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facts about physiotherapy and paediatric incontinence



1

Treating the bowel first significantly reduces bladder dysfunction

Optimising bowel function before starting treatment on the bladder is advisable. In children with bladder and bowel dysfunction, treating constipation can result in a:

- 66 per cent improvement in post-void bladder volume
- 89 per cent reduction in daytime urinary incontinence
- 63 per cent reduction in bedwetting.



2

A clinician's communication style influences the treatment outcomes of paediatric incontinence

The communication style of the clinician can help a patient feel comfortable. This can lead to:

- questions being answered truthfully
- clarification on when incontinence is occurring
- better patient understanding and autonomy.



3

Overactive bladder is a common cause of paediatric incontinence

Urotherapy is recommended as a first-line treatment for children with incontinence. It includes interventions such as:

- education on good bladder and bowel habits
- use of bladder or bowel diaries
- pelvic floor muscle training.

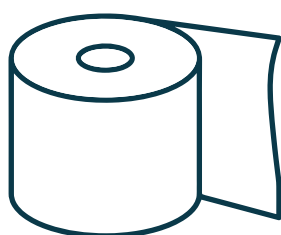


5

Comorbidities increase the likelihood of childhood incontinence

Continence requires the maturation of multiple systems. The development of fine and gross motor skills helps to:

- get to the toilet
- sit on the toilet
- dress, undress and wipe afterwards.



4

Bedwetting might resolve with time but treatment should still be considered

Bedwetting alarms should be offered as a first-line treatment for bedwetting. Persistent bedwetting beyond the age of seven years may be due to:

- underlying constipation
- nocturnal polyuria
- difficulties in storing urine.



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