

## “I Leak When I Leap!” – Pelvic Floor Dysfunction in Dancers

Do you leak a little with your jumps? Or maybe when you cough, laugh, or sneeze? Or perhaps you’re constantly running to the bathroom, even though you just went 10 minutes ago? If you answered yes to any of these questions, you may have a type of pelvic floor dysfunction leading to urinary incontinence. But don’t panic! In most cases, this type of incontinence is easily treatable, and can have a variety of causes.

### **What is Urinary Incontinence?**

Urinary incontinence is the **involuntary** loss of urine, meaning that you are unable to control the leakage of anything from a drop to a full bladder volume at rest, with activity, or on your way to the bathroom.

#### ***Stress Urinary Incontinence (SUI)***

- This is an involuntary loss of urine with increased intra-abdominal pressure, like when you cough, laugh, sneeze, do an abdominal crunch, land a leap, or lift something heavy while performing a *Valsalva maneuver* (holding your breath to brace your core)
- Generally, SUI can be caused by:
  - **spasmed pelvic floor muscles** – make a tight fist, as tight as you can. Now keep your fist tight – it starts to hurt after a while, right? And your clench doesn’t feel as strong as it did when you first formed your fist – that’s because tight, shortened muscles are not strong muscles
  - **weak pelvic floor muscles** – picture a limp flower; try as it might, it just can’t turn its face toward the sun
  - **functionally weak pelvic floor muscles** - picture the star quarterback who never comes to practice – he’s got the skills and the talent to perform, but doesn’t know the plays – your pelvic floor muscles need to be re-trained when to activate

#### ***Urge Urinary Incontinence (UUI)***

- This is the involuntary loss of urine due to a sudden and uncontrollable urge to void. UUI is often associated with *urinary frequency*, which causes you to run to the bathroom every 10-20 minutes without producing much urine (a trickle rather than a strong stream)
- Generally, UUI can be caused by:
  - **bladder irritants** – these are substances in food that we enjoy, like caffeine, carbonation, and acids, that irritate the bladder and cause it to prematurely think it is full, giving you that “gotta go!” sensation
  - **tissue restrictions** in the tissues that surround the bladder (lower abdomen, endopelvic fascia, other vaginal tissues, etc.). These restrictions don’t allow your bladder to move around as freely, causing it to prematurely think it’s full.

## Signs and Symptoms

Stress Urinary Incontinence	Urge Urinary Incontinence
<ul style="list-style-type: none"><li>• Leak with cough/laugh/sneeze</li><li>• Leak with lifting, running, quick movements</li><li>• Usually small volume leakage</li><li>• Can be due to weak or spasmed pelvic floor muscles – you may notice it's painful to insert a tampon, have intercourse, or pass stool</li><li>• Can be due to <i>functionally weak</i> pelvic floor muscles</li></ul>	<ul style="list-style-type: none"><li>• "I've got to go NOW!"</li><li>• Sudden urge – "key in the door"</li><li>• Usually associated with frequency, i.e. the feeling of needing to void again after just voiding (5-15 min) with normal fluid intake; feels like a large volume needs to be voided, but usually just a trickle or teaspoon in volume is voided</li><li>• Usually small volume; can be large</li></ul>

### What's My Pelvic Floor?

Your pelvic floor is a group of muscles situated inside your pelvis. If you picture your pelvis like a bowl, your pelvic floor are the muscles that would form the bottom of that bowl.

#### ***How to Locate your Pelvic Floor\****

- While voiding, try to stop the flow of urine
  - \*only do this 1-2 times to LOCATE your muscles – do not do this every time you void. Once you've found your muscles, you do not have to do this again.
- If you can't stop your urine or slow the flow, you may have pelvic floor weakness, spasm, or incoordination
- If you can stop the flow easily but still leak with activity, you may have *functional* pelvic floor weakness

### How Can I Strengthen My Pelvic Floor?

It's important that you visit your gynecologist before initiating any type of strengthening program so that you can get a referral to pelvic floor physical therapy to make sure that a.) strengthening is appropriate and b.) you are using the correct muscles – imagine getting really good at jetés only to find out after months of hard work that you've actually been practicing pliés!

#### ***A Physical Therapist...FOR THAT?!***

- Yes, there are specifically-trained, specialized physical therapists (PTs) who treat pelvic floor dysfunctions. They usually have the distinction of "WCS (women's certified specialist)" in their credentials.
- These PTs will usually perform an internal examination in order to assess the vaginal muscles closest to the opening for tone, strength, ROM, and coordination, just like a neck or knee. This enables both you and the PT to get the best possible assessment of the function of your pelvic floor in order to determine the best and most effective course of treatment.

### **Common Questions/Concerns:**

“But I only leak a little! And besides, isn’t that part of being a woman?”

- NO. Let me put it to you this way – if you have a drippy faucet in your kitchen, you get it fixed. Why would you not give the same care and consideration to your own internal plumbing? Although leaking - especially in women after they’ve had children - has become the norm, IT IS NOT NORMAL and can be corrected, largely through education and awareness.

“I drink a lot of water, so I pee a lot. Is that normal?”

- Depends. Is the fluid output about equal to the fluid intake? If you drink a bottle of water every 20 minutes, you’re going to have to void about every 20 minutes, and you’re going to void roughly the amount of fluid in that bottle of water. However, if you drink only one glass of water at 8am, and then have the feeling of having to void every 10-20 minutes for the next 2-3 hours but that urge only produces a tiny trickle, then that is not normal.

“Do I have to cut out ALL coffee and tea and soda and fruit??”

- No, but it would be a good idea to reduce the amount of bladder irritants you intake each day. Cut your caffeine intake in half initially, replacing the half you cut out with water. Do the same with your acidic foods and drinks, like fruit and soda. Trial this for at least 2-3 weeks and you may notice a decrease in your symptoms right away.

“Sex always hurts the first time – you get used to it after a while, right?”

- No, sex should not be painful, even the first time. If you are in a safe situation with a partner you trust, there may be a *little* discomfort your first time, especially around the opening of the vagina as those tissues get stretched and pulled. You can reduce this initial discomfort with foreplay and lubricant (a little goes a long way). However, if sex continues to become more painful as time goes on or is painful enough that you can’t enjoy it, or you have pain deep inside, you should see your gynecologist.

“How much water should I drink a day?”

- There is no good evidence to support that you should definitely drink 8x8oz glasses of water per day (64oz in total). In most cases, 32-48oz (4-6 glasses) of water per day is sufficient. However, if you are very active, sweat a lot, or notice the color of your urine to be a dark yellow, you should likely increase your water intake, but do so slowly over 2-3 weeks (increase by 1 glass every couple of days) to give your body time to adjust. If you overload your system, you’re going to have to urinate a lot more!

**Disclaimer:** *The information presented here is to help guide and inform the dancer and training staff, it is not meant to take the place of the advice of a medical professional. This information is provided by Dance/USA Task Force on Dancer Health.*

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