A close-up photograph of a muscular man's arm flexing his bicep. The skin is tanned and the muscles are well-defined. On the bicep, there is a tattoo with the words "GETTING PHYSICAL" in a bold, green, blocky font with a black outline. The tattoo is set against a background of stylized, flame-like or flame-like patterns in shades of orange, yellow, and red. The background of the entire image is a solid, vibrant blue.

**Have you
considered
physical therapy
for battling
incontinence?**



When was the last time one of your residents said, “I’m using the bathroom again. I feel great!”?

If continence specialists had their way, you’d be hearing this all the time. Debunking the myth that incontinence is a normal part of aging requires a multidisciplinary approach. Can your facility involve physical therapy in tackling this problem? Read on to find out!

What we’re spending

Many clinicians have recently reassessed and updated their incontinence management protocols to meet regulatory standards of practice. However, urinary incontinence is often an underdiagnosed and poorly treated condition. More than half the residents in skilled nursing facilities experience urinary incontinence. Many of them will fail to regain bladder control. Lack of resources, staff shortages and ineffective clinical approaches only exacerbate the problem.

Despite the increased focus on individualized care, an estimated \$27.9 billion is still spent annually on incontinence management in the United States. A significant portion, \$12.4 billion, is spent on treating skin breakdowns, falls and infections caused by incontinence.¹ The crisis of incontinence will continue to impact quality and cost of care until improvements are made.

Where do we start?

Let’s take a look at the facts. According to the National Association for Continence, approximately 80 percent of individuals affected by urinary incontinence can be treated successfully.² Our ultimate goal should be promoting normal bladder function, when possible. Even if normal function is restored, we will still need to check and change disposable products and give good skin care.

Residents with incontinence should receive a complete initial evaluation that includes a physical examination. Once incontinent residents are identified, a 24-hour voiding diary should be completed to identify the frequency and volume of voids and the nature of each incontinent episode. Screening tests, including post-void residual (PVR) and urine culture, should be performed to rule out underlying conditions such as UTI.

This initial evaluation should allow you to identify incontinence type. From there, treatment options (including medication, behavioral therapy and physical therapy) can be considered.

**By Amin Setoodeh,
BSN, RN**

Physical therapy as a continence tool

Physical therapy is frequently overlooked when treatment options for incontinence are considered. Rehabilitative therapies such as pelvic muscle exercises (commonly known as Kegel exercises), mid-range hip rotations, electromyography (EMG) biofeedback and electrical stimulation can all be valuable care plan components.^{4,5,6}

Physical therapy's effectiveness as an incontinence tool has been well documented. It's been found especially beneficial for residents experiencing stress, urge or mixed incontinence. For example, one study found that 71 percent of participants with stress and mixed incontinence who utilized physical therapy reported persistent improvement in their incontinence symptoms.⁷

Match the therapy to the individual

Understanding the individual's capability is key, according to Jeanette Knill, a physical therapist in Illinois who has worked with the elderly and incontinent. She shares this story:

"Those with cognitive issues generally don't respond well to biofeedback and I'm not sure I feel comfortable with internal therapies for nursing home residents; although, I used them with our independent living population," she said. "But here's an example of success – a 100-year-old female resident wanted to be more continent. I set up a daily program of strengthening exercises for the restorative aide to guide her through.

"One exercise was isometric hip adduction. This exercise was done by squeezing a ball between the knees and holding for a count of five to 10 seconds. The other exercise was hip external rotation utilizing an exercise band tied around the legs. In sitting, the resident pushed her thighs outward against the band, holding for a count of five to 10 seconds. Both exercises were repeated up to 20 repetitions, depending on the resident's tolerance that day.

Therapies to consider

Pelvic muscle exercises (PME) strengthen the striated urogenital sphincter, the ability to constrict the urethral lumen and the levator ani muscle to provide pelvic and urethral support.⁴

Muscle exercises such as isometric hip adduction and mid-range hip rotations elevate and strengthen the pelvic floor.⁵

EMG biofeedback trains the levator ani muscle by increasing patient awareness and helping the patient control muscular contraction.⁶

Pelvic floor electrical stimulation (PFES) involves using low-voltage electric currents to stimulate pelvic muscle contraction.⁹



About the Author

Amin Setoodeh, BSN, RN received his Bachelor of Science in Nursing from San Francisco State University. He speaks to nurses nationwide on the topics of incontinence management, team building and compliance issues.

“After four weeks, she was able to use just one pad, rather than several briefs during the day. What’s particularly important about this example is that this resident was unable to perform Kegel exercises and yet still had significant improvement with this daily, non-invasive strengthening.”¹⁸

Improvement is possible!

Providing the best care possible for incontinent residents requires awareness among clinical professionals and a goal of promoting continence. We need to be proactive in evaluating clinical outcomes while considering all resources – including physical therapy – to promote normal bladder function.

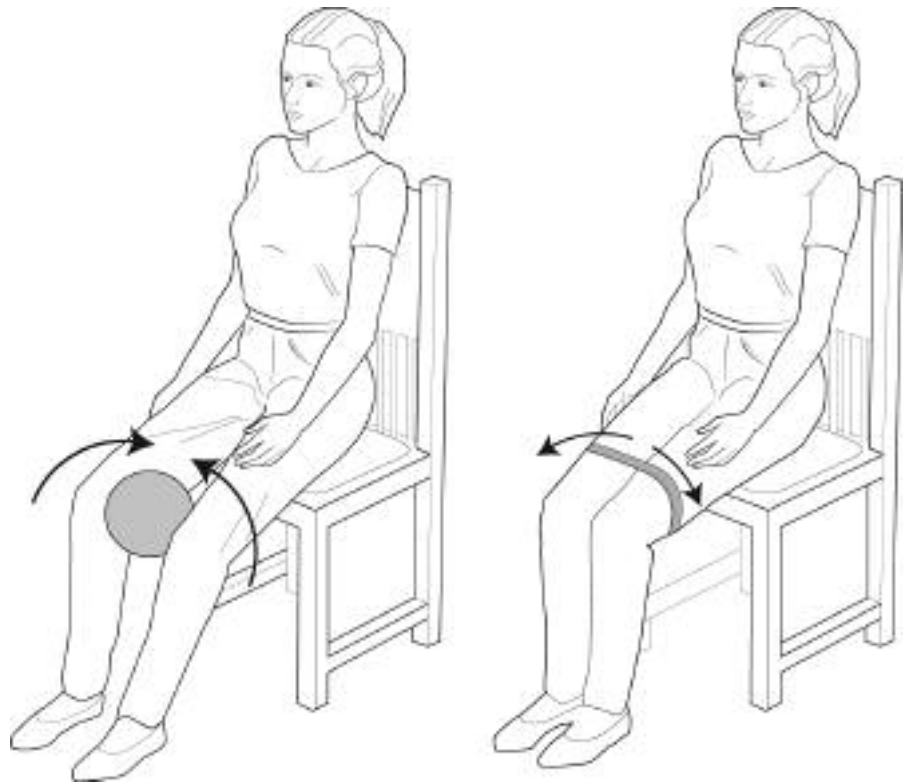
References

1. Hu TW: The economic impact of urinary incontinence. *Clin Geriatr Med.* 1986 Nov;2(4):673-687.
2. National Association for Continence. Treatment Options for Incontinence. Available at: http://www.nafc.org/about_incontinence/treatment.htm. Accessed April 23, 2007.
3. Verma M. Gaining control. Available at: <http://rehabilitation-director.advanceweb.com/Common/editorial/Editorial.aspx?CC=72616>. Accessed April 23, 2007.
4. Wall LL, Davidson TG. The role of muscular re-education by physical therapy in the treatment of genuine stress urinary incontinence. *Obstet Gynecol Surv.* 1992 May;47(5):322-31.
5. Hulme J, Heyer N. Physical therapy to promote continence. *Extended Care Product News.* 2005 April;99(4)16-17.
6. Walsh PC, Retik AB, Vaughan ED, Wein AJ eds. *Campbell's Urology.* 8th ed. Philadelphia, Pa.:WB Saunders; 2002.
7. Dannecker C, Wolf V, Raab R, Hepp H, Anthuber C. *Arch Gynecol Obstet.* 2005 Dec; 273(2): 93-7. Epub 2005 Jul 6.
8. Personal Communication
9. Georgetown University Hospital. Kegel exercises. Available at: http://www.georgetownuniversity-hospital.org/body.cfm?id=555563&action=articleDetail&AEProductID=Adam2004_1&AEArticleID=003975. Accessed April 23, 2007.

Benefits of Physical/ Occupational Therapy

- **Low risk**
- **Low cost**
- **Involves patient in the care process**
- **Promotes normal bladder function**
- **Many are non-invasive**

Muscle exercises to consider



Isometric hip adduction

Squeeze a ball between the knees.
Hold for five to 10 seconds.

Hip external rotation

An exercise band is tied around the legs.
Push thighs outward against the band.
Hold for five to 10 seconds.