# **Pediatric Functional Gastrointestinal Disorders Assessment and Management -The Pelvic Floor and BEYOND!**

## Course description

This online class is the next step for therapists those who focus on the pediatric pelvic floor patient population. It is designed to expand your knowledge of development of normal bowel patterns in children, introduce the new Rome IV criteria 1,2 and review the anatomy and physiology of the GI system with emphasis pediatric Functional Gastrointestinal Disorders (FGID).

According to van den Berg et al, up to 30 percent of children suffer from constipation and account for approximately 3% to 5% of all visits to pediatricians.

Early intervention can avoid stool-withholding patterns with worsening constipation leading to prolonged bowel issues into adulthood 3 with psychosocial consequences.

This course will delve into the most common types of functional constipation and tests and measures used to assess it. Special emphasis on constipation with coexistence of fecal incontinence and treatment of dyssynergic defecation 4 and the psychological effects of these disorders will also be presented.

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.

References:

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. Chase J, Lewina S. childhood incontinence and pelvic floor muscle function; can be learned from adult research? J Ped Urol (2017) 13, 94-101
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

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. Name the 2 nervous systems that make up the Enteric Nervous System and the function of each
3. Understand the function of the PFM and diaphragm as it relates to defecation
4. Understand FGID in children and be able to identify potential medical “red flags” requiring referral to the physician.
5. Understand medications used for bowel dysfunction and titration for long term bowel health
6. List 2 osmotic laxatives and why they are used for functional constipation
7. Distinguish if a patient is taking too much or too little medication based on the Bristol Stool Scale
8. Provide education for diet/medication/supplement titration
9. Recognize the psychosocial and behavioral component for 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 identify 2 common problems seen in PFM discoordination in the pediatric patient
11. Understand how to use sEMG biofeedback to increase or decrease pelvic floor muscle activity and if contraindicated
12. Assess and provide exercises and techniques for diastasis recti
13. Define 3 breathing strategies seen in functional gastrointestinal disorders
14. Assess breathing disorders and core weakness
15. Define 2 manual techniques to stimulate BM
16. List 3 indications for using rectal balloon training
17. Describe 5 treatment progressions examples for children with pediatric bowel disorders using manual therapy, core, posture and breathing techniques
18. 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.