

WOMEN'S, MEN'S + PELVIC HEALTH PHYSIOTHERAPY

Clinically Proven Treatment
for Urinary Incontinence
+ Pelvic Organ Prolapse



What the evidence says...

PHYSIOTHERAPY SHOULD BE A FIRST LINE TREATMENT

Substantial Level 1A evidence exists supporting the effectiveness of physiotherapy conservative treatment as a first line treatment for urinary incontinence and pelvic organ prolapse.

NICE guideline (2013) and multiple Cochrane reviews – Hay-Smith et al (2008); Dumoulin and Hay-Smith (2010); Hagen et al (2011); Braekken et al (2010) and Abrams et al (2013).

PHYSIOTHERAPY IS AS EFFECTIVE AS SURGERY

Physiotherapy is effective in reducing severity of the condition for around 80% of cases of UI/POP, with a reported cure rate of 64%. This cure rate is comparable with surgical care, which is reported at 50-60%.

Neumann PB, et al (2005) Physiotherapy for female stress urinary incontinence: a multicentre observational study. Australian and New Zealand Journal of Obstetrics and Gynaecology. Volume 45, Issue 3, pages 226-232

REDUCED COSTS

A physiotherapy treatment course has an average cost of just \$304 to the patient/Medicare, compared to \$4000-6000 for culposuspension surgery.

Australian Institute of Health and Welfare (2013)

PHYSIOTHERAPISTS SHOULD GUIDE REHABILITATION

Women who are simply given a brochure with exercises often get the basic action wrong and are less likely to comply with their home programs. Those guided by a continence trained physiotherapist have better short and long-term results.

Alewijnse, D., Mesters, I., Metsemakers, J. & Van Den Borne, B. 2003. Predictors of long-term adherence to pelvic floor muscle exercise therapy among women with urinary incontinence. Health Educ. Res., 18, 511-524.



WHAT DOES PHYSIOTHERAPY ASSESSMENT AND TREATMENT INVOLVE?

Detailed subjective and objective assessment by trained Continence/ Womens Health Physiotherapist

Real Time Ultrasound Imaging of bladder, pelvic floor, pelvic organs

Internal Examination if indicated

Appropriate prescription of Exercises, Activity/Lifestyle Modification, many other modalities as indicated.





MEET CLAIRE... SHE IS AVAILABLE TO TREAT WOMENS HEALTH AND CONTINENCE CONDITIONS



Claire Kennedy

BSc (Physio/Physiotherapy)
ProfCert (CMPOP) APAM
Senior Physiotherapist
Women's Health Physiotherapist

CLAIRE'S POST GRADUATE QUALIFICATIONS INCLUDE:

Women's Health Training Associates Women's Health Physiotherapy Course

APA Level 1 Women's Health Course

Studying Professional Certificate in Conservative Management of Pelvic Organ Prolapse (University of South Australia)

LIST OF CONDITIONS CLAIRE CAN MANAGE:

- Urinary Incontinence
- Urinary Urgency and Frequency
- Bowel Dysfunction
- Faecal Incontinence (loss of bowel control)
- Constipation management
- Voiding Dysfunction
- Reduced urge to void, poor voiding dynamics and incomplete bladder emptying / high post void residuals
- Pelvic Organ Prolapse
- Dyspareunia
- Mastitis / blocked ducts
- Rectus Diastasis
- Pelvic pain (sacro-iliac and pubic symphysis joints)
- Exercise Prescription during and after pregnancy
- Pre and Post Pelvic Surgery
- Hysterectomy, prolapse repair

Claire can perform internal examinations, and also has real time ultrasound imaging available in the clinic.

ELIGIBLE PATIENTS

We accept all categories of patients, but please note a gap fee is charged for certain Women's Health services with Medicare EPC patients. Please contact the clinic for more details.

- Medicare EPC
- Workers Compensation, ICWA (Bulk Billed)
- Department of Veterans Affairs (Bulk Billed)
- NDIS (Bulk Billed once approved by NDIS - we arrange this)
- Private Patients - Fees Apply, Private Health Fund rebates on-site

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