

**Fitness for the
Pelvic Floor**

**Treatment Options
and Exercises
for Improvement
of Physical and Sexual
Health**

Introduction

Incontinence affects four out of 10 women, about one out of 10 men, and about 17% of children below age 15. The most common reason for admitting a family member to a nursing home is the family's inability to cope with incontinence (Fantl et al. 1996, Retzky and Rogers 1995, Baumann and Tauber 1991). It is estimated that in the US incontinence costs 26 billion dollars a year (Wagner and Hu 1998). As many as 50% of nursing home residents suffer from incontinence. Most of us begin and end our lives in diapers.

While it is common to exercise many parts of the body to stay fit, very little attention is paid to exercising the pelvic floor. Maybe we can prevent ending our lives in diapers if we devote some time to exercising to keep the pelvic floor muscles fit.

Many exercises exist for the general fitness of the body, strengthening of the arms and legs and the abdominal and back muscles. Finding fun exercises for the pelvic floor involves searching through a great deal of literature; finding exercises suitable for men, women, and children that are fun and effective appears to be impossible. It is also difficult to find exercises that can be done in therapy and at home. Additional options exist for treatment of the pelvic floor, but are mostly ignored.

This book should encourage patients to ask for help and provide therapists with treatment ideas. It focuses on exercises; other treatment options are discussed but are not described in detail. The book is complemented by a video "Exercises for the Pelvic Floor" (available through Ball Dynamics at www.balldynamics.com).

Both the patient and therapist have to work together to solve the many mysteries connected to a pelvic floor that is not working properly. Some children or adults may suffer from bed-wetting at night, others do not dare to go out because of the sudden irresistible urge of having to go to the bathroom when there is none nearby. Impairment of the pelvic floor in men and women of all ages causes leakage of urine

when coughing, sneezing, or lifting objects. Others suffer from sexual problems such as pain or leakage of urine during intercourse and erectile dysfunctions. Some adults cannot control gas and feel disabled because they are embarrassed to be around other people. Many suffer from hemorrhoids and constipation, which may aggravate existing problems of the pelvic floor. A high number of silent sufferers are too embarrassed to seek help. It is time to speak up, see a doctor, and request a referral to see a therapist who can help restore pelvic floor function.

A hand-out sheet and squeezing exercises are no longer acceptable; the pelvic floor muscles deserve as much attention as, for example, a quadriceps muscle of the leg after a knee injury. In most cases the pelvic floor can be rehabilitated and its function restored.

My intention was to write a book that increases the understanding of pelvic problems for anybody who is interested. This includes the patient as well as the therapist. Often individuals who come for treatment are healthy but suffer from incontinence. Therefore, since the term "patient" is not always appropriate, "client" is also used; these terms are interchangeable.

It is very important for both the client/patient and the therapist to speak the same language and have the same understanding of the invisible pelvic floor. Medical terms are thus used only when necessary. Often they are placed in parentheses to allow the client/patient to familiarize him/herself with the vocabulary. A glossary explains unfamiliar terms.

The book is divided into two parts and an appendix. The first part consists of a brief introduction to the anatomy and physiology of the pelvic floor and basic information about diaphragmatic breathing. Therapists will find more detailed information in textbooks. The reader also learns about the purpose of keeping a bladder and bowel diary. This section explains the function of the pelvic floor muscles of patients with bladder and bowel incontinence. The sec-

ond part of the book deals with exercises and treatment options. The appendix provides therapists with samples of evaluation forms for fe-

male and male patients with incontinence and of forms that can be used before and after prostate surgery.