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# Physiotherapy for urinary incontinence

**Background**

International guidelines recommend treatment for urinary incontinence by a health professional such as a pelvic floor or continence physiotherapist with specialised training in the management of pelvic floor disorders.

**Objective**

This article discusses the role of a physiotherapy program in treating women with urinary incontinence.

**Discussion**

Treatment usually involves five consultations with a pelvic floor physiotherapist over 4–6 months. After an assessment of bladder function and the pelvic floor muscles, an individualised training program is prescribed. The focus of pelvic floor muscle training is to build strength, endurance, speed and the coordination of the pelvic floor muscles in different situations. An effective program has been shown to increase contractile strength as well as increased resting tone of the pelvic floor, which then provides improved support of the pelvic organs higher in the pelvis. Women may be offered an annual review by their physiotherapist in order to promote long term continence.

**Case study**

Don't expect her to ask! Although she is female, has two children and has a one-in-three chance of having a problem with urinary incontinence, she probably won't ask for help. Only 40% of those with incontinence seek help.<sup>1</sup> So 34 year old Astrid, who has come for a routine Pap test, needs to be asked if she has any problems with her bladder (or bowel) control. If she does have a problem with stress urinary incontinence it is likely that she has stopped playing sport. She is then at increased risk of other health problems such as overweight, diabetes, osteoporosis and heart disease.<sup>2,3</sup>

■ **Astrid reveals symptoms of both stress urinary incontinence (SUI) and urgency urinary incontinence (UUI). International guidelines, based on high quality evidence, recommend treatment for urinary incontinence by a health professional such as a pelvic floor (PF) or continence physiotherapist with specialised training in the management of PF disorders.<sup>4,5</sup>**

A simplistic approach to management, such as the distribution of a brochure on PF muscle exercises, is not recommended as many women will be unable to contract the PF muscles correctly from written instructions.<sup>6</sup> General practitioners are in an ideal position to check a woman's ability to contract the PF muscles after completing a pelvic examination. However, getting the technique right is only the beginning of a training program, which should be individually prescribed and supervised for women with both SUI and UUI.<sup>7,8</sup>

**Clinical diagnosis**

Urinary incontinence can be assessed clinically by history, examination and a bladder diary once reversible causes such as urinary tract infection have been excluded (*Figure 1*). Urodynamic studies are not indicated at this stage, but should be reserved for those women needing surgery or to clarify a diagnosis in complex cases where previous surgery has failed.<sup>4,5</sup>

**Pelvic floor physiotherapy in Australia**

A recent Australian observational study of physiotherapy for women with SUI confirmed that PF physiotherapy is also effective when the service is delivered in every day clinical practice.<sup>9</sup> The treating physiotherapists were PF clinicians in centres in all Australian states, in both private practice and public facilities. Eighty-four percent of the women in this study were objectively cured and satisfied with the outcome.



## Treatment

Treatment for SUI usually involves five consultations with a PF physiotherapist over 4–6 months. After an assessment of bladder function and the PF muscles, an individualised training program is prescribed. Some women will need intensive coaching to be able to contract their PF with appropriate coordination. For women who have poor awareness of the PF muscles, biofeedback therapy measuring intravaginal squeeze pressure or electromyographic activity can be helpful. The visual feedback from the PF muscle contractions on a computer screen can reassure a woman that her PF does work. Muscle control can be practised with immediate feedback and coaching from the physiotherapist. For women whose PF muscles are extremely weak, electrical stimulation may be a helpful adjunctive therapy, as either a clinic or home based treatment. A small group of women have overactive PF muscles, which they must learn to relax. The focus of PF muscle training is to build strength, endurance, speed and the coordination of the PF muscles in different situations. An effective PF muscle training program has been shown to increase contractile strength<sup>10</sup> as well as increased resting tone of the PF, which then provides improved support of the pelvic organs higher in the pelvis.<sup>11</sup>

## Requirements for a successful outcome

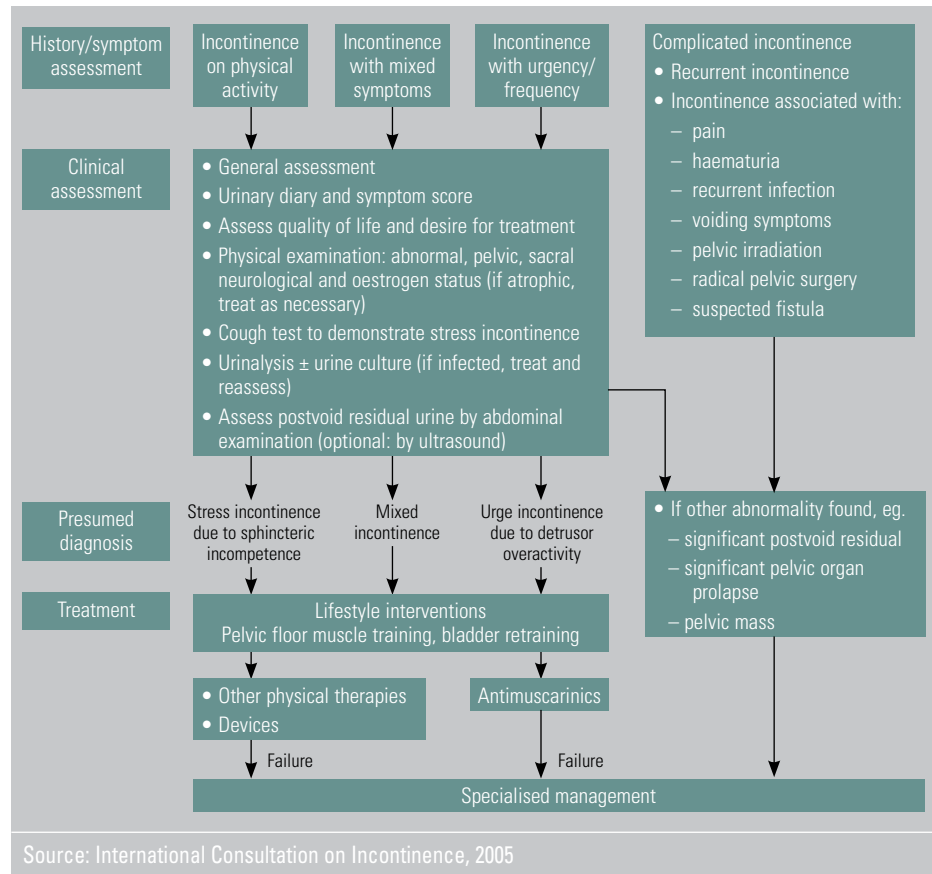
There is evidence for high success rates only from specifically trained health professionals and not from others, such as generalist physiotherapists, without specific training in continence management.<sup>9</sup>

Once the PF muscles are contracting correctly, the key factor for success is adherence to the training program.<sup>12</sup> The GP therefore plays an important role in understanding the benefits of supervised PF muscle training and in motivating women to give it a good try.

Training is individually tailored but may involve as little as 2 minutes of exercises 2–3 times a day. Correct technique, an adequate challenge to the muscles and daily practice are the important ingredients, not hundreds of ineffective contractions a day.

Good cognition is important for any behavioural program that requires daily practice. However, the PF physiotherapist will provide cues to exercise to help women at any age and life stage adhere to their exercise program.<sup>12</sup>

Figure 1. Initial management of urinary incontinence in women



## Advantages of pelvic floor physiotherapy

Pelvic floor muscle training does no harm and will lead to a reduced indication for incontinence surgery.<sup>9</sup> A stronger PF will help concomitant prolapse<sup>13</sup> and improve sexual function.<sup>14</sup> The PF physiotherapist can also help manage constipation with basic dietary advice (and liaise with the GP if it doesn't resolve), advise on appropriate fluid levels,<sup>15</sup> and teach good defaecation dynamics to prevent straining (Table 1).<sup>4</sup>

Pelvic floor physiotherapy also makes good economic sense as a course of treatment was found to be one-twentieth the cost of a Burch colposuspension in Australia.<sup>16</sup>

## Limitations of pelvic floor physiotherapy

### Assessment

Assessment of the PF is an important part of a PF muscle training program.<sup>4,5</sup> Digital per vaginam assessment, with informed consent, provides most information about the tone, structure and strength of the PF. Once they have overcome initial inhibitions, the majority of women find this a helpful and educational experience. However, for some women it will be a stumbling block that could prevent them from taking up the option of physiotherapy treatment. Many PF physiotherapists now have real time ultrasound that can provide information about a woman's ability to elevate and relax her PF muscles. The GP can help by explaining that a vaginal assessment



will clarify if the PF muscles are contracting appropriately and provide a measure of their strength.

## Exercise

Adherence to an exercise program is a basic requirement, but the time and place are individually negotiated to improve self efficacy. One study in which women were contacted 15 years after a physiotherapy program for SUI found that half of the women had stopped exercising their PF muscles.<sup>17</sup> Therefore, women may be

offered an annual review by their physiotherapist in order to promote long term continence. Women who have done well initially but lapsed with their home exercises may respond well to further supervised training.

## Is pilates enough?

Many pilates instructors try to activate the PF as there is a co-contraction of the stabilising deep abdominals with a PF muscle contraction.<sup>18</sup> An elevating contraction may be viewed with real time ultrasound. However, this alone is not adequate or evidence based management for UI. Without a digital PF assessment, or at least inspection of the perineum, PF muscle tone will not be assessed and overactivity may be missed.<sup>19</sup> Overzealous and unsupervised PF tightening may contribute to PF pain conditions.<sup>19</sup>

## Access to services

Access to affordable services may be difficult for some women, particularly in rural and remote areas. However, a visit to a PF physiotherapist in a city can often be combined with a trip to the city for other reasons. An initial consultation will provide the opportunity to evaluate the PF muscle and bladder function and to start a woman on a specific PF muscle training program. Follow up can occur by phone or email with a face-to-face review when the opportunity arises.

## Affordability

In private practice, women with private health insurance cover with 'extras' will receive a rebate for physiotherapy. The gap payment will depend on the fees charged by the physiotherapist and the size of the rebate, which varies between funds. Urinary incontinence is considered to be a chronic condition, which qualifies women for referral under the Enhanced Primary Care (EPC) program. Women without cover, or with

**Table 1. What a pelvic floor physiotherapist will do**

- Work in a team with other health practitioners
- Assess symptoms via thorough specific questioning
- Assess all aspects of PF muscle function per vaginum
- Check postvoid residual as indicated by symptoms
- Establish a clinical diagnosis
- Educate and explain using models and illustrations
- Set individual treatment goals in collaboration with the patient
- Initiate use of appropriate, reliable and valid outcome measurement tools
- Provide effective treatment based on individual assessment findings, with progression of exercises likely to resolve the symptoms without surgery or medication
- Personal training (with supervision, motivation and adherence strategies)
- Give additional help with biofeedback or electrical stimulation as indicated
- Provide successful treatment for women of any age
- Regularly communicate with the referring GP regarding assessment findings, progress and outcomes

**Table 2. Australian Physiotherapy Association contact details (www.physiotherapy.asn.au)**

APA Western Australia  
Hampden House, 174 Hampden Road, Nedlands 6009  
Ph: 08 9389 9211 Fax: 08 9389 9221  
wa.branch@physiotherapy.asn.au

APA New South Wales  
Unit 5, 77 Parramatta Road, Silverwater 2141  
Ph: 02 8748 1555 Fax: 02 9647 2244  
nsw.branch@physiotherapy.asn.au

APA Queensland  
4A/ 2404 Logan Road, Eight Mile Plains 4113  
Ph: 07 3423 1553 Fax: 07 3423 1778  
qld.branch@physiotherapy.asn.au

APA Victoria  
Suite 2, 1175 Toorak Road, Camberwell 3124  
Ph: 03 9092 0866 Fax: 03 9092 0877  
vic.branch@physiotherapy.asn.au

APA South Australia  
8/15 Fullarton Road, Kent Town 5067  
Ph: 08 8362 1355 Fax: 08 8362 2223  
sa.branch@physiotherapy.asn.au

APA Australian Capital Territory  
Suite 10/1st Floor, 16 National Circuit, Barton 2600  
Ph: 02 6273 4724. Fax: 02 6273 4728  
act.branch@physiotherapy.asn.au

APA Northern Territory  
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APA Tasmania  
286 Macquarie Street, South Hobart 7004  
Ph: 03 6224 9444 Fax: 03 6224 9500  
tas.branch@physiotherapy.asn.au



low rebate private health insurance cover, can be referred under the EPC program. Alternatively, PF physiotherapists can be accessed in public continence clinics and physiotherapy departments in public hospitals. The Australian Physiotherapy Association website provides a searchable directory of physiotherapists (*Table 2*).

### Excuses, excuses...

What can you say to encourage Astrid to attend physiotherapy? She has some excuses and others have many more: 'I already do my pelvic floors at all the traffic lights and I still leak', 'I don't have time', 'I've been wet for 20 years', 'I'm too old'.

There is nothing wrong with 'doing pelvic floors' at the traffic lights if she is exercising the correct muscles, but the training stimulus is unlikely to be adequate to resolve symptoms of UI. The duration of symptoms is not an obstacle to success,<sup>20</sup> nor is age a barrier, as older women (60–80+ years) have been shown to respond extremely well to physiotherapy for SUJ.<sup>20,21</sup> As for the time factor, it can take less time to do PF exercises than it takes to brush the teeth.

### Bladder training

Pelvic floor physiotherapists also provide bladder training for women with bladder overactivity (presenting with symptoms such as frequency, urgency and urge incontinence).<sup>22</sup> Bladder training is more than just 'hanging on'. It involves learning to switch on the neural control of the bladder and engage the PF muscles to close the urethra and prevent urine leakage. These strategies have been shown to be more effective than medication, but some women may benefit from medication as well if the response to bladder training is not sufficient.<sup>23</sup> A PF physiotherapist will assess treatment outcomes objectively to underpin decision making.

### Outcome for our case study

Astrid was very happy with her physiotherapy treatment. She understood what her PF was really like for the first time, her PF muscle training program was individualised to her needs and her progress was monitored regularly until she was dry. She is jogging again, no longer wearing pads, her bowels empty easily and she is pleased about not having to go to the toilet so much. But she will have to continue with her maintenance program of PF exercises forever, and some encouraging words at the time of her next Pap test could help her to persist!

### Summary of important points

- PF physiotherapy is first line treatment for women with urinary incontinence.
- PF physiotherapists provide a package of care with evidence based treatment and liaise with other health professionals.
- Urodynamics, surgery and medication are indicated if PF physiotherapy is not effective.
- GPs play an important role in initiating dialogue about incontinence, appropriate referral pathway and ongoing motivation with PF training.

Conflict of interest: none declared.

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