements, constipation and/or straining with bowel movements.

Pelvic pain can be caused by problems such as pelvic joint dysfunction. Other common causes of pelvic pain are muscular, such as imbalances within the muscles of the pelvic floor, trunk and/or pelvis, incoordination in the muscles related to bowel and bladder function, tender points in the muscles of the pelvic floor or abdomen, pressure on one or more nerves in the pelvis, and weakness in the muscles of the pelvis and pelvic floor. Pelvic pain can also be related to the presence of scar tissue after abdominal or pelvic surgery, including C-sections. Additionally, there can be organic disease processes related to pelvic pain. Given the wide array of causes, it is important to consult your physician to fully determine the cause of your pelvic pain.

Physical therapists trained in women's health evaluate and treat pelvic joint dysfunction, muscle tightness, weakness or imbalance in muscle groups, and nerve injuries. Women's health physical therapists trained specifically in the area of pelvic health can identify the possible generators of pelvic pain and develop a treatment plan specific to the patient suffering from pelvic pain. A women's health physical therapist may use hands-on techniques to address muscle tightness, or exercises to improve muscle strength and coordination of muscle recruitment. Other treatments may include: biofeedback, postural training, strengthening of the abdominal and core muscles, ultrasound and electrical stimulation.

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