

PT HEALTH UPDATE

Kern & Associates Physical Therapy

February 2005

Wet-Dry: Weak-Strong: Pelvic Floor

Welcome to the first quarterly issue of pelvic floor education from the clinic of Kern & Associates Physical Therapy. This guide is designed to introduce the public to a variety of issues related to the pelvic floor – many of which people are too embarrassed to talk or ask questions about. It is our hope that people in our community come away with the understanding that there are many people who suffer in silence, unnecessarily, with pelvic floor problems. We are here to help!

Incontinence Related to the Pelvic Floor

The pelvic floor muscles, located in the bottom of the pelvis, wrap around the urethra and the rectum to help prevent incontinence. Appropriate tone and coordination of these muscles are crucial for proper pelvic floor function. Many people are familiar with Kegel exercises, introduced by Dr. Arnold Kegel in the 1950's. By tightening the pelvic floor muscles (squeezing as if to stop the urine flow), you can improve the strength and tone of these muscles.

“The Pelvic Trampoline”

1. Consider squeezing these muscles in a variety of positions, such as standing, squatting, lying down, or sitting.
2. Try to keep squeezing these muscles and concentrate on breathing in and out at the same time.
3. Get out and walk! Little children develop continence control at about the same time as they are building hip and leg control. As we age and use our hips and bodies

less, this may play a role in the pelvic floor muscles “not doing their job.”

Problems with the pelvic floor can manifest in many symptoms. When patients are asked about problems with their bowel or bladder, many people are too embarrassed to answer. Understanding what isn't working quite right may help to break down the barriers of shame:

Urinary incontinence: undesired loss of urine. This loss may or may not be activity related. When the loss of urine occurs with coughing, sneezing, jumping, or laughing, it is considered “stress incontinence.”

Urinary urgency or frequency: loss of urine may or may not occur with this problem. In this case, the bladder (either irritated or trained) does not store the appropriate amount of urine. Consequently, there are more frequent urges to urinate. Upon urinating, the individual may find that there is little urine to expel.

Upcoming Events

Wednesday, February 9, 2005 at 5:30 pm- Posture Yourself: This class teaches ways to decrease back pain & improve your body mechanics.

Wednesday, February 23, 2005 at 5:30 pm- Posture Yourself: A continuation of the previous class with an emphasis on techniques to improve your body mechanics.

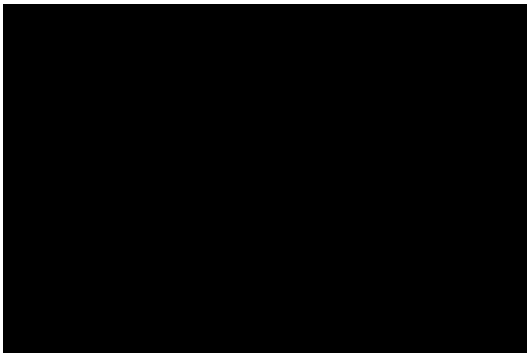
Wednesday, March 9, 2005 at 5:30pm - A stronger back is a healthier back: Learn back strengthening exercises for daily life. Wear comfortable clothes and come ready to work.

3. Consider a sports drink (possibly watered down, respecting calorie consumption).

Fecal/stool incontinence: undesired loss of stool or fecal material. This loss may or may not be associated with the urge to have a bowel movement.

Pelvic pain/muscle spasm: lower abdominal, rectal, vaginal, or urethral pain that is either intermittent or constant. Sometimes symptoms are related to scarring from surgeries, vaginal births, endometriosis, or cancer.

Prolapse/inside tissue bulging downward: This bulging often gets worse when an individual is standing. Poor tone and appropriate support of the pelvic floor muscles allows internal tissue to take the path of least resistance. Many individuals have surgeries to support this internal tissue (bladder suspension, sling procedure, colposuspension). Without proper pelvic floor training and strength, the major support structure is missing; therefore, it is not unheard of for patient to require revisions of previous surgeries.



Constipation: Multi-factorial. For some people, certain things in their diet affect how firm or loose their bowels are. For others, there are disease processes that effect the consistency of stool. Medications such as Vicodin can also be very constipating. Finally, dehydration can also be causative: Don't forget to drink some water throughout the day!!!

DISTASTE FOR WATER

For those individuals who simply do not like the "taste" of water, try one of the following. It might allow you to hydrate a bit more!

1. Try adding a slice of lemon, lime, orange, or cucumber to the water.
2. Try ½ water + ½ juice. Although some juices can increase the acidity of the bladder, the water can help the balance.

Behavioral Components to Urgency/Frequency

As the holidays come to a close, many individuals with urinary incontinence encounter more stress related to bladder control. Social functions are often stressful if you suffer from incontinence problems. Below is a list of bladder irritants that you may choose to avoid:

1. Alcohol
2. Citrus drinks
3. Strawberries/cranberries
4. Tomato/acidic foods
5. Coffee/tea

While at social functions, keep these potential irritants in mind, and perhaps minimize their consumption.

Dehydration/concentrated urine is one of the biggest bladder irritants (increases urges to urinate) – consistently ingest small amounts of water throughout the day to remain hydrated.

Concerns about early pregnancy:

Q: I used to walk on the treadmill and do some of the resistance machines before I became pregnant. Can I still do those things?

A: YES! It is important to stay moderately active throughout your pregnancy. By walking you get nice low-impact cardiovascular activity, and the resistance training will help you with muscles needed to lift/carry your baby and all of the supplies.

Q: Six weeks after learning I was pregnant, I was involved in a minor car accident. My doctor says the baby is ok, but I now have pretty significant right buttock, back, and leg pain. What do I do?

A: A few things may help. If you are having pain while you are sleeping, consider using a pillow between your knees and feet, or under your side

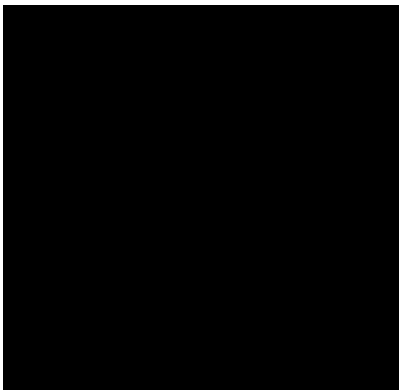
for support. If you are having pain while you walk, consider using a local pool (water temperature less than 90 degrees F) for walking and exercising. The buoyancy of the water can really change your symptoms and allow you some relief. An experienced physical therapist can also offer techniques, postures, and activities to decrease your pain. Good luck.

Q: I am a semi-competitive runner, racing 10k's and half-marathons. Any guidelines for maintaining some of my fitness?

A: Congratulations! Your new best friend will be your heart rate monitor. ACOG guidelines recommend somewhere around 140 bpm; however, you may also want to read Exercising Through Your Pregnancy by James Clapp, MD. Recent research is changing our views regarding limitations both during and after pregnancy.

Q: My ankles have been swollen and my knees rather sore during my 4th and 5th month of pregnancy. Any recommendations for exercise?

A: Gentle stretching of the calves, hamstrings, and hip flexors may help (see picture below). For activity, please consider getting to your local pool for some exercise. The buoyancy should help your joints, and the compression and hydrostatic pressure of the water should also help the swelling/edema in the lower legs. Many women find that they can sustain exercise in the water for longer periods of time and longer into their pregnancy.



Q: I am 6 months pregnant, and primarily exercise by walking my dog daily. I am finding that my hand is going numb (the one that holds the leash) after 25 minutes. What is going on?

A: It sounds like one of the nerves coming from your neck that travels down the arm to your hand is not happy. This can result from several things:

1. Postural changes in the breasts and upper back
2. Weakness in the upper body
3. Mild swelling in the carpal tunnel or wrist region. This may occur during pregnancy secondary to hormonal and fluid changes in the body.

You may want to consider getting wrist or hand splints that place your wrist in a neutral position, either at night or during the day, so that the area gets oxygen and blood for healing. Stretching out your pectorals (clasp your hands behind your back and gently pull away from the body for 20 to 30 seconds) may also loosen up the area where the nerves travel, and will also be a reminder to work on you posture.

Letter from Becky:

During the past few months, we have had the great fortune to welcome Julie Guthrie DPT back to the folds of Kern & Associates as a full-time physical therapist. She has willingly taken on the job of developing a Women's Health Program. Though incontinence is a big part of the program, we will also be addressing pregnancy and exercise, osteoporosis, menopause and other women's problems related to hormonal changes.

The area of incontinence is not, however, limited to women. Many men experience prostate problems that leave them with fecal and urinary incontinence. These problems can be helped as well.

Some of our ongoing services

- Orthotics Evaluations
- Sports Injury
- Manual Therapy
- Women's Health
- Vestibular/Balance treatments
- Alexander Technique
- Incontinence prevention
- Spinal rehabilitation
- Post-Op Rehabilitation
- Pilates
- Pediatrics Physical Therapy

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PHYSICAL THERAPY