Physical Therapy for Incontinence in the Elderly: More Than Just Just Kegels

Elizabeth Hopkins, PT, DPT

Disclaimer: No commercial or financial conflicts of interest to disclose
Objectives

• Screen patients for appropriate referral to physical therapy.

• Explore at least 3 common interventions for the physical therapy treatment of incontinence.

• Describe a typical timeframe and course of physical therapy treatment.

• Identify 3 common conditions that occur in conjunction with incontinence in the older population.
Physical Therapy Can’t….\

- Strengthen detached muscles.
- Reverse a prolapse.
- Rehabilitate denervated muscles.
- “Fix” the issue without lots of willing independent involvement of patient.
- Work with a patient if they don’t have appropriate level of understanding to participate.
Physical Therapy Can... 

- Restore correct muscular strength of weakened innervated muscle. 
- Correct body mechanics of lumbopelvic region. 
- Restore proper bladder habits and urge control. 
- Empower patient to reduce or eliminate urinary incontinence. 
- Work closely with other members of health care team.
Appropriate Physical Therapy Referral

- Ask more questions, including bladder/bowel/sexual function.
- Pelvic exam is recommended to rule out infection.
- Test pelvic floor strength.
- Watch perineum with contraction and valsalva.
- When in doubt make an appointment with Urologist.
Physical Therapy Techniques.

• Education
• Pelvic Floor Strengthening
  – Isolated
  – Dynamic
  – Assisted
  – Resisted
  – Biofeedback
• Trunk Stability
• Postural, Bladder, & Habit Retraining
Resistive Exercise
Assistive Exercise
Lumbopelvic Stability
Biofeedback
Common issues that run concurrent with incontinence.

- Fecal Incontinence or Constipation
- Pelvic Pain & Sexual Dysfunction
- Weakness whole Lumbopelvic region
- Restrictions: stigma, cultural beliefs, generational differences, personal beliefs, social pressures
Typical Physical Therapy Visit

• History

• Education and Examination
  – External
  – Internal

• Personalized program working at appropriate pace for each patient.

• 60 min. once per week initially, reduced frequency as patient gains proficiency at independent progression.

• Collaboration with physician on other interventions.
Questions?
Contact Information

- Elizabeth Hopkins, PT
  - ehopkins@nebraskamed.com
  - 402-559-4465
Available upon request:
- Recommended reading
- Resource list for talk
- Resource list for WH physical therapists in Nebraska area
- Questions welcome!