

**Invitation to Attend  
The Women's Sexual  
Health Foundation 4th  
Education Event**

Saturday, April 4, 2009  
101 Park Ave, NYC  
at Club 100

The Women's Sexual Health Foundation and Columbia University College of Physicians and Surgeons Department of Obstetrics and Gynecology invite all women and interested professionals to attend: Reclaiming Healthy Intimacy, Passion and Pleasure

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**PHYSICAL THERAPY FOR CHILDREN WITH URINARY OR BOWEL ISSUES**

**By Roseanne Cruz, DPT**

There are many children who suffer from bladder or bowel disorders. 20% of pediatrician visits are for incontinence problems. 15% of visits to gastrointestinal doctors are for lower bowel dysfunction.

These disorders can result from weak or tight pelvic floor musculature or muscle incoordination, poor toileting habits, and more. Physical therapy has proven to be a non-invasive and non-medicated effective form of treatment in relation to the musculoskeletal system.

Poor toileting habits may result from various toileting issues. If a child has toilet refusal syndrome, the child may use the toilet for urination and a diaper for defecation. Toilet phobia may develop when a child is afraid to use a toilet for both urination and defecation due to a fear of public restrooms or fear of the toilet itself (i.e. falling into the toilet or using automatic toilets). This can result in the child 'holding' in their urine and/or feces and can result in tightening and incoordination of the pelvic floor muscles.



Bowel or bladder dysfunction may also be due to weak or tight pelvic floor, hip and/or abdominal musculature or incoordination of these muscles. Urinary incontinence is a common condition that may result. Urge incontinence is the most common type of functional incontinence in children. Stress incontinence happens when a child has leakage with physical activity or increased intra-abdominal pressure. Giggle incontinence is when the child has complete voiding during or immediately after laughter. Physical therapists find that these children suffer from weakness of muscle incoordination.

Bedwetting, or enuresis, affects 5-7 million children in the United States, according to the Journal of Urologic Nursing. 15% of these children have what is called primary nocturnal enuresis, which is caused by a developmental disorder or delay, sleep disorders, or bladder irritants, or muscle weakness and incoordination. Primary bedwetting can be caused by the inability to hold urine during the night, producing a large amount of urine during the night, or poor daytime habits, such as ignoring the urge to urinate and putting it off as long as possible.

Secondary nocturnal enuresis can be due to urinary tract or other anatomic abnormalities, diabetes, or psychological factors such as the need for attention. **Continue on Page 2**

**Acupuncture and Pelvic Floor Dysfunction By Paula Haberman, PT, L.Ac.**

According to Classical Chinese theory, channels of energy called meridians run in regular patterns both internally and externally throughout the body, creating a network akin to the circulatory or nervous systems. Acupuncture points are the gates along these meridians that connect them to the interior environment of the organ systems. The energy in these meridians, called Qi, can be influenced and changed by needling or stimulation of the

acupuncture points. The meridians have been compared to rivers that flow through the body to irrigate and nourish the tissues. An obstruction in the movement of these energetic pathways is like a dam that is full of impediments and backs up. Disease is the result of blockage or imbalance in the flow of Qi. Any disharmony of Qi affects the spiritual, emotional, mental and physical aspects of the body. The practice of acupuncture can be looked upon as a procedure that nour-

ishes and enhances the body's natural healing mechanisms, promoting the body's inherent and profound ability to heal itself.

In Western terminology, acupuncture points are areas of increased electrical sensitivity. When stimulated, they transmit impulses to the hypothalamus-pituitary glands, causing the release of endorphins, our natural pain killing mechanisms, and increased hormone

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## PHYSICAL THERAPY FOR CHILDREN WITH URINARY OR BOWEL ISSUES By Roseanne Cruz, DPT

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Constipation is defined as having painful defecation or hard stools and can be associated with dysfunctional voiding, in which the child contracts his or her muscles during evacuation. Constipation may also result from poor diet or inability of the pelvic floor and abdominal muscles to coordinate and/or to relax and empty out the stool. Fecal incontinence or encopresis may happen in the absence of disease in a child who has voluntary bowel control leakage goes around it. Leakage can occur with constipation, where loose stool goes around the impacted stool, and it

can also happen without the presence of constipation.

Physical therapy treatment consists of exercises, biofeedback training, manual techniques, behavioral modification, and patient education on proper toileting techniques. Exercises for stretching and strengthening of the hip, abdominal, and pelvic floor muscles are performed to ensure proper functioning of the muscles during urination and defecation. Biofeedback treatment is used also for muscle retraining and teaching patients how to contract or relax these muscles.

Biofeedback is a non-invasive

approach, using a small external electrode which is connected to a computer screen. The screen will then display a graph or animated picture (of a dolphin or rocket) of how well the pelvic floor and abdominal muscles are contracting and relaxing. This treatment is very useful tool for retraining muscles on how to function properly. It is effectively used for children with bowel incontinence, constipation, or urinary retention.

Patient education is a key part of the treatment plan. Teaching children proper toileting strategies, such as posture (feet flat on the floor or on

a stool), breathing exercises (using bubbles), and proper cleaning techniques, help to promote good hygiene. Putting children on a voiding schedule using alarm systems, voiding diaries, night waking by self or parent, and dry bed training, are all useful strategies to help children regain control.

Physical therapy is a very effective and non-invasive approach for treating children with urinary and bowel dysfunction and will help children regain control of their bodies and improve their quality of life.



## The Women's Sexual Health Foundation 4th Education Event

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Speakers & Topics are:

**Pelvic and Sexual Pain and Increase Sexual Pleasure - Amy Stein MPT, BCIA-PMDB**

Chronic Illness, LifeSpeaking with Your Doctor About Sexual Health: Maximizing Your Doctor Visit - Lisa Martinez RN, JD

Reclaiming Eve: Embracing Female Sexuality at Every Age - Hilda Hutcherson MDA Natural Approach to Heal Stressors and Sexuality:

Reclaiming Intimacy in Relationships- Stephanie Buehler MPW, PsyD, CST

Is it Hot in Here? Female Sexuality and Alternative Options for Menopause- Teresa Goetz L.Ac., MSTOM

Seating is limited. Registration for this event is required and includes a continental breakfast. The focus will be empowering women on how to address their sexual health concerns and to reclaim the intimacy that they deserve. This is an opportunity to discover solutions from the experts and to ask questions. For more information contact: Christine Rein Tel : (201) 346-7014, Email: cmr2146@columbia.edu

## Acupuncture and Pelvic Floor Dysfunction By Paula Haberman, PT, L.Ac.

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production (including serotonin) which helps the body respond to stress and injury. Acupuncture has also been shown to stimulate the immune system, help promote sleep, increase stamina and energy, decrease inflammation and relieve chronic musculoskeletal pain and tension. It has positive effects upon circulation, blood pressure, rhythm and stroke volume of the heart, secretion of gastric acid and production of red and white cells.

Acupuncture can affect Pelvic Floor Dysfunction in three separate ways, all of which can be

components in a single treatment session.

From a symptomatic point of view, many of the problems that manifest as part of Pelvic Floor Dysfunction are common ailments that are regularly treated by acupuncture. Problems such as incontinence, pelvic pain, IBS, vulvodynia, cystitis, genital pain, urinary or bowel burning, frequency or retention, constipation, and diarrhea are routine ailments treated by acupuncturists.

Pelvic Floor dysfunction has an integral relationship with the

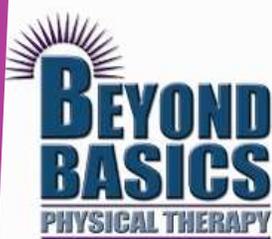
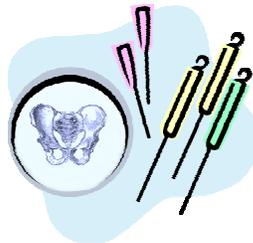
structure of the musculoskeletal system. In some patients, problems in the musculoskeletal system can be the underlying origin of their complaint. Tight or weak muscles and/or structural misalignments create imbalances in muscle tone which then lead to further postural asymmetries. Trigger points in the Abdominal, Iliopsoas and External Oblique muscles cause vaginal, labial and groin

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pain as well as constipation; in Quadratus Lumborum, can cause internal pelvic pain, pain with intercourse, pain in the perineum, testicular and

genital pain as well as cause constipation or diarrhea; tight Hamstrings are associated with pain in the Obturator Internus; the Adductors refer pain to the groin; the Piriformis and gluteal muscles when tight can compress the Pudendal Nerve. When the trigger point is "dry needled" by acupuncture, this mechanically disrupts the integrity of the dysfunctional endplates within the trigger area, and results in mechanical and physiological resolution of the trigger points.

Lastly, in Traditional Chinese Meridian Theory, the external and internal genitals are traversed by a number of channels: the Liver or Foot Jueyin channel, the Spleen or Foot Taiyin channel, and the Kidney or Foot Shaoyin channel. Thus genital pain, both internal and external can be accessed from reflex points along these channels. Points along the shin, at the ankle and on the medial knee can be used to affect and decrease both genital pain and pain in the perineum.



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