

Effectiveness of Pelvic Floor Strengthening along with Ankle Dorsiflexion for Stress Urinary Incontinence

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Abstract

Introduction: Stress urinary incontinence is characterized by an involuntary leak of urine upon effort or physical exertion. PFM weakness brought on by pelvic floor damage can result in faecal and urinary incontinence. To activate PFMs, ankle dorsiflexion was the better posture. Ankle dorsiflexion has no direct connection to the pelvic floor, and it is believed to cause anterior pelvic tilting and enhance pelvic floor muscle activation.

Methods: A total of 30 subjects who met the inclusion and Exclusion criteria were selected randomly and assigned into two groups after obtaining informed consent. The treatment group was given PFM strengthening along with ankle dorsiflexion, and the control group was advised to practice Kegels exercise for a 10-week treatment course. The outcome measures, including UDI-6 for assessing the severity of SUI and pelvic floor muscle strength using digital palpation and grading, were done with the help of the Modified Oxford Grading system pretest and post-test evaluation between the groups.

Results: There is a significant difference between the two treatments regarding reducing the SUI severity ($t = -5.45, p = 0.000 > 0.05$). The two treatments substantially differ in improving pelvic floor muscle strength ($t = 4.74, p = 0.000 > 0.05$). The treatment group showed a greater reduction in UDI-6 scores and a larger improvement in MOG scores compared to the control group. Both groups experienced improvements, but the treatment group showed a greater reduction.

Conclusion: Pelvic floor muscle strengthening, along with ankle dorsiflexion, is an effective treatment.