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PHYSIOTHERAPY

Incontinence and its relationship to low back pain

Incontinence is actually more common than people think, affecting 9% of women under the age of 64. Hormonal changes affect bladder control and after menopause there can be some muscle atrophy that can also affect bladder control.

Incontinence comes in 2 forms. **Stress incontinence** is an involuntary loss of urine when there is an increase of abdominal pressure: like coughing, laughing or jumping up and down. There are various reasons for this, but predominantly this is due to poor pelvic floor muscle tone. The muscle tone may have been reduced because of prolonged increase of abdominal pressure e.g. pregnancy and birth, nerve damage caused by prolonged second stage of labour, surgery or some other form of trauma.

The other less common form of incontinence is **Detrusor instability**. This is when you feel the need to go to the toilet frequently but when you go you only void a small amount of urine. The messages to the brain are confused and it is told by the nerves in the Detrusor muscle that the bladder is full, hence the urge to go to the toilet.

The pelvic floor muscle forms a figure 8 around the exit of the bladder, birth canal, and the back passage, which works like a sling supporting the internal structures. When it contracts, it lifts and supports these structures, as well as closing the bladder neck, preventing unwanted leakage.

Someone with low back pain may be advised to strengthen and improve the control of their deep tummy muscles. These are able to maintain a good posture by working in the background for long periods of time. They travel horizontally across the tummy and around to the back where they connect with the spine by means of some thickened tissue called fascia.

There is increasing evidence that suggests that weakness in the deep abdominal muscles can go hand in hand with poor pelvic floor control. When the pelvic floor muscle is contracted there is a significant increase in the deep tummy muscle activity.

How to get the pelvic floor and the deep tummy muscles working

These exercises can be done anywhere, any time, once you have got the hang of them. To start you need to understand how to control diaphragmatic breathing i.e. deep breathing. Lie on your back with your knees bent and feet on the floor. Place your hand on your belly, breath in and out through your nose and feel your belly rising as you breathe in and fall as you breathe out. Keep your upper chest relaxed.

Now tense your pelvic floor muscles by tightening up around your front passage and then adding tightening around your back passage then lift up – it will feel as if you are trying to stop yourself going to the toilet. To ensure that you are not substituting the action with your superficial tummy muscles, keep diaphragmatic breathing. If you are not able to maintain your diaphragmatic breathing, then you are not doing the exercise properly. Hold the pelvic floor muscles for two deep breaths.

This really needs to be done every hour that you are awake and it is unrealistic to expect you to lie down every hour to do this hence once you understand how to do the exercise it can be done in any position.

You can progress this by increasing the deep breaths to a maximum of five. Then you can maintain the pelvic floor muscle contraction whilst you are doing your normal activities, which is really the aim of this exercise so that it protects your back from injury and prevents any leakage.