

Sometimes the most annoying problems we face can also seem a little embarrassing. Not very many women want to chat about their pelvic floor during lunch with friends, or in any situation really. However, there are answers out there, and somebody whose job it is to not only listen to your concerns, but is also dedicated to helping you find real solutions. Read below how Pelvic Health Physiotherapist Kirstyn Cahoon can help you to determine if Pelvic Health Physiotherapy is right for you



YOU, PHYSIOTHERAPY, AND YOUR PELVIC FLOOR

By Kirstyn Cahoon MSc PT, Pelvic Floor Physiotherapist

Many of us have probably heard of Kegel exercises, and how they are *the* necessary workout to strengthen our bladder and improve our sex lives. Perhaps you are even performing them with some degree of regularity. Unfortunately, Kegels are not the “be all and end all” to a strong, effective pelvic floor. Furthermore, many women are not performing the Kegels in an effective way. Pelvic floor physiotherapy can help you to get the results unique to your individual needs.

The pelvic floor muscles are found between the pubic bone and the tailbone. They have five core functions:

- ❖ Support the pelvic organs (bladder, uterus and bowel) from the force of gravity
- ❖ Control urine and bowel movements from escaping (incontinence)
- ❖ Create optimal sexual function like orgasm by maintaining muscle tone and blood flow to the area
- ❖ Stabilize the joints of your hips, pelvis and lower back
- ❖ Assist in blood flow between your upper and lower body by acting like a “sump pump”

Helpful tips to be kind to your bladder and pelvic floor:

1. Go pee (void) between 5-7 times a day, every 2-3 hours. Holding our bladder helps train the bladder/brain connection and influences the amount of control we have over our bladder
2. It is okay to delay peeing when you have the urge to go
 - Urge is normal and occurs like waves many times during the day and between voids. Urgency is not normal and is defined as a sudden uncontrollable desire to pee that cannot be put off and may result in leakage. Yes you can delay peeing if it is less than 2 hours since

- your last voided. Both urge and urgency can be triggered by hearing running water, “key in the door” or change in temperature. A Physiotherapist can help you learn strategies to control your urges.
3. There is a correct way to pee! Sit all the way down on the toilet with your feet on a stool. Make sure your feet are rested flat on the stool. Your knees should be above the level of the hips and wide apart to allow good alignment of the pelvis. Keep your back long and tall. Relax completely and do NOT push. This position encourages relaxation of the pelvic floor and aids the bladder in emptying.
 4. What if you don’t feel like your bladder is fully emptying? Try a rock and roll! Instead of pushing to get the rest of the urine out, relax and rock side to side and front and back, fully relaxing through the pelvic floor.
 5. Don’t be a just incaser! I know in Calgary we are always driving at least thirty minutes to get to our destination, but going to the bathroom “just in case” is not effective and has the impact of teaching the bladder to empty with less and less in it.
 6. Drink water! Having 8-10 glasses a day will help with not just bladder health, but overall health. The colour in the water will tell you if you are hydrated:
 - Light lemon colour- Just right
 - Clear- You may be over drinking and end up peeing with more frequency
 - Dark Yellow- You may need more fluids. Concentrated urine can be a bladder irritant. The effects of dehydration are far reaching throughout many body systems.
 7. When it’s time to have a bowel movement (number 2) GO!
 - The best thing you can do is listen to your body. Unlike the bladder which has waves of urge, the first bowel urge is the strongest and should be “listened to”. If you delay it takes longer to get the bowels going and can be the cause of constipation.
 8. Use positional emptying techniques to make Bowel Movements more comfortable!
 - Chronic constipation stresses muscles and connective tissue. This is particularly true if the pelvic area is already vulnerable due to pelvic organ prolapse or pelvic floor dysfunction. Good bowel management requires both good transit movement through the bowel and evacuation.
 - Remember to never push or strain when having a bowel movement. Use the same position as discussed in number 3. Belly breathe and let the pelvic floor muscles fully relax, blow into closed fist or pursed lip breath instead of straining. Give yourself time for the bowel movement to happen “naturally”.
 9. Talk to a pelvic physiotherapist about Pelvic Floor muscle training:
 - An assessment should be performed prior to commencement of Pelvic Floor strengthening to ensure the muscles are not tight. If you try to strengthen a shortened or tight muscle, this will cause further dysfunction in the area. A Pelvic Physiotherapist will be able to advise you of when and how to strengthen this area to improve not only the health of your bladder and bowel function but enhance your sexual function.

Please contact one of our Momentum Health Locations to see if pelvic physio is right for you!

Did you know that Physiotherapist Kirstyn Cahoon is available at three of our Momentum Health locations? If you have questions, please book in for a complimentary no obligation consultation appointment, or book an assessment. You will find Kirstyn at Momentum Health Creekside, Momentum Health West Springs and Momentum Health Westbrook.



Kirstyn Cahoon, MSc.PT, BKin - Physiotherapist (Pelvic Health, Pediatrics & Orthopaedics)

Kirstyn moved to Calgary in 2008 to pursue an education in Kinesiology and Physiotherapy. She graduated from the University of Calgary with a Bachelors in Kinesiology in 2012 and from the University of Alberta in 2014 with a Masters in Physical Therapy. For the last six years, Kirstyn has worked in the rehabilitation field and is interested in treating all ages and forms of injury. After her Masters, she became specialized in treating pelvic health disorders and pediatric patients. Her experience includes working with children in a hospital and school setting, treating all ages of orthopedic and neurological patients as well as treating pelvic health patients.