

OT Pediatric Pelvic Health for Potty Training...and Beyond

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Objectives

- Identify the signs of toilet training readiness and strategies to improve toilet training readiness
- Identify and describe 3 client factors that impact toilet training readiness including pelvic floor function
- Describe 3 motor skills requiring further assessment for pediatric patients struggling with potty training and continence
- Demonstrate 3 treatment techniques to improve participation in toileting for children with bowel and bladder dysfunction
- Describe the role other disciplines play in bowel and bladder health

CHAT BOX!

Send in the chat box:

- what age range you work with
- what setting you work in
- any previous experience with toileting



OT and Toileting

OTPs focus on

- Meaning
- Function
- Participation



It is reported that 30-40% of children seen in pediatric urology outpatient clinics have a voiding or urine storage abnormally (Farhat, McLorie, O'Reilly, Khoury, Bagli, 2001).

- OTPs bring a unique, holistic perspective to bowel and bladder health and progression of toileting
- OTPs increasingly becoming more involved in this area due to specific needs per child

Developmental Milestones

| Age Range | Milestones |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0-12 months | no bowel or bladder control |
| 12-24 months | child may perceive bladder fullness, development of bowel and bladder patterns, may indicate discomfort with soiled diaper |
| 18-24 months | child washes and dries hands partially |
| 24-36 months | child stays dry for 2-4 hours, indicates need to use the toilet, washes hands independently |
| 24-48 months | child anticipates need to empty bladder or bowel, voluntary control of their bowel or bladder during the daytime, pulls up pants with assistance |
| 30-36 months | child distinguishes between urination and bowel movements, able to hold urine voluntarily with occasional accidents, dresses with supervision and may require assist with fasteners |
| 44-72 months | Dresses independently, may have a few accidents, has control of bladder and bowel at night, can hold urine for longer periods of time |

(Beck, C., Chaun C., Drobnjak, L., Greutmana, H., Hefferon, C., & Spencer, J., 2019)

- **Approximate age of full bladder control is ~5 years old**
 - Impacts need to be toilet trained for some preschools
 - Neurodivergent children may follow differing timeline with toileting milestones
- **Night time continence occurs after day time**

Chat Box Question!!!

What are some signs of toilet training readiness?



Signs of Toileting Training Readiness

1. Staying dry for two hours
2. Identify when diaper is wet or dirty
3. Showing interest in toileting
4. Identifying urge, requesting parent help to use potty



Diagnoses and Client Factors

- Gender and Family
- Age
- Temperament
- background/medical history
- Developmental Delay
 - Gross motor
 - ADHD
 - Sensory Processing
 - Autism
 - Cerebral palsy
 - Down syndrome

Pelvic Health Diagnoses

- Enuresis
- Nocturnal Enuresis
- Constipation
- Encopresis
- Slow transit constipation
- Frequent UTIs
- Pelvic Floor Dyssynergia

Evaluation and Goals

Medical history

Social history

Bladder and bowel habits

Gross motor skills

Sensory processing skills

Self care skills

Leisure

Goals

- Decreased leakage during day or night for increased participation in daily routines
- Decreased straining or pain
- Increased fluid intake
- Increased physical activity
- Sustained seated attention
- Sitting posture
- Increasing participation in toileting tasks

OT in combination with other disciplines

- Psychology
- Physical Therapy
- Urology
- Gastroenterology
- Social worker
- Teachers
- Nurses



Task Analysis and Treatment

Toilet training/readiness

Motor Skills

Breathing

Sensory

Parent education/Home program

Environmental modifications

Anxiety/Trauma/Behavior



Pelvic Floor

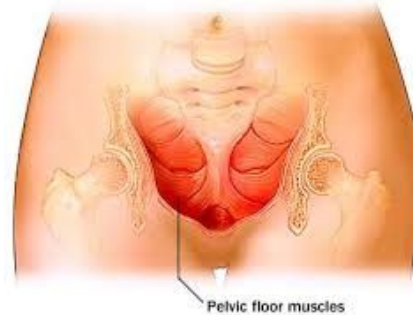
Our pelvic floor has multiple functions impacting continence and other bodily functions.

2 layers

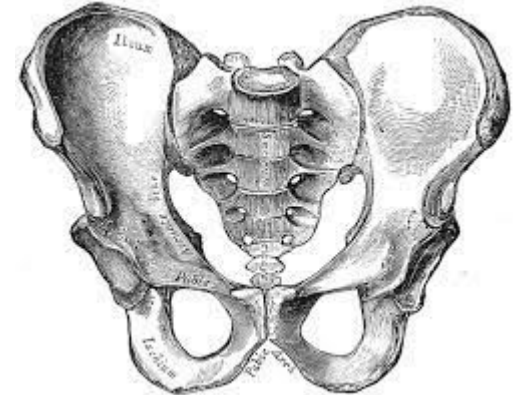
- Superficial layer
- Deep pelvic floor muscles

Our pelvic floor muscles support

- Stabilization of our core muscles
- Support pelvic floor organs
- Control continence



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Nutrition

- Drink enough fluid so urine is pale yellow to clear
 - 1 ounce of fluid per kilogram of body weight
- Fiber
 - Age of child plus 5 grams until age of 10
 - Age 10 and up need 25-35 grams
- Precautions and safety should be consider when recommending diet modifications
 - Bladder Irritants
 - Tomato based products, Vinegar, Coffee, Tea, Curry, Citrus foods and juices, Spicy foods, Caffeinated beverages, Carbonated beverages, Cola, Milk, Artificial sweeteners, Chocolate, Foods with red or blue dye
 - Constipating Foods
 - Applesauce, Arrowroot biscuits, Marshmallow, Banana, Peanut butter, Tapioca, Cheese



Sensory Processing



Sensory systems

- taste , touch, sight, sound, smell, vestibular, proprioception, *interoception

Sensory over responsiveness (high arousal)

Sensory under responsiveness (low arousal)

Sensory seeking

Chat Box question!!!



How would this type of environment impact successful toileting?

Emotional and Behavioral Considerations

- Anxiety/Fear
 - What are in kids' control?
 - Involves various changes in what is “typical” for a child
 - Painful...constipation? Withholding?
- Trauma
 - Intimate setting
 - Past experiences
 - Avoidance
 - Fight or flight autonomic responses
- Keep in mind other disciplines that we can refer to if needed!



<https://www.samhsa.gov/child-trauma/understanding-child-trauma#:~:text=Fast%20Facts,for%20physical%20assault%2Drelated%20injuries>

Motor Skills and Motor Control



Functional AROM

**Strength

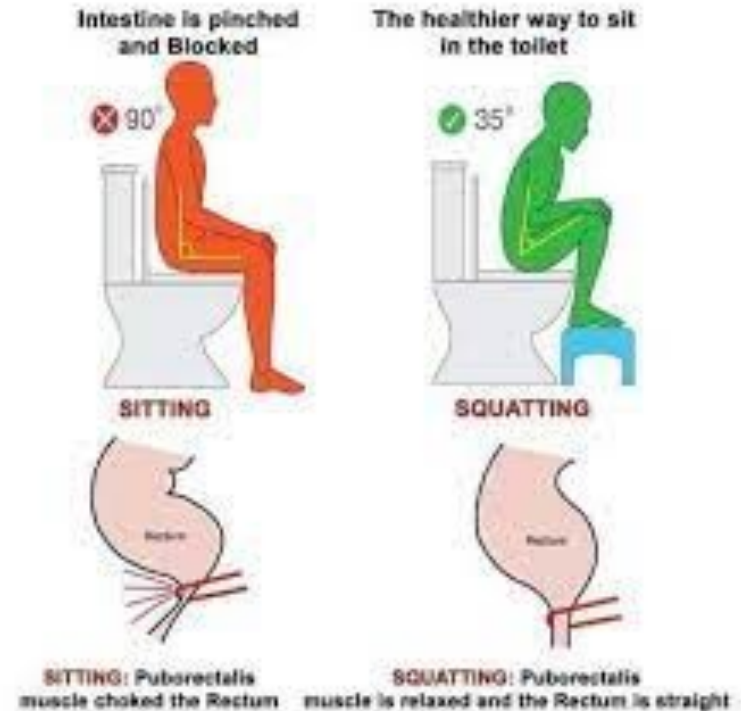
Coordination

**Postural control

Balance/ weight shifting

Posture for Toileting

- Aiding in motor control
- Optimal anatomical positioning to allow for complete emptying of bowel and bladder



Treatment Idea 1

Teach appropriate sitting posture

- Toilet seats and stools
- Visuals
- Trunk strength and control
 - Scooter board activities
 - Yoga
 - Wheelbarrow walks
 - Animal walks



Take a Belly Breath!



CHAT BOX!!

-check in with your body

-was it hard, easy?

-what did you feel in your rib cage, abdomen, belly?

-what did you notice about your breath?

Breathe

Inhale your pelvic floor lengthens

Exhale your pelvic floor shortens

Breathing supports the range of motion of the pelvic floor

Shallow breathing impacts the mobility of the pelvic floor muscles



Treatment Idea 2

Breathing games and visuals

- Blowing bubbles in cup with food coloring
- Bubble art
- Using straw to blow small pieces of paper
 - Race against one another to blow pieces of paper to a finish line
- Toilet paper rolls with streamers off one end
- Blowing up balloons
- Belly Breathing

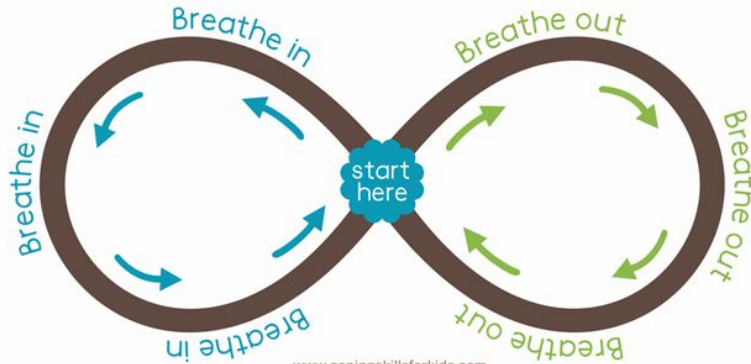
BONUS: Breathing not only supports movement of the diaphragm for toileting, but also aids in regulation required for optimal attention and participation





Lazy 8 Breathing

Start with an 8 on its side. Starting in the middle, go up to the left and trace the left part of the 8 with your finger while you breathe in. When you get to the middle of the 8 again, breathe out while you trace the right part of the 8 with your finger.



When I take a deep breath,

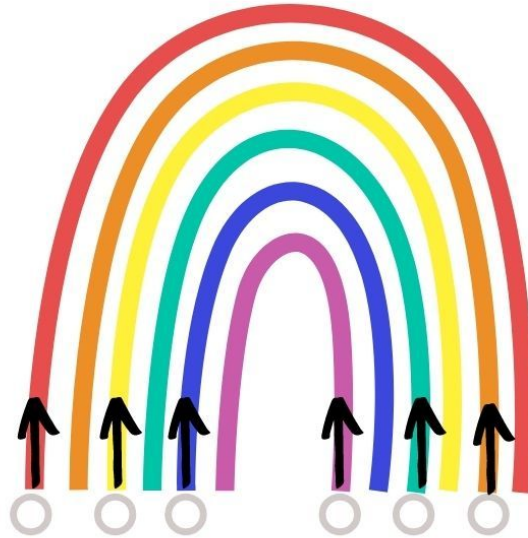


I smell a
flower,



Then blow out
a candle.

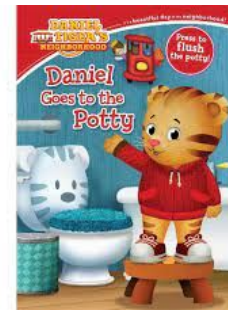
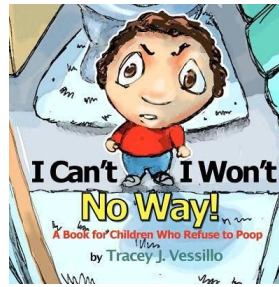
Deep Breathing EXERCISE



Place your finger on a white dot. Trace the arrow and take a deep breath in. Pause at the end of the color. Trace the next arrow and breathe out. Continue around the image several times.

Treatment Idea 3

Videos/Media



| Books | Videos |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| I Can't, I Won't, No Way | The Poo in You: https://www.youtube.com/watch?v=SgBj7Mc_4sc |
| Everyone Poops | Poo Poo Song: https://www.youtube.com/watch?v=jkbb7aoYqTU |
| Daniel Goes to the Potty | Baby Shark Potty Song: https://www.youtube.com/watch?v=nx3e8XenabQ |
| How to Poop Every day | A Journey Inside Your Body https://www.youtube.com/watch?v=3pjkQcQBTtc |

Case Study

4 year old referred to OT by her PCP with the diagnosis of developmental delay

Evaluation: Medical history included constipation and sensory processing disorder. Patient was receiving outpatient occupational therapy, speech therapy, and physical therapy. Parent was seeking additional support for potty training.

Treatment: Patient was seen virtually 2-3 times a month over a 4 month time frame. Treatment focused on potty training and toilet themed games and books. Instruction in body function related to toileting skills through play based tasks. Educated parents on body signs for toileting readiness and parent coaching on behavior modification strategies. Education was provided on toileting positioning and strategies to generalize to other environments such as school.

Discharge: Patient was voiding in toilet for bowel and bladder management. Patient was beginning to independently identify urge. Patient was beginning to generalize skill to other environments such as school and outpatient therapy.

QUESTIONS??



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