

## PELVIC FLOOR DYSFUNCTION

If you hear any of these phrases or patients bring up any of the following, it is appropriate to ask further about pelvic floor dysfunction.

“I AM AN ATHLETE (CROSS COUNTRY SKIING, RUNNING, GYMNASTICS, BASKETBALL, TENNIS, DANCERS).”

- All of the athletes listed above have been studied for incontinence
- 50% of cross country skiers/runners experience stress urinary incontinence
- Playing sports at an elite level increased risk for urinary incontinence by 300%.
- 30% of exercising women experience incontinence
- This can lead to women not exercising because this is when they have episodes of leakage
- The prevalence of urinary incontinence ranges from 28% to 80%, with the highest prevalence in high-impact sportswomen such as trampolinists, gymnasts, aerobic gymnasts, hockey players and ballet dancers.

“I JUST GOT BACK FROM AN APPOINTMENT WITH MY UROLOGIST. I THINK I MIGHT HAVE TO GET PROSTATE SURGERY.”

- 73% of men will experience incontinence after prostatectomy
- Of this population, 23% will still have incontinence 2 years later
- Physical therapy can help every man experiencing incontinence following surgery return to continence earlier, regardless if they will be in this 25% or not.
- Physicians may be underreporting how many of their patients are incontinent at discharge.

“I DONT WAKE UP AT NIGHT BECAUSE OF PAIN ANYMORE. I AM JUST WAKING UP EVERY COUPLE OF HOURS BECAUSE I HAVE TO USE THE RESTROOM.”

- Typical Nighttime Frequency: 0-1x a night

“I RECENTLY HAD SURGERY.”

- Many orthopedic surgeries utilize catheterization to prevent incontinence during surgery; this includes THAs, TKAs, TSAs, repairs, etc.
- While there is now the acknowledgement that for many of these procedures catheters are not necessary, they are still used.
- Ask any patient who underwent surgery about changes in bowel/bladder

IF YOU NOTICE PATIENTS VISITING THE RESTROOM DURING YOUR THERAPY SESSION FREQUENTLY OR MULTIPLE TIMES DURING THE SESSION ASK ABOUT FREQUENCY.

- Typical daytime frequency: once every 2-5 hours (pending proper hydration); even with high water intake patient should be able to hold back urine for 1-2 hours.

IF YOUR PATIENTS ARE ON OPIOIDS ASK ABOUT BOWEL/BLADDER CHANGES.

- Opioid use can cause constipation and reduced feeling of the urge to urinate.

#### RESOURCES:

1. Urinary incontinence in physically active women and female athletes:

<https://pdfs.semanticscholar.org/6acb/6c446ea241604fd4f58e86d251161bf9b3e8.pdf>

2. Prevalence of Stress Urinary Incontinence in Elite Female Endurance Athletes:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4327384/>

3. Urinary incontinence in elite nulliparous athletes:

<https://www.ncbi.nlm.nih.gov/pubmed/8041527>

4. Prevalence analysis of urinary incontinence after radical prostatectomy:

<https://www.ncbi.nlm.nih.gov/pubmed/28857655>

5. Post-radical prostatectomy urinary incontinence:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6501406/>

6. Opioid Induced Bowel Dysfunction:

[https://www.jpsmjournal.com/article/S0885-3924\(07\)00598-2/pdf](https://www.jpsmjournal.com/article/S0885-3924(07)00598-2/pdf)