



*Active
Physiotherapy
Mackay*

Bladder, Bowel and Sexual Health in Sarina

Active Physiotherapy's major clinical focus, which stands us apart from other practices, is our extensive interest in the pelvic floor and how this group of muscle and connective tissues effects the bladder, bowel, and sexual function. We are proud to provide quality and compassionate care to clients with these sensitive concerns.

We make our best effort to allow you to be comfortable discussing any problems you may be having with pain, wee, poo or sex. We see these conditions on a daily basis, for women, men and children.

Symptoms that would benefit from consulting a pelvic health therapist include leaking wee, wind or poo, frequent or urgent or painful weeing, incomplete emptying of the bladder or bowel, painful periods or intercourse, poor sexual tone, a lump/bulge/prolapse/hernia, and many more detailed below. These symptoms are treatable, with good evidence for pelvic physiotherapy. These problems typically will not get better without treatment, and are very common, but should not be dismissed as 'normal'. Some symptoms may be mild but exacerbated by stress, illness, or around menopause, as examples.

Some people should be very cautious carrying out pelvic floor exercises as this may exacerbate their condition – for example if their pelvic floor is already in spasm, if they have OAB, pelvic pain, constipation, hesitancy weeing, or a feeling of tightness already. Relaxation exercises, internal manual therapy or instructing you how to perform therapy at home, may be required.

Our initial consultation is extensive, typically 1 hour, with a detailed interview to gain clarity of your concerns and symptoms, medical history, physical activity, work, diet, drinking, how you poo, your lifestyle and knowledge. If you are not comfortable with any topics you are entitled to decline answering, or you may want to ask how this information impacts your recovery.

Adults will be asked to consent to an internal examination, which allows many important observations and tests, however if you are not comfortable with this then we are able to offer many other options including visual inspection, external palpation, or not removing clothing at all with an abdominal palpation or abdominal ultrasound. However, not all conclusions can be accurate without an internal assessment.

Teenagers require their guardian to attend an initial consultation and possibly also for subsequent consultations. We will discuss which examinations are suitable.

Children are rarely examined in the genital region, unless medically appropriate and with a parent present.

You may be required to measure your urine or stools with a diary, to quantify your bodies output which helps to better tailor advice we can give you.

We highly value communication and education, so there will be ample time spent discussing ideal habits, safe routines, use of anatomy charts and recommending further reading.

It should be noted that physiotherapists are trained to recognise when physiotherapy won't help and when to refer to a doctor or specialist. Your physiotherapist will discuss your options with you and wont commence until they understand your condition and what you wish to proceed with.

Pelvic floor strengthening, endurance, speed, co-ordination, or relaxation exercises will be instructed and then reviewed at most sessions to accurately suit your current status. Correct breathing patterns are also important.

Measuring equipment includes pressure biofeedback peritron (computer squeeze pressure of vagina or anus), EMG (muscle electrical output), and real time ultrasound.

Treatment tools can include pelvic floor indicators like the Educator, weights, TENS to calm down a bladder and electrical stimulation to assist pelvic floor muscles to activate. Wands or dilators can be instructed for pelvic floor lengthening or 'down-training'.

**3/43 Gregory Street
Mackay Q 4740**

**28 Central Street
Sarina Q 4737**

Phone: 07 4953 3557



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www.activephysiomackay.com.au

Conditions treated include Over Active Bladder (OAB, urinary urgency) and hip pain, overactive pelvic floor, painful intercourse, constipation, fecal incontinence and children's continence. Interests also include coccyx (tailbone) pain, hysterectomy, endometriosis, and abdominal visceral adhesion manipulation for tummy pain or constipation.

Symptoms to be treated include prolapse, stress incontinence, urgency, symptoms during or after pregnancy. Pessaries can be measured and fitted to support prolapse or help close the urethra for a leaky bladder. If you sustained a large tear to the perineum during child delivery, perineal ultrasound is helpful to calm inflammation and aid healing.

Jemma has attended pelvic floor assessment and treatment training also making her a highly skilled Pilates instructor and ideally placed for wellness checks. For instance, if you have recently had a baby and want to know if your core and pelvic floor are activating correctly to safely return to exercise. If you have back pain then you may have difficulty rehabilitating your core. Our pelvic floor therapists are well positioned to check if the pelvic floor is activating correctly with a internal examination, as part of your back rehabilitation. Pregnancy aches and pains throughout joints and muscles of the body can also be treated in depth by our pelvic floor therapists.

Making the most of your physiotherapy visit

Good results don't just happen. In order for your physiotherapy treatment to be a success you will need to be an active partner in your treatment.

1. Prepare for your physiotherapy appointment. It will increase your chances of leaving well-informed and satisfied. Write down your concerns or symptoms in advance, so you don't forget to talk about them. Also bring a list of all prescription and non-prescription medications you take. You may bring a friend or partner as a 'second set of ears'.
2. If you have questions or concerns, speak up! Your health is too important. If you don't understand something your physiotherapist has told you - ask that it be explained. Similarly, if your expectations are not met, please voice your concern.
3. Make time at home to do your exercises. Physiotherapy helps your body to heal itself. The exercises that your physiotherapist asks you to do at home will be a vital part of the overall treatment plan, to get you active and symptom-free as soon as possible.
4. Do not ignore the lifestyle issues which may contribute to your condition. Obesity, diet, heavy lifting, constipation, smoking, untreated cough, not drinking the correct amount of water, all contribute to poor pelvic floor health and must be addressed to maximise your pelvic floor results. Research shows that up to half of the benefits from pelvic floor physiotherapy are attributed to lifestyle modification. Your physiotherapist should make you feel at ease and communicate effectively with you.

Does physiotherapy really work?

Individual progress is variable with treatment but the majority of patients respond well to physiotherapy. Up to 86% of stress incontinence patients improve with physiotherapy, and most prolapse patients have an improved category of their prolapse with pelvic physiotherapy.

Every pelvic floor problem is unique and it is difficult to say how many times you will need to visit your physiotherapist. We aim to have you independent with your exercises after 1-3 visits, then monitor your progress every month, typically for 4 months. Phone consultations are an option for some follow up occasions. Constant reassessment and re-evaluation is done by the physiotherapist to determine the most appropriate course of treatment. If you have any queries or concerns please contact danielle@activephysiomackay.com.au. Best wishes from the team at Active Physiotherapy Mackay.