



# Burrard Physiotherapy

You're In The Right Hands  
604 684 1640

Monday to Friday 7am to 6pm  
Saturdays 8:30am to 3:00pm

#1020–1200 Burrard Street  
corner of Davie Street

All of us tend to become more active over the summer months. This newsletter addresses a little-talked-about subject; incontinence. Most people who suffer stress incontinence will probably notice it more as they increase their activity. Incontinence can and should be treated. It is not something you have to learn to live with. Please contact Lynda Lawrence at the clinic if you have any questions about this.

Yours truly,

Kerry Maxwell

## TIPS FOR THE SEASON AHEAD

### LET'S TALK ABOUT INCONTINENCE



Women and men of all ages can experience problems with their 'pelvic floor'. Some people limit their social life, avoid sports, limit traveling and have fear of intimacy. Incontinence affects more than 3 million Canadian men and women and is a chronic condition that for some can be emotionally devastating.

#### What is the pelvic floor?

The pelvic floor is a hammock of muscles that span the bottom of the pelvis connecting the pubic bone, coccyx (tail bone) and the 'sitz' bones of the pelvis.

The pelvic floor muscles are part of the 'Core' that controls vertebral and pelvic alignment during motion. The other parts of the 'Core' are the deep abdominal wall (Transversus Abdominis), deep back muscles (Multifidus) and the Diaphragm.

#### The pelvic floor has 3 functions:

- ◆ Controls the urethral and anal sphincters to maintain continence of urine and stool.
- ◆ Supports the pelvic organs and bones of the pelvis.
- ◆ Is involved in sexual function and satisfaction.

#### How do I know if my pelvic floor muscles are working well?

Changes in bladder, bowel or sexual function can be an indicator that your pelvic floor muscles need retraining.

#### Some of the symptoms are:

- ◆ Not being able to reach the bathroom in time to empty the bladder or bowel. Leakage of urine when coughing, sneezing, laughing, running. More than 30% of women over the age of 40 experience some incontinence.
- ◆ 'Heavy' feeling in the pelvis- Women may notice a prolapse, which is the descent of the vaginal wall and can involve the bladder, urethra, uterus, small intestine or rectum.
- ◆ Pain with sexual activity. This is experienced by 10-15% of women and can be due to increased tension in the pelvic floor muscles.

- ◆ Rectal/coccygeal/pelvic pain.

#### Some causes of pelvic floor problems are:

- ◆ Pregnancy and childbirth
- ◆ After prostate/pelvic surgery/trauma to the pelvis
- ◆ Long term health problems e.g persistent cough, back pain, multiple sclerosis, irritable bowel syndrome and interstitial cystitis,
- ◆ Menopausal/hormonal changes/ageing
- ◆ High impact sports e.g figure skating, gymnastics
- ◆ Excess strain e.g heavy lifting, constipation

#### How can physiotherapy help?

Physiotherapists are trained to treat neuromusculoskeletal problems and like any other muscle in the body the pelvic floor muscles can be trained to function correctly.

Treatment may include **strengthening weakened muscles** or learning how to **'downplay' overactive (tense) muscles**, manual therapy, 'core' exercises, muscle stimulation, biofeedback therapy and, education in behavioral changes to alleviate symptoms.

**Try this exercise to find your pelvic floor muscles:** imagine you are trying to stop yourself from passing wind and tighten around the anus, at the same time imagine trying to stop yourself from passing urine. This should feel like a 'squeeze and lift'. You should not feel your buttocks (gluteal muscles) or inner thighs (adductors) contracting, and don't hold your breath!

There are many causes of incontinence thus it is important that you are assessed by a health care professional to determine the cause of your symptoms before commencing an exercise program.

If you have any questions, please contact Lynda Lawrence who has specific post-graduate training and treats patients with pelvic floor dysfunction. She may be contacted at the clinic Tuesdays, Thursdays and Fridays.

### CLINIC HAPPENINGS:

We have had a fairly quiet spring from a staffing point of view. There have been lots of vacations with little change of staff. **Ben Motum** has joined us to help cover the physiotherapist's vacation time and I will also be picking up extra shifts. **Marta Krolak** decided it was too early to leave her baby and has decided not to return to work yet. We continue to keep in touch with her and wish her well. **Jennie Orton** has joined our reception staff, taking over the evening shift from Erika Fuller. Most of the therapists take time off over the summer months. All our therapists are highly qualified and skilled. With significant cross over of skill sets available, we can always provide you with the service you need. I strongly recommend you continue with the physio that your therapist recommends to you while they are away. Continuing treatment will ensure your speediest recovery.

As always if you have any questions or concerns, please do not hesitate to contact me, or your treating therapist.