



# What is a Mobile Outpatient Practice?

# What is Occupational Therapy?





# Occupational Therapy: Occupation means Activity

Build on strengths  
Minimize limitations  
Change the  
environment  
Adapt the activity  
Stay engaged





**What is a home  
safety  
assessment and  
why should I  
have one?**



# Who we are...

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- Covell Care is a **mobile** outpatient practice specializing in keeping people independent & functional where they are! We treat people where it makes the most sense: home, clinic, out in community, etc.
  - Occupational Therapy
  - Physical Therapy
  - Speech Therapy
  - **Pelvic Health**
  - Driving Assessments
  - Home Safety Assessments
  - Wheelchair and Equipment Assessments
  - Counseling
  - Fitness Training





# Bossy Bladder & Bowel

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**Covell Care  
& Rehabilitation**

# What is Contenance?

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- Definition: Voluntary control over urine and fecal discharge.
  
- Any deviation can be considered **INCONTINENCE!**

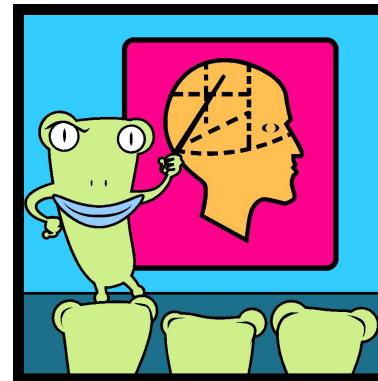
# Did You Know?

- **1/3 of men & women** ages 30-70 believe incontinence is a part of aging.
- **Urinary Incontinence affects 200 million people worldwide.**
- Based on expert opinion, **25 million Americans** experience transient or chronic UI.
- Consumer research reveals that **1 in 4 women over the age of 18** experience episodes of leaking urine involuntarily.
- Of men & women ages 30-70 who awaken during the night to use the bathroom, more than **1/3 get up twice or more per night** to urinate.
  - Of these adults, 1 in 8 say they sometimes lose urine on the way to the bathroom.
- **2/3 of men & women** age 30-70 have never discussed bladder health with their doctor and do not receive treatment. Men are the least likely to talk about it.
- On average, **women wait 6.5 years** from the first time they experience symptoms until they obtain a diagnosis for their bladder control problem(s).

# What Will We Learn?

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- Pelvic Anatomy
- Different Types of Incontinence
- Treatment Options
- Biofeedback Uses





**KIDNEY** = kidneys remove waste products from the blood and produce urine

**URETER** = the duct by which urine passes from the kidney to the bladder

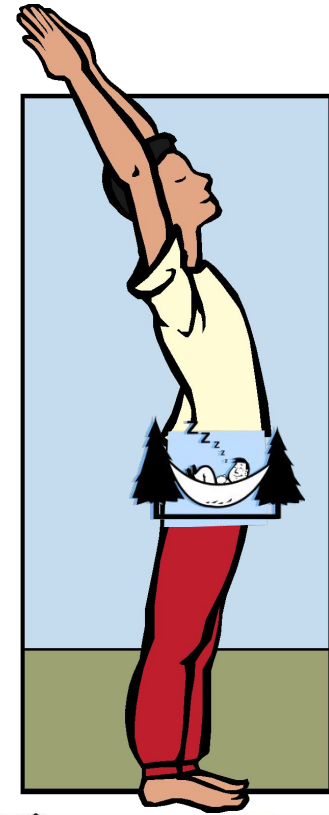
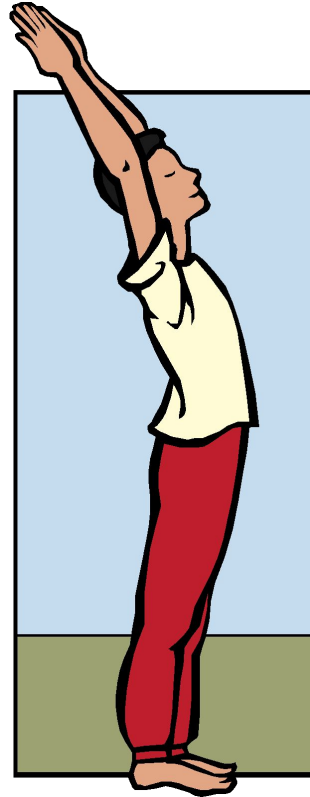
**URETHRA** = the duct by which urine is conveyed out of the body from the bladder

**BLADDER** = where urine collects

Do You Know Your Anatomy?

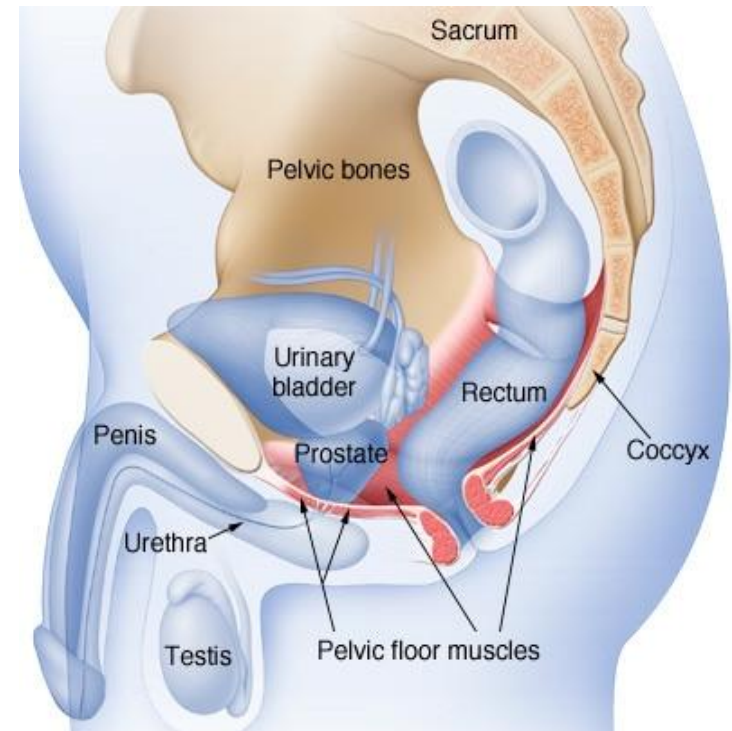
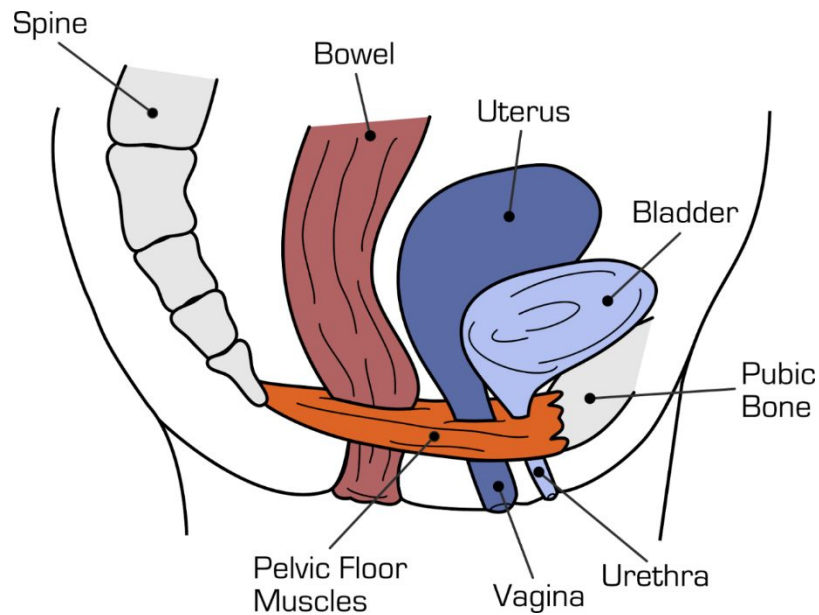
# Pelvic Floor Muscles

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# Pelvic Floor Muscles

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# Pelvic Floor Muscles

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- Support the pelvic organs
- Help provide sphincter control for the bladder and bowel
- Facilitate opening and voiding of the urethral and anal canal
- In charge of the FLOW

# Time to be Detectives!

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- Duration?
- Severity?
- Progression?
- Precipitating Events?
- Bowel Habits?
- Frequency?
- Fluid Intake?
- Impact on Life?!



# Types of Incontinence

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- Stress Urinary Incontinence
- Urge Urinary Incontinence
- Mixed Urinary Incontinence
- Bowel Incontinence

# Stress Incontinence

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- When there is stress or pressure on your bladder that causes an involuntary loss of urine
  - Coughing
  - Sneezing
  - Standing Up
  - Laughing
  - Exercise
  - Going Up the Stairs



Involuntary loss of urine when the intra-abdominal pressure exceeds urethral pressure in the absence of detrusor activity.

# Urge Incontinence

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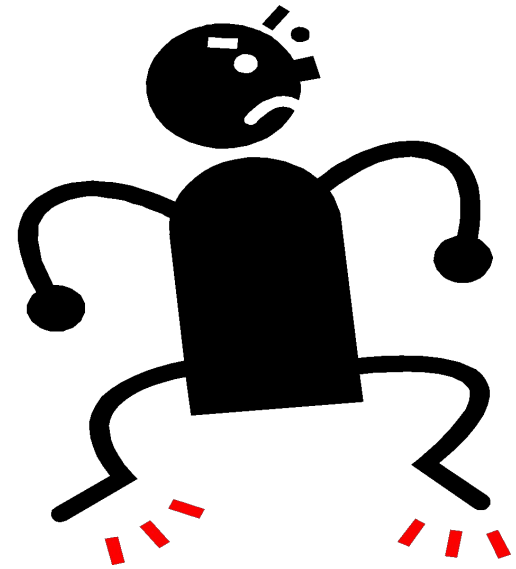
- URGENCY! URGENCY! URGENCY!
- Sudden desire to void
- Involuntary leakage may or may not accompany this sensation
- “Key in the door” syndrome
- Bladder temper tantrum





# Mixed Incontinence

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# Bowel Incontinence

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**“Bowel incontinence is the inability to control your bowel movements, causing stool (feces) to leak unexpectedly from your rectum. Also called fecal incontinence, bowel incontinence ranges from an occasional leakage of stool while passing gas to a complete loss of bowel control in someone who is older than 4 years old.”**

–Mayo Clinic

# Constipation

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**Less than three bowel movements per week**

**May involve straining, hard stools, feeling of not being empty**

**Widely recognized GI symptom of PD**

**Impacted by the changes of the autonomic nervous system (controls smooth muscle)**

**Slower motility**

**PD medications may contribute**

**Abrupt onset is not “normal”**

# Treatment Options

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- Alter fiber intake
- Alter your bladder/bowel habits
- Pelvic floor muscle strengthening
- Increase exercise
- Biofeedback
- Positioning
- Gastrocholic reflex training

# Fiber Facts

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- Fiber helps bowel function whether you have constipation or loose stools
- If you have a low intake of fiber (25-35 grams/day), increase your amount slowly and drink 6-8 glasses of water daily
- Choose fruits and veggies rather than juice
- Eat the skin of washed veggies and fruits
- Eat bran and whole grain breads/cereals daily
- Decrease processed foods in your diet

# Fiber Options

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- Soluble Fiber Choices (helps move waste through intestines):
  - Apples, oranges, pears, veggies, seeds, oat bran, dried beans, oatmeal, barley, rye, prunes
- Insoluble Fiber Choices (helps slow digestion & regulate sugar):
  - Popcorn, fruits, veggies, dried beans, wheat bran, seeds, brown rice, whole grain bread/pasta/cereal



# Alter Bowel Habits

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## Learn About Bowel Health:

- Most people have between 3 bowel movements a day to 3 a week
- Too much sugar and/or fatty foods, a sedentary lifestyle, medications, ignoring the need to have a BM are all potential causes of constipation
- Sitting in a good position on the toilet can help with bowel health

# Correct Toilet Positioning





# Urinary dysfunction and PD

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- 30-40% of people with PD have difficulties with urinary function
- Incontinence is experienced by 15% of people with PD
- Most common complaints are urinary frequency and delaying urination causing a sense of urge
- Impairment of complete emptying less common but still prevalent
- Dystonia: Contractions of urethral sphincter may also be a concern
- UTI's

# Alter Bladder Habits

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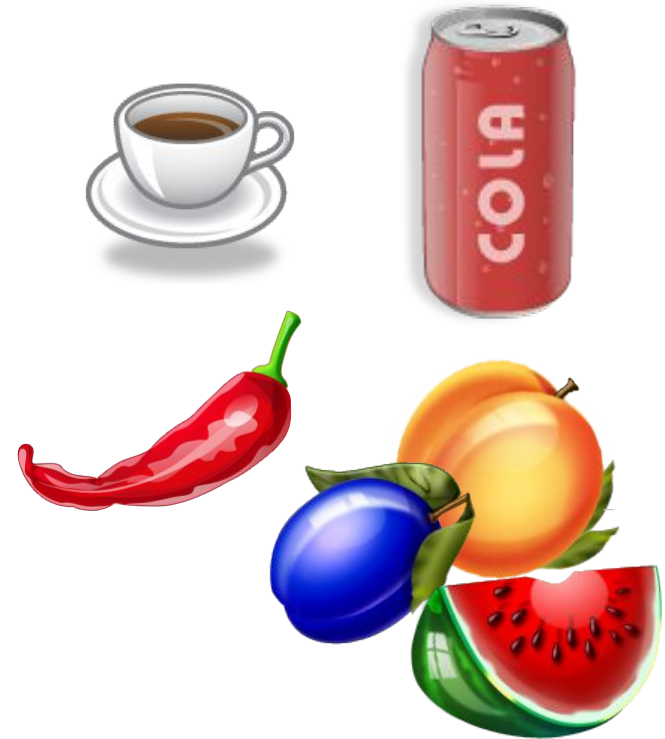
## Learn About Bladder Health:

- We should urinate 6-8 times in 24 hours.
- An urge is the sensation you feel as the bladder stretches and fills. It does not mean the bladder is full.
- Don't go to the bathroom "just in case."
- Holding your bladder for more than 4 hours is not healthy for your bladder.
- You should be sure your bladder is completely emptied every time you void.

# Bladder Irritants

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- Alcohol
- Candy
- Caffeine
- Cantaloupe
- Carbonation
- Spicy Food
- Chocolate
- Citrus
- Coffee (and decaf!)
- Cranberries
- Artificial Sweeteners
- Pizza
- Guava
- Peaches
- Pineapple
- Watermelon
- Plums
- Strawberries
- Tea
- Tomatoes
- Vinegar
- Vitamin B and C



# Pelvic Floor Strengthening

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- How to recognize your pelvic floor...
  - Sit on the toilet. Empty a small amount of urine and try to stop the flow of urine. Then relax and allow your bladder to empty. If you are successful, you have the basic technique of flexing your pelvic floor. We call this exercise a Kegel.
  - ***Don't get in the habit of doing this on the toilet. This is just to improve isolation of the pelvic floor.***

# Exercise the Pelvic Floor

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Kegels:

- Sit on a hard surface or lay down with your knees up
- Squeeze and hold for 10 seconds. Rest for 10 seconds. Repeat 10 times.
- Squeeze for 1 second and rest for 5 seconds. Repeat 25 times.

**Be sure you are isolating your pelvic floor and not using your abdominals or buttocks to help!**

# Suppress the Urge

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- Stop your activity. Try to stay still and don't rush to the toilet.
- Contract your pelvic floor 5-6 times.
- Distract yourself—Don't rush to the toilet. Repeat as needed.
- When the urge subsides, walk normally to the bathroom.



# Biofeedback

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Biofeedback is used in treatments provided by therapists to help clients do pelvic floor muscle contractions correctly and efficiently.

Biofeedback is done by using a sensor to measure the muscle activity in your pelvic floor and your abdomen. It allows you and your therapist to see how your pelvic floor is functioning.





Thank You

# Questions???

Always consult your doctor regarding any issues with incontinence.

Please call us with questions anytime!

**(970) 204-4331**

Visit us at: **[www.CovellCare.com](http://www.CovellCare.com)**

