

Behaviour Modification: Our Child and Youth Pelvic Health Physiotherapists may suggest a specific toileting schedule, or changes to eating and drinking schedules. We may also implement short term night waking protocols or make recommendations regarding waking alarms to help with bedwetting.

Team Work: We will work with all other members of a family's health care team to provide complete, thorough and collaborative care. This could include many different professionals, including Family Doctors, Pediatricians, Naturopathic Doctors, Occupational Therapists, Social Workers and/or Psychologists. We will also help parents to identify when they may need to return to these additional health care practitioners to explore or fine tune medication, or follow up on additional treatment strategies.

Our goal is to provide parents and their children with the plan and tools that are necessary to put them on their Path to Improved Health. We harness a parent's commitment to creating a positive change for their child. Often families are seen over the course of 2-3 months, beginning with 1-2 visits per week and progressing to visits every 1-3 weeks, with an average of 8-10 visits in total. Treatments are typically 40 minutes in length and can be scheduled conveniently before and after work if necessary, as we offer both early mornings and extended evening hours.

4 Discharge Review:

We strive to provide a timely and cost effective treatment plan with the end goal of instilling confidence in both parents and children, through the exercises, education and tools provided. We will ensure that parents are connected to resources in their community. Our team approach is aimed at meeting families' goals and improving children's quality of life.

5 Discharge Peak Review:

At EPA we value a team approach; Families are always welcome to reach out to us for support and encouragement, or with questions surrounding their child's condition or program. We are committed to keeping children and their families on their Path to Improved Health!



Eramosa Physiotherapy Associates
380 Eramosa Road Suite 28
Guelph ON N1E6R2

Telephone: 5197679950

Fax: 5197679819

Email: guelph@eramosaphysio.com



Guelph Women's Health Associates
1453 Gordon Street South
Guelph, ON N1L1C9

Telephone: 5197800606

Fax: 5197800609

Email: info@gwha.ca



PATH TO IMPROVED HEALTH:

**CHILD AND YOUTH
PELVIC PHYSIOTHERAPY**

1 Clarifying Child and Youth Pelvic Physiotherapy:

Childhood pelvic health complaints are very common, yet not often talked about. "Bathroom Accidents" such as leaking urine or stool during the day or at night, can be stressful for everyone. Late night sheet and pajama changes, extra laundry, and packing extra clothing for school and playdates can be exhausting, inconvenient and frustrating. But, more importantly, parents worry about how their child's bowel and bladder struggles are impacting their confidence, self-esteem, and interactions with friends. They wonder: "Does my 5-year-old smell like urine because he still wears a pull-up? Are his friends going to tease him?" or "Is my child avoiding activities because they're afraid of having an accident?" Parents may even worry that they have somehow caused their child's bowel and bladder difficulties.

While childhood pelvic health complaints are common, they are also treatable. Child and Youth Pelvic Physiotherapy can help families regain confidence and control.

- **Bedwetting** (Nocturnal Enuresis)
- **Daytime wetting** (Diurnal Enuresis)
- **Constipation**
- **Fecal Incontinence** (Encopresis)
- **Giggle Incontinence**
- **Daytime Storage and Voiding Conditions**
 - ▶ Holding Patterns
 - ▶ Dysfunctional Voiding
 - ▶ Overactive and Underactive Bladder



2 Common Causes of Childhood Pelvic Conditions:

There are many things that can contribute to childhood pelvic health conditions, including:

Constipation: Children who are constipated may struggle with hard stool, and may have to strain to have a bowel movement. This is often painful, or the child may feel that they are not able to completely empty their bowels. Constipation can also lead to leaking of stool, and stool stains in the underwear. Children struggling with constipation may also have abdominal pain, decreased appetite and generally feel unwell. Constipation contributes to bladder difficulties, such as bedwetting, because large amounts of stool in the rectum can push into the bladder, leading to involuntary emptying of the bladder.

Toilet Avoidance: Ignoring the urge to have a bowel movement or to urinate (whether due to pain, fear or distraction) can lead to decreases in the urge to go, over time. Avoiding bowel movements can lead to or worsen constipation, and avoiding urination can lead to thickening of the bladder wall and a smaller bladder. This may result in an overactive bladder, overflow incontinence, or difficulty completely emptying the bladder.

Tight Pelvic Floor Muscles: Some children visit the bathroom more often than average because they struggle to empty their bladder or bowels completely. This can happen because of difficulty relaxing or coordinating the muscles of the pelvic floor. Leftover urine in the bladder can lead to urinary tract infections or to a backup of urine into the kidneys. Over time, this can lead to kidney damage. Leftover stool in the rectum can contribute to constipation.

Weak Pelvic Floor Muscles: When the muscles of the pelvic floor are working normally, they contract to help prevent urine and stool from escaping the bladder and bowels. When these muscles are weak, they are unable to resist the forces produced during activities like running, jumping, laughing and sneezing, and may allow urine and stool to leak out. Weak pelvic floor muscles are also unable to resist spontaneous bladder contractions in the night, which can lead to bedwetting.



3 Treatment to Improve Your Child's health:

With a strong background in both Pelvic and Orthopedic Physiotherapy, our Child and Youth Pelvic Health Physiotherapists will help families develop a plan to manage and treat childhood pelvic health concerns.

Unlike traditional Pelvic Health Physiotherapy, Child and Youth Pelvic Physiotherapy **does not involve an internal exam.**

Our assessment and treatment approach consists of a combination of:

A Thorough History: Our Child and Youth Pelvic Health Physiotherapists will ask parents about their concerns and goals regarding their child's bowel and bladder struggles, and will ask questions about a child's past medical history, family history, the tests and treatments they have already had, and about their child's development.

Physical Examination: We will conduct a thorough physical exam, including scanning external joint mobility, muscle length and strength. With consent we may look at the external muscles of the pelvic floor, and we may assess the child's ability to contract and relax their pelvic floor muscles through external biofeedback.

Education: We will help to deepen parents and children's understanding of anatomy and function. This knowledge gives families the confidence to: introduce proper toileting positions and wiping habits, identify foods/drinks that might irritate the bladder or contribute to constipation, examine sleep patterns, and use techniques to prevent toilet avoidance.

Manual therapy: Our Child and Youth Pelvic Health Physiotherapists use abdominal massage techniques to help children develop an urge to void. They may also work on the external joints and muscles that contribute to pelvic floor function.

Exercise therapy: We use external biofeedback and biofeedback games to teach children how to properly contract and relax their pelvic floor muscles. This technology not only makes treatment fun and rewarding, but it gives the parents and child the confidence to continue and be successful with their home exercise program.