



Pelvic floor muscle training: urinary incontinence

Intervention

Pelvic floor muscle training (PFMT).

PFMT involves the contraction of the pelvic floor muscles to improve strength, endurance and timing of contractions and ultimately to better support the pelvic organs.

Indication

Estimates suggest that over 4 million Australians over 15 years of age are living with some degree of urinary incontinence (around 37% of women and 13% of men).

Urinary incontinence in women.

The 2013 International Consultation on Incontinence recommend (grade A) that supervised PFMT should be offered as first-line conservative therapy to women with stress, urge or mixed urinary incontinence.

PFMT is also used in the treatment of pelvic organ prolapse (POP).

www.racgp.org.au/your-practice/guidelines/handi/interventions/pelvic-floor-muscle-training-for-pelvic-organ-prolapse

PFMT is most effective when individually tailored and monitored. While there are numerous resources that describe pelvic floor exercises, if the PFM technique is incorrect, PFMT may not provide any benefit.

Availability

A physiotherapist with a special interest in the pelvic floor can be found by going to the Australian Physiotherapy Association website, select 'Find a physio' and then under treatment, select 'Continence and women's health'.

www.physiotherapy.asn.au

Description

PFMT involves a pelvic floor muscle assessment, pelvic floor muscle exercises and pelvic floor muscle bracing (the Knack).

Pelvic floor muscle exercises

- Exercise sets are performed one three times a day.
- Each set consists of 8–12 repetitions of a 6- to 8-second contraction followed by a few seconds rest.
- · Contractions should be near maximal.
- · Sets are performed in lying, sitting and standing positions.
- Over time, women begin to lengthen contractions, increase repetitions and reduce rest periods.







Description

Pelvic floor muscle bracing - 'The Knack'

Pelvic floor muscle bracing against increased intra-abdominal pressure (e.g. lifting, coughing) is commonly called 'The Knack' manoeuvre. This is performed by consciously contracting the pelvic floor muscles prior to a physical stress and then maintaining the contraction during the stress.

Training programs of 3 months or more, with regular, frequent appointments (e.g. weekly) with a health professional appear to be the most effective.

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Tips and challenges

Supervised PFMT programs are more successful than self-directed programs.

The most intensive programs in terms of exercise dose and contact/supervision (e.g. weekly over 3 months) are the most successful. Within constraints, the most intensive program possible is recommended.

Women with stress incontinence report the greatest effect from treatment compared with those with other forms of incontinence.

Grading

NHMRC Level 1 evidence

References

Dumoulin C, Hay-Smith J et al. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. Cochrane Database Syst Rev 2010. DOI: 10.1002/14651858.CD005654.pub2.

Moore K, Dumoulin C, Bradley C et al. Adult conservative management. In: Abrams P, Cardozo L, Khoury S et al, eds. Incontinence. 5th edn. International Consultation on Urological Diseases – European Association of Urology (ICUD-EAU); 2013:1101–227.

Hay-Smith EJ, Herderschee R, Dumoulin C et al. Comparisons of approaches to pelvic floor muscle training for urinary incontinence in women. Cochrane Database Syst Rev 2011. DOI: 10.1002/14651858.CD009508.

Consumer resources

The Australian Government's Bladder and Bowel initiative has produced a Pelvic floor muscle training for women fact sheet.

www.bladderbowel.gov.au

www.bladderbowel.gov.au/assets/doc/Factsheets/English/06PelvicFloorWomenEnglish.pdf

Pelvic floor first (an initiative of the Continence Foundation of Australia) provides a range of information about pelvic floor exercises (including an app).

www.pelvicfloorfirst.org.au www.continence.org.au

Physiotherapist can be found via the Australian Physiotherapy Association website. www.physiotherapy.asn.au

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www.racgp.org.au/handi