Need for women's health specialists is growing

Helping women with incontinence is rewarding and beneficial

As the U.S. population continues to age, the incidence of several medical conditions is growing exponentially. One of those conditions is incontinence among women. According to some studies, as many as 25 million Americans suffer from incontinence and about 90% of them are women, says Kathryn Kassai, PT, CEF, director and owner of Praxis Physical Therapy, Inc., in San Pedro, CA, and a member of the PTPN therapy network.

Incontinence is a large part of what is referred to as the women’s health market in the world of PT. It’s a market that is growing in demand and supply, but one that still has lots of untapped potential because of the frequency at which incontinence goes undiagnosed, says Kassai.

“I’ve been doing physical therapy for 30 years and women’s health for the past 15, and I’m amazed at how many people still don’t know it’s an issue that therapists can treat,” says Kassai. “From physicians to patients, so many of them either ignore the problem or seek other more painful, costly alternatives.”

Therapists also treat several other women’s health issues, says Kristi Ayars, PT, DPT, owner of Simply Results Physical Therapy in Chico, CA, and a PTPN member. Ayars says some common women’s health issues include:

➤ Pelvic floor dysfunction (this includes incontinence—which is a symptom of pelvic floor dysfunction—but also includes pudendal neuralgia, which is more pain related)
➤ Lymphedema, which most commonly affects women following breast cancer surgery
➤ Osteoporosis
➤ Pre- and postpartum issues

Diagnosing the problem

Incontinence is the women’s health issue most often ignored or misdiagnosed, Kassai and Ayars say.

“Women are often embarrassed by having a leak or don’t think of what they have as incontinence, so doctors often overlook it,” says Kassai.

Incontinence is defined as any unwanted leakage of urine, regardless of how frequently it occurs, says Kassai.

Physicians and therapists should screen for the condition, but not by asking whether the patient suffers from incontinence, Kassai says. Being asked about this is uncomfortable for many women who don’t think of themselves as incontinent. But if you ask whether they ever have unwanted leakage, they may open up.

CMS is trying to spread the word about screening for incontinence because it has become a major reason women are being admitted into nursing homes, Kassai says.

There are various myths about incontinence, says Ayars. “I’ve heard in my practice that it is just a sign of getting old, that it can’t happen if they’ve had a hysterectomy, that they should immediately have a surgery of some kind to fix it, or that there is nothing that can be done about it,” she says.

Although a weakening of the pelvic floor is the root cause of incontinence, there are several factors that typically cause the condition, says Kassai, including:

➤ Childbirth
➤ Menopause
➤ Urinary tract infections
➤ Developing bad habits of urinating too frequently

Treating the condition

Although surgery can sometimes treat incontinence, it should normally be the last option, says Kassai.

“In short periods of time, physical therapy can get most patients out of diapers and pads so that they are no longer ruled by their bladders,” Ayars says. “We can get them to live their life again and get back to playing tennis, playing bridge, and working without fear.”

Because the pelvic floor is a muscle, its treatment is much like many other therapy services, Kassai says. Many women don’t know how to use this muscle properly and need training and exercise to strengthen it, she says.

> continued on p. 10
Women's health

One of the most common ways to train the pelvic floor is with an electromyogram (EMG) biofeedback machine, a machine much like an EKG for the heart, Kassai says. It reads the function of the muscle and allows therapists to help the patient train it to function properly. “The pelvic floor is sort of like Atlas holding up the world,” she says. It holds up all the organs of the body and keeps waste from leaking out. If it weakens, that support will fail.”

PTs tailor the treatment to fit the individual, says Ayars. Depending on the type of incontinence, treatment may involve manual therapy or therapeutic exercises that require one-on-one interaction with a PT.

“Patients who just want to rise from a chair without losing control require a different approach than my patients who want to jump rope or do the bounce house with the kids,” Ayars says. Exercises can help the pelvic floor modulate an overactive bladder and EMG biofeedback or e-stimulation can help it gain strength or reduce painful muscle spasms, she says. There are a few ways incontinence can manifest, including:

- Frequency: Having to go to the bathroom a lot
- Urgency: A feeling of having to rush to the bathroom
- Stress incontinence: Leakage brought on by coughing, sneezing, and exercise
- Nocturia: Getting up during the night to urinate frequently

Stress incontinence is the easiest to treat in most cases, says Kassai, and can often be treated in six to 12 visits.

Getting involved

The women’s health field is made up of almost exclusively female therapists and is growing with the demand.

Almost all payers reimburse for incontinence screening and therapy since most exercises fall under CPT codes that are the same as other PT services.

Therapists can be trained and certified in women’s health, as it does take a specialty therapist to perform most of the services.

This niche may require some specific equipment, such as the EMG biofeedback machine.

However, women’s health can be a worthwhile specialty with plenty of patients and referral sources. Besides screening your own patients, urologists, obstetricians, general practitioners, and other patients are common sources of referrals.

“Patients are often your best referrals because they are so grateful that you helped them get back to living their life,” says Kassai. “I sometimes feel more like a counselor because patients open up and tell me how thankful they are for my help.”

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