High pelvic floor muscle tone impacting urinary incontinence: A case study

Sharon Petty PT, DPT, OCS  
Address all correspondence to Dr. Petty at ericnsharon@mac.com

**Background and Purpose:** Muscle weakness contributes to urinary incontinence\(^1\) however some patients demonstrate increased leakage when placed on pelvic floor strengthening due to high tone pelvic floor muscles which limit control.\(^2\) Manual techniques to decrease muscle tightness can assist in addressing incontinence.\(^3\) This case study demonstrates the utilization of manual techniques to resolve urinary leakage in a male patient with stress and urge (mixed) incontinence.

**Case Description:** Patient is a 50-year-old male referred to physical therapy for urinary mixed incontinence and pelvic pain. Patient had a back injury 6.5 years ago with onset of urinary incontinence. Daytime urinary frequency was 14 times and 4 times at night, using two Depends per day. In six weekly sessions, physical therapy consisted of education on bladder function, diet, bladder retraining, bowel management, education on posture and biomechanics. Patient also received manual therapy to the pelvic girdle and floor muscles.

**Outcomes:** At discharge, patient was continent and able to delay urination up to 4 hours. Outcome measures decreased significantly – Colorectal Anal Distress Inventory from 18 to 0, Urinary Distress Inventory from 22 to 0 and International Prostate Symptom Score from 27 to 2. Phone call follow-up with patient at 3 and 6 months were continued continence and no pelvic pain.

**Discussion:** This case demonstrates the role of pelvic floor hypertonicity with urinary incontinence and the benefit of physical therapy addressing muscular tightness. This patient demonstrates the use of manual techniques to relax pelvic floor muscles in order to improve muscle control and continence.
References: