



Health & Wellbeing



Zoe Birch is a Chartered Physiotherapist and founder of PhysioMotion, which operate two London clinics as well as providing physiotherapy at home. In her latest article for SEBRA NEWS W2, Zoe discuss a health topic that can affect everyone.

LET'S TALK ABOUT OUR PELVIC FLOOR STRENGTH!

of your bladder and bowel. They have a deep and a superficial layer, and are supported by your gluteal and abdominal muscles. They also support your abdominal and pelvic organs and are important in sexual health.

If the muscles are weak or overworking this can lead to urinary or faecal incontinence which can make you self conscious and stressed during social events or even leaving your home.

DIFFERENT TYPES OF INCONTINENCE

- **Stress urinary incontinence:** Leaking of urine from your bladder on effort or physical exertion such as jumping or on sneezing or coughing due to urethral closure pressure not being maintained or sphincter not working.
- **Overactive bladder:** Increased frequency of passing urine during the day and sleep interrupted to pass urine. This can be due to:
 - Bladder pressure being high even with a small fill causing pelvic floor to fail;
 - Incomplete emptying of your bladder;
 - Reduced bladder wall expansion;
 - Bladder sensation changes;
 - Increased urine production.

- **Urgency urinary incontinence:** Leaking of urine associated with urgency which can be for similar reasons as an overactive bladder, as the muscles surrounding the bladder contract during the filling stage causing you to need to empty more frequently.
- **Functional urinary incontinence:** Difficulty getting to the toilet or urinal in time because of mobility problems or reduced mental capacity (e.g. medication making you drowsy) to co-ordinate navigating to toilet.

- **Overflow urinary incontinence:** Bladder over fills causing the muscles around the bladder to overstretch. This could lead to:
 - Toileting less frequently;
 - Abnormal sitting position to urinate;
 - Not emptying your bladder fully.
 This can be due to urinary retention, tumour or mass, urethral stricture, pelvic organ prolapse, bladder or kidney stones and constipation.

If you have any of these symptoms you should get immediate referral to get this investigated.

The first four types of incontinence can be helped with physiotherapy by a physiotherapist who specialises in Women's and/or Men's health.

WHAT IS INVOLVED IN A PHYSIO APPOINTMENT?

As with other physiotherapy appointments you may have attended, you will still be asked about your problem and have a physical assessment. What makes it specific to Women's or Men's health? You will also be asked about your bladder and bowel symptoms, pelvic symptoms, and obstetric and gynaecological history.

After the first appointment, you may be asked to complete a bladder diary for three days and to discuss it at your next appointment to give your physiotherapist a better understanding of what is happening during the day to cause your incontinence.

During the physical assessment, as well as looking at your trunk and pelvic mobility (as these can have an effect on your pelvic floor muscles), you will have a palpation of your abdomen, observation of how your pelvic floor muscle engage externally and an internal examination (For women this would be performed vaginally and for men it is rectally using just a gloved finger).



Probe with device can assist with engaging pelvic floor



Discussing the pelvic floor and the importance of suitable exercises.

HOW PELVIC FLOOR EXERCISES CAN HELP?

With the information gathered during your assessment, your physiotherapist will be able to work out whether your pelvic floor muscles are weak during slow and/or fast muscle contraction or unable to relax resulting in them overworking making it difficult to control the empty of your bladder or bowel.

This will determine what type of pelvic floor exercises you will need to perform three times daily:

1. Slow contraction with hold up to 10 seconds up to 10 repetitions
2. Fast contraction up to 10 repetitions
3. Practice relaxation of pelvic floor muscles after a contraction up to 10 repetitions

The repetitions and hold length will be determined by your performance during the internal examination, as you will want to perform slightly more than you could achieve, but not overload the muscles which can cause negative effects. You will start performing the exercises in lying and progress to a more upright position with movements or actions which previously would have caused your incontinence.

If you struggle with your pelvic floor exercises due to severe weakness or difficulty to engage the muscles, there are biofeedback and muscle stimulation machines which can assist your practice, but they are not used as an initial treatment as you need the muscles to be able to perform independently.

Research shows that it is never too late for us to work on our pelvic floor strength and incontinence symptoms to give us more confidence when out and about, save money on having to wear incontinence pads and wear more than black clothing!

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