
DAY TIME
WETTING

BED
WETTING

OVER
ACTIVE
BLADDER

CONSTIPATION

KIDS INCONTINENCE WE TREAT IT!



PHYSIOTHERAPY AND KIDS CONTINENCE ISSUES

Day time wetting affects 17-20% of school age children. Bed wetting affects 8-20% of 5 year olds, perhaps the more worrying figure is the 1.5-2% of children that will go on to have nocturnal enuresis in adulthood. Physiotherapist play a key role in the multidisciplinary management of these children.

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We carry out a thorough assessment

We use a gamete of questionnaires to establish bladder and bowel habits and screening tools to understand any emotional and behavioural disorders. Uroflow assessment is analysed, along with bladder and bowel diaries. A physical examination is carried out, including normal standing and sitting posture, assessment of the child's core and pelvic floor using trans-abdominal real time ultrasound. Real time ultrasound is also useful at looking at bladder volumes, post void residual and rectal diameter.

Goals of therapy are based on key assessment findings

We help re-educate the bowel

It is very well established that issues of constipation are often the key driving force behind urinary incontinence in children. Thus we help children solve their constipation issues, along side stool softeners, we help establish good drinking habits, teach optimal toiling postures and good toiling habits. Dietary recommendations is beyond the scope of our practice, but we can offer basic recommendations and refer to a dietician where necessary.

We re-educate the bladder

Bladder re-training may be necessary to normalise bladder filling and/or emptying. This is achieved through optimal hydration, and timed voiding.

We re-educate the pelvic floor and core

The pelvic floor has the ability to dampen down the detrusor, it is therefore useful in cases of overactive bladder to ensure it is working optimally. The reverse is also true, an overactive pelvic floor can irritate the bladder and cause symptoms of urgency, hesitancy, and poor bladder emptying, re education of the pelvic floor in this case is paramount. An optimal functioning core keeps our trunk and pelvis in a good position, this is optimal for all movement, but also important for effective voiding and defaecation.

We use Neuromodulation

Neuromodulation using TENS has been shown to assist over active bladder problems. Research is emerging to demonstrate its use in treating children with slow transit bowels. As Physiotherapists we have the skills to administer TENS

Goals of therapy are based on key assessment findings



Trans-Abdominal Real Time Ultrasound

- ▶ To assess pelvic floor
- ▶ As biofeedback for pelvic floor retraining
- ▶ To assess rectal diameter and thus help diagnose constipation
- ▶ To assess post void residual