

URINARY INCONTINENCE

Urinary incontinence is defined as *any* involuntary loss of urine. This can occur to varying degrees, from leaking with walking or running, to leaking when jumping on the trampoline with your children, to all the time. Incontinence more frequently affects women than men. This may be because pregnancy, childbirth, and menopause increase the risk of urinary incontinence in women. Many individuals who suffer from urinary incontinence, do not seek medical advice or help due to embarrassment, denial, lack of understanding, or accepting incontinence as normal.

According to the National Association for Continence, more than 25 million people in the United States suffer from urinary incontinence each day, regardless of age. Many have the misconception that by limiting fluid intake, discontinuing the activities that cause incontinence, or even performing Kegel exercises they can control their incontinence. Studies have shown however, that many individuals are unable to correctly perform a pelvic floor muscle contraction without being provided instruction and appropriate feedback.

IF YOU SUFFER FROM ANY OF THE FOLLOWING SYMPTOMS, TALK TO YOUR PHYSICAL THERAPIST TODAY.

- ♀ Loss of urine when you sneeze, cough, laugh, or lift anything heavy
- ♀ Loss of urine when working out at the gym
- ♀ Loss of urine with walking, running, jumping, or moving from sitting to standing
- ♀ Sudden, strong urge to urinate and needing to rush to the bathroom
- ♀ Feeling of incomplete bladder emptying
- ♀ Straining with urination



Mackenzie Lampe received her Doctorate of Physical Therapy from Rockhurst University in Kansas City in May of 2018. She recently completed the Pelvic Health Physical Therapy Level 1 certification course in November 2018, through the Section on Women's Health. The course focused on treating patients with pelvic health dysfunction, primarily patients with underactive pelvic floor muscle conditions. Kenzie can perform a safe evaluation to develop a physical therapy diagnosis and prognosis regarding the pelvic girdle, surrounding structures, and their function. She will then implement interventions to address the individual's signs and symptoms including but not limited to: instruction on the proper technique of pelvic muscle exercises and abdominal exercises for rehabilitative purposes, instruction on appropriately strengthening the muscles of the pelvic floor, and bladder training.

If you have any questions, please contact Kenzie or the Cheyenne County Hospital Physical Therapy Department.

Women's Health



PHYSICAL THERAPY

210 W 1st STREET, SAINT FRANCIS, KS

785-332-2104 EXT 180



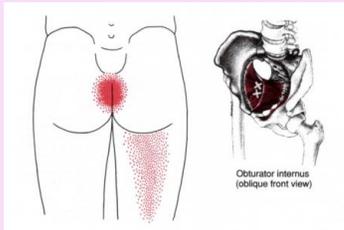
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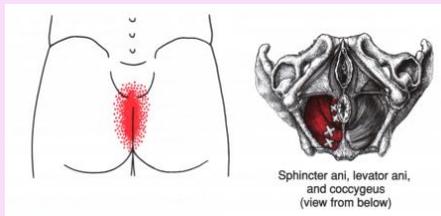


PELVIC PAIN

The pelvic floor is a sling of muscles and connective tissues that span underneath the pelvis, providing support to the pelvic viscera (bladder, intestines, and uterus in females) and assists with continence through the control of urinary and anal sphincters. The pelvic floor is also an important component in maintaining upright posture and sexual function. When these muscles become overactive, the result can often present as pain and decreased function. Below are two common pain referral patterns of the pelvic floor musculature. Additional impairments are often present with pelvic floor dysfunction due to the complexity of the anatomy, and the multiple functions of the pelvic floor. Therefore, a comprehensive approach is necessary to determine all contributing factors to pain in the pelvic region.



<http://www.triggerpoints.net/muscle/pelvic-floor>



IF YOU SUFFER FROM ANY OF THE FOLLOWING SYMPTOMS, TALK TO YOUR PHYSICAL THERAPIST TODAY.

- ♀ Pelvic, tailbone, hip, or low back pain
- ♀ Pain with intercourse
- ♀ Recently underwent urogynecologic surgery

PELVIC ORGAN PROLAPSE

Pelvic organ prolapse (POP) occurs when the sling of muscles and connective tissues of the pelvic floor become weak or loosen. This can result in the dropping of one or more pelvic organs into and even out of the vagina. Individuals with POP often experience a feeling of pressure, fullness, or falling out in the pelvic area. This sensation is often worsened with an increase in intra-abdominal pressure from coughing, sneezing, vaginal childbirth etc. Although POP ligament laxity cannot be reversed non-surgically, physical therapy interventions can help strengthen the pelvic floor musculature as well as manage and minimize symptoms.

IF YOU HAVE BEEN DIAGNOSED WITH PELVIC ORGAN PROLAPSE AND/OR EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS, TALK TO YOUR DOCTOR AND/OR PHYSICAL THERAPIST TODAY.

- ♀ Feeling of pressure, fullness, or falling out in the pelvic area



PREGNANCY



During pregnancy, many changes occur in the female body. The rib angle changes and the diaphragm elevates to make room for baby, making breathing more difficult. The center of gravity is shifted forward limiting abdominal function, and hormonal changes create a lax environment. An increase in the hormone estrogen, in combination with relaxin, causes the ligaments throughout the body to relax. As the weight of baby increases, placing pressure on the pelvic ligaments and structures, ligament laxity also increases. An increase in the hormone progesterone serves many purposes; however, can contribute to constipation and therefore an additional increase in intra-abdominal pressure. The changes the body undergoes during pregnancy, increases the risk of incontinence, prolapse, painful scars, and other pelvic floor dysfunctions.

IF YOU ARE PREGNANT, HERE IS WHAT A WOMEN'S HEALTH PHYSICAL THERAPIST CAN DO FOR YOU:

- ♀ Preparation for childbirth including perineal massage training, abdominal and pelvic floor muscle training, birth position education
- ♀ Treatment for pelvic floor pain
- ♀ Bladder and bowel training

POSTPARTUM WOMEN'S HEALTH PT: (typically not seen until 6 weeks postpartum)

- ♀ Treatment of diastasis recti (separation on the abdominals as baby grows) and core training
- ♀ Pelvic floor muscle training
- ♀ Treatment of scar tissue from episiotomy, natural tearing, or cesarean incision
- ♀ Safe return to exercise

Fun Fact:

On average, patients spend 6 months in physical therapy after a rotator cuff injury or tear. Why don't we after pregnancy and childbirth?