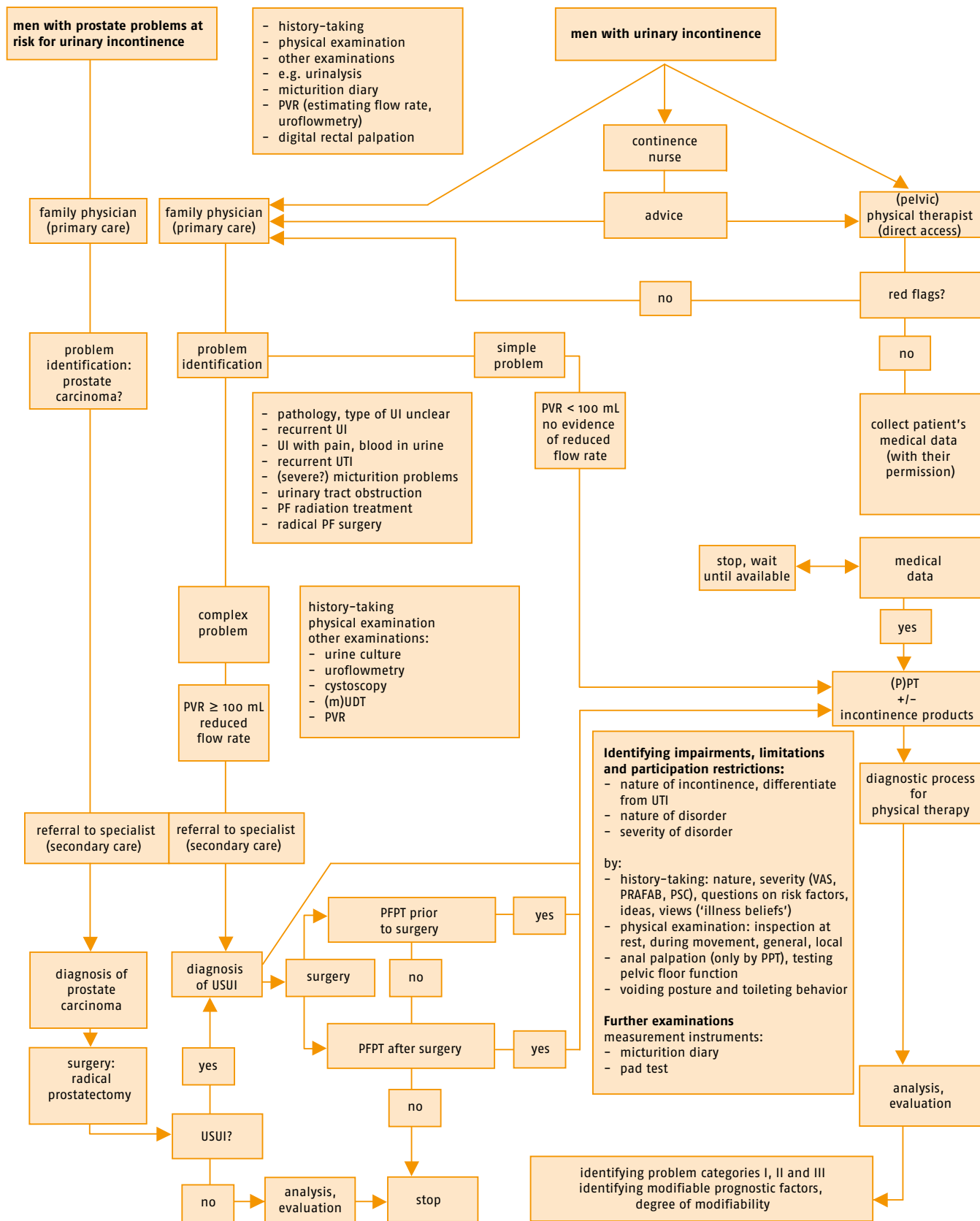


KNGF Guideline

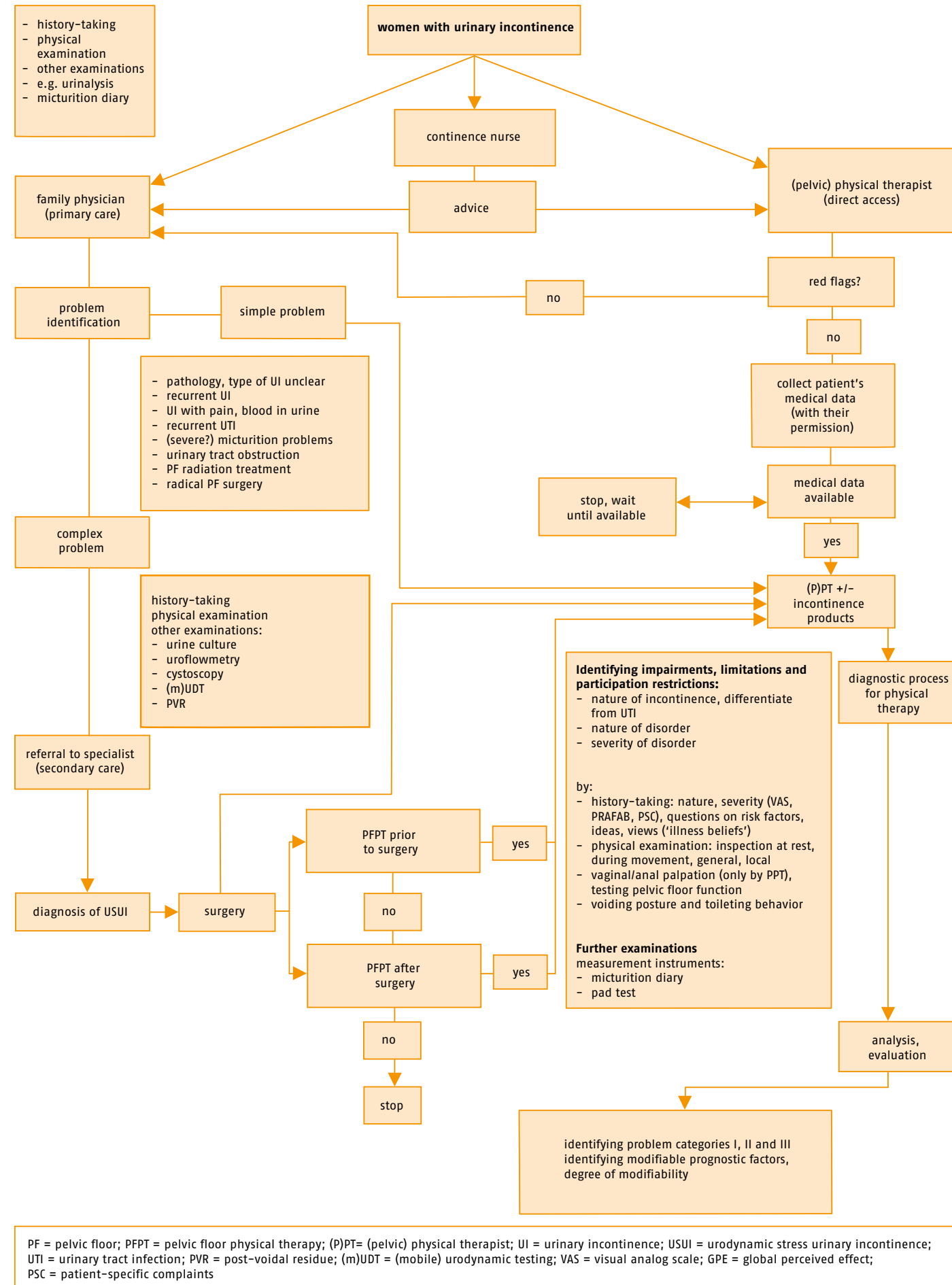
for Physical Therapy in patients with Stress urinary incontinence



PF = pelvic floor; PFPT = pelvic floor physical therapy; (P)PT= (pelvic) physical therapist; UI = urinary incontinence; USUI = urodynamic stress urinary incontinence; UTI = urinary tract infection; PVR = post-voidal residue; (m)UDT = (mobile) urodynamic testing; VAS = visual analog scale; GPE = global perceived effect; PSC = patient-specific complaints

identifying problem categories I, II and III						
treatment plan for men with stress urinary incontinence						
disorder	I SUI with pelvic floor dysfunction				II SUI without pelvic floor dysfunction	III SUI + general factors impeding recovery or adjustment processes
	no voluntary control	no involuntary control	voluntary control present	+ unfavorable influence on pelvic floor muscle function due to respiratory dysfunction, dysfunction of parts of musculoskeletal system components, voiding posture, toileting regime and behavior		
goal	recovering voluntary control	compensation or adjustment	- recovering PF function - optimizing PF	- recovering PF function - optimizing PF	- compensation - optimizing PF	- recovering PF function - optimizing PF - adaptation and compensation of restrictions (as much as possible)
strategy	achieving voluntary control	compensation through voluntary control, and improving voluntary control	single to multiple to fully automatic tasks	single to multiple to fully automatic tasks	single to multiple to fully automatic tasks	single to multiple to fully automatic task
therapy	- verbal instruction and/or biofeedback - digital palpation by patient or PT only PPT (invasive procedures): - electrostimulation (with PFMT) - electrostimulation (only) - PFPT in case of doubt about patient's ability to contract PF muscles techniques: - tugging PF - tapping - digital vibration	- practicing the 'Knack' while coughing - PFMT during trunk stabilization	- PFMT if insufficient progress - PFPT to speed up progress	- exercises to address unfavorable factors - PFMT if insufficient progress: PFPT to speed up progress	- PFMT Note: full recovery not possible	- addressing impeding factors if possible - informing patient about possibilities and impossibilities - education - exercise therapy - PFMT - +/- PFPT, depending on speed of recovery
voluntary control	no voluntary control					
PFMT	refer to family doctor or medical specialist/referring doctor					
trial therapy (6 sessions)						
favorable result ↓ continue			no result ↓ contact referring doctor			
evaluation	evaluate result: PRAFAB, GPE, PSC, VAS (pad test, micturition diary)					
monitoring	check-up + reminder (if necessary) → therapy (if required) ↑					

KNGF Guideline for Physical Therapy in patients with Stress urinary incontinence



identifying problem categories I, II and III						
treatment plan for women with stress urinary incontinence						
disorder	I SUI with pelvic floor dysfunction				II SUI without pelvic floor dysfunction	III SUI + general factors impeding recovery or adjustment processes
	no voluntary control	no involuntary control	voluntary control present	+ unfavorable influence on pelvic floor muscle function due to respiratory dysfunction, dysfunction of parts of musculoskeletal system components, voiding posture, toileting regime and behavior		
goal	recovering voluntary control	compensation or adjustment	- recovering PF function - optimizing PF	- recovering PF function - optimizing PF	- compensation - optimizing PF	- recovering PF function - optimizing PF
strategy	achieving voluntary control	compensation through voluntary control, and improving voluntary control	single to multiple to fully automatic tasks	single to multiple to fully automatic tasks	single to multiple to fully automatic tasks	single to multiple to fully automatic tasks
therapy	verbal instruction and/or biofeedback only PPT (invasive procedures): - electrostimulation (with PFMT) - electrostimulation (only) - PFPT in case of doubt about patient's ability to contract PF muscles techniques: - tugging PF - tapping - digital vibration	- practicing the 'Knack' while coughing - PFMT during trunk stabilization	- PFMT if insufficient progress - PFPT to speed up progress	- exercises to address unfavorable factors - PFMT if insufficient progress: PFPT to speed up progress	- PFMT Note: full recovery not possible	- addressing impeding factors if possible - informing patient about possibilities and impossibilities - education - exercise therapy - PFMT - +/- PFPT, depending on speed of recovery
	voluntary control	no voluntary control				
	PFMT	refer to family doctor or medical specialist/ referring doctor				
	trial therapy (6 sessions)					
	favorable result ↓ continue			no result ↓ contact referring doctor		
evaluation	evaluatie resultaat: vragenlijsten PRAFAB, GEE, PSK, VAS (padtest, mictielijsten)					
monitoring	check-up + reminder (if necessary) → therapy (if required) ↑					