## Peds Level 2 ****Advanced Pediatric Bowel and Bladder Disorders: Evaluation and Treatment of Complex Bowel and Bladder Disorders using a Whole-Body Approach****

## Course description

***The next level you’ve been searching for.***

You’re treating children with constipation, enuresis, and encopresis regularly. And every now and then you get those patients that just leave you stumped. How would it feel to never again be surprised by a patient in front of you? (Well, we never say *never*, right?)

Whether you’re here looking to learn more about the diaphragm and ribcage, DRA, disorders of the gut-brain interaction, or advanced movement analysis, I’ve got you covered.

Dive deep into the musculoskeletal system and learn something new about

* how to treat those chronic patients who don’t seem to get better
* how to titrate medications safely, and even
* how to comfortably manage children with Hirschsprung’s disease and other anorectal malformations

Take a step back and see your WHOLE patient. Evaluate, diagnose, and treat like the seasoned professional you know you can become! Your patients will get better faster with my whole-body approach to an array of conditions under the umbrella of bowel and bladder dysfunction.

In this course, we’ll discuss posture, breathing patterns, the nervous system, vascular and lymph considerations, and much more. You’re more than just a constipation therapist.

How would it feel to have *all the tools*? Everyone already knows you as the pediatric pelvic floor expert, but do YOU know everything you could to treat the patients you’re seeing?

This course will give you the confidence to treat *any* pediatric patient with bowel or bladder issues. Forget the days of a referral coming across your desk and thinking, “what in the world?”, then frantically searching the web for more information.

This course gives you a lifetime of access to all things ***advanced*** pediatric pelvic floor, such as:

* In-depth rib cage assessment
* Next-level core evaluation and treatment techniques
* Updated DRA/pressure system exercise guidance
* Full-body movement analysis as it relates to the pelvic floor
* Deep dive into how specific disorders change a patient's movement and what to do about it

Tell me — when was the last time you thought about the diaphragm as more than a muscle for breathing? Do you recall that it interdigitates with the TrA? Or how the position of the diaphragm and ribs control core activation and stability?

You’re one of the pediatric pelvic floor pioneers literally changing the world! You’re a lifelong learner and a therapist with an extremely specialized skill set.

You owe it to your patients (*and yourself*) to finally broaden your diagnostic and treatment skills with Peds Level 2 — Advanced Pediatric Bowel and Bladder Disorders: Evaluation and Treatment of Complex Bowel and Bladder Disorders using a Whole-Body Approach.

Additionally, participants who have not yet been trained will learn external and internal anorectal PFM evaluation of the pediatric perineum. Indications for rectal balloon training and determining the appropriate patient will be instructed with lab. Functional defecatory positions for breathing and PFM relaxation, manual neuromuscular techniques of the abdominal wall, rib cage and viscera will be taught. Video demonstrations of pediatric patients’ treatment techniques and progressions will be presented. Management of supplements and dietary influences will be discussed. Finally, case studies of specific diagnoses including post op Hirschsprung’s pull though bowel training, fecal incontinence and Abdominal Phrenic Dyssynergia will be presented.

1. Robin SG, Keller C, Zwiener R, et al. Prevalence of Pediatric Functional Gastrointestinal Disorders Utilizing the Rome IV Criteria. J Pediatr 2018; 195:134.
2. Zeevenhooven, J, Koppen I, Benninga, M. The new Rome IV criteria for functional gastrointestinal disorders in infants and toddlers. Pediatric gastroenterology, Hepatology and Nutrition. January 2017.
3. Thapar, N., Benninga, M.A., Crowell, M.D. et al. Paediatric functional abdominal pain disorders. Nat Rev Dis Primers **6**, 89 (2020). <https://doi.org/10.1038/s41572-020-00222-5>
4. Zar-Kessler C, Kuo B, Cole E, Benedix A, Belkind-Gerson, J. Benefit of pelvic floor physical therapy in pediatric patients with dyssynergic defecation constipation. 2019 Dig Dis
5. Cangemi, D. J., & Lacy, B. E. (2022). A Practical Approach to the Diagnosis and Treatment of Abdominal Bloating and Distension. Gastroenterology & Hepatology, 18(2), 75.

Instructional Level:This is an intermediate level course.

## Course Prerequisite

This course is available to pediatric and pelvic health therapists or practitioners interested in expanding their practice. It is recommended to take Pediatric Pelvic Floor Dysfunction and Incontinence (or acceptable equivalent) as a Pre-requisite. Participants should have a basic knowledge of biofeedback and pelvic floor muscle anatomy.

This course is appropriate for physical therapists, occupational therapists, pediatric nurse practitioners and medical doctors and other health care professionals interested in expanding their practice in pediatric bowel and bladder disorders.

Content is not intended for use outside the scope of the learner's license or regulation. Physical therapy continuing education courses should not be taken by individuals who are not licensed or otherwise regulated, except, as they are involved in a specific plan of care.

## Course Objectives

1. Understand normal digestive anatomy and physiology and identify the ileocecal and rectal valves
2. Differentiate the 2 nervous systems that make up the Enteric Nervous System and the function of each
3. Analyze the function of the PFM and diaphragm as it relates to defecation
4. Relate Disorders of the Gut Brain Interaction in children and be able to analyze potential medical “red flags” requiring referral to the physician.
5. Apply knowledge medications used for bowel dysfunction and titration for long term bowel health for recommendation
6. List 2 osmotic laxatives and why they are used for functional constipation
7. Predict if a patient is taking too much or too little medication based on the Bristol Stool Scale
8. Arrange and provide education for diet/medication/supplement titration
9. Recognize the psychosocial and behavioral component and differentiate proper referral and rectal balloon treatment and determine if psychological referral is necessary.
10. Observe use of perianal surface electromyography (sEMG) via video demonstration and classify 2 common problems seen in the pediatric patient
11. Analyze how to use sEMG biofeedback to increase or decrease pelvic floor muscle activity and if contraindicated
12. Apply 3 exercises and techniques for diastasis recti
13. Apply 3 breathing strategies seen in functional gastrointestinal disorders
14. Analyze breathing disorders and core weakness by measurement of rib angles
15. Apply 2 manual techniques to stimulate BM
16. Categorize 3 indications for using rectal balloon training
17. Differentiate 5 treatment progressions examples for children with pediatric bowel disorders using manual therapy, core, posture and breathing techniques
18. Solve and Implement an appropriate plan of care based on a patient’s symptoms and physical examination

A total of 8 hours involves evaluative procedures to treat a person without a referral.