Does urinary incontinence associated with prostatectomy improve when treated with pelvic floor physical therapy when compared to no physical therapy intervention?  
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Introduction/Purpose
Prostate cancer is a common form of cancer affecting men. Prostate cancer generally responds well to treatment although many men suffer undesirable side effects following cancer treatment. The purpose of this systematic review was to examine how pelvic floor physical therapy interventions affected urinary incontinence in men undergoing treatment for prostate cancer.

Methods
A systematic review was performed on current peer reviewed literature using EBSCOHost. Studies that addressed prostate cancer, urinary incontinence and pelvic floor muscle exercise training were included in this review.

Procedures
The original search returned 76 articles. After duplicates were removed, a search title screen was performed and 23 articles remained for full text assessment. Full text assessment disqualified nine articles leaving 12 articles for qualitative assessment. Systematic review tools PEDro and AACPDm were utilized to establish levels of evidence and conduct ratings by four separate researchers.

References

Conclusion
Urinary incontinence is a common finding among men who have undergone radical prostatectomy as a treatment for prostate cancer. Physical therapy intervention has been shown to have positive effects on patients experiencing urinary incontinence due to prostate cancer treatment. Physical therapists’ expertise in exercise training allows patients to receive higher quality instruction in PFMT, therefore gaining more effective and efficient results in achieving urinary continence and improved quality of life. There is still a need for more studies to determine the optimal timing and long term benefits of pelvic floor physical therapy intervention. Future research is needed to establish a consistent definition of urinary incontinence as well as develop a consistent PFMT treatment protocol to allow for a more refined application of study findings.