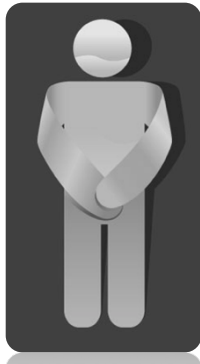


Incontinence & ED: Making the Elusive Obvious for Improved Function



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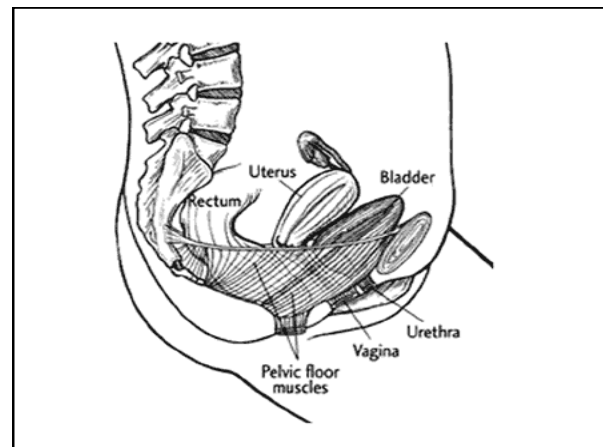
Educational Director East West Rehab Institute

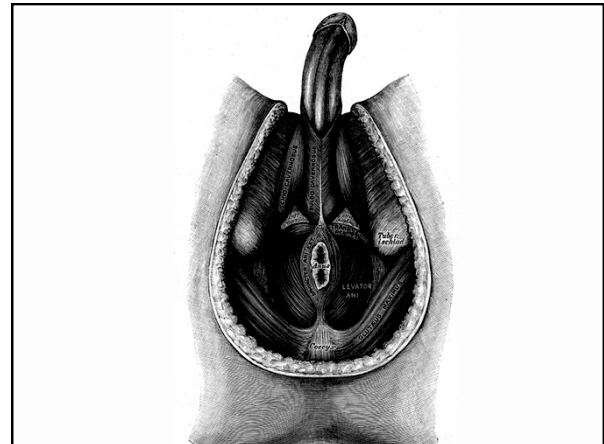
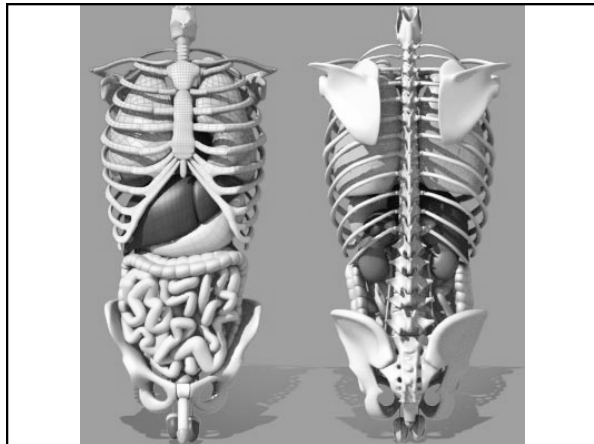
DEAD ZONE



The Dead Zone...a lot happens down there

- Elimination
- Sexual function
- Center of balance
- Femoral joints
- Intimate relationship between tailbone and head in terms of mobility and flexibility
- Key muscles for postural alignment pass through the pelvis





Pelvic Floor Functions

- Support organs – vagina, bladder, rectum and intestines
- Maintain continence
- Allow elimination
- Stabilize and support joints of hips and pelvis
- Assist in support of the spine. Synergistic with multifidus, transverse abdominus, and the respiratory diaphragm
- Breathing
- Sexuality

Some Common Causes of Pelvic Floor Dysfunction

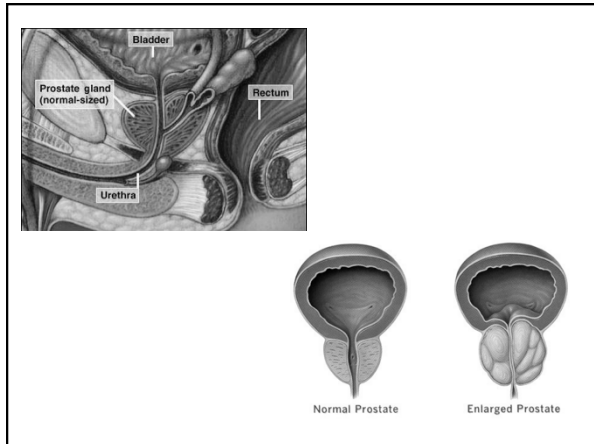
- ◎ Stress and tension
 - The pelvic floor can be weak from lack of muscle control OR habitual contraction.
 - You need both contraction and relaxation of the pelvic floor for functional strength**
- ◎ Hormonal fluctuations
- ◎ Coach potato syndrome - less active so overall muscle tonus and strength decrease

Some Common Causes of Pelvic Floor Dysfunction

- Surgeries –
 - ◎ prostatectomy
 - ◎ total hip replacement
 - ◎ abdominal operations - c-sections
 - ◎ lumbar spinal fusions, laminectomy, discectomy
 - ◎ bladder suspensions
- Obesity
- Trauma due to accidents, fractures of hips or pelvis
- Excessive exercise, especially abdominal crunches

Some Common Causes of Pelvic Floor Dysfunction

- Neurological conditions – MS, Parkinson's CVA, SCI
- Pain – low back pain
- Musculoskeletal dysfunction
 - ┆ Low back/Sacroiliac dysfunction
 - ┆ Sacral pain
 - ┆ Groin or Pubic pain
 - ┆ Piriformis syndrome
- Pudendal Neuralgia
- Tension Myalgia of Pelvic Floor
 - ┆ Coccydynia
 - ┆ Levator ani syndrom



Physical, Psychological, Role and Societal Burden of Incontinence

Physical Effects

Bacterial and fungal infections
 Incontinence dermatitis
 Skin tears/pressure ulcers
 Falls & Fractures
 Pain
 Sexual dysfunction

ADL Effects

Bladder management
 Functional mobility
 Sexuality
 Leisure participation
 Job performance
 Sleep

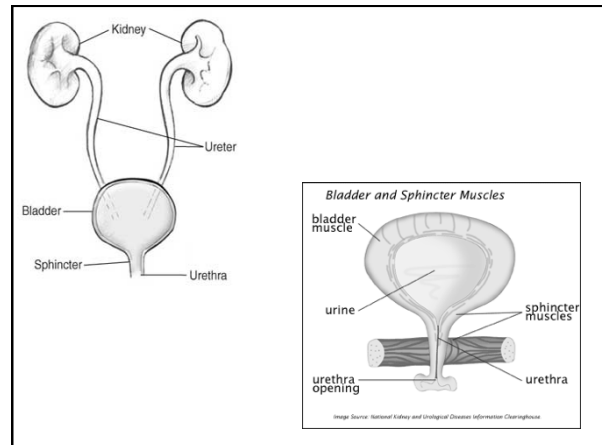
Psychological Effects

Anxiety
 Depression
 Loss of self-esteem
 Shame
 Social Isolation

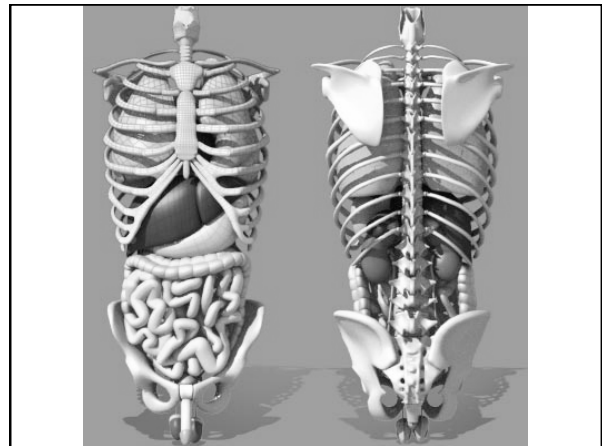
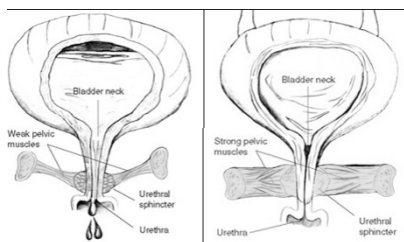
Societal Effects


Institutionalization
 16.4 billion/year incontinence care
 1.1 billion/year disposable products

Stress and Urge Incontinence



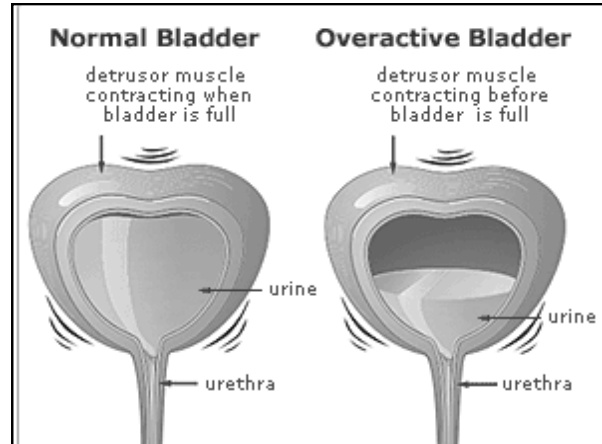
Increased Abdominal Pressure





Urge Incontinence Key-In-The-Lock Syndrome

- Overcomes pelvic and urogenital muscles
- Large amount of urine is released
- Sudden strong need to toilet before an individual can reach the bathroom
- Bladder contracts too frequently and too great an intensity






Additional Types of Incontinence

- Overflow incontinence – dribbling of urine due to an inability to empty bladder
 - Possible causes: damaged bladder, blocked urethra, nerve damage (diabetes) MS, SCI
- Mixed Incontinence – symptoms of more than one type of incontinence such as stress and urge incontinence
- Functional Incontinence – incontinence due to a physical or mental impairment such as severe arthritis (inability to unbutton pants quickly)

Causes

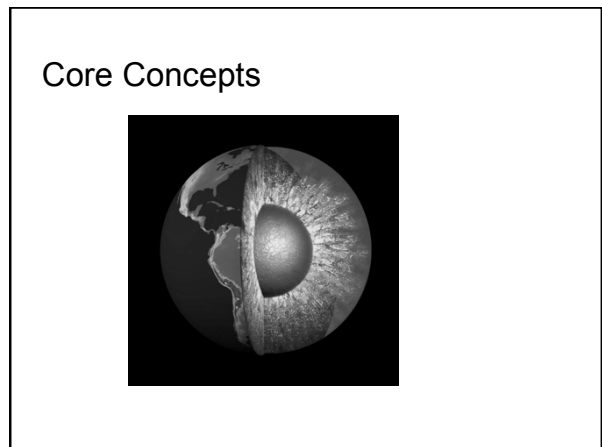
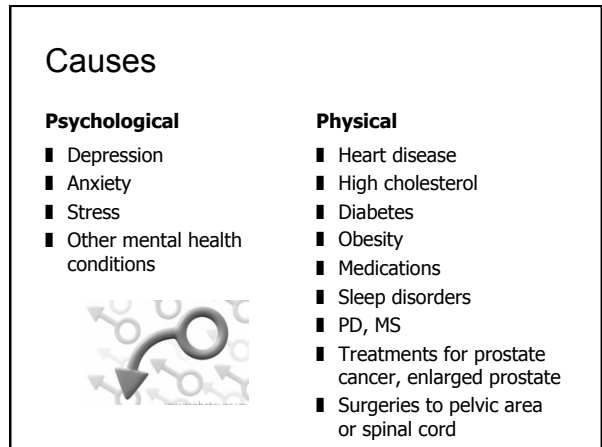
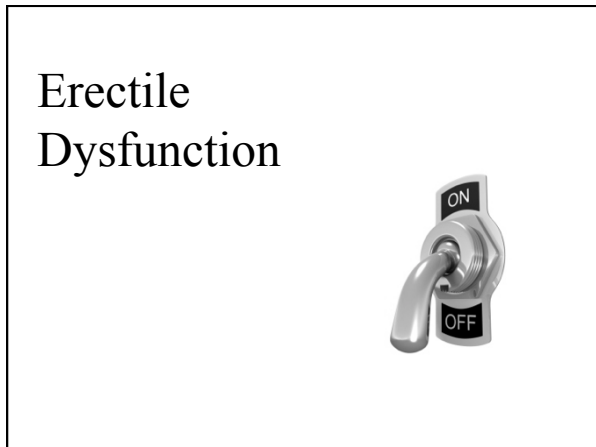
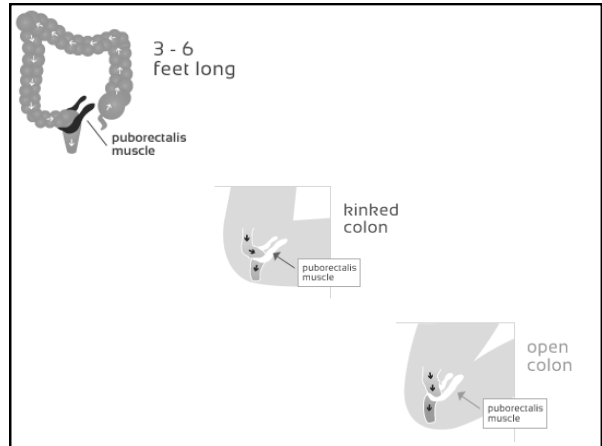
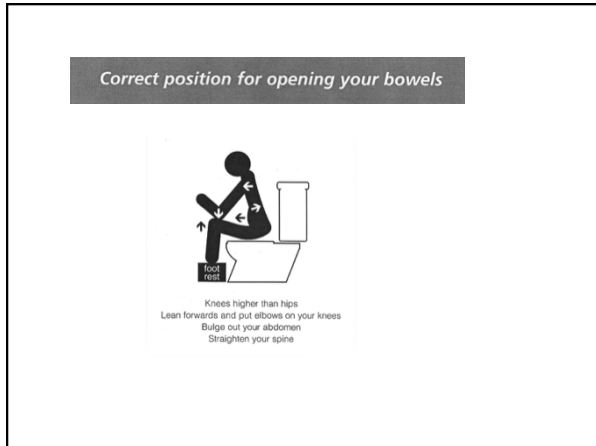
- Chronic UTI, bladder stones and polyps
- Diuretics
- Diet – caffeine, co2 beverages, alcohol, spicy and tomato based food
- Neurogenic bladder – SCI, BI or disease that interrupts nerve conduction
- Over hydration
- Medications – heart, blood pressure, muscle relaxants

Interventions

- Bladder Training/Timed Voiding – increase intervals between voiding by instructing person to avoid urge...follow a planned time schedule
- Fluid intake at night
- Biofeedback – learn to relax the Detrusor muscle and abdominal muscles, while contracting sphincter muscles
- Pelvic Floor Exercises
- Environmental Adaptations
- Clothing Adaptations and Management

- Medications – **Otropan**, **Detrol** Vesicare, Hytrin, Probanthine
- Surgeries
 - Sling procedure – uses body tissue or synthetic material to create a pelvic sling/hammock around the urethra and bladder neck
 - Bladder neck suspension – provides support to urethra and bladder neck
 - Artificial urinary sphincter – ring like device placed around the bladder neck. When valve is pressed the ring is deflated



Habits, Function & Health

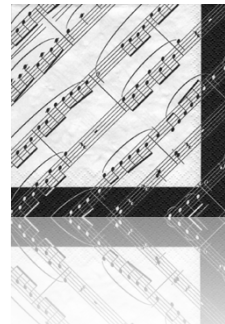


Effort and Ease

Weber-Fechner Principle

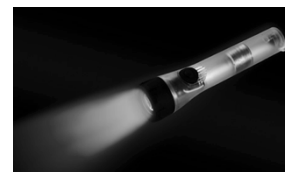


Kinetic Melody

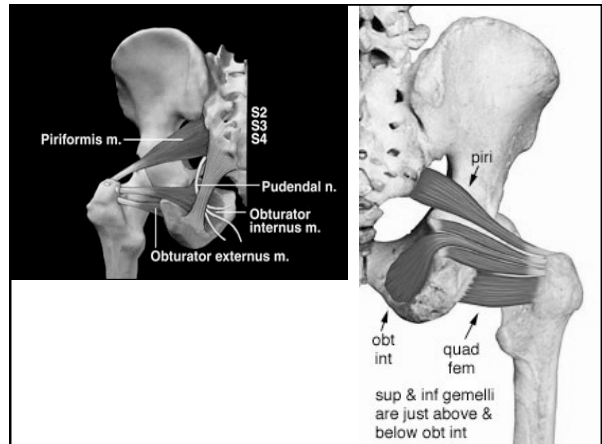
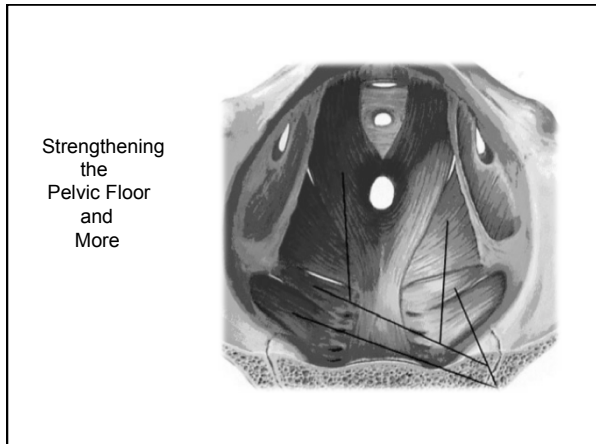
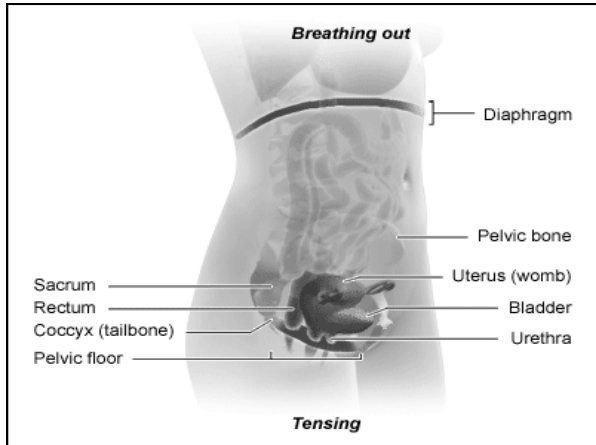
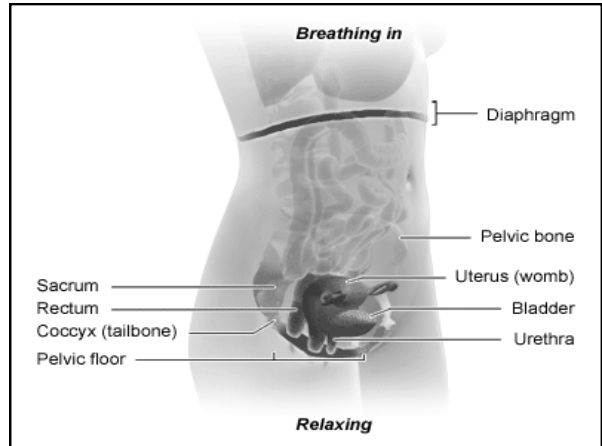
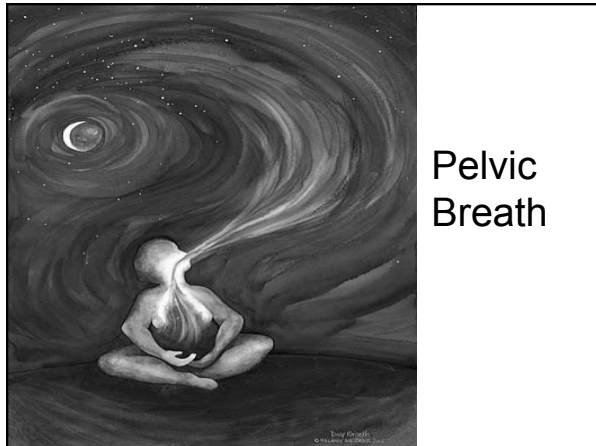


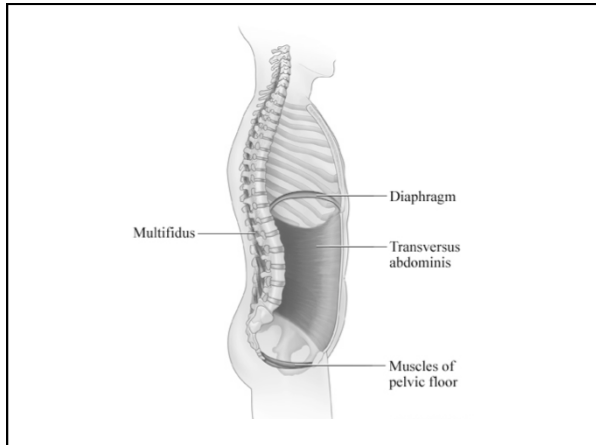
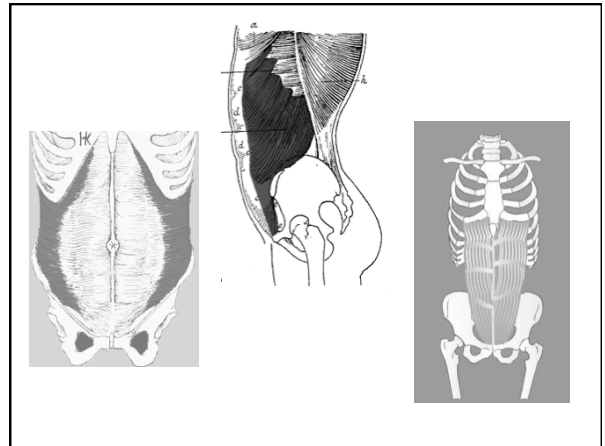
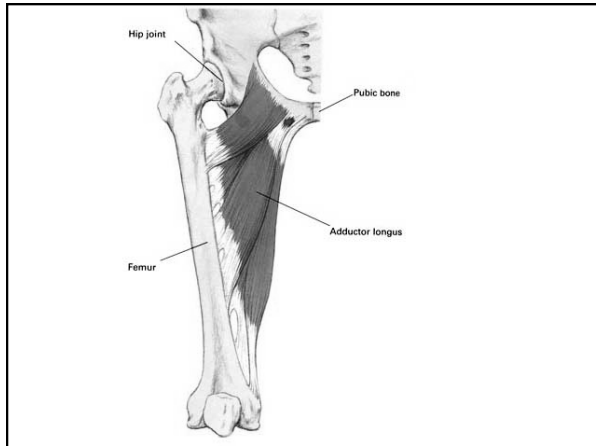
ticity

Touching hands are not like
pharmaceuticals or scalpels...



They are like flashlights in a dark
room





Functional Movement Patterns

Putting the Pieces Together....

