

Screening for Stress Urinary Incontinence (SUI) By Florida Physical Therapists: Practice Survey

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Introduction

- SUI is involuntary loss of urine during exertion, the most common form of incontinence in women between 25-66 years of age.
- It affects between 24 to 64% of women and results in decreased quality of life, financial burden, and has been linked with low back pain and hip dysfunction.
- Improvement and cure rates following pelvic floor muscle training (PFMT) ranged from 56% to 70%.
- Improvements and cure rates were highest when women were a part of a supervised PFMT program.
- Treatment for SUI is within PT's scope of Practice.

Objectives

- **Research Question:** Do physical therapists screen for SUI in adult female patients, and what type of screening methods do they use?
- Determine prevalence of SUI screening practices among Florida PTs, as well as perceived barriers to SUI screening in the clinical environment.
- Determine methods used in screening for SUI, the likelihood of screening based on respondent demographics, and confidence in treating individuals with SUI.
- Provide insight regarding potential barriers to screening and treating SUI among PTs in order to modify and include appropriate educational training in DPT curriculums.

Methods

- Data were collected using an anonymous online survey via Checkbox, a survey program made available to students through FGCU.
- Participants were recruited through electronic mail, flyers, and web announcements using professional channels.
- Responses were analyzed using Checkbox analysis tool and SPSS Predictive Analytics Software, v 23.0, Armonk, NY: IBM Corp, 2015.
- Participants included 64 licensed PTs working in Florida whose patient population included adult females aged 18 years or above.
- The survey was designed to examine screening patterns and perceptions of PTs regarding their role in identification and treatment of SUI.

Results

Characteristics of Respondents

- Sixty-four PTs who met the inclusion criteria responded to the survey. The mean age of the respondents was 37.55 years old (± 11.0) with a range of 26 to 64 years. Out of 64 participants, 23 were male (35.9%) and 41 were female (64.1%). Within the sample, entry-level degrees included 40 DPT degrees (62.5%), 12 MS degrees (18.8%), and 12 (18.85%) BS degrees. Highest earned degrees included 41 DPT degrees (64.1%); 14 t-DPT degrees (21.9%); 7 MS degrees (10.9%); and 2 BS degrees (3.1%). Years of experience reported ranged from 0 to 43 years, with an average of 11.2 years (± 11.3). Primary practice settings included outpatient (n=39, 61%), acute care (n=4, 6.3%), home health (n=1, 1.6%), inpatient rehab (n=2, 3.1%), SNF (n=2, 3.1%), and health and wellness center (n=1, 1.6%). Participants who chose more than one primary clinical setting were excluded from this question (n=15). Of the 64 survey participants, 60 said they were not ABPTS certified in Women's Health and 4 did not respond. Fifty participants (78.1%) said that Women's Health was not an area of focus for them, 10 participants (15.6%) said Women's Health was an area of focus, and 4 left the question blank.

Significant Predictors & Barriers to Screening

- The survey showed that PTs with a focus in Women's Health ($p=0.002$) and entry-level degree ($p=0.01$) is correlated to the screening rate of SUI in adult females. Greater amount of PTs with a BS degree screened for it than a clinician with a MS or DPT degree.
- This study found that only about 34% (n=22) of PTs who participated in the study said they screen for SUI at their initial patient evaluation
- The main barrier to screening, treating or referring patients with SUI was found to be a lack of knowledge, education, and experience with it.

Descriptive Statistics

Table 1: Predictors for Screening for SUI.

Screening Predictors	P-value	Significant
Entry Level Degree:	0.01	yes
Women's Health Specialist	0.002	yes
Gender	0.75	no
Highest Degree Earned	0.06	no
Mode of Instruction in PT Curriculum	0.87	no
Practice Setting	0.13	no
Believes Within PT Scope of Practice	0.22	no
Risk Factors of SUI Awareness	0.07	no

Table 2: Physical therapy screening methods for SUI

Screening Methods	Frequency
Subjective History	15
External/Internal Pelvic Floor Exam	1
Questionnaire	6
Functional Assessment	1
Total	23

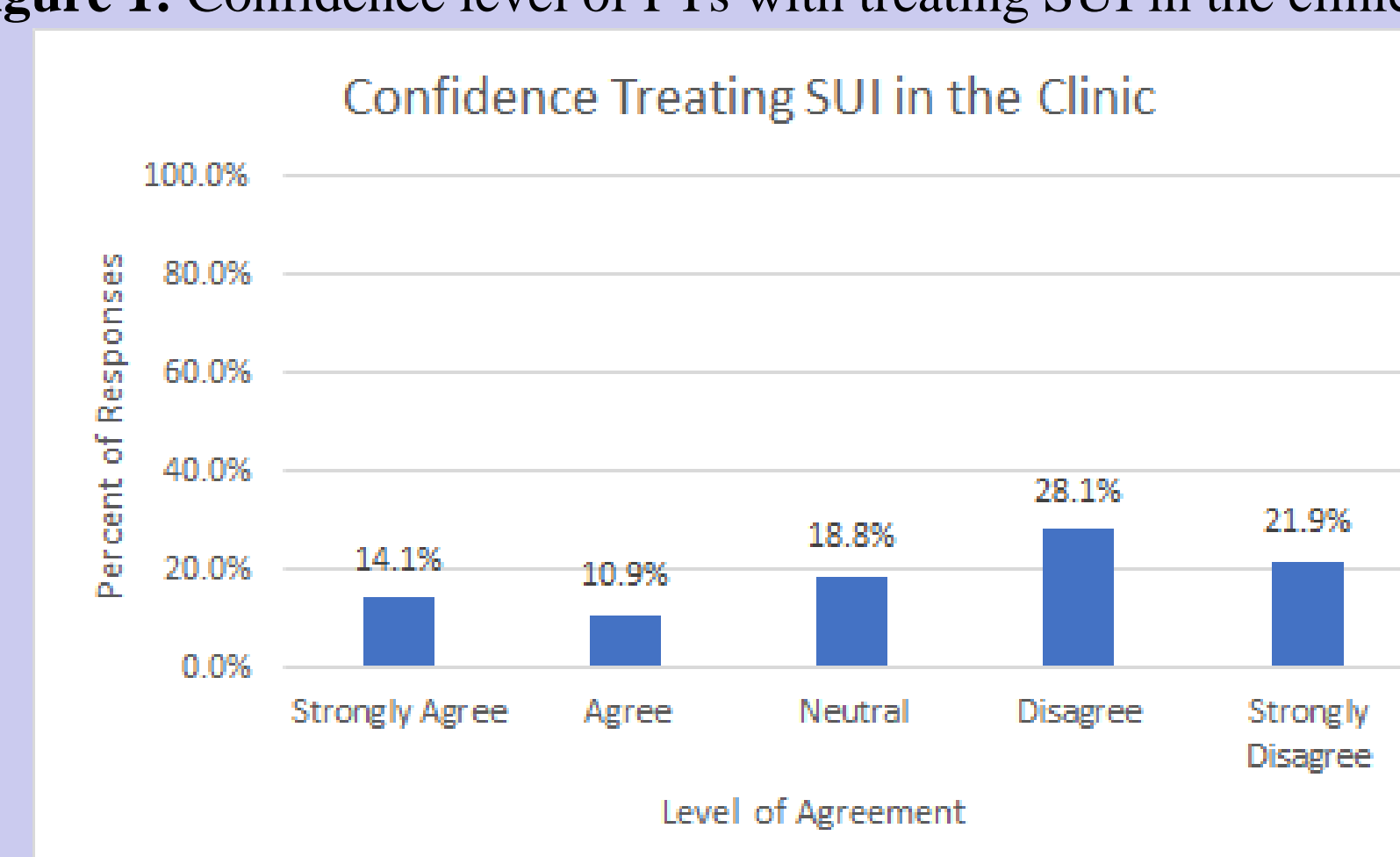
Table 4: Barriers to not Treating or Referring a Patient with SUI.

Barriers	Frequency
Unaware if Patients have SUI	4
Uncomfortable	3
Lack of Education/Knowledge/Experience	22
Lack of Local Clinician to Refer	4
Setting	2
Lack of Equipment	1
Not Priority Diagnosis	5
Legal Concerns	2
Bound by Physician Referral	2
Lack of Interest	1
No Reason Given	1
Total	47

Table 3: Interventions Utilized to Treat a Patient with SUI

Interventions	Frequency
Therapeutic exercises:	17
PFMT	6
Core/Lumbopelvic	5
Postural	1
Not specified	5
Manual Therapy	8
Breathing Exercises	3
Biofeedback	8
Modalities:	8
Electrical Stimulation	6
Cryotherapy/Thermotherapy	2
Patient Education:	12
Behavioral/Lifestyle	7
Handouts	1
Non-Specified Patient Education	4
Other	1
Total	57

Figure 1: Confidence level of PTs with treating SUI in the clinical setting.



Data Analysis

- Survey responses were analyzed using SPSS quantitative data analysis and Checkbox analysis.
- Descriptive statistics were calculated using frequency counts and percentages.
- Differences in rates of screening based on characteristics of the sample (e.g. age, gender, entry-level degree, highest degree earned, years of experience, practice setting, awareness of risk factors of UI, and previous training in PT program) were compared using Chi² Test of Independence.
- Prevalence of screening based on PTs age and years of clinical experience was compared using ANOVA, with a critical alpha level of $p = .05$.

Discussion

- Limitations of this study include a small sample size, incomplete survey responses, misinterpretation of questions and inappropriate responses by survey participants, ineffective survey promotion and distribution, poor wording of questions, and difficulty analyzing the data due to question style (open-ended responses).
- Another possible explanation could be that many clinicians did not respond to or complete the survey if they had no interest in Women's Health.
- Future studies should focus on better distribution methods and avoidance of open-ended responses when possible.

Conclusions

- The study demonstrated several barriers including lack of knowledge, education or experience, consequently resulting in decreased confidence and comfort with screening and treating the condition. The second most common barrier was belief that SUI is not a priority diagnosis.
- The findings in this survey should not be universally applied due to limited responses and small/isolated sample size.
- Regardless, results from this study are a preliminary step in identifying barriers to screening for SUI within PT practice.
- The data obtained will hopefully elucidate educational methods and facilitators within clinical environments that can be later employed to enhance service for women with this condition.