



Spring 3-3-2023

## Promoting Pelvic Health: Strategies in Your Toolbox

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### Recommended Citation

Reaume, Carlin D. and Vestal, Lindsey, "Promoting Pelvic Health: Strategies in Your Toolbox" (2023). *All Faculty Scholarship*. 622.

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# Promoting Pelvic Health: Strategies in Your Toolbox

with Carlin Daley Reaume, OTD,  
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Lindsey Vestal, OTR/L

# Learning Objectives

1. Explain how the evaluation and treatment of pelvic floor dysfunction is within the scope of OT practitioners.
2. Explain the relationship between pelvic health and occupational engagement.
3. Identify intervention strategies to address pelvic health that are within the capabilities of OT practitioners, without extensive additional training.
4. Identify opportunities for applications across populations and practice settings.



Can **OTs** Treat the **Pelvic Floor?**

# OTs Scope of Practice

OTPF-4  
Designates  
Toileting and  
Sexual Intimacy  
as ADLs.

Pelvic  
Health Is  
**Absolutely**  
Within OTs  
Scope of  
Practice.

# Where Can We Address Pelvic Health?

- **In All Settings!**

# What We Treat

- Urinary Incontinence (involuntary leaking)
- Urinary Frequency (more than 6-8 x a day)
- Urinary Urgency (can't hold it)
- Bowel Issues (fecal incontinence, constipation)
- Pelvic Pain

# So Many Myths

- Normal Part of Aging
- Normal Part of Having Kids
- That We Just Have to “Put Up With It”

Nothing Could Be Further From the Truth!

We are uniquely suited to address this + **profoundly** impact self-efficacy, mental health, occupational engagement + balance by utilizing skill sets that **you already have!**



# How Prevalent Are Pelvic Issues?

- It is estimated that 25% of women in the United States will have at least one pelvic floor disorder within their lifetimes (Dieter et al, 2015; Good & Solomon, 2019).
- An estimated 50% of the population aged 50 and older experiences urinary incontinence, which has a direct impact on quality of life (Alden et al, 2020).
- These statistics are likely to be low given that symptoms are often underreported (Dieter et al, 2015)

# UI As a Normal Part of Aging?

- Studies reported that **43.3%–67.7%** of older people perceive UI as a part of **normal aging** and expect the symptoms of UI would worsen with age
- Although older people had regular contact with their general practitioners, many **did not discuss** UI with them. Therefore, they **missed opportunities** to gain timely treatment.

Fricke, A., Lark, S. D., Fink, P. W., Mundel, T., & Shultz, S. P. (2021). Exercise Interventions to Improve Pelvic Floor Muscle Functioning in Older Women With Urinary Incontinence

# Far Reaching Effects of UI

- Women perceive UI as a negative, unpleasant and **stressful** experience, which causes feelings of shame, lack of control, malaise, insecurity, suffering and guilt. Women with involuntary urine leakage, feel dirty and impure, describing this situation as their defect or failure, to the point of experiencing **guilt** for being that way.
- Moderate/severe anxiety or depression increased the prevalence of UI from 27.6% to 37.8%. (10.2% more likely to have UI with anxiety/depression)
- Women with urinary incontinence report higher rates of **depression** and lower levels of **self-worth** than those who don't suffer with the condition.

Good, M. M., & Solomon, E. R. (2019). Pelvic Floor Disorders. *Obstetrics and Gynecology Clinics of North America*, 46(3), 527–540.  
<https://doi.org/10.1016/j.ogc.2019.04.010>

# Direct Impact on Mental Health


- Urinary incontinence significantly contributes to mental health concerns by > social isolation, depression, anxiety.
- It effects quality and length of sleep, sex participation + employment.
- People reported feeling stigmatized, a reduction in self-confidence and self-worth leading to periods of absence from the workplace.
- Direct Impact on areas of occupation including social participation, leisure participation, sexual activity, rest and sleep, home and community mobility.



**Who Experiences Incontinence?**



## Who Experiences Incontinence?

- Athletes
  - Birthing individuals
  - LGBTQIA+
  - All Genders
  - Pediatrics
- 



## Refer Out If Needed

- First try the things we discuss **today**
- Helping our **clients** with their pelvic health issues often comes down to the **bread and butter** of OTs...

*Addressing Roles, Habits + Routines.*



# Why Is Pelvic Health Unaddressed?

- **Sensitive** topic for both OTP + client
- Taboo, shame, embarrassment
- Resulting in: **isolation**, social exclusion, low **self-esteem**, depression, anxiety + delay in seeking treatment, directly influencing the **QoL** and forcing them to undergo changes in their **daily habits**.
- Lack of information about the pathology, false beliefs and **myths** can **enhance** the negative perception



# Such An Opportunity for OTPs!

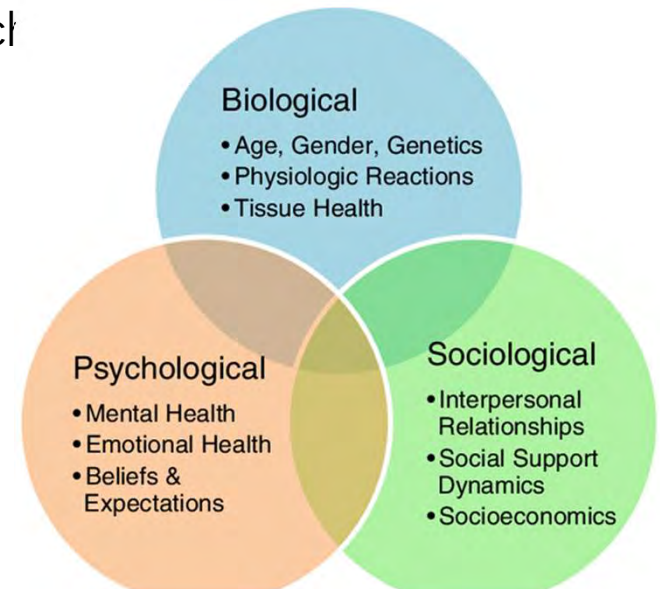
- We have the **time + necessary skills**
- **Education** around **OTs + PTs role** should be the **first** level of the **referral system** with an **emphasis on maintaining clients' dignity**

This could have a significant effect on the changes in the attitudes and awareness, modify myths and increase the health literacy level of society

**You Are Already Equipped!**

# Holistic Outlook on Pelvic Health

- All of these factors align with the holistic philosophy of an OT. So much of pelvic health comes back to a BPS approach
- **Bio:** tissue health
- **Psych:** mental and emotional health
- **Social** (interpersonal relationships + social support)



# Holistic Outlook on Pelvic Health

- **Behavioral**
- **Environmental, Social + Contextual**
  - Key in door
- **Physical**
  - Core Map
  - Push Pee

# Leveraging Therapeutic Use of Self to Ask about Socially-Sensitive Topics

- **Integral** part of our collective **identity**
- It's how and when we choose to customize **education**
- **Empathy**
- Client **Collaboration**
- An in-tuned OT knows when to shift from pragmatic steps to **empathy**. Therapeutic use of self guides when we encourage, hint, state clearly, or simply hold a **safe pause** for our clients. This is how we **honor** what our clients bring to each session. A Trauma-Informed approach is so important in pelvic health.

# **The Fun Part: Interventions for Positive Outcomes**

# Simple Ways to Make Profound Impacts

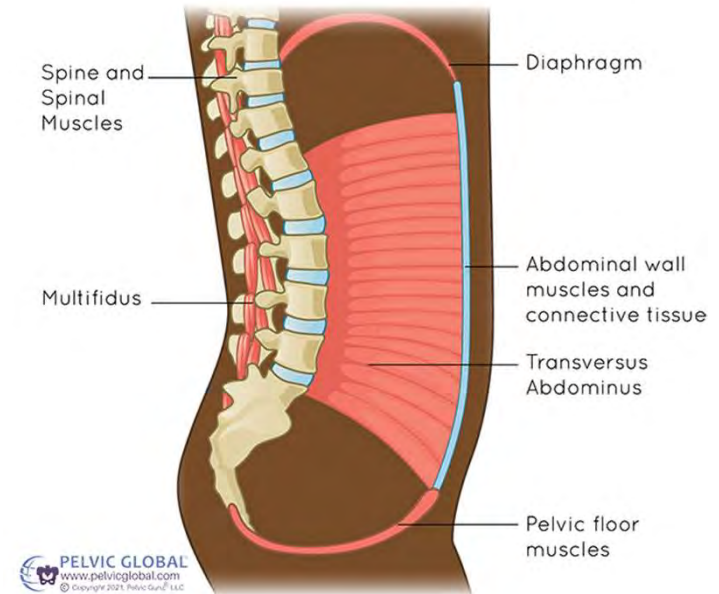
## Critical Components for Pelvic Health Interventions

Pelvic health can be impacted **positively** by weaving in **body awareness**, nervous system **downtraining**, and teaching clients how to incorporate these protective lifestyle factors **throughout their day**

# Simple Ways to Make Profound Impacts

## Body Awareness: Posture

- Ergonomic considerations
- Intraabdominal pressure
- Activity analysis





# Nervous System Regulation

- **Relaxation techniques** to reduce sympathetic activation
- **Mindfulness**
  - Urinary urgency (Adelstein & Lee, 2016)
  - Urinary incontinence (Baker, Costa, & Nygard, 2012)
  - Pelvic pain (Clark Donat et al, 2022)

# Nervous System Regulation Tools

- **Body Scan**
  - Awareness of pelvic bowl
- **Breathing:**
  - 3D breathing / balloon breath
  - **Lengthen** the exhale (4-7-8 breathing)
  - Alternate nostril breathing
- **Orient:** (Dropping the Anchor) (5,4,3,2,1)
  - 5 things to see, 4 things to hear, 3 things to touch, 2 things to smell, 1 thing to taste

# OT Practitioners are Habit Experts!

- **Down Training:** Clients may need to be reminded that our central nervous system needs down time **built into each day**. Diaphragmatic breathing, yoga, or other mindfulness techniques can improve continence.
- **Habit Stacking:** We are experts at suggesting ways clients can embed new **habits** into already-established **routines**. This small success will give them the **confidence** to be consistent and to expand skills.

# Optimal Habits

- **Drink enough water**
  - Half your body weight in ounces (**sipped**)
- **Pee 1 x** every **2-4 hours (6-8 x** per day)
- **No peeing at night** unless **> 65** or **pregnant**
- **Wait** for the need. **Peeing “just in case”** undermines communication
- **Consume enough fiber**
  - 38 g for men, 25 g for women
- Don't sit on toilet longer than **5 mins**

# Let's Practice!

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\* **PRACTICE** \*

\* ~~Makes PERFECT.~~ \*

\* Makes **PROGRESS.**

\* Brings understanding of what **WORKS** and what doesn't work.

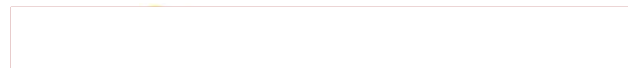
\* UPs your **SKILL** level.

\* Creates new **HABITS**.

\* Builds **CONFIDENCE**.

# Discussion

- **What opportunities do you see to incorporate these tools across practice settings?**



## Want More **Pelvic Health** Resources?

- [AOTA Occupation-based Pelvic Health Community of Practice!](#)
- [OTs for Pelvic Health](#) Facebook Group  
(weekly **OT Empower Hours**)
- [OTs in Pelvic Health](#) Podcast



**Thank You!**

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