First Physical Therapist Visit for Incontinence? Here's What to Expect

A Physical Therapist (PT) with specialized training in pelvic floor muscle dysfunction will perform a detailed evaluation in a private setting during your first visit. This will include understanding your general medical history, history related to your current condition, stress level, preferred activities and lifestyle, and your desired goals. You'll be asked questions about your eating, drinking, and bathroom habits.

Your posture, breathing pattern, strength and motion of your hips, spine and abdominals will be assessed to determine what may be contributing to your symptoms. The muscles of your pelvis (including the pelvic floor) will be evaluated to determine if any weakness, tightness or in-coordination exists that may play a role in your incontinence. An examination of your pelvic floor muscles may consist of an external and/or internal assessment to determine your strength, coordination and tension of these muscles. An internal assessment can also provide the therapist with information regarding any muscular tender spots or trigger points that may need treatment. Know that you can agree or decline any portion of the recommended evaluation.

Find a Physical Therapist near you using PT Locator at ptl.womenhshealthapta.org
For more educational resources, please visit www.womenshealthapta.org/patients
Biofeedback may also be used during the initial visit if determined necessary by your physical therapist. Biofeedback is a non-invasive procedure that measures the activity of your pelvic floor muscles. Biofeedback does not hurt and allows you to see your pelvic floor muscle activity on a computer screen or hand-held unit, to better understand your muscle’s function. Biofeedback may also be used to monitor your progress over time.

Your PT will discuss a treatment plan with you that will include the frequency and duration of your PT sessions and planned interventions. Recommended treatments may include techniques to reduce urinary urgency and frequency, retraining pelvic floor muscles to work correctly, education in bladder irritants and dietary/fluid modification, exercises that assist with pelvic floor function (may include breathing, hip, back or abdominal muscle exercises), posture instruction, and behavioral / stress management strategies.

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