



## **What to expect at your 1<sup>st</sup> visit for urinary Incontinence:**

At your first visit, a physical therapist trained in pelvic floor muscle dysfunction will do an in-depth evaluation. This will include a general medical history, a history related to your current condition, and questions about your eating, drinking, and voiding habits.

Your posture and your hip and abdominal musculature will be checked for contributing factors such as tightness and weakness. The muscles of your pelvis (the pelvic floor) will be evaluated to determine any weakness and incoordination that may be present and contributing to your incontinence. This may include an external assessment to determine if you can isolate this muscle group, and may include an internal assessment to determine your strength of these muscles, as well as the anatomical position of your muscles and the organs they support.

**Biofeedback** may also be used at the initial visit if determined appropriate by your physical therapist. Biofeedback is a non-invasive procedure that measures the activity of your muscles. There are two types of biofeedback sensors, internal and external. If an internal biofeedback sensor is used, you will place it as instructed by your physical therapist. If external sensors are used, these will be placed by your physical therapist. There are advantages and disadvantages to each type of sensor, and your PT will determine which is the best for you. Additional external sensors may be used on other muscle groups as well. These sensors are used to measure muscle activity and will let you know when you are doing your exercises correctly. Biofeedback will also monitor your progress over time. Biofeedback does not hurt and will allow you to see your pelvic floor muscle activity on a computer screen or hand-held unit. Your physical therapist will discuss a treatment plan with you that will include the frequency and duration of your PT sessions and planned interventions. Additional treatments may include: techniques to decrease urinary urge and frequency, retraining pelvic floor muscles to work correctly, education on bladder irritants and dietary/fluid modification, performing additional exercises that assist with pelvic floor function, behavioral management techniques and patient education.

*This information is not intended as a substitute for professional healthcare.*