

OT'S HOLISTIC APPROACH TO PEDIATRIC URINARY INCONTINENCE

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AN OCCUPATIONAL ISSUE

Pediatric urinary incontinence is a common but under-recognized childhood condition that significantly impacts participation, routines, and psychosocial well-being.

- Prevalence across childhood:
 - ~20% of five-year-olds
 - ~10% of six-year-olds
 - ~3% of twelve-year-olds

(Stanford Children's Health, n.d.)

Although prevalence decreases with age, urinary incontinence remains clinically and psychosocially significant into later childhood.

(Stanford Children's Health, n.d.)

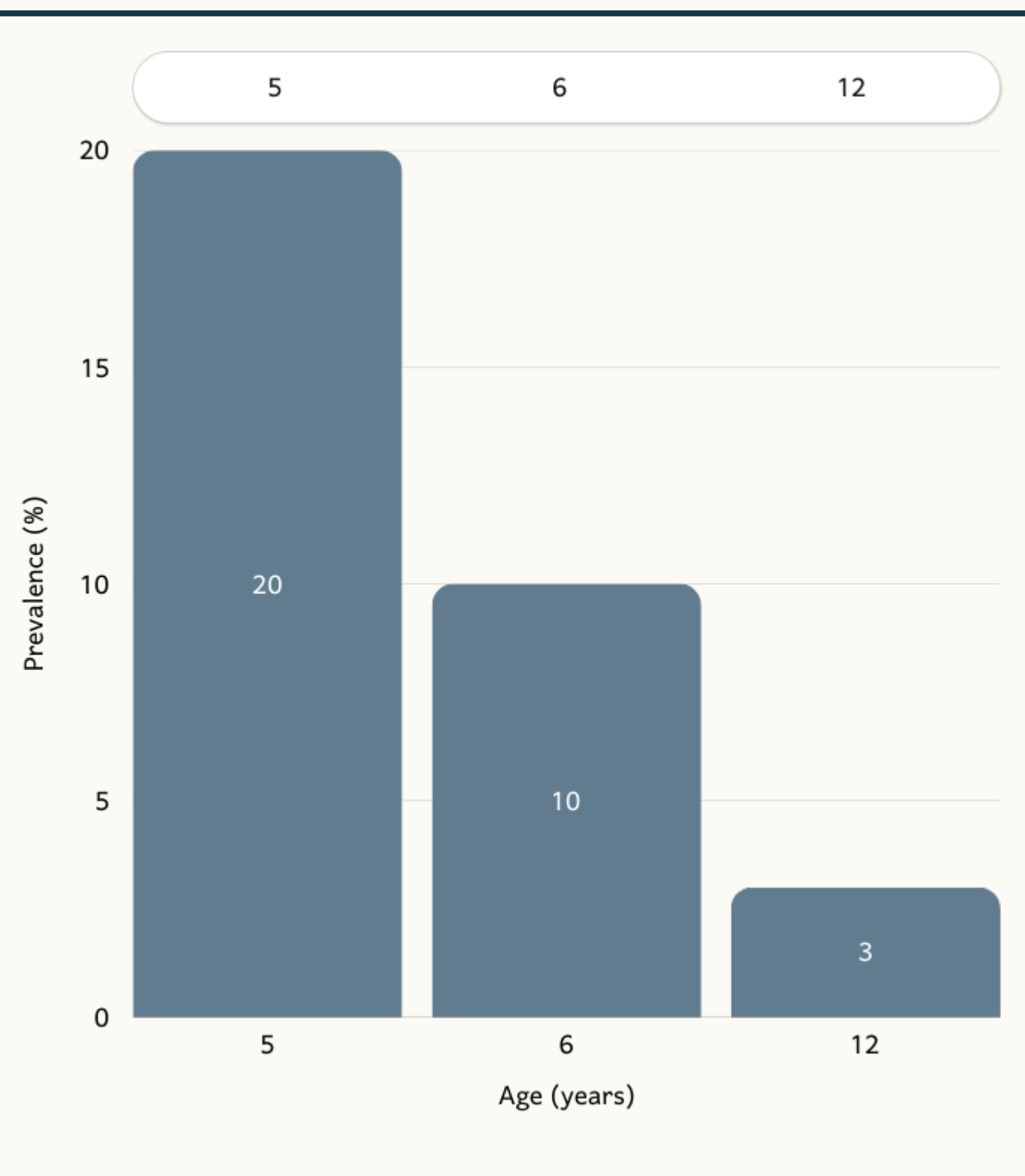
Still affects ~1 in 30 children at age 12

Often referred to as “the hidden disability” – not outwardly visible, but difficult to conceal and emotionally distressing.

Documented impacts include:

- Reduced self-esteem, embarrassment, and anxiety
- Avoidance of school participation and peer activities
- Disruption of daily routines and family life
- Increased psychological stress and emotional burden

(Fischer et al., 2015; Joinson et al., 2006; Thibodeau et al., 2011)



Framing continence solely as a medical issue overlooks its direct influence on occupational participation, dignity, and quality of life.

Urinary continence is an occupational justice issue requiring an occupation-centered response.

OCCUPATIONAL THERAPY'S ROLE: EVIDENCE AND SCOPE

Occupational therapy provides a holistic, non-pharmacological, occupation-based approach to pediatric urinary incontinence that addresses physical, behavioral, and psychosocial factors.

Occupational therapy uniquely integrates these strategies within daily routines and meaningful activities, distinguishing OT from purely medical or impairment-focused management.

Evidence-supported OT intervention domains include:

- Urotherapy and bladder retraining
- Education on voiding patterns, posture, scheduling, and lifestyle habits
- Behavioral and habit-based strategies
- Timed voiding, routine development, and anxiety reduction
- Pelvic floor awareness and retraining
- Improving coordination, relaxation, and body awareness
- Bowel-bladder relationship
- Addressing constipation as a key contributor to urinary dysfunction
- Caregiver and child education
- Promoting understanding, carryover, and stigma reduction

(Altunkol et al., 2018; Alyami et al., 2018; Clothier & Wright, 2018; Koenig & McKenna, 2011; Nieuwhof-Leppink et al., 2019)

OT uniquely integrates these strategies within children's everyday routines and meaningful occupations.

Education, Psychosocial, & Contextual Support

Education
Psychosocial factors
Cross-setting application

Pelvic Floor & Body Awareness

Pelvic floor coordination
Relaxation and awareness
Bowel-bladder relationship

Behavioral & Habit-Based Strategies

Timed voiding
Routine development
Anxiety reduction

Daily Routines & Occupational Participation

Toileting routines
School participation
Play, sleep, self-care

ONE CHILD, MULTIPLE CONTEXTS: A COLLABORATIVE OT-LED MODEL

Urinary continence challenges occur across the child's daily environments, not in isolation.

- Children spend a significant portion of waking hours in school, yet educators often receive limited training related to continence and toileting access

(Cooper et al., 2003; Tatlow-Golden et al., 2017)

OCCUPATIONAL THERAPY'S ROLE ACROSS SETTINGS

Clinic

- Comprehensive evaluation
- Pelvic floor retraining and biofeedback
- Skill development and individualized intervention

(Hoebeke et al., 1996; Nieuwhof-Leppink et al., 2019)

School

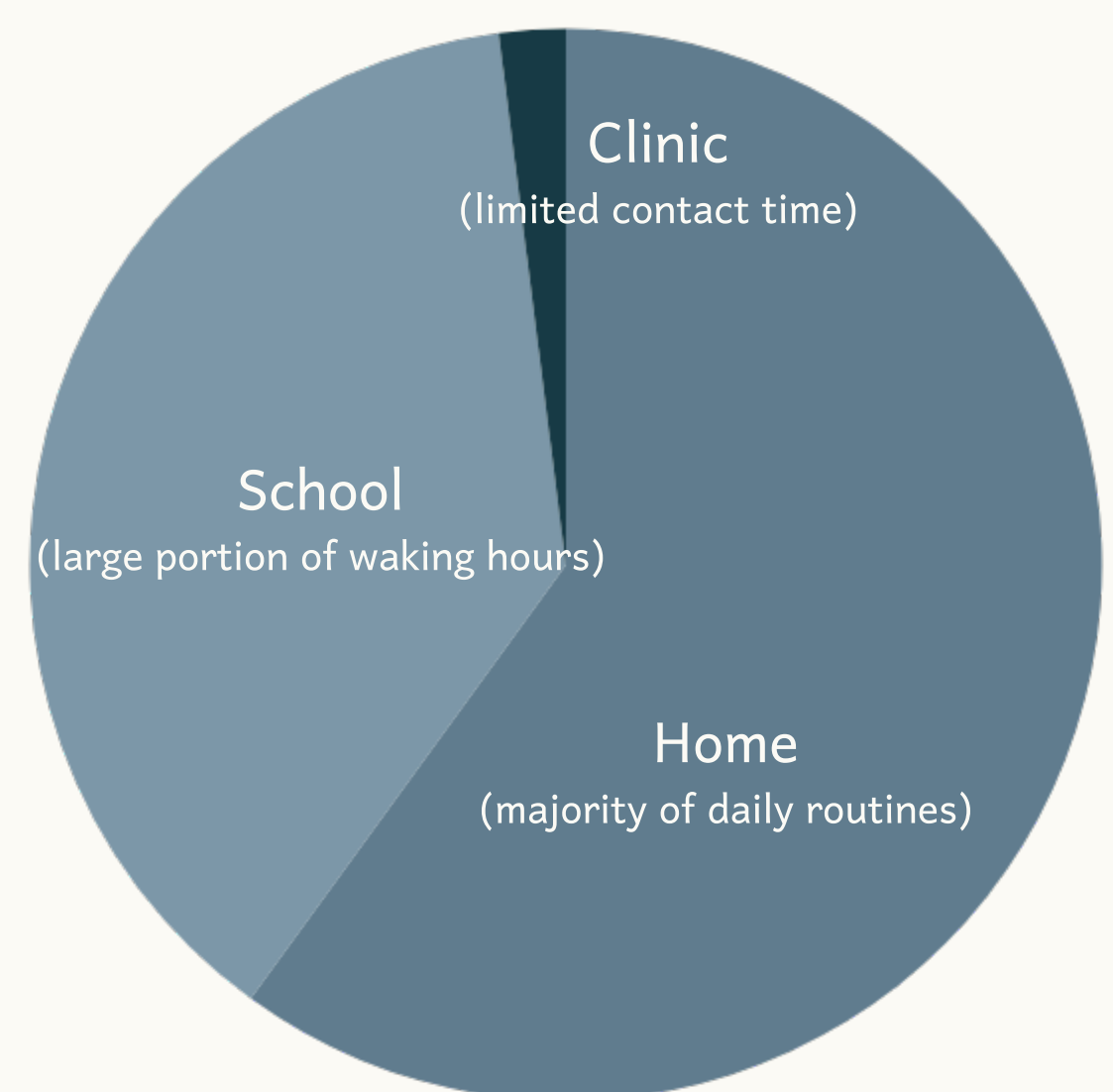
- Toileting routines and environmental access
- Staff education and collaboration
- Advocacy to support participation and dignity

(Tatlow-Golden et al., 2017)

Home

- Caregiver coaching and education
- Habit formation and routine carryover
- Psychosocial support within daily life

(Nelson & Carlson, 2020)



Most of a child's continence-related routines occur at home and school. Carryover is essential for sustainable outcomes.

Shared language, evidence-based tools, and cross-setting collaboration support sustainable outcomes, even within diverse global health and education systems.

Occupational therapy is essential in advancing pediatric pelvic health, participation, and quality of life worldwide.

