Pediatric Pelvic Health Demystified: What Every Pelvic Health PT Should Know

Discover how pelvic health PTs are changing lives for children with bowel, bladder, and pelvic floor dysfunction

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- Cohosted by: Academy of Pelvic Health – Northwest Region (AK, CO, WA, OR, ID, WY, MT) & Pediatric Pelvic Health Special Interest Group

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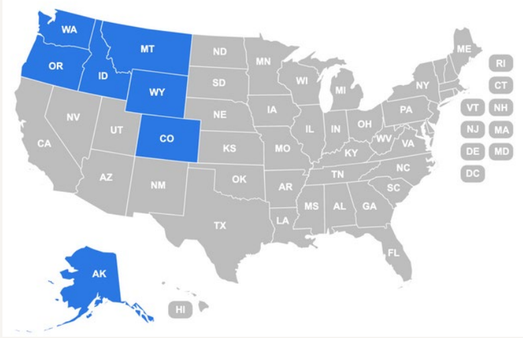
Welcome from the Northwest Region!



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Welcome from the Pediatric Pelvic Health Special Interest Group!

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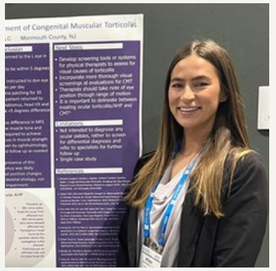


Objectives

- Recognize common pediatric pelvic health conditions
- Modify adult techniques for pediatric clients
- Address developmental and behavioral factors
- Engage with the Academy of Pelvic Health

Why Pediatric Pelvic Health?

- Scope of the issue:
  - 10-15% of children experience chronic bowel/bladder dysfunction
  - Impact on quality of life, schooling, self-esteem
- Opportunities for PTs:
  - Bridging the gap between pediatrics and adult pelvic health
    - Adult PTs can support continuity of care by understanding pediatric origins
    - Unresolved childhood bowel/bladder dysfunction often persists into adulthood
    - Early intervention can prevent chronic pelvic floor issues later in life
  - Expanding adult PT skills to pediatrics fills a critical care gap for children

Diagnoses You'll Commonly See

- Bowel & Bladder Dysfunction
  - Enuresis (night time bedwetting)
  - Urinary urgency/frequency
  - Constipation & encopresis
- Pelvic floor dysfunction (e.g., discoordination)
- Postural dysfunction affecting B/B
  - Scoliosis
  - Torticollis
- Neurogenic bladder/bowel (CP, spina bifida)
- Red flags (anatomical, abuse, neurologic)

Childhood Conditions That Persist Into Adulthood

- Enuresis (bedwetting) → Adult SUI, urgency, OAB, sleep issues/nocturia
- Constipation & encopresis → Lifelong bowel dysfunction
- Pelvic floor discoordination → Persistent voiding dysfunction
- Postural dysfunction, scoliosis → Contributes to pelvic misalignment
- Neurogenic bladder/bowel (e.g., CP, spina bifida) → Lifespan management required
- Adolescents with childhood LUT dysfunction report ↓ QoL
- ACEs & emotional distress → adult LUT symptoms

Evaluation Strategies

- Age-Appropriate Assessment
  - Functional history + developmental history
  - Parent-child interview
- Observation/Palpation
  - Play-based engagement
  - Visual posture/gait/pelvis assessment
  - External visual exam/External palpation
- Tools & Measures
  - Pediatric Incontinence Questionnaire (PIN-Q), Dysfunctional Voiding Scoring System (DVSS)
  - sEMG biofeedback
  - Toileting habits (e.g., B/B charts, Bristol Stool Chart)

Treatment Approach & Strategies

Standard Urotherapy

1. Education and demystification — teaching children and families about normal urinary tract/bowel function and how their body deviates
   a. At-home art projects, The Poo in You
2. Behavioral instructions — establishing regular voiding habits/schedule, and correct toilet posture and breathing effort
   a. Squatty potty, school support (504), potty watch, belly big/belly hard, Santa belly, visuals, bowel/bladder diary
3. Lifestyle advice - appropriate fluid & fiber intake, regular movement/sports, symptom recording (e.g., bladder diaries), and consistent support with follow -up

PT-Specific Interventions

- Diaphragmatic breathing
  - Pinwheels, straws, balloons, crocodile breathing
- Pelvic floor coordination: cues that work with kids
  - Belly big/belly hard, Santa belly, hold in a toot/fart, melt like ice cream
- Abdominal massage & Visceral Mobilization
  - ILU, skin rolling, valve massage
- Biofeedback adaptations (games)
- Interoception
  - Cues vs prompts “What is your bladder telling you right now?”

Clinical Pearls & Challenges

- How to build rapport with kids
  - Use play, humor, and age-appropriate language to create a safe, trusting environment
- Addressing embarrassment and shame
  - Normalize symptoms and use body-positive, nonjudgmental language to reduce stigma
- When progress is slow: setting expectations
  - Explain that improvement takes time and setbacks are common; focus on small wins
- Collaborating with OT, GI, pediatricians, psychologists

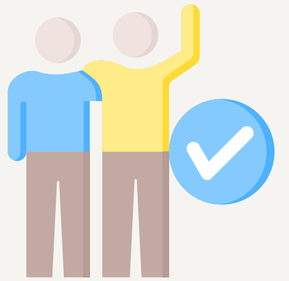
Best Practice Guidelines Support: Internal Exams

BLUF: You should never be the first provider to be performing an internal exam, only under specific conditions, with proper documentation and justification.

- The **International Children's Continence Society** (ICCS), 2021, notes that "Digital Rectal Exam (DRE) is not a standard part of urotherapy " but may be justified in complex cases managed by specialized providers, including PTs with documented advanced training.
- The **APTA Academy of Pelvic Health** position statement recommends that internal exams on pediatric patients be conducted only when the PT is certified, well -trained, following all ethical and legal protocols, parent/legal guardian is present, and coordinated care with PCP, GI, Pediatrician, ect.
- The **American Academy of Pediatrics** (AAP) recommends that any DRE in children be done with clinical justification, parental consent, and attention to psychological safety.

Best Practice Guideline Support: Use of Chaperones

- The **American Academy of Pediatrics** (2025) recommends the use of medical chaperones during sensitive pediatric and adolescent exams (e.g., genital, breast, rectal) to ensure safety, protect dignity, and foster trust. It emphasizes clear communication, patient assent, and documentation of chaperone presence.
- The **Academy of Pelvic Health Physical Therapy** (2023) supports the use of trained chaperones during intimate exams and procedures, particularly when involving minors or sensitive regions, reinforcing patient comfort, ethical practice, and legal protection for both the patient and provider.
- **Medical Age of Consent** - the age at which a minor can legally consent to medical treatment without parental or guardian approval. Varies by state.



Advocacy & Leadership

- Getting involved in the Academy of Pelvic Health
  - https://www.aptapelvichealth.org/volunteer
- SIGs, Pediatric Task Forces
  - https://www.aptapelvichealth.org/pedsig
- State & Regional engagement
  - https://www.aptapelvichealth.org/state-regional-reps
- Regional needs in CO, WA, OR, ID,
  - Advocacy for kids and families in rural/frontier areas
  - Hosting meet-ups, CEU events, mentorship

Additional Resources

- Training
  - Online & In person - discounts for members
- Webinar Recordings
  - https://www.aptapelvichealth.org/info/webinars
- Journal Access
  - https://www.aptapelvichealth.org/jwphpt-member-access/#membershipbenefit

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