



Fundamental Physical Therapy

Bringing Continence and Confidence to Kids and Parents

Frequently Asked Questions

Why consider physical therapy?

My child poops every day - why would they need therapy for constipation?

Constipation is about more than just daily bowel movements. It considers the difficulty of bowel movements and the consistency of poop/stool as well as how completely the bowel was able to empty. Stool that gets stuck in the colon can cause bladder irritation and limit the body's ability to sense bowel or bladder urgency.

We have done a clean out and that didn't help - why would therapy make a difference?

Most cleanouts are done as a one-time event - usually with great success for the first few days but little long-term changes to prevent relapse. With a solid, progressive plan to address ALL the factors impacting bowel and bladder function, your child has a greater chance of staying off the "constipation carousel" and kicking the pull ups for good!

My child seems to be choosing to withhold stool because he doesn't like the toilet, and it is becoming a power struggle. How does PT help with that?

In my experience, it is possible, but unlikely that a child is intentionally holding stool or soiling their clothes out of spite. Children have an amazing capacity to learn and remember and their bodies will react negatively to something that is stressful or painful. They will instinctively resist repeating painful activities and shy away from something they feel like they are in trouble for not doing well. Learning to toilet independently is a difficult skill to learn. It should be taught with patience and compassion. Addressing the underlying apprehension about toileting (pain, excessive noise, uncomfortable sensations, limited ability to relax, or poor sensation) will decrease the stress of toileting on everyone and help the child gain the independence we all want for them.

What does a PT session look like?

What does a pelvic PT session for kids entail?

Prior to the appointment, parents are asked to complete an online questionnaire that lists the child's history. This saves time during the first session and allows me to focus more on the child. We spend some time getting to know each other and discussing what Physical Therapy is about. We discuss what muscles do and assess gross motor skills including balance, core strength, coordination. We assess primitive reflexes, breathing, and rib cage development. We discuss the pelvic floor muscles and if the child and parent feel comfortable, we observe the pelvic floor muscles squeezing and relaxing. We do NOT do any internal work or assessments with children. I teach as I go, so we don't always get through everything on the first visit. I do set the children up with a home program right away to start working on activities that can help with their toileting. After the first visit, I like to reach out to your pediatrician to make sure we are on the same page in addressing any toileting issue.

I don't want my kid to miss school - do you have late appointments?


I am typically in the clinic Tuesday - Thursday with occasional Fridays. My first appointment is 8:00 and my last is 5:30. Everyone wants to come after school - so the late appointments fill up fast! Be mindful that many kids are very tired at the end of the school day and have difficulty focusing and maintaining self-control so although it is convenient, it is not always the ideal time for learning new skills.

I have other children; can I bring them with me?

I understand the desire to bring siblings, however, if possible, it would be best for your child to be at this visit alone. Bathroom issues can be sensitive, and we want to respect their privacy and be able to talk freely without disruption, distraction or teasing by siblings.

Got more questions?

Reach out to ask or schedule.

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