Urinary Incontinence

Urinary Incontinence in Women:
Urinary incontinence is defined as the involuntary loss of urine. Individuals of all ages may experience incontinence due to various reasons. ANY amount of urine loss is common, but NOT normal. Proper diagnosis and treatment of incontinence can significantly help, if not cure, leakage.

Types of Incontinence:
- Urinary Stress Incontinence- the involuntary loss of urine with coughing, sneezing, laughing, or lifting
- Urinary Urge Incontinence- the involuntary loss of urine occurring after a strong urge to urinate
- Mixed Urinary Incontinence- a combination of stress and urge incontinence
- Fecal Incontinence- an impaired rectal sensation or lack of muscle control, allowing loss of stool or inability to control flatulence

Causes of Incontinence:
- Pelvic floor and/or abdominal weakness
- Pregnancy
- Vaginal delivery
- Estrogen depletion
- Prostate disorders/surgeries
- Medications
- High-impact activities (running)
- Nerve damage
- Prior surgeries
- Obesity
Chronic constipation

Do you ever lose urine when jumping, running, coughing, or sneezing?
ANY amount of leakage during these activities is NOT normal. This is a symptom of urinary stress incontinence. Urinary stress incontinence may be due to pelvic floor muscle or abdominal weakness, incoordination of the pelvic floor, and/or prolapse. Treatment may include muscular re-education with biofeedback to the pelvic floor and/or abdominal muscles, muscular strengthening, patient education regarding correct lifting techniques, and manual therapy.

Has your urge to urinate changed in the last few months?
You may have symptoms of urinary urge incontinence, urinary frequency, or detrusor instability. Pelvic floor muscle tension or weakness, inappropriate intake of fluids, or dietary bladder irritants can be causes of urge symptoms. Other causes include pudendal nerve entrapment, improper voiding habits, and/or medication.

How physical therapy can help:
Physical therapy is one option for treatment of incontinence. A personalized rehabilitation program is instructed after an initial evaluation is conducted. The therapist will assess your muscle strength, endurance, coordination, and integrity.

Common Treatment Options:
- Pelvic floor awareness
- Muscle re-education and/or strengthening
- Instruction on correct lifting techniques
- Diet modifications to decrease bladder irritants
- Use of bladder journals to teach normal voiding habits
- Biofeedback
- Electrical stimulation

Why a physical therapist?
The sling of muscles that connect the pubic bone to the tailbone are called the pelvic floor muscles. The functions of the pelvic floor are 1) sphincteric closure, 2) support to organs and bladder, and 3) assisting sexual function. A physical therapist’s expertise is of the body’s skeletal, muscle, and nerve components. Because the pelvic floor consists of muscles and nerves similar to the rest of your body, a trained women’s health physical therapist can help you to strengthen these muscles and control your leakage.
When is a referral appropriate?

Your incontinence symptoms must first be evaluated and diagnosed by your family physician, obstetrician, gynecologist, or urologist to rule out any other medical conditions. It is at that time that you can ask your physician if physical therapy intervention is appropriate to treat your leakage. The sooner you receive treatment for this private diagnosis, the more responsive your body will be to the treatment techniques.