Urinary incontinence is a silent epidemic among women. The Bathroom Key is the solution—pure and simple. I highly recommend this book and the program within!

—CHRISTIANE NORTHRUP, MD, OB/GYN, physician, and author of The New York Times bestsellers: Women’s Bodies, Women’s Wisdom and The Wisdom of Menopause

THE BATHROOM KEY
PUT AN END TO INCONTINENCE

Kathryn Kassai, Physical Therapist and Kim Perelli

FOREWORD BY JILL G. BYERS, MD
Praise for The Bathroom Key

“Arnold Henry Kegel, MD, FACS, was my father and he made a substantial contribution in the field of medicine during his lifetime. Kegel exercises bear his name. His original work immeasurably improved the lives of women suffering from incontinence. The advanced techniques presented in this book work even better today—to eliminate incontinence once and for all…”
—Robert Arnold Kegel, Esq.

“This is a book for every mother, daughter and girlfriend. Kim and Kathryn describe not only their journey, but the journey of many real women. The information is understandable, and more importantly, applicable to every woman at every stage of her life.”
—Sarah Haag, PT, DPT, MS, WCS, Chicago, IL

“Authors Kassai and Perelli instill confidence that control over the bladder is achievable and resides within each of us. Hooray to both authors for putting into context the essential role played by physical therapy. They have assembled a no-nonsense, unbeatable set of guidelines and instructions for achieving not only continence but reclaiming one’s entire pelvic health.”
—Nancy Muller, PhD, Executive Director, National Association for Continence

“It is an amazing truth that most incontinent woman can become dry without surgery and without medicines. Pelvic floor muscle therapy and biofeedback, as described in this book, has become a powerfully effective standard tool in the fight against bladder dysfunction. As a Urologist, I love it when my incontinent patients become dry; when they can sleep through the night without getting up to urinate; when they don’t have to know where every bathroom in the mall is before they can go shopping. This fabulous book reveals the physical therapy methods that can give people—with all sorts of bladder problems—their lives back. Read this book and it might just change your life.”
—Fredrick N. Wolk, MD, Diplomat of the American Board of Urology
“The Bathroom Key is a wonderful resource for any woman with symptoms of urinary incontinence, pelvic prolapse, or issues of pelvic pain and discomfort with sexual activity. Kathryn and Kim do a great job describing why women may have these symptoms and discussing the various treatment options. I love the way they use real patients as examples throughout the book and explain everything in plain language without confusing the reader with medical terms that can be hard to understand.”

—David A. Ginsberg, MD, Associate Professor of Clinical Urology, USC Institute of Urology, Keck School of Medicine

“The Bathroom Key is a must-read for anyone over 20. It takes an embarrassing problem and turns it into a controllable situation.”

—Pamela J. Rizzo, Publisher, The Women’s Journal

“I have been in Gynecological practice for 24 years and I have never seen a “compendium” on urinary incontinence for patients and physicians alike. What a service for millions of our patients who can use this information and seek treatment without embarrassment and shame. Thanks to Kathryn and Kim, incontinence is no longer a ‘closet’ medical issue. I plan to recommend this book to my patients.”

—Cecelia M. Hann, MD, Gynecologist, Santa Clarita, CA

“This book is a fantastic resource with great information and real techniques for patients and professionals alike.”

—Isa Herrera, MSPT, CSCS, Author of Ending Female Pain: A Woman’s Manual and Owner of Renew Physical Therapy Healing Center, New York City

“The Bathroom Key is an essential book that all sufferers of urinary and/or fecal incontinence should own. It offers easy-to-follow exercises to reduce or eliminate pelvic floor weakness and pelvic floor dysfunction. Musculoskeletal causes of pelvic floor dysfunction are commonly misdiagnosed, and this book will give you clarification and lead you toward a proper diagnosis and treatment. I highly recommend this book and believe that it should be on the bookshelves of all OB/GYN and urological physicians!”

—Amy Stein, MPT, BCB-PMD, Board Member of the International Pelvic Pain Society, Author of Heal Pelvic Pain, Owner of Beyond Basics Physical Therapy, New York City
“Specific and readable—this timely pelvic health book is prime for the masses! Kathryn and Kim capture, with passion, the essence of why we do what we do as women’s health physical therapists.”
—Jennifer Klestinski, PT, MPT, OCS, WCS, CSCS, BCB-PMD, Owner of CoreActive Therapy, LLC, Madison, WI

“The Bathroom Key is a complete review of female pelvic health. Topics span incontinence, pelvic pain, and the mind-body connections. You’ll get samples of exercise programs, practical behavioral tips, and techniques to eliminate symptoms. A great read to start you on your recovery journey.”
—Kathe Wallace, PT, BCB-PMD, International speaker, Consultant, Trainer, and Instructor in all aspects of physical therapy pelvic floor rehabilitation; Private Practice, Seattle, WA; Co-Founder of Herman and Wallace Pelvic Rehabilitation Institute

“This is a must-read book if you are a woman experiencing incontinence, frequent urinary tract infections, chronic pelvic pain, or pelvic organ prolapse. In clear, user-friendly language, with humor and inspiration, the authors give you the information and resources you need to vastly improve the quality of your life—a transformation I have seen occur in my patients treated by Kathryn. I urge you to read The Bathroom Key.”
—Joel Holtz, MD, Family Physician, Rancho Palos Verdes, CA

“At last, a book that explains the shifting paradigm in the understanding of overactive bladder and incontinence and—just as Kathryn and Kim do with their patients—gives the power of urinary control back to the patient. A well-structured and thoughtful work, The Bathroom Key unlocks the secrets to putting YOU in charge of your bladder, instead of vice versa. If you suffer from overactive bladder, urgency, prolapse, or any form of incontinence, this is a must-read.”
—Timothy Lesser, MD, Urologist, Torrance, CA
“I rarely find a physical therapy book that holds my attention from the very first page and that motivates me to read cover to cover in a week. This book did it for me! It is like reading an exciting novel that you can’t wait to turn the page to find out what is going to happen next. It also takes you through an emotional journey by providing insights on what truly happens to our patients, in their attempts to create a semblance of normalcy despite their dysfunctions.

Tackling a subject that is considered ‘taboo’ across cultures, the collaborative writing of this book between a PT and a patient produced a product that is easy to read and that caters to patients, physicians, physical therapists, physical therapist assistants, and students. The authors transcended the concept of patient education to a new level in structuring the contents of the book and in their writing style. I wish that more therapists will take a cue from the authors and collaborate with their patients in writing textbooks to make them relatable and to ‘humanize’ the contents of their texts.

This book is truly a ‘gift,’ both to our profession and to our patients!”

—Nelson Marquez, PT, EdD, Physical Therapy Editor, Today in PT Magazine, Director, Physical Therapist Assistant Program, Polk State College
THE BATHROOM KEY

Put an End to Incontinence
THE BATHROOM KEY

Put an End to Incontinence

Kathryn Kassai, Physical Therapist
and
Kim Perelli

Foreword by Jill G. Byers, MD

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Published Demos Health
We dedicate THE BATHROOM KEY to you, our readers. We understand how much courage it takes to venture out and seek resolution of your bladder woes.
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As a physician, a surgeon, and one of the relatively few women in the field of Urology, I have found that the best thing about getting older is enjoying a broader perspective. The evolution of urinary incontinence treatment since my medical education began 25 years ago has been simply fascinating. I have become quite experienced in the management not only of urinary incontinence, but also pelvic prolapse, and pelvic pain.

Despite my extensive medical and surgical training in incontinence and other pelvic floor disorders, until I began developing my own experience in private practice, I had limited understanding of the role of physical therapy in treating those conditions. In contrast, I had learned dozens of different surgical procedures over this time, many of which have gone by the wayside, having been replaced by newer, improved versions. During this same period, implementation of physical therapy has continued to gain popularity, as study after study verifies its effectiveness.

The book you are holding in your hands represents the finest, most comprehensive work I have seen in the past 20 years. This book is not only welcome but overdue and, in my opinion, seminal (medical lingo for “earth shattering”).

Whether you are suffering from urinary leakage (incontinence), frequent urination, vaginal prolapse, pelvic pain, or a combination of these, the tools described in exquisite detail, within this book, are tremendously valuable. After knowing Kathryn for 14 years, I remain stunned at the generosity of this veritable treasure trove on the pelvic floor. I also believe this book will prove to be extremely effective not only to the lay public, but also to practicing physicians, nurses, and physical therapists. Its comprehensiveness and readability will surely make it a classic.
To me, the best thing about being an experienced physician is witnessing firsthand how improved therapies come along and change patients’ lives. I remain excited about my chosen field of Urology, because we have always been the under-recognized champions of less invasive, multifactorial treatment approaches. At the start of my medical practice, the term “biofeedback” was met with “bioWHAT?” and sounded like it was just “out there”. But the principles of Dr. Arnold Kegel were built upon quietly and consistently, boosted by improved technology, and eventually created a very effective treatment option. As more and more “peer-reviewed” articles supported its effectiveness, insurance coverage hesitatingly followed, and biofeedback has now become well accepted.

Unfortunately, what we as physicians still do not have a good grasp of is the role of exercise, muscle training, therapeutic massage, and manipulation of the pelvic floor. Kathryn and Kim are quite correct that in medical school, even in a program with a heavy emphasis on Women’s Health, physicians have typically received little to no education regarding the use of physical therapy to treat pelvic floor conditions.

However, like all physicians, we urologists are always striving to get MORE results for LESS—fewer side effects, less pain, and (especially in today’s economy) less expense. Physical therapy makes so much sense on each of these fronts. Although we are not the first or only physicians to utilize physical therapy—and our awakening to its benefits is occurring gradually—I am confident this book will assist us in healing our patients, and I am immensely grateful to Kathryn and Kim for writing it.

Kathryn and Kim are truly on a quest to help the millions of women suffering from these conditions. For example, they have included special sections on Pelvic Pain and Depression (which often accompanies both incontinence and pelvic pain). They even point out the fascinating link between serotonin, depression, and incontinence. To say that I am impressed with the thoroughness of their research would be an understatement.

Although this is a book geared toward women, I have many male patients who have also benefited from the physical therapy approach described in this book. I remember, years ago, remarking that I had “discovered” that men also have bladders. For decades we urologists had directed treatment of male urinary symptoms solely at the prostate, overlooking the possibility that an overactive bladder could also be a culprit. More recently, I have realized that men also have pelvic floor muscles. In parallel fashion, I have begun
to incorporate pelvic floor physical therapy into the treatment of male pelvic pain with remarkable results.

In contrast to the widely held stereotype of surgeons, I am very happy that Kim was cured without surgery, and I am pleased to have played my part in the creation of this book by referring Kim to Kathryn. Enjoy!

Jill G. Byers, MD  
Board-Certified Urologist  
Director, Southern California Continence Center  
Newport Beach, California
Acknowledgments

Many times a day I realize how much my own life is built on the labours of my fellowmen, and how earnestly I must exert myself in order to give in return as much as I have received.

—Albert Einstein

We would be negligent not to start our thanks with the obvious: the women and men who bravely walk into Kathryn’s clinic in the hope of finding help. They, collectively and individually, encouraged the creation of this book. We are indebted to the hundreds of referring physicians, who reassure their patients that physical therapy for incontinence does work. In particular, we must recognize Jill Byers, MD, who took that essential step of referring Kim to Kathryn, and then wrote such a compelling foreword to our book.

Next, we applaud the incomparable Jim Woods, Esq., who was with us every step (or make that every letter) of the way. His encouragement and command of the English language were immeasurable. We are forever grateful.

Thank you, Janet Rosen, our agent, for believing in our quest and for standing behind this project from the beginning. We thank Caroline Woods, whose recommendation and introduction to Janet was pivotal. We wish to express our deepest gratitude to the tenacious Noreen Henson and the team at Demos Health Publishing, including Tom Hastings, for taking a chance on us and The Bathroom Key.

We feel honored to have had the opportunity to sit with Robert Kegel, Esq., and share stories about his father, Dr. Arnold Kegel. Both Kegel men are extraordinary! The generosity and grace of Donna Broderick were remarkable and most appreciated, and to the late John Broderick, Esq., may God bless you.
A pioneer’s pioneer, Sean Gallagher, PT, paved the way for the world to learn from the wisdom of Joseph Pilates, and his kindness to us was unwavering. We cannot forget Valyn Carenza-Pack for her Pilates expertise and the entire staff of Praxis Physical Therapy for their enthusiasm for our project. The credit for our title goes to Elizabeth Sala, who thought of it while swimming laps with Kathryn!

Last, but certainly not least, we recognize our friends and family for their amazing support, in times of exuberance and sometimes doubt. We thank our parents for their love and for believing we could write this book. Our combined children—Denis, Gina, Jeannette (with her photographic talent), Mike (with his creative illustrations), London, and Macklin—inspire us daily in ways big and small. Finally, we thank our incredible husbands, Denes and Mark, who have wholeheartedly backed us and this project, through long nights, early mornings, and all of the places in between. We thank you all.
Introduction

WHY WE WROTE THIS BOOK

If you are tired of dealing with the untimely, embarrassing, and life-limiting challenges associated with urinary incontinence, you are holding the right book. *The Bathroom Key* will give you the knowledge, inspiration, and opportunity to rediscover an incontinence-free life. The following pages contain an effective treatment plan to successfully end your battle with incontinence, and to put you on the path toward real change.

We speak from experience, both personally and professionally. As a formerly incontinent patient, Kim has been where you are today. With Kathryn as her treating physical therapist, Kim was cured of her urinary incontinence in twelve weeks! Kim’s treatment was completely natural and comprised the same physical therapy methods you will read about in this book—with no surgery, medications, or needles.

Some of you may have previously shared your incontinence issue with a friend or your physician. For others, this book is your first step toward exploring a solution. You are not alone; quite the opposite is true. You are among the estimated 200 million people suffering with incontinence worldwide. Most suffer silently. Sadly, the indignity felt by women living with urinary incontinence perpetuates the silence. The average incontinent woman waits eight years before seeking treatment. It is ironic that in a world where the reality show “Celebrity Rehab” can be followed on Twitter, and television talk shows provoke their audiences with topics like incest and erectile dysfunction, urinary incontinence is still considered taboo!
When the notion of writing this book was in its earliest stages, Kim asked friends if they had any issues with incontinence. She was amazed to learn that most of them did; however, why didn’t any of them talk about it? Instead, Kim found they just accepted it as a side effect of childbirth, or something that happens with age. Kim knew from Kathryn that urinary incontinence is not a normal part of aging.

Kim’s final epiphany came the day she watched an educational video during a physical therapy session: While the women on the video shared their triumphs in overcoming incontinence through physical therapy, they also hid their faces from the camera to protect their identities. Kim sat stunned as she recognized (and later confirmed) the voice of one of her best girlfriends on the video. Kim never knew that she and her friend shared the same struggle. This further reinforced the need for a vehicle to get people talking. The shame surrounding urinary incontinence can be so suffocating that it forces women to face the problem alone versus confiding in their friends for support.

One statement at the end of the video—that urinary incontinence is the leading cause of nursing home placement in women—drove Kim to speak with Kathryn about writing a book. Kim knew from her own experience in physical therapy that incontinence can be corrected. Urinary incontinence is not an indication that one needs to be placed in an assisted-living facility: Women need to be told there is another way.

As a leading physical therapist and advocate for women’s health, Kathryn had already cured 4,000 incontinent women in southern California in fifteen years. Now we had to scale up! With missionary zeal, we resolved to write a book that would reach, and influence, a far greater audience. We researched the books already available on the subject and were astonished to find a gap in the marketplace. The shelves of the Women’s Health section of the bookstores were devoid of anything user-friendly on incontinence. Instead, we found the shelves weighted with thick medical textbooks for nursing students and guides for caregivers. Most explained how to manage incontinent patients and seem geared toward a geriatric generation. What about the postpartum moms, or the newly menopausal? Where was the book for the everyday woman who needed answers?

Professionals at the National Institutes of Health (NIH) perfectly echoed our frustration by concluding that “coverage in popular media, advocacy from consumer groups, and reliable Internet and
print material educational resources” is critically necessary to fill the knowledge gaps (Landefeld et al., 2008, p. 456). They went on to plead for more resources to bring “urinary incontinence into focus, establish it as no longer a taboo topic, and promote understanding of the isolation and impairment of daily life experienced by those affected, and encourage care seeking” (Landefeld et al., 2008, p. 456). Something needed to be done.

We thus set forth to create that book, the missing link, or “key,” if you will. In this book, we share stories from other incontinent women and give you straightforward information to help you better understand your particular situation. We have included chapters on organ prolapse and pelvic pain, both of which can accompany urinary incontinence. Most important, we give you a plan—a comprehensive home program that will lead you to a leak-free life.

Contrary to the claims in some television ads, there is no magic pill to rid you of your incontinence. The adult diaper and personal care brands have substantially increased their marketing efforts to reach a vastly growing market. An article in the May 13, 2011, edition of The Wall Street Journal reported that “[Japan] will sell more adult diapers than kids diapers by 2013” (Zuckerman & Elder, 2011, p. C3). However, we refuse to let you settle by using incontinence pads as “Band-Aids”, wearing them every day for the rest of your life; instead, we have a fix. You must work to get there, and we do not promise overnight success. The natural plan in this book is accepted mainstream medicine, and it will change your life. We are living proof. Welcome to The Bathroom Key.
“All truths are easy to understand once they are discovered; the point is to discover them.”
—Galileo Galilei

1 The Hidden Epidemic of Urinary Incontinence

“NO LONGER A DANCING QUEEN”: MEET ERICA

As I turned the corner into the hotel bar, I recognized Julie immediately. We had been best friends in high school, but we hadn’t seen each other in years. Tonight, we were rendezvousing with some of our old buddies for cocktails before heading over to the main ballroom for our ten-year high school reunion. I had been looking forward to this night for months. Julie and I had decided to come together, and our respective spouses were happy to be spared a night of small talk, not having attended our alma mater. Giggle together, we were as excited as two kids in a candy store.

The happy hour was lively, to say the least, as more old friends showed up to tell stories and reminisce. It was during one of these hilarious stories that I realized I was laughing so hard I was crying. The down side was that my laughter had caused a bit of leakage into my underwear. Luckily, being aware of my problem, I had worn a protective pad and had a spare tucked in my tiny clutch.

Soon, it was time to head to the ballroom. The band was already playing when our gang entered the large room, and before I knew it I was out on the dance floor grooving with my old friends. That’s when it hit again, another leak, but this one was bigger than the last. Hoping everything was okay, I danced a little more, but with every move another trickle dripped out. I fled the dance floor and rushed to the bathroom. My pad was soaked. I quickly changed it and hurried back to the ballroom. Dinner was being served, so I found my table.

While I enjoyed the dinner conversation, I tried not to laugh too hard for fear I’d have another accident. After dinner my friends made their way back to the dance floor again. But I just sat and watched at the vacant table. Finally, an old boyfriend persuaded me to dance, but just like before, urine
would dribble onto my pad with every step I took. Nervously, I waited for the song to end and excused myself, saying that I needed a drink of water at my table. I was not enjoying myself.

When I sat down, I realized I had an even bigger problem. I could feel that my pad was so completely saturated that urine was oozing out of it. Unfortunately, I was out of fresh pads. Ashamed, I spent the rest of the reunion on my feet, but off the dance floor. I had prepped for this night for months, with a new haircut and a new dress. I had lost five pounds, yet there I stood, feeling old and disappointed. To think, I was once crowned homecoming queen. I saw it like a headline: “Former Homecoming Queen Needs Diaper to Dance at Reunion.” I grimaced at my sad but true situation. I imagined what others would think if they knew of my secret condition.

Have you ever accidentally wet your pants? Like Erica, most women have. What may surprise you is how many vibrant, well-known women do it all the time. The TV anchorwoman wears adult diapers during her newscast. The New York Marathon runner has urine running down her leg and Olympic Gold Medalist Mary Lou Retton admits she leaks. Even Oscar-winning actress and mega star, Whoopi Goldberg, has publically broadcast her incontinence through an ad campaign, as well as on her popular TV show, “The View.” Following suit, reality TV star, Kris Kardashian Jenner, admits that she, too, suffers with incontinence.

Urinary incontinence (the unwanted leakage of urine) has hit epidemic proportions, though for most women, it remains a hidden problem. Thirty-four million Americans live with urinary incontinence. Even more staggering is that an estimated 200 million suffer from incontinence worldwide. Over fifty percent of all women will experience incontinence at some point in their lives. To put these numbers in perspective, consider the fact that skin cancer and breast cancer are the most common forms of cancer that afflict women, yet incontinence is twenty times more prevalent than breast cancer and skin cancer combined! We will teach you how to beat these odds.

The average incontinent woman waits a shocking eight years to report her condition to anyone, including her own physician. The worst part is that, left untreated, incontinence can worsen until the woman is forced to spend her final years in a nursing home. The number one reason for nursing home placement among women is not senility, not lack of mobility, but incontinence. If a woman is living with one of her children, and the house starts to smell because
of her incontinence, that is often the last straw leading to nursing home placement. Most of us would rather avoid this separation from our loved ones and this totally preventable scenario. This is an unacceptable final outcome for a curable medical condition.

On the island of Borneo, in Malaysia, every female teenager is taught pelvic floor exercises in preparation for marriage. The incidence of urinary incontinence in Bornean females is 1:100 versus the Western world’s ratio of 1:3. In some African villages, a new mother can resume having sex only after she is able to give a tight vaginal squeeze around the finger of the tribal midwife. So, what do the women of Borneo and Africa know that we in the Western world do not? First, they understand the major role the pelvic floor plays in childbirth, supporting the internal organs, the sexual response, and continence. They also know that urinary incontinence is not a normal aftereffect of childbirth, menopause, or general aging.

While American teenage girls are learning how to shave their legs and download their phone photos to Facebook, the women of Africa and Borneo are learning a life lesson that will better serve their health for years to come. Our job in this book is to take the knowledge of these ancient cultures and modernize them for you through advanced physical therapy techniques.

It all starts with the pelvic floor. The pelvic floor muscles are located at the bottom (or floor) of your pelvis. They attach like a hammock from the underside of your pubic bone to your tailbone. If you are sitting as you read this book, you are sitting on your pelvic floor muscles right now. They are just under the skin, between your “sit bones.” In Chapter 2 we provide illustrations of the pelvic floor muscles.

The pelvic floor muscles have two major roles in preventing incontinence. First, they function as the main sphincters that allow you to hold back urine (like tightening a faucet), yet they also allow you to urinate when you desire (like opening a faucet). Second, these important skeletal muscles support all of the abdominal organs, including the bladder. Skin alone is not strong enough to do it.

There are three openings that pass through the pelvic floor muscles in women: the urethra (for urination), the vagina (for sexual intercourse and the delivery of babies), and the rectum (for gas and bowel movements). Something strong, thick, and supportive is needed for all these important bodily functions, and the pelvic floor is designed for all these purposes.

Dr. Arnold Kegel gets credit for researching these core muscles back in the 1940s, as well as for bringing them into the limelight.
Dr. Kegel, a gynecologist practicing in southern California, found that it was incredibly difficult to teach his female incontinent patients to locate and strengthen their hidden pelvic floor muscles correctly and effectively, when they couldn’t see or feel them and no joints moved when they contracted them. To overcome this, he invented and patented a pressure-sensing biofeedback unit. Voila! With his biofeedback unit, he had great success in curing urinary incontinence, and this was the basis of his published research. Without biofeedback, he failed to cure incontinence, because his verbal instructions were simply not enough.

Unfortunately, Kegel exercises, as they are called, have gotten a bad name over the years, because the term has been applied to Dr. Kegel’s failure group! Lots of women try Kegel exercises and claim, “They don’t work.” This most likely is because they are not doing the exercises correctly. In Chapter 2 we discuss in more detail the pelvic floor, Dr. Kegel, and surface electromyographic (SEMG) biofeedback, including special techniques to make sure you locate and exercise your pelvic floor muscles correctly and effectively to prevent incontinence.

From an early age, Western women grow accustomed to wearing sanitary pads or using tampons once a month during menstruation. It is easy to reach for an absorbent pad and put a “Band-Aid” on the problem. Men can also fall victim to urinary incontinence; however, most men who become incontinent report it to their doctors right away. Men do not wear pads and do not wish to start. Men get help.

If so many women have urinary incontinence, where are they? Why don’t you see them or know about them? The answer is that you do. They are your best friends, your coworkers, and potentially your sister and your mother. They are in hiding. Perhaps you haven’t noticed their incontinence because their masking strategies are so well honed. It is amazing how creative we can get when covering up our incontinence. You will read examples of this throughout the book as you meet a variety of women, both young and old, currently living with incontinence. As you will learn, ignoring and concealing incontinence are not solutions; instead, those tactics just perpetuate the problem and allow it to worsen.

If there is a cure out there, why don’t you know about it? In an era when every other once-closeted subject is discussed openly in the media, including yeast infections and erectile dysfunction, incontinence has remained in the dark as a private issue. Likewise, treatment for incontinence is not discussed openly. Although in recent years the Kegel exercises have become somewhat better known, this book is
about much more than just Kegels. We will tell you how technological advancements (including computerized SEMG biofeedback, bladder retraining, and Pilates exercises) have produced new, noninvasive treatments for the various types of incontinence.

Worse than not talking about incontinence is the epidemic of accepting it. Too many incontinent people tolerate the condition as normal. It’s not. It is not normal under any circumstance. Not normal during pregnancy. Not normal after childbirth. Not normal after menopause. Not a normal part of aging. Incontinence is never normal, because it is curable.

If you suffer with incontinence you will value this book, because it promises a radical change in the quality of your life after incontinence. However, before you can cure it, you need to understand it. What exactly is urinary incontinence, and how do you know you have it?

**TYPES OF URINARY INCONTINENCE DEFINED**

Using correct terminology will help you identify which type of incontinence you are dealing with and how to go about resolving it.

So, what is incontinence? Urinary incontinence is any unwanted leakage of urine. It can happen to active, healthy people of any age or gender. Incontinence is not limited to homebound or nursing home patients. Conversely, being continent is not having any unwanted urinary leakage, and this is the normal state for a person.

There are four common types of urinary incontinence: stress, urge, mixed, and nocturnal enuresis:

1. **Stress urinary incontinence:** This is the most common type of incontinence, and it is induced by physical (not mental) stress. It occurs with activity, such as coughing, sneezing, jumping, exercising, playing sports, standing up from a chair, walking, squatting, turning in bed, stair climbing, or lifting. These activities put increased pressure on the bladder, overpowering the sphincter muscles and causing leakage. We discuss stress urinary incontinence further in Chapters 2 and 3.

2. **Urge urinary incontinence:** This is leakage triggered by a strong, uncontrollable urge to immediately urinate. It typically occurs on the way to the bathroom. Triggers such as arriving home, running water, cold weather, mental stress, and worry can make urge incontinence worse. There are a few conditions related to
urge incontinence, such as frequency (multiple bathroom trips), urgency (overpowering urge), and nocturia (nighttime bathroom trips), which we discuss in more detail in Chapters 4 and 5.

3. **Mixed urinary incontinence**: In this condition, the symptoms of stress and urge urinary incontinence occur together. This is very common, and usually either stress or urge incontinence is the dominant problem.

4. **Nocturnal enuresis**: This is the medical term for bedwetting while asleep. This diagnosis applies regardless of whether protective padding is worn. It is typical for urine to seep out the leg of the diaper or pad if one is in a side-lying sleeping position, resulting in wet bed linens.

It is understandable that some women feel angry and defeated as these devastating issues negatively affect their lives. Fortunately for you, a physical therapy home treatment plan can cure all of these types of incontinence!

### PROTECTIVE PADDING

Although the goal of this book is to eliminate the need to wear pads, until then, you might as well wear the right kind. Many women erroneously grab for menstrual pads, out of habit, but there are protective pads designed specifically for incontinence that hold a lot more, and they do not look like diapers. These stick-on pads for bladder control range in size from thin liners to heavy, overnight pads. The viscosity of urine is lower (thinner) than blood, so the absorbent material is engineered to hold much more urine. The top brands include Poise®, Tena Serenity®, Tranquility®, and Elyte®. Don’t let the slightly higher price (compared to menstrual pads) deter you, because you will be changing less often, and you will feel more protected.

### UNCOVERING COMMON MISCONCEPTIONS

Because urinary incontinence is rarely discussed openly, there are many myths and misconceptions floating around in the general public. Take the following short quiz and see what you think is true or false about this common problem.
Quiz Yourself: True or False?

Are the following statements true or false?

1. Urinary incontinence is a normal part of the aging process.
   ☐ TRUE ☐ FALSE

2. The average bladder holds 12 ounces of urine.
   ☐ TRUE ☐ FALSE

3. It is considered normal to use the bathroom approximately every two hours.
   ☐ TRUE ☐ FALSE

4. If you are incontinent and planning to have more children, you can’t do anything to help your incontinence until after you are finished having children.
   ☐ TRUE ☐ FALSE

5. Drinking less will help prevent urinary incontinence.
   ☐ TRUE ☐ FALSE

6. Women who have C-sections with every birth will not develop urinary incontinence.
   ☐ TRUE ☐ FALSE

7. In older adults, it is normal to get up twice during the night to use the bathroom.
   ☐ TRUE ☐ FALSE

8. Some types of beverages can cause urinary incontinence.
   ☐ TRUE ☐ FALSE

9. Going to the bathroom more often is a good way to prevent urinary accidents.
   ☐ TRUE ☐ FALSE

10. Professional athletes don’t have urinary incontinence.
    ☐ TRUE ☐ FALSE
The answer to Question 8 is “true.” All of the other answers are “false.” Here are the explanations to all ten questions:

1. Urinary incontinence is very common, but *never* normal at any age.
2. The average bladder holds 16 ounces of urine.
3. It is considered normal to urinate every three to four hours, even with good hydration. Urinating every two hours is a sign of urinary frequency.
4. You can treat your incontinence with physical therapy any time, even during pregnancy or between pregnancies.
5. Drinking less creates dark, concentrated, acidic urine that is more irritating to your bladder. Lower fluid intake could increase the risk of urge incontinence.
6. Incontinence can occur in anyone, including men, teenagers, and women who have never given birth.
7. It is normal to sleep through the night without getting up to use the bathroom. Older adults may get up once at night and still have normal bladder habits.
8. Alcoholic drinks, coffee, caffeinated tea, cola, orange juice, and grapefruit juice can irritate the bladder and make incontinence worse.
9. By the time you leave the bathroom, your kidneys have already made several more ounces of urine, so the bladder is never really empty, and leakage is always possible. Voiding too often can create a frequency problem, as the bladder “forgets” how to stretch to hold a full 16 ounces of urine.
10. It is common for runners, tennis players, golfers, and other athletes to leak urine while competing, due to a lack of strength, endurance, and coordination in their pelvic floor muscles.

Don’t worry if you gave some wrong answers. Although everyone urinates, the general public gets little information about it. American sex education classes do not cover bladder health. After potty training is complete, our mothers do not sit down and teach us about adult incontinence. Chances are, unfortunately, they do not know the details themselves. Accurate information on normal bladder habits and how to retrain the bladder has not crossed over from the medical community to the public. The newly available and highly successful treatment of urinary incontinence, using physical therapy and computerized biofeedback, is still too new to be common knowledge.
Turn to the Kassai Self-Assessment for Urinary Control in Appendix I (page 243) and make three photocopies of the form. Fill one out now, to document the severity of your current incontinence, before you get underway with the treatment plans offered throughout this book. Complete the additional copies periodically, as well as when you finish the book. In Chapter 10 we provide scoring instructions that will allow you to compare future scores with this initial one. Objectively documenting your improvement will be exciting and motivating. If a physician and physical therapist are treating you, share your information with them, too.

This book will educate you about your own body, so you can take charge and overcome the common, embarrassing, underreported, and life-altering condition of incontinence. Don’t let your bladder hold you captive. Instead, let this book set you (pad) free!

**DISCOVERING normal bladder function**

We humans are meant to have control over our bladders. We should empty our bladders five to seven times in a twenty-four-hour period, including zero times at night, or once for a senior citizen. Urination is one of the most common bodily functions, yet most people haven’t a clue about how the process of urination takes place.

This is how it should work: The bladder is a muscle. It is called the **detrusor muscle**. When this muscle is stretched because it is filling up with urine, it contracts and creates the urge sensation. So that urge feeling is really the bladder softly contracting.

Contrary to popular belief, urges are not commands to go to the bathroom. This is just the bladder’s way of drawing attention to itself, as if to say, “When it is convenient for you—and I know you are busy right now—please consider emptying me in awhile.” After this mild first urge signal, it should quickly and automatically fade away without using the bathroom, allowing you to continue with whatever you were doing.

Two or three subsequent urge signals arrive and disappear, each one getting a bit stronger and with the interval between signals shrinking. Still, the actual timing of the decision to go or to wait should be up to you. You, not your bladder, should be in charge and able to delay and decide the timing of your bathroom visits. A teacher waits for class to end. A golfer waits until she arrives at the clubhouse at the end of the round. Even dogs at home wait until
they are let outside. Then they go. This is the control you should have.

Normally, the final step is that you make the decision to urinate. At a time that is convenient for you, not at the demand of your bladder, you walk to the bathroom, often without even having an urge at that particular moment. Remembering all the earlier signals you were able to successfully ignore, you now consciously choose to use a coffee break at work or a commercial break in a program you are watching. Thus, you have chosen the time to empty your bladder on the basis of your own schedule.

Once in the bathroom, you sit on the toilet and both mentally and physically “let go.” This “letting go” is what initiates the reflex to empty the bladder. What you are actually doing is letting go of the tone in your pelvic floor (Kegel) muscles. The same muscles that keep us dry are the ones that initiate the process of urination.

The brain senses the deep relaxation of your pelvic floor muscles and interprets this message as, “I want to urinate now.” Actual urination may take a few seconds to begin. This is normal. The brain is busy absorbing all the sensory information available and making certain all systems are a “go.” Remember, there is no rush.

Fully convinced you are ready to urinate, your brain then sends a signal down to your bladder, telling it to contract and empty. The urine flows out of your bladder, into the tube called the urethra and out of your body, tinkling into the toilet water. A successful void!

Thus, urinating is a complex reflex involving three structures—your pelvic floor muscles, your bladder, and your brain—all working in concert to achieve perfect control:

- Your pelvic floor muscles “let go.”
- Your brain perceives this “letting go” and understands that you are in the bathroom, on the toilet, and ready.
- Your brain sends a signal to your bladder that tells it to contract.
- Your bladder squeezes to empty the urine into the toilet.

Why does this process go wrong with so many women? The bladder is a very trainable organ, and it is easy for it to develop some bad habits. For these women, the bladder controls them, instead of the other way around. What do we do about it?
PHYSICAL THERAPY IS PROVEN TO END INCONTINENCE

If you are reading this book, you or someone close to you is struggling with urinary incontinence. We the authors—a former patient with urinary incontinence and the physical therapist who cured her—will give you the knowledge and the means to end your incontinence. It can be done; we are living proof.

Our intent is to free you from your incontinence and help you get important elements of your life back. We applaud you for taking this first step, for coming forward to take action against this dreaded and embarrassing condition. This book was written for you.

The good news is that there is an excellent cure for urinary incontinence. Top-notch medical journals report that physical therapy is the best treatment choice because it effectively cures the common types of incontinence. An article in the New England Journal of Medicine stated that physical therapy is the most desirable form of treatment for urinary incontinence (Rogers, 2008). There are no side effects to physical therapy, because it is natural and noninvasive, so a patient should try it before surgery or medications.

Professionals at the National Institutes of Health’s (NIH’s) 2008 state-of-the-science conference concluded that physical therapists who specialize in treating urinary incontinence (with pelvic floor muscle training and biofeedback) have successfully cured incontinence after childbirth, in older women, and in men (Landefeld et al., 2008).

That these endorsements of the physical therapy approach to incontinence come from a prestigious publication and a top-ranked national scientific group is impressive indeed.

The U.S. government has also recognized the severity of this medical issue and has made its own recommendations about treatment. The Department of Health and Human Services, Office on Women’s Health, tells incontinent women to find a pelvic floor physical therapist to get treatment for their problem.

These authoritative sources are convinced that physical therapy is highly successful against the common types of incontinence. Physical therapy is mainstream medicine, and its effectiveness has been proven and recognized by the medical community. Furthermore, Medicare and most health insurance plans cover the physical therapy treatment of urinary incontinence.
A recent article in *The Los Angeles Times* reported on the widespread, hidden epidemic of urinary incontinence and how the non-invasive physical therapy approach “makes a dramatic difference in people’s lives” (Schuyler, 2008).

An earlier article in *The New York Times* asserted that behavioral changes and pelvic floor exercises should be the first-line treatment for urinary incontinence; it also noted that “Doctors say the biggest battle in treating incontinence may be getting the word out so that women will seek help” (Heaner, 2005). This is the mission of *The Bathroom Key*.

You might ask, if physical therapy is so effective at curing incontinence, why didn’t I already know about it and take advantage of it? Is physical therapy for incontinence still relatively new? The answer is yes. The advent of the personal computer in the 1990s brought physical therapy into focus as a viable treatment for incontinence.

Using surface electromyography (SEMG) technology connected to laptop computers, a physical therapist can show you, on a computer screen, your otherwise hidden muscles: how to find them and whether they are weak, lack endurance, or lack coordination. As mentioned earlier, these hidden muscles are located between your “sit bones,” in the floor of your pelvis, and they are responsible for keeping you continent. Augmented by the SEMG biofeedback machine, with stick-on electrodes, you can actually see these muscles working on the computer screen. This SEMG biofeedback technique is totally painless and noninvasive. There are no needles and no electric shock whatsoever. The experience is quite similar to what one sees and feels with an electrocardiogram (EKG), because both devices graphically record muscle contractions.

Without this new technology, it is quite impossible to rehabilitate a muscle that is invisible, too weak to feel, and doesn’t move any joint. The SEMG biofeedback approach is a natural one directed at the root cause of the problem: pelvic floor muscle weakness. Through bladder retraining, the same muscles are used to regain control of an overactive bladder, without medications. Depending on the severity of the incontinence, the duration of physical therapy treatment usually ranges from eight to sixteen visits, generally once a week. The patient’s home treatment plan is initiated on the first visit and progresses throughout the course of physical therapy. The home program you will learn about in this book will follow a similar timetable.
THE TREATMENT PLAN TO NATURALLY CURE
YOUR INCONTINENCE

The physical therapy method to end your incontinence involves no surgery, no medications, and no needles. It is mainstream medicine that offers you a proven program to get cured. Natural behavioral methods are coupled with a precise recipe of targeted exercises to rid you of your embarrassing and annoying incontinence. Physical therapy does not treat symptoms with masking techniques; instead, it gets to the underlying cause of the problem and provides a formula that works!

Why not cure your incontinence by simply addressing the underlying causes—namely, pelvic floor weakness and an overactive bladder? The physical therapy treatment plan discussed in this book will put you on the road to recovery in a matter of weeks. How long have you been incontinent? How much longer do you want to wait to be cured?

The National Institutes of Health (NIH) fully supports the physical therapy approach (Landefeld et al., 2008). Its recommendations have been thoroughly reviewed by scientific experts, who concluded that physical therapy can cure incontinence: “Women with bladder control problems can regain control through pelvic muscle exercises.” This means you! The NIH also encourages women to seek professional help to make sure they are exercising the right muscles. You have taken that first step by reading this book.

The NIH has made its literature on this subject readily available to the public. By intentionally not copyrighting its Internet pamphlet, it “encourages users of this publication to duplicate and distribute as many copies as desired.” Our government wants this vital information to be disseminated as common knowledge, and the program in this book will accomplish exactly this. Share your experience with a friend and pass along the secret of The Bathroom Key.

Equipped with this new information to fight incontinence, you are destined for success. Outlined next are the eleven comprehensive elements of the home program you will implement, which will become your bathroom key, freeing you from the domination of your bladder:

1. Your Home Program to Find Your Pelvic Floor
2. Your Home Program for Stress Urinary Incontinence
3. Your Home Program to Prevent Urinary Tract Infections
4. Your Home Program: How to Complete a Voiding Diary
5. Your Home Program: How to Retrain Your Bladder
6. Your Home Program for Urge Suppression Techniques
7. Your Home Program for Dietary Substitutions and Hydration
8. Your Home Program with Mat Pilates
9. Your Home Program for Organ Prolapse
10. Your Home Program for Pelvic Pain and Sexual Issues
11. Your Home Program to Regain the Joy in Your Life

If more women knew that such a powerful, natural cure through physical therapy is available, they wouldn’t be so concerned about concealing their incontinence. Urologist Liao Limin of the Chinese Urological Association reported that “About 24% to 45% of women in the world have had urinary incontinence problems at least once in their lives (after reaching the age of 18)” (quoted in Wanli, 2010). The Wall Street Journal recently reported that “[Japan] will sell more adult diapers than kids diapers by 2013” (Zuckerman & Eder, 2011, p. C3). It is our sincere hope that this prediction does not come true. It doesn’t have to. In August 2011, the leading health article on Oprah.com affirmed that “with proper strengthening, the data shows there’s an 85 percent chance of complete resolution [of urinary incontinence],” according to Jennifer Klestinski, MPT, Communications Director of the Women’s Health Section of the American Physical Therapy Association (Pikul, 2011).

This book is aimed at getting the word to the estimated 200 million incontinent adults worldwide. Physical therapy is the genuine answer to their bathroom woes and, thankfully, much of it can be done at home.