Pelvic Floor Therapy

The pelvic floor therapy program at Cincinnati Children’s helps many children with voiding conditions and other urologic concerns improve their bladder control. It’s one of the few programs like it in the Midwest.

“We refer patients for this highly specialized pelvic floor therapy when first-line treatments fail, and sometimes even earlier as part of an initial treatment regimen,” says Pramod Reddy, MD, director of the Division of Pediatric Urology. “For children with congenital abnormalities such as bladder extrophy, it not only helps with continence but can potentially reduce the risk of organ prolapse late in life.”

Three physical therapists and one occupational therapist at Cincinnati Children’s have advanced training in pediatric pelvic floor therapy and see patients in three locations. Sarah Fox, DPT, began the program in 2016 for children with colorectal conditions that affect bowel and bladder control. Today, most referrals come from providers in pediatric colorectal surgery, urology and gastroenterology. In urology, it’s most commonly prescribed for children with urinary incontinence, nocturnal enuresis and recurrent urinary tract infections.

Many of these patients have complex medical issues, and a personalized treatment plan is essential. The treatment plan is based on functional goals that the family identifies, such as being dry overnight or not leaking urine during the day.

During the first therapy session, patients and parents learn how to do exercises at home and about other ways to improve continence, such as through improved toilet posture and modifications to diet and fluid intake. The length of treatment is usually eight to 16 weekly visits.

“The primary goal of therapy is to help patients and families achieve their goals and teach them how to independently maintain their success,” Fox says.

Anatomy can be a limiting factor for children with congenital conditions such as bladder extrophy (BE), Fox says. “We see patients with BE as young as 10 months of age before surgery and follow up with them throughout their childhood,” Fox explains. “With a good volume bladder capacity, pelvic floor therapy can improve continence by enhancing the activity of the bladder outlet and pelvic floor muscles. This can mean a significant improvement in their quality of life.”

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Pelvic floor therapists provide a thorough assessment that involves evaluating the child’s pulmonary, integumentary, musculoskeletal and neurologic systems from a pelvic floor perspective.

“Pelvic floor dysfunction can stem from many problems that affect the bowel and bladder, such as weak core muscles, short hamstring length, musculoskeletal imbalances and pelvic floor muscles that are uncoordinated, weak or in spasm,” Fox says. “The therapist provides a fully external evaluation, obtaining all the information needed without the use of catheters or a digital exam. Incontinence is a sensitive subject for children, and it’s important to establish rapport and trust from the outset — a noninvasive assessment is part of that.”