**INTRODUCTION**

Urinary incontinence (UI) is a prevalent condition among older adults. While age and gender are risk factors, UI is not a natural part of female aging. Many women may not recognize that what they are experiencing is a medical condition or they may be embarrassed to discuss this issue with their healthcare provider. By not seeking proper care, these individuals may be hindering their independence, opportunities to receive effective treatment, and their overall quality of life (QoL). Research shows a wide variety of physical therapy (PT) treatment options are available for UI.

**Terms Definitions**

<table>
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<tr>
<th>Terms</th>
<th>Definitions</th>
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<tr>
<td>Urge urinary incontinence (UUI)</td>
<td>Involutary leakage of urine from the bladder when a sudden strong need to urinate is felt.</td>
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<tr>
<td>Stress urinary incontinence (SUI)</td>
<td>The result of weak pelvic floor muscles and/or a deficient urethral sphincter. This weakness can cause the bladder to leak during exercise, coughing, sneezing, laughing, or any body movement that puts pressure on the bladder.</td>
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<tr>
<td>Mixed urinary incontinence</td>
<td>Complaints of both stress and urgency urinary incontinence, i.e. involuntary loss of urine associated with urgency and with effort or physical exertion including sporting activities or on sneezing or coughing.</td>
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**METHODS**

29 Search Terms: urinary incontinence, treatment, intervention, therapy, older women, physical therapy, aging women, elderly women, elderly, aged, older, older, geriatric, geriatrics, women, women, woman, female, females, girls, older adults, seniors, physiotherapy, rehabilitation, pelvic floor muscle, electrical stimulation, conservative treatment, the treatment of female urinary incontinence by functional electrical stimulation, extracorporeal magnetic innervation.

**RESULTS**

<table>
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<th>Physical Therapy Interventions</th>
<th>Treatments</th>
<th>Results</th>
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<tr>
<td>Pelvic Floor Muscle Training (PFMT)</td>
<td>PFMT performed by contraction of pelvic floor and confirmation via palpation</td>
<td>Significant SUI improvements in UI conditions/severity, self esteem, QoL, irisin concentration and downregulation of myostatin</td>
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<td>PFMT with Exercise</td>
<td>PFMT in various combinations with ambulation, exercises, weight training, and education</td>
<td>Significant SUI, UUI and mixed UI improvements in symptom severity, gait, transfers, QoL, health state, depression and functional fitness</td>
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<td>PFMT with Behavioral Therapy</td>
<td>PFMT (Kegel) with the aide of vaginal palpation, bladder training, PFM anatomy education</td>
<td>Significant SUI, UUI and mixed UI improvements in QoL, urinary symptoms, reduction in UI episodes and subjective perception of improvement</td>
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<tr>
<td>Behavioral Therapy</td>
<td>Bladder rehabilitation training program of urge suppression and scheduled voiding</td>
<td>Significant UUI and mixed UI improvement in frequency of incontinence episodes per week</td>
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<td>Electrical Stimulation (e-stim)</td>
<td>Surface e-stim (SES), intravaginal e-stim (IVES), transcutaneous e-stim (TES) of the tibial nerve with PFMT and bladder training</td>
<td>Significant SUI (SES and IVES) and UUI (TES of the tibial nerve) improvements in UI episodes, urine leakage, QoL, PFM strength and PFM contraction (IVES only)</td>
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<td>Extracorporeal Magnetic Innervation (ExMi)</td>
<td>ExMi therapy with use of NeoControl chair</td>
<td>Significant SUI improvements in severity of UI, depression, self efficacy, QoL and myostatin concentration</td>
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<tr>
<td>Multidimensional Treatment</td>
<td>Behavioral, education, PFMT and rehabilitation, manual PT, and neuromuscular e-stim</td>
<td>Significant SUI, UUI, and mixed UI improvements in symptom severity and QoL with individualized treatment demonstrating the most significant improvements</td>
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**CONCLUSION**

Studies examining PT interventions for the management of UI indicate that pelvic floor muscle training, electrical stimulation, behavioral therapy, extracorporeal magnetic innervation, and physical activities were effective in reducing UI symptoms as compared to control groups in older women diagnosed with SUI, UUI or mixed UI. Specifically:

- PFMT in combination with strengthening exercises and functional mobility training is more effective than PFMT alone.
- Behavioral therapy is more effective when performed with PFMT.
- More research is required before recommending extracorporeal magnetic innervation as a first line treatment for UI in older women.

**REFERENCES**

References available upon request.