



The forgotten muscles

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I wish someone had prepared me for the physical toll of childbirth, a woman wrote in a recent Guardian article.

“I vaguely recall one prenatal care doctor mentioning the possibility of incontinence in passing. Perhaps I should have paid more attention but no other health professionals brought it up...” she wrote. No mothers spoke about this experience, either. “It wasn’t until a physiotherapist in the natal ward handed me a brochure – “one in three women who have ever had a baby wet themselves” – that I realised just how common it was.” Incontinence is not the sole preserve of women, either. One study found that incidence “increased from almost 5 percent at ages 19 to 44 years, to 11.2 percent at ages 45 to 64 years, to 21 percent in men older than 65 years”.

It’s true that we almost never speak about this remarkably common and debilitating problem. And yet there are things that can be done to avoid or improve incontinence, says South African Physiotherapy Deputy President Lonese Jacobs. “It’s all about the pelvic floor, that band of muscles slung between the pubic bone in front and the tail bone at the back, which holds your womb (if you have one), small intestine, bladder and bowel,” she explains. “And muscles can be strengthened, muscles can be worked with, you can see an improvement at any age and stage!”

If your pelvic floor has weakened from childbirth, surgery, or any other cause including aging, there are exercises you can do to beef the muscles up. Pelvic floor exercises are a simple matter of Contract-and-release, hold, relax!

There are variations, but here’s one very basic exercise:

- Close (contract) the anus as if you were stopping a wind, continue the contraction towards the front (to your pubic bone) and try to lift inwards, as if you were pulling away from your underwear. Hold for a count of three (one-Zambezi, two-Zambezi, three-Zambezi), then relax for a count of three.
- Aim to do ten to 20 repeats three or four times a day.
- Give it six weeks to see real improvements.

“Often people have difficulty identifying their pelvic floor, especially if the muscles are weak or tight,” says Jacobs. “A physiotherapist, especially one who works with the pelvic floor, will be able to help you find it, and guide you in creating an exercise plan, and making sure you’re doing it right.”

A physiotherapist trained to treat pelvic floor problems will also be able to identify other lifestyle factors contributing to the problem. “Sometimes it’s a weak muscle and sometimes it’s a tight muscle,” says Jacobs. “Constipation, chronic cough and age are some factors that can contribute to developing this change in muscle function.”

To find an appropriate physiotherapist, go to www.saphysio.co.za.