

Any leakage is too much leakage

By Jennifer Bimmel, DPT

“Leakage of urine with activity, coughing or laughing is common in women (as many as 1 in 4 or more as we age), but it is most certainly not something that is normal [or] that you just have to live with.” —Dr. Susan Hobson, Women’s Healthcare Associates.

LET’S TALK SPECIFICALLY about stress urinary incontinence. What is it?

Stress urinary incontinence (SUI) is the loss of urine upon physical exertion such as coughing, sneezing, laughing or exercise. This form of incontinence may occur due to weak pelvic floor muscles, contributing to the inability to support the bladder and urethra. Some risk factors for having weak pelvic floor muscles include female gender,

aging, childbirth and athletics.

But again, just because this is a common occurrence within this group does not mean this is something you should learn to live with.

Kegels

Shown through the 2010 systematic review by Price, et al., pelvic floor muscle training (PFMT) boasts significant evidence in improving SUI. What is PFMT? It’s Kegels.

It is important to note that 40 percent of women given only verbal Kegel instructions are doing them wrong. To prevent ineffective PFMT, it would be valuable to refer on to a qualified physical therapist who can ensure patients are performing pelvic floor exercises



with proper form during a minimum of at least one formal training session.

There are probably many thoughts running through your head right now: “I

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may be doing Kegels wrong?” Or, “I don’t even know what Kegels are.” Or, “Are you telling me I can go to a physical therapist to exercise my lady parts?” Yes.

During a physical therapy session with a pelvic floor specialist or women’s health specialist, you will learn all about urinary incontinence. There are more forms than just SUI, such as urge urinary incontinence and functional urinary incontinence. Women will be educated on the anatomy of the pelvic floor and how the urinary system works. You will get a holistic approach to helping you improve and cure your urinary incontinence.


Subjects discussed can be:

- Nutrition
- Hydration (are your daily fluids irritating your bladder?)
- Daily voiding (How often you go to the bathroom every day)
- Muscle function

Physical therapy combines education, awareness and muscle retraining. Here are some questions to ask yourself.

- Are you able to contract your pelvic floor muscles?
- How long can you hold this contraction for?
- Can you do quick contractions?
- Can you perform PFMT in a variety of positions?

These are extremely important muscles responsible for supporting your internal organs and having bladder/bowel movements. A pelvic floor specialist or women’s health specialist will take you through an individual treatment approach specific to your needs. Depending on severity of their urinary incontinence, most individuals take approximately six to eight treatment sessions, just once per week.

Before you stock up on more pads, fill up your medicine cabinet or elect for surgery, try a conservative, more empowering approach to addressing urinary incontinence with physical therapy! 



Jennifer Bimmel, DPT, is a women’s health physical therapist at Orthopedic & Spine Therapy of Ladysmith and part of OST’s Women’s Health team. Visit OST online at www.ostpt.com/womens-health for Women’s Health locations, therapist information, clinic phone numbers and more information.



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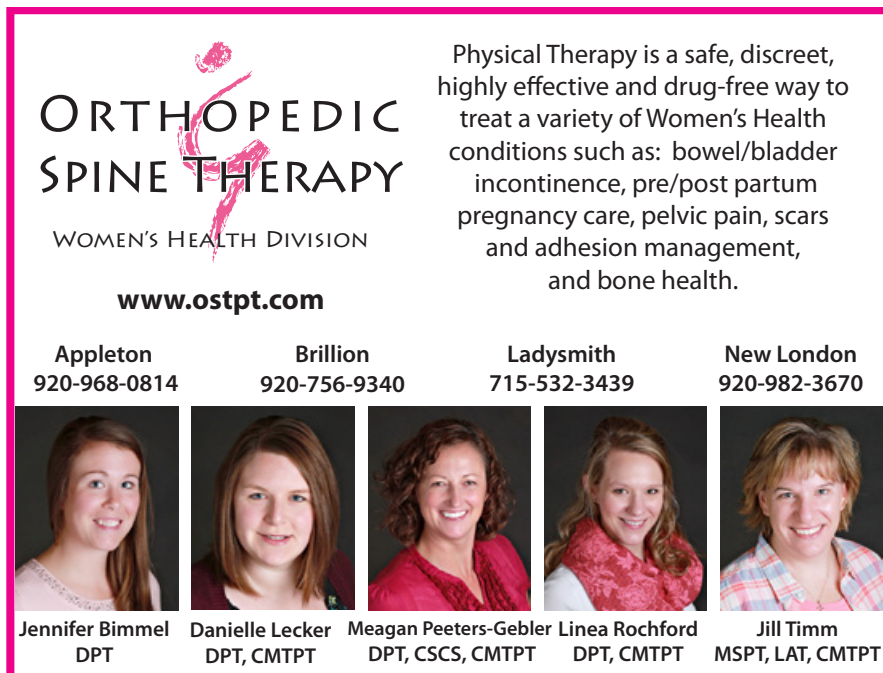
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