

incontinence physical therapy treatment

incontinence physical therapy treatment is a specialized approach aimed at managing and improving urinary and fecal incontinence through targeted physical therapy techniques. This type of treatment focuses on strengthening the pelvic floor muscles, improving bladder control, and enhancing overall pelvic health. Incontinence affects millions of individuals worldwide, often leading to reduced quality of life, social embarrassment, and emotional distress. Physical therapy offers a non-invasive, effective solution that can significantly reduce symptoms and restore confidence. This article explores the various methods used in incontinence physical therapy treatment, the benefits, patient eligibility, and what to expect during therapy sessions. Additionally, it provides guidance on incorporating lifestyle changes and preventive measures to support long-term pelvic health.

- Understanding Incontinence and Its Impact
- Key Techniques in Incontinence Physical Therapy Treatment
- Benefits of Physical Therapy for Incontinence
- Who Can Benefit from Incontinence Physical Therapy?
- What to Expect During Therapy Sessions
- Complementary Lifestyle Changes and Preventive Strategies

Understanding Incontinence and Its Impact

Incontinence refers to the involuntary loss of urine or feces, a condition that affects both men and

women across various age groups. The most common types include stress incontinence, urge incontinence, overflow incontinence, and functional incontinence. These conditions can result from weakened pelvic floor muscles, nerve damage, or other underlying medical issues. The impact of incontinence extends beyond physical discomfort, often contributing to emotional distress, isolation, and decreased participation in daily activities. Recognizing the causes and consequences is essential for effective management and selecting appropriate treatment options such as incontinence physical therapy treatment.

Types of Incontinence

Understanding the specific type of incontinence is crucial as it influences the treatment approach. Stress incontinence occurs during activities that increase abdominal pressure like coughing or lifting. Urge incontinence involves a sudden, intense urge to urinate. Overflow incontinence happens when the bladder does not empty completely, leading to leakage, and functional incontinence arises from physical or cognitive impairments that hinder timely bathroom access.

Causes of Pelvic Floor Dysfunction

The pelvic floor muscles support the bladder, uterus, and rectum. Factors such as childbirth, aging, surgery, obesity, and neurological disorders can weaken these muscles, contributing to incontinence. Physical therapy targets these dysfunctions by enhancing muscle strength, coordination, and endurance to restore continence.

Key Techniques in Incontinence Physical Therapy Treatment

Incontinence physical therapy treatment incorporates a range of methods designed to rehabilitate the pelvic floor muscles and improve bladder control. These interventions are tailored to the individual's condition and severity of symptoms, ensuring a personalized therapy plan.

Pelvic Floor Muscle Training (PFMT)

Pelvic Floor Muscle Training, often referred to as Kegel exercises, is the cornerstone of physical therapy for incontinence. This technique involves the repetitive contraction and relaxation of pelvic floor muscles to increase their strength and endurance. Proper guidance from a physical therapist ensures correct muscle identification and exercise performance, which is critical for treatment success.

Biofeedback Therapy

Biofeedback uses sensors and visual or auditory feedback to help patients become aware of their pelvic floor muscle activity. This method enhances the effectiveness of muscle training by providing real-time information on muscle contractions, allowing patients to optimize their efforts and improve muscle control.

Electrical Stimulation

Electrical stimulation involves the use of mild electrical impulses to stimulate pelvic floor muscles. This technique is particularly useful for patients who have difficulty contracting these muscles voluntarily. It helps to activate and strengthen the muscles, facilitating better bladder control over time.

Bladder Training

Bladder training is a behavioral therapy aimed at increasing the intervals between urination. Patients learn techniques to suppress urgency and gradually extend voiding times, which can reduce episodes of urge incontinence. This approach is often combined with pelvic floor muscle exercises for enhanced outcomes.

Manual Therapy and Lifestyle Counseling

Physical therapists may also use manual techniques to alleviate pelvic muscle tension and improve tissue mobility. Additionally, counseling on lifestyle modifications such as fluid management, diet, and weight loss supports the overall treatment plan.

Benefits of Physical Therapy for Incontinence

Incontinence physical therapy treatment offers numerous advantages over surgical or pharmacological interventions, making it a preferred first-line option for many patients. The benefits extend beyond symptom relief and contribute to improved overall health and well-being.

- Non-invasive and drug-free approach with minimal side effects
- Improves pelvic floor muscle strength and bladder control
- Enhances quality of life by reducing incontinence episodes
- Supports prevention of future pelvic health issues
- Personalized therapy plans tailored to individual needs
- Empowers patients through education and self-management strategies

Who Can Benefit from Incontinence Physical Therapy?

Incontinence physical therapy treatment is suitable for a wide range of individuals experiencing urinary or fecal leakage. It is effective for patients with mild to moderate symptoms as well as those with more

complex pelvic floor dysfunctions.

Women Postpartum and Menopause

Women who have recently given birth or are undergoing menopause often experience pelvic floor weakening, making physical therapy an ideal intervention to restore muscle function and prevent incontinence.

Older Adults

Aging is a significant risk factor for incontinence. Physical therapy can help older adults maintain pelvic muscle strength and manage symptoms without relying solely on medications.

Individuals with Neurological Conditions

Patients with neurological disorders such as multiple sclerosis, Parkinson's disease, or spinal cord injuries may benefit from specialized physical therapy programs designed to address their unique pelvic floor challenges.

Pre- and Post-Surgical Patients

Physical therapy is often recommended before and after pelvic or urological surgeries to optimize recovery and reduce the risk of postoperative incontinence.

What to Expect During Therapy Sessions

The structure of incontinence physical therapy treatment varies according to patient needs but generally follows a systematic approach from assessment to intervention and follow-up.

Initial Assessment

The therapist conducts a comprehensive evaluation of pelvic floor muscle function, bladder habits, medical history, and symptom severity. This assessment guides the development of a personalized treatment plan.

Therapy Interventions

Sessions may include guided pelvic floor exercises, biofeedback training, electrical stimulation, bladder retraining, and manual therapy. Patients receive instructions and practice techniques during supervised visits and are often given home exercise programs.

Progress Monitoring and Adjustments

Therapists regularly monitor patient progress, adjusting treatment strategies as needed to maximize effectiveness and address any challenges encountered.

Complementary Lifestyle Changes and Preventive Strategies

Incontinence physical therapy treatment is most effective when combined with healthy lifestyle habits and preventive measures that support pelvic health and bladder function.

Diet and Fluid Management

Maintaining proper hydration while avoiding bladder irritants such as caffeine, alcohol, and spicy foods can reduce incontinence symptoms. A balanced diet rich in fiber helps prevent constipation, which can exacerbate pelvic floor strain.

Weight Management

Excess body weight increases pressure on the pelvic floor muscles. Weight loss through diet and exercise can alleviate stress on these muscles and improve continence.

Regular Physical Activity

Engaging in low-impact exercises strengthens core and pelvic muscles. Avoiding high-impact activities that increase abdominal pressure can prevent worsening of symptoms.

Bladder Habits and Voiding Techniques

Establishing regular bathroom schedules and practicing proper voiding techniques, such as fully emptying the bladder, supports bladder health and reduces urgency.

Avoidance of Tobacco and Other Irritants

Smoking cessation and minimizing exposure to irritants improve overall pelvic health and reduce coughing, which can contribute to stress incontinence.

Frequently Asked Questions

What is incontinence physical therapy treatment?

Incontinence physical therapy treatment involves specialized exercises and techniques aimed at strengthening the pelvic floor muscles to improve bladder control and reduce urinary leakage.

How does pelvic floor physical therapy help with urinary incontinence?

Pelvic floor physical therapy helps by targeting and strengthening the muscles that support the bladder and urethra, improving muscle coordination and control, which can reduce or eliminate symptoms of urinary incontinence.

Who is a good candidate for incontinence physical therapy?

Individuals experiencing stress, urge, or mixed urinary incontinence, as well as those recovering from childbirth, surgery, or neurological conditions affecting bladder control, are often good candidates for incontinence physical therapy.

What techniques are commonly used in incontinence physical therapy treatment?

Common techniques include pelvic floor muscle training (Kegel exercises), biofeedback, electrical stimulation, bladder training, and lifestyle modifications to improve bladder function and reduce incontinence episodes.

How long does it typically take to see results from incontinence physical therapy?

Most patients begin to see improvements within 4 to 8 weeks of consistent therapy, but the duration may vary depending on the severity of incontinence and individual patient factors.

Are there any risks or side effects associated with incontinence physical therapy?

Incontinence physical therapy is generally safe with minimal risks. Some patients may experience mild muscle soreness or discomfort initially, but serious side effects are rare when therapy is conducted by a trained professional.

Additional Resources

1. *Pelvic Floor Rehabilitation: A Comprehensive Guide to Incontinence Physical Therapy*

This book offers an in-depth exploration of pelvic floor anatomy and its role in urinary and fecal incontinence. It provides step-by-step therapeutic exercises and treatment protocols designed to strengthen the pelvic muscles. Suitable for both clinicians and patients, it emphasizes evidence-based approaches for effective rehabilitation.

2. *Managing Urinary Incontinence Through Physical Therapy*

Focused on non-invasive treatment methods, this book details various physical therapy techniques including biofeedback, electrical stimulation, and manual therapy. It also discusses patient assessment and individualized treatment planning. The book is a valuable resource for therapists aiming to improve patient outcomes.

3. *Pelvic Health and Incontinence: Physical Therapy Interventions*

A practical guide for therapists, this title covers assessment tools and therapeutic interventions to address stress, urge, and mixed urinary incontinence. It includes case studies highlighting successful treatment strategies. The book promotes a holistic approach that integrates lifestyle modifications with physical therapy.

4. *Physical Therapy for Incontinence and Pelvic Pain*

This volume addresses the connection between pelvic pain and incontinence, providing therapeutic exercises to alleviate symptoms. It explores manual therapy techniques and the role of posture and breathing in pelvic health. The book is essential for therapists treating complex pelvic floor disorders.

5. *Evidence-Based Physical Therapy for Urinary Incontinence*

Presenting the latest research, this book analyzes the effectiveness of various physical therapy interventions for incontinence. It guides clinicians in selecting treatments supported by scientific evidence, including pelvic floor muscle training and neuromuscular re-education. The focus is on improving functional outcomes and quality of life.

6. *Rehabilitation of the Pelvic Floor: Techniques for Incontinence Treatment*

This book provides comprehensive instruction on rehabilitative exercises and modalities targeting pelvic floor dysfunction. It covers both male and female incontinence, emphasizing tailored treatment plans. Visual aids and exercise illustrations enhance understanding for practitioners.

7. Incontinence and Physical Therapy: A Patient-Centered Approach

Designed to empower patients, this book offers clear explanations of incontinence causes and physical therapy options. It includes self-care strategies, home exercise programs, and motivational tips to encourage adherence. The patient-centered focus helps improve engagement and treatment success.

8. Functional Training for Pelvic Floor Disorders

This title integrates functional movement and strength training to support pelvic floor health. It emphasizes the importance of core stability, posture, and coordination in managing incontinence. The book features progressive exercise plans suitable for different severity levels.

9. Comprehensive Pelvic Floor Therapy for Incontinence and Beyond

Covering a broad spectrum of pelvic floor dysfunctions, this book includes detailed protocols for incontinence treatment within a multidisciplinary framework. It discusses collaboration between physical therapists, physicians, and other healthcare providers. The approach aims to optimize patient recovery and long-term pelvic health.

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become an invaluable resource to practitioners treating patients with disorders of the pelvic floor. The second edition is now presented in a full colour, hardback format, encompassing the wealth of new research in this area which has emerged in recent years. Kari Bø and her team focus on the evidence, from basic studies (theories or rationales for treatment) and RCTs (appraisal of effectiveness) to the implications of these for clinical practice, while also covering pelvic floor dysfunction in specific groups, including men, children, elite athletes, the elderly, pregnant women and those with neurological diseases. Crucially, recommendations on how to start, continue and progress treatment are also given with detailed treatment strategies around pelvic floor muscle training, biofeedback and electrical stimulation. - aligns scientific research with clinical practice - detailed treatment strategies - innovative practice guidelines supported by a sound evidence base - colour illustrations of pelvic floor anatomy and related neuroanatomy/ neurophysiology - MRIs and ultrasounds showing normal and dysfunctional pelvic floor - incorporates vital new research and material - uses key summary boxes throughout new edition to highlight quick reference points - now in full colour throughout and a hardback format

incontinence physical therapy treatment: Evidence-Based Physical Therapy for the Pelvic Floor - E-Book Kari Bø, Bary Berghmans, Siv Mørkved, Marijke Van Kampen, 2023-11-24 Written by leading experts in this field, Evidence-Based Physical Therapy for the Pelvic Floor provides physiotherapists and other professionals with knowledge and confidence to bring the latest evidence-based approaches and treatment strategies for addressing pelvic floor dysfunction to their practice. Fully updated and with a wealth of new information, this edition includes sections on devices and apps, gynaecological cancer, sexual dysfunction, fistula, clinical use of EMG, anal incontinence and pain, as well as a discussion of sexualized violence by Nobel Peace Prize winner Denis Mugwege and his team. - New and fully updated contents; new authors and new chapters provide contemporary evidence - Innovative practice guidelines supported by a sound evidence base - Colour illustrations of pelvic floor anatomy and related neuroanatomy/neurophysiology - MRIs and ultrasounds showing normal and dysfunctional pelvic floor - Key summaries for easy navigation - Full colour throughout

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side effects or complications when properly performed. Physical therapy can be valuable in different situations along of the various steps of human development and in various clinical disorders. Indeed, topics on different approaches have been included in this book, which makes this book useful for readers to improve their professional performance.

incontinence physical therapy treatment: Principles of Therapeutic Exercise for the Physical Therapist Assistant Jacqueline Kopack, Karen Cascardi, 2024-06-01 Principles of Therapeutic Exercise for the Physical Therapist Assistant is a textbook that provides PTA educators, students, and practicing clinicians with a guide to the application of therapeutic exercise across the continuum of care. Written by 2 seasoned clinicians with more than 40 years of combined PTA education experience, Principles of Therapeutic Exercise for the Physical Therapist Assistant focuses on developing the learner's ability to create effective therapeutic exercise programs, as well as to safely and appropriately monitor and progress the patient within the physical therapy plan of care. The content is written in a style conducive to a new learner developing comprehension, while still providing adequate depth as well as access to newer research. Included in Principles of Therapeutic Exercise for the Physical Therapist Assistant are: • Indications, contraindications, and red flags associated with various exercise interventions • Documentation tips • Easy-to-follow tables to aid in understanding comprehensive treatment guidelines across the phases of rehabilitation • Eye on the Research sections throughout the text dedicated to current research and evidence-based practices Also included with the text are online supplemental materials for faculty use in the classroom, consisting of PowerPoint slides and an Instructor's Manual (complete with review questions and quizzes). Created specifically to meet the educational needs of PTA students, faculty, and clinicians, Principles of Therapeutic Exercise for the Physical Therapist Assistant is an exceptional, up-to-date guidebook that encompasses the principles of therapeutic science across the entire continuum of care.

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2nd Edition, and the International Classification of Function, Disability, and Health (ICF) of the World Health Organization (WHO) with an emphasis on enabling function and enhancing participation rather than concentrating on dysfunction and disability. A companion Evolve website includes all references linked to MEDLINE as well as helpful links to other relevant websites.

incontinence physical therapy treatment: Pelvic floor disorders Enache Traian, 2019-11-05 Pelvic floor disorders are a very important subject in public health, with a major impact on quality of life. In USA for instance, epidemiology data indicate that between 11 and 19% of women may suffer at least one such surgical procedure. This field is in continuous change and there is not a consensus yet in therapeutic approach. This book provides a general overview on the pelvic pathology, concentrating on clinical aspects – diagnostic, physiopathology and treatment. Worldwide known authors have been gathered in order to present a high scientific reference. The most important thing in this book is that it offers a systematic approach on surgical techniques. Most of them are described by the surgeons who invented them and the aim of this book is to provide a strong basis for young doctors who want to operate in this field. Clinicians encounter obstacles in correctly diagnosing some patients. The physiopathology is sometimes not so obvious and except for a few surgical techniques that are accepted as golden-standards, the rest are still in debate. This book offers a unitary view in this field. It provides an algorithm diagnostic based on Integral Theory System by Peter Petros and also extensive therapeutic solutions. Key features: this book offers a comprehensive overview on pelvic floor disorders; it approaches some strongly debated issues; it proposes some new clinical entities such as “posterior vaginal fornix syndrome” the book is easy-to-read for young doctors who do not have a great experience in this field. surgical techniques are presented in a step-by-step manner, highly illustrated; many of those techniques are described by their inventors. The book is divided in 10 chapters, trying to offer a comprehensive view in this field.

1. General considerations In the first chapter there is a short review regarding the importance of this topic.
2. Evolution of “Pelvic floor disorder” concept Pelvic floor disorders include a wide variety of perineal affections that seem to have, as a common denominator, an acquired laxity of the musculoskeletal system, which makes up the pelvic floor. This concept is new and it tries to comprise all the anatomoclinical entities in a standardized way, to facilitate, on one side, the description of the lesions and on the other, to favor scientific communication.
3. Classical anatomy of perineum Broadly, the perineum is anatomically made up of all the soft parts, which caudally define the pelvic excavation. These are represented by fascias, muscles, vessels and nerves, and are crossed by ducts of the urogenital and digestive systems, structures that offer a complex biomechanics, whose understanding is indispensable in a judicious therapeutic approach.
4. Perineal physiology and physiopathology Prof. Peter Papa Petros in collaboration with Prof. Ulf Ulmsten from the University in Uppsala have set the theoretical bases of “Integral Theory System”. As the name suggests, the “Integral Theory System” creates a dynamic and interconnected anatomical background to understand the function and dysfunction of perineum. The “Integral Theory System” defines the pelvic floor as a syncytial system, based on vector equilibrium in which muscles and connective tissue take part and which has a nervous component. The newly formed system represents the sum of all the elements involved. Among them, the connective tissue is the most vulnerable.
5. Clinical and paraclinical diagnosis of pelvic floor disorders Diagnosis of perineal affections, though easy at first sight, implies some subtleties. According to the principles of the Integral Theory System and respecting a principle stated by Mircea Eliade that “there are no illnesses, but only ill people”, each case must be evaluated according to the symptoms that bring the patient to the doctor and these should be correlated with the clinical signs observed during the examination.
6. Conservative treatment of pelvic floor disorders Conservative treatment of pelvic floor disorders practically overlaps the conservative treatment of effort urinary incontinence. Broadly, it also addresses other urinary disorders that can benefit more or less efficiently from conservative therapy. In this chapter following, we will focus on the treatment of effort urinary incontinence.
7. Surgical treatment of pelvic floor disorders The treatment of pelvic floor disorders implies a careful prior assessment. Selection of cases with surgical indication is sometimes

problematic, in terms of both postoperative results and comorbidities. Young female patients with minimal anatomical defects and whose symptoms are not very noisy, who eventually want more children, can benefit from conservative treatment. Moreover, alternative treatment options must be sought for elderly patients, who have been treated and in whom surgery is contraindicated. Regardless of the outcome of the objective examination, the most important element is the patient's perception of her own suffering and consequently the extent to which her quality of life is affected. Surgical treatment should be applied when there is a sufficient degree of morbidity. Complementary measures, such as the treatment of chronic associated diseases, weight loss, smoking cessation, and local estrogen treatment can be considered both conservative treatment and preoperative preparation.

8. Postoperative complications It is widely accepted that no surgical technique lacks complications and therefore the same can be affirmed about the pelvic floor disorders surgical corrections. We can distinguish two major categories of complications, regardless of the approach: complications related to synthetic materials used and complications regarding the surgical technique used. There are a number of complications whose aetiology is unclear and which are presented in the form of symptoms difficult to classify. A last distinct category, called syndrome of vaginal tightness, will be treated separately, having a specific etiology and pathophysiology.

9. 20th century perspectives The direction in which perineal surgery will develop is hard to predict. In the last ten years, the surgery of uterine prolapse and effort urinary incontinence has seen an important boost. This textbook is trying to open new windows to the future.

10. Bibliography

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- Concise information on disease processes and systemic disorders provides a background in the underlying pathology of diseases, helping PTAs to ask their patients appropriate questions and to adapt therapeutic exercise programs.
- Easy-to-follow format is organized to first define each disorder, followed by sections on clinical manifestations and medical management.
- Chapter objectives, outlines, and vocab builders at the beginning of each chapter introduce the topics and terminology to be presented.
- Medical Management sections address diagnosis, treatment, and prognosis for each condition discussed.
- Focus on the Physical Therapist Assistant's role provides the PTA with specific guidelines to the rehabilitation process for patients with diseases and disorders.
- Special Implications for the PTA sections allow students to easily reference information on working with patients with specific diseases or pathologic conditions.
- Nearly 800 drawings and photos reinforce student understanding of diseases, conditions, and general pathology principles.
- Standardized terminology and language is consistent with the Guide to Physical Therapy Practice, familiarizing readers with the standard terminology used in PT practice.
- Abundance of tables and boxes summarize important points, making it easy to access key information.
- E-chapters add supplemental information on behavioral and environmental factors, the gastrointestinal system, the reproductive system, lab tests and values, and more.
- NEW! Updated and revised content throughout provides students with the current information they need to be effective clinicians.
- NEW! Clinical Pharmacology Spotlight provides an easy-reference summary of the basic pharmacology information for each pathology.
- NEW! eBook version is included with print purchase. The eBook allows students to access all of the text, figures, and references, with the ability to search, customize content, make notes and highlights, and have content read aloud.

incontinence physical therapy treatment: Physical Therapy Management of Patients

with Spinal Pain Deborah Stetts, Gray Carpenter, 2024-06-01 In this rapidly changing health care environment, a challenge today's physical therapist faces is finding, evaluating, and implementing current best evidence into practice, an integral part of health care professional educational programs. With that goal in mind, *Physical Therapy Management of Patients With Spinal Pain: An Evidence-Based Approach* provides a comprehensive research-based overview of the examination and physical therapy interventions of the spine. Inside *Physical Therapy Management of Patients With Spinal Pain*, Drs. Deborah M. Stetts and J. Gray Carpenter evaluate the current evidence related to spinal pain and present it in a format that allows for an easy transition to the clinical environment. By providing effective clinical interventions, rather than relying on habits or tradition, patients benefit from an increased likelihood of improved quality of life with the least potential of personal and financial risk. Some features include: • Over 650 photographs, images, and tables • Access to a supplemental video Website with new book purchase • Best practice for evaluating and treating the lumbar spine, thoracic spine, and cervical spine • Comprehensive coverage of the clinical presentation of spine-related pathologies from evaluation to treatment Each chapter outlines the history, physical examination, physical therapy diagnosis, evidence-based management guidelines, and case studies for each topic. Case studies will challenge the reader's clinical reasoning skills with the use of current best evidence throughout the initial examination and subsequent treatment sessions. Bonus! Also included with *Physical Therapy Management of Patients With Spinal Pain* is access to a supplemental Website containing more than 375 video demonstrations corresponding to the tests and measures, examination, evaluation, and intervention procedures covered within the text. *Physical Therapy Management of Patients With Spinal Pain: An Evidence-Based Approach* is the go-to reference text and accompanying Web site for the physical therapy students, or clinicians who are reaching for best practice through providing the highest level of evidence-informed care in the evaluation and management of patients with spinal pain.

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evidence-based preferential practice patterns.

incontinence physical therapy treatment: The Truth About Postnatal Hair Loss and How to Deal with It , Table of Contents Introduction The Truth About Postnatal Incontinence and How to Manage It UNDERSTANDING POSTNATAL INCONTINENCE CAUSES OF POSTNATAL INCONTINENCE PREGNANCY AND CHILDBIRTH HORMONAL CHANGES TYPES OF POSTNATAL INCONTINENCE STRESS INCONTINENCE URGE INCONTINENCE MIXED INCONTINENCE TREATMENT OPTIONS FOR POSTNATAL INCONTINENCE PHYSICAL THERAPY AND PELVIC FLOOR EXERCISES MEDICATIONS BEHAVIORAL TECHNIQUES LIFESTYLE CHANGES TO MANAGE POSTNATAL INCONTINENCE DIETARY MODIFICATIONS WEIGHT MANAGEMENT BLADDER TRAINING WHEN TO SEEK MEDICAL HELP SEVERE SYMPTOMS LACK OF IMPROVEMENT PREVENTING POSTNATAL INCONTINENCE PRENATAL PELVIC FLOOR EXERCISES PROPER PUSHING TECHNIQUES

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