

## **WHAT KINDS OF TREATMENTS ARE AVAILABLE?**

A self-help exercise program is often used to help regain bladder control and/or pelvic function. The exercises are used to strengthen the pelvic muscles after being weakened or stretched.

EMG Biofeedback is a way to show the patient how their bladder muscles are performing. The therapist attaches electrodes which record the muscle's activity, and displays the readings for the patient to see. This enables the patient to learn how to control the muscles in the pelvic floor. Usually the patient can master control on their own within a number of sessions.

Between exercises and first hand Biofeedback readings, patients can often overcome this uncomfortable condition.



**CUMBERLAND PHYSICAL THERAPY**

## **OUR STAFF SPECIALIST HOLLY KINDIG, PT**

Holly is the most recent addition to our CPT staff, joining us in August 2007. She is originally from State College, PA. She attended West Virginia University where she received a B.S. in Physical Therapy. Holly returned to Pennsylvania and has worked for 18 years at Harrisburg area hospital systems in both in-patient and out-patient physical therapy. In 1999 she went on to specialize in Incontinence and Pelvic Pain Disorders receiving training in Denver, Philadelphia, and at John's Hopkins. Holly has treated incontinence and pelvic pain utilizing biofeedback/EMG – a treatment which yields an 80% success rate. She also has experience treating women with low back pain due to pregnancy.



*Contact your physician for more information,  
or for an appointment with Holly Kindig, PT,  
call Cumberland Physical Therapy at*

**(717) 591-9001**

## **INCONTINENCE PELVIC PAIN HYPERTONUS DYSFUNCTIONS**

*A non-surgical approach to  
gain bladder control and  
treatment of pelvic floor disorders,  
including sexual discomfort.*



**CUMBERLAND PHYSICAL THERAPY**

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## WHAT IS INCONTINENCE?

Incontinence is the involuntary loss of control of the passage of urine or fecal matter, or the inability to predict when either will occur. It can occur in both males and females from adolescent to geriatric ages, resulting in frustration, isolation and a loss in hope that anything can be done.

However, incontinence is not an impossible condition to treat. It is the result of an underlying condition and in 80% of cases, the embarrassing symptoms can be relieved or significantly improved.

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## TYPES OF INCONTINENCE

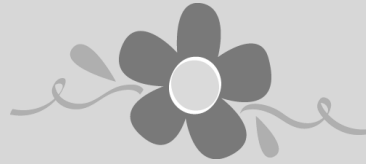
**STRESS INCONTINENCE** - everyday activities such as laughing, coughing, sneezing or exercising can cause a small release of urine

**OVERFLOW INCONTINENCE** - one feels like they are never completely emptying their bladder, resulting in a small release of urine frequently

**URGE INCONTINENCE** - one's bladder muscles are over-active, causing a release of urine as soon as the urge is felt, usually before one can reach a restroom

**REFLEX INCONTINENCE** - is caused by impaired nerve function, resulting in a general absence of bladder control

**Incontinence can also be caused by a combination of two or more of the preceding descriptions.**



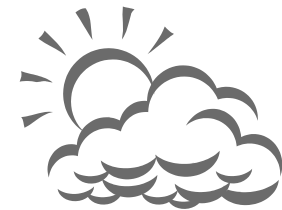
## TYPICAL PATIENTS CAN INCLUDE:

*(but not limited to...)*

- \* **PEDIATRIC PATIENTS**  
*Children age 3 and up with urinary or fecal incontinence*
- \* **WOMEN**  
*Patients are status post hysterectomy, following childbirth, pelvic floor weakness, stress/urge/mixed incontinence*
- \* **PELVIC PAIN PATIENTS**  
*Diagnosis such as vaginismus, interstitial cystitis, pain secondary to abdominal adhesions, pudendal nerve dysfunction*
- \* **MEN**  
*Patients are status post prostate surgery, incontinence secondary to Parkinson's disease or over-active bladder*

## PELVIC PAIN/PELVIC FLOOR DISORDERS CAN INCLUDE:

- \* **INTERSTITIAL CYSTITIS**  
*(severe inflammation of the bladder wall)*
- \* **VAGINISMUS**  
*(inability to penetrate the vagina because of muscle spasm)*
- \* **VULVODYNIA**  
*(chronic vulvar discomfort)*
- \* **PUDENDAL NEURALGIA**  
*(pain in the external genitalia, the urethra, the anus, and perineum)*



**“You are not alone...  
we’re here to help”**