



"Urinary incontinence is a silent epidemic among women. *The Bathroom Key* is the solution—pure and simple. I highly recommend this book and the program within!"

—CHRISTIANE NORTHRUP, MD, OB/GYN, physician, and author of *The New York Times* bestsellers: *Women's Bodies*, *Women's Wisdom* and *The Wisdom of Menopause*

THE BATHROOM ROOM KEY

PUT AN
END TO
INCONTINENCE

Kathryn Kassai, Physical Therapist and Kim Perelli

FOREWORD BY JILL G. BYERS, MD



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December 2011

We are very pleased to present ***The Bathroom Key: Put an End to Incontinence***, authored by Kathryn Kassai (physical therapist) and Kim Perelli (cured patient).

Urinary incontinence is a silent epidemic, affecting half to one-third of all women. Recently, this silence has been broken by some of the most publicized women in America: Whoopi Goldberg, Kris Kardashian Jenner, and Oprah. By divulging that they have incontinence, Whoopi and Kris encourage other women to ignore the stigma, speak up, and cure this dreadful condition. *The Bathroom Key* does all that by delivering a treasure trove of little-known information that every woman should know, but unfortunately doesn't.

Mirroring *The Bathroom Key's* message, Oprah validates its significance. In August 2011, the leading health article on Oprah.com ("*Physical Therapy for Your Lady Parts*") affirms that physical therapy results in an 85% cure rate for incontinence – an outcome the medical community has documented for decades. Public awareness is sorely lacking, as most women are totally unaware of this successful non-invasive approach. Your media coverage will expose the truth about this closeted issue and empower women to seek help.

The Bathroom Key is much more than Kegel exercises, because it incorporates key elements of the physical therapy approach. By encouraging readers to self-assess, use biofeedback, modify behaviors, re-train their bladders, alter dietary habits, and practice a variety of exercises to self-treat and cure their incontinence, this book is a genuine teaching tool.

The Bathroom Key:

- Is written in an easy "friend-to-friend" style that reveals the secrecy surrounding urinary incontinence through real life stories of women dealing with embarrassing and life-altering symptoms. Readers will surely relate to these compelling anecdotal stories.
- Advocates for physical therapy as something that can radically help the problem, with credible, mainstream-medical citations in support.
- Lists a variety of behavioral and practical exercises that allows people to self-treat at home in a step-by-step fashion with over 60 photographs and illustrations.

Women can regain bladder control naturally, stop taking medications, avoid surgery, throw away pads, and regain their dignity. Help us spread the word to the 200 million people worldwide who are suffering in silence from this highly curable condition.

Sincerely,

Tom Hastings, Marketing Manager, Demos Health

tom@demoshealth.com



Advance Praise for *The Bathroom Key: Put an End to Incontinence*

“Urinary incontinence is a silent epidemic among women. *The Bathroom Key* is the solution—pure and simple. I highly recommend this book and the program within!”

—**CHRISTIANE NORTHRUP, MD, OB/GYN, physician, and author of *The New York Times* bestsellers: “*Women's Bodies, Women's Wisdom*” and “*The Wisdom of Menopause*”**

“Arnold Henry Kegel, MD, FACS, was my father and he made a substantial contribution in the field of medicine during his lifetime. Kegel exercises bear his name. His original work immeasurably improved the lives of women suffering from incontinence. The advanced techniques presented in this book work even better today—to eliminate incontinence once and for all...”

—**Robert Arnold Kegel, Esq.**

“This is a book for every mother, daughter and girlfriend. Kim and Kathryn describe not only their journey, but the journey of many real women. The information is understandable, and more importantly, applicable to every woman at every stage of her life.”

—**Sarah Haag, PT, DPT, MS, WCS, Chicago, IL**

“Authors Kassai and Perelli instill confidence that control over the bladder is achievable and resides within each of us. Hooray to both authors for putting into context the essential role played by physical therapy. They have assembled a no-nonsense, unbeatable set of guidelines and instructions for achieving not only continence but reclaiming one’s entire pelvic health.”

— **Nancy Muller, PhD, Executive Director, National Association for Continence**

“It is an amazing truth that most incontinent woman can become dry without surgery and without medicines. Pelvic floor muscle therapy and biofeedback, as described in this book, has become a powerfully effective standard tool in the fight against bladder dysfunction. As a Urologist, I love it when my incontinent patients become dry; when they can sleep through the night without getting up to urinate; when they don’t have to know where every bathroom in the mall is before they can go shopping. This fabulous book reveals the physical therapy methods that can give people—with all sorts of bladder problems—their lives back. Read this book and it might just change your life.”

— **Fredrick N. Wolk, MD, Diplomat of the American Board of Urology**

“*The Bathroom Key* is a wonderful resource for any woman with symptoms of urinary incontinence, pelvic prolapse, or issues of pelvic pain and discomfort with sexual activity. Kathryn and Kim do a great

job describing why women may have these symptoms and discussing the various treatment options. I love the way they use real patients as examples throughout the book and explain everything in plain language without confusing the reader with medical terms that can be hard to understand.”

— **David A. Ginsberg, MD, Associate Professor of Clinical Urology, USC Institute of Urology, Keck School of Medicine**

“*The Bathroom Key* is a must-read for anyone over 20. It takes an embarrassing problem and turns it in to a controllable situation.”

— **Pamela J. Rizzo, Publisher, *The Women’s Journal***

“I have been in Gynecological practice for 24 years and I have never seen a “compendium” on urinary incontinence for patients and physicians alike. What a service for millions of our patients who can use this information and seek treatment without embarrassment and shame. Thanks to Kathryn and Kim, incontinence is no longer a ‘closet’ medical issue. I plan to recommend this book to my patients.”

— **Cecelia M. Hann, MD, Gynecologist, Santa Clarita, CA**

“This book is a fantastic resource with great information and real techniques for patients and professionals alike.”

— **Isa Herrera, MSPT, CSCS, Author of “*Ending Female Pain: A Woman’s Manual*” and Owner of *Renew Physical Therapy Healing Center, New York City***

“*The Bathroom Key* is an essential book that all sufferers of urinary and/or fecal incontinence should own. It offers easy-to-follow exercises to reduce or eliminate pelvic floor weakness and pelvic floor dysfunction. Musculoskeletal causes of pelvic floor dysfunction are commonly misdiagnosed, and this book will give you clarification and lead you toward a proper diagnosis and treatment. I highly recommend this book and believe that it should be on the bookshelves of all OB/GYN and urological physicians!”

— **Amy Stein, MPT, BCB-PMD, Board Member of the International Pelvic Pain Society, Author of “*Heal Pelvic Pain: A Proven Stretching, Strengthening, and Nutrition Program for Relieving Pain, Incontinence, IBS, and Other Symptoms Without Surgery*” and Owner of *Beyond Basics Physical Therapy, New York City***

“Specific and readable—this timely pelvic health book is prime for the masses! Kathryn and Kim capture, with passion, the essence of why we do what we do as women’s health physical therapists.”

— **Jennifer Klestinski, PT, MPT, OCS, WCS, CSCS, BCB-PMD, Owner of *CoreActive Therapy, LLC, Madison, WI***

“*The Bathroom Key* is a complete review of female pelvic health. Topics span incontinence, pelvic pain, and the mind-body connections. You’ll get samples of exercise programs, practical behavioral tips, and techniques to eliminate symptoms. A great read to start you on your recovery journey.”

— **Kathe Wallace, PT, BCB-PMD, International speaker, Consultant, Trainer, and Instructor in all aspects of physical therapy pelvic floor rehabilitation; Private Practice, Seattle, WA; Co-Founder of *Herman and Wallace Pelvic Rehabilitation Institute***

“This is a must-read book if you are a woman experiencing incontinence, frequent urinary tract infections, chronic pelvic pain, or pelvic organ prolapse. In clear, user-friendly language, with humor and inspiration, the authors give you the information and resources you need to vastly improve the quality of your life—a transformation I have seen occur in my patients treated by Kathryn. I urge you to read *The Bathroom Key*.”

—**Joel Holtz, MD, Family Physician, Rancho Palos Verdes, CA**

“At last, a book that explains the shifting paradigm in the understanding of overactive bladder and incontinence and—just as Kathryn and Kim do with their patients—gives the power of urinary control back to the patient. A well-structured and thoughtful work, *The Bathroom Key* unlocks the secrets to putting YOU in charge of your bladder, instead of vice versa. If you suffer from overactive bladder, urgency, prolapse, or any form of incontinence, this is a must-read.”

—**Timothy Lesser, MD, Urologist, Torrance, CA**

“I rarely find a physical therapy book that holds my attention from the very first page and that motivates me to read cover to cover in a week. This book did it for me! It is like reading an exciting novel that you can’t wait to turn the page to find out what is going to happen next. It also takes you through an emotional journey by providing insights on what truly happens to our patients, in their attempts to create a semblance of normalcy despite their dysfunctions.

Tackling a subject that is considered ‘taboo’ across cultures, the collaborative writing of this book between a PT and a patient produced a product that is easy to read and that caters to patients, physicians, physical therapists, physical therapist assistants, and students. The authors transcended the concept of patient education to a new level in structuring the contents of the book and in their writing style. I wish that more therapists will take a cue from the authors and collaborate with their patients in writing textbooks to make them relatable and to ‘humanize’ the contents of their texts.

This book is truly a ‘gift,’ both to our profession and to our patients!”

—**Nelson Marquez, PT, EdD, Physical Therapy Editor, Today in PT Magazine, Director, Physical Therapist Assistant Program, Polk State College**



Patient Testimonials for
The Bathroom Key: Put an End to Incontinence

“Your keys to freedom are in the implementation of the simple strategies in this book! I used to run to the bathroom between classes -- not anymore!”
--**Haydee Licari**, teacher, cured patient, San Pedro, California



“What a refreshing experience to have a problem solved that doctors said was unsolvable...without possible surgery. *The Bathroom Key* provides natural, healthy methods to eliminate the need to frantically try to find "the key" before it's embarrassingly too late. Kathryn Kassai, PT and Kim Perelli's Book unlocks "the door". Thank You for helping me get my problem under control!!
--**Colleen Flynn**, Director of Public Relations, healed patient, Torrance, California



“I always thought that incontinence only happened to those who were inactive and out of shape. I go to the gym 3 days a week, do cardio, weights, and yoga... yet I couldn't believe I had incontinence. After about 6 weeks of practicing all the exercises as directed, I was amazed and relieved to be free of that dreaded syndrome -- and the vaginal weight system I bought really worked, too. I have been telling my friends that this program is more than just Kegel exercises. Now I can tell them it's in a book! It's about time!”
--**Bobbi Newman**, active woman, cured patient, Hermosa Beach, California





Suggested Discussion Topics
With Kathryn Kassai, Physical Therapist and Kim Perelli
Authors of *The Bathroom Key: Put an End to Incontinence*

The Bathroom Key: Qs & As

Q: Why did you decide to write this book? Was there a catalyst that prompted you to do it?

A: There were two main catalysts; both came from a video Kim watched during her physical therapy treatment

- Kim's best girlfriend was on the video, sharing her incontinence issues with Kathryn.
- Learning that incontinence is a leading cause of nursing home placement for women was a shocker for Kim.

Other reasons:

- Physical therapy is an unknown, natural, noninvasive, and a relatively quick and easy cure.
- There is a void in the marketplace with no user-friendly books available

Q: Why don't women talk about their problem?

A: Thanks to celebrities who have recently been quite vocal about their own incontinence problems (Whoopi Goldberg, Kris Kardashian Jenner, and Mary-Lou Retton), more women WILL start talking. Unfortunately, many women feel ashamed. Even though statistics prove that an epidemic number of women have this issue, most still consider it to be a taboo subject for discussion. Our mission with TBK is to bring this subject out of the (water) closet and get women to understand it's okay and fixable. Oprah featured an article on **Oprah.com**, stating that physical therapy cures incontinence in over 85% of the cases ("*Physical Therapy for Your Lady Parts*," AUGUST 2011). Don't endure it -- cure it!

Q: How prevalent is incontinence?

A: There are 34 million people in the U.S. suffering with incontinence and 200 million worldwide. Incontinence affects half to 1 in 3 women; however the numbers are probably even larger, because so many women do not report their incontinence to their doctors. The average incontinent woman waits 8 years, if at all, to report her condition to anyone.

Let's put it another way: If you take all the women who have skin cancer, add that number to all the women who have breast cancer, then multiply that TOTAL number

by 20... then you arrive at the number of women suffering with urinary incontinence. It's an epidemic... and it's been said that *The Bathroom Key* is the solution!

Q: Do other cultures have such the same high rates [of incontinence] as we do?

A: Bornean women have a low 1:100 ratio vs. the western world's high ratio of 1:3. African women must be checked by the village midwife before they can return to sexual intercourse after childbirth. In France, physical therapy is included as part of the standard recovery process after childbirth.

Q: Are there some countries that have the same or a worse problem?

A: Japan: Adult diapers are predicted to out sell children's diapers by 2013. We wrote this book to make sure this prediction does not come true! Shockingly, Japan held its first-ever, adult diaper, fashion show in 2008.

Q: What are adult diaper manufacturers doing in this country?

A: They are preparing for a huge increase in the adult diaper market with the emergence of the baby boomers. They are now packaging their diapers to look more like underwear in hopes this will appeal to the baby-boomer demographic.

Q: Isn't incontinence just something that happens as we age? What causes incontinence?

A: Urinary Incontinence is NOT a normal part of the aging process. There are leading culprits: Pregnancy, Childbirth, Menopause, and Immobility. However, Olympic Gold Medal gymnast Mary-Lou Retton explains that she has had an incontinence issue since childhood. A new Australian study supports that even younger women, who had never been pregnant, can become incontinent.

Q: Why don't Kegels work?

A: Many women do Kegel exercises incorrectly. Coauthor Kim was told by her urologist she had a "bad" Kegel. Examples of improper Kegels include:

- 1) Using other muscles in substitution for the pelvic floor muscles
- 2) Bearing down with a Valsalva Maneuver
- 3) Not recognizing that there are two types of muscles fibers; more pelvic floor endurance is needed than a mere quick-twitching type of contraction, and
- 4) Failing to recruit these muscles during day-to-day functional activities.

Biofeedback corrects a "bad" Kegel.

Q: What is SEMG biofeedback?

A: SEMG stands for surface electromyogram, and works just like an EKG does – to measure electricity that comes from a muscle when it is contracting. Physical therapists, who specialize in treating incontinence and other related conditions, use SEMG biofeedback to teach patients how to properly identify and train the pelvic floor muscles.

SEMG biofeedback is performed with stick-on electrodes, is painless, involves NO needles and NO electrical shocks. SEMG biofeedback is the gold standard in treating incontinence and can be applied at home.

Q: So is the book just about Kegels?

A: The proper way to do Kegels is thoroughly covered in the book along with a history of Dr. Kegel himself, who used biofeedback for the pelvic floor (or “Kegel”) muscles in the 1940’s. However, the book is much more than just Kegels. It offers a comprehensive home program that educates the reader, while allowing her to learn from and identify with other incontinent sufferers in each chapter. It offers a true self-help, day-by-day exercise plan, coupled with biofeedback, behavioral modification techniques, and nutritional guidelines.

Q: What are some of the misconceptions about incontinence?

A:

- Many women think if they drink less liquid, they will leak less. The opposite is true, since dark, concentrated urine aggravates the bladder and can cause MORE leakage.
- “Just-in-case” bathroom trips are often thought to help control urges, but instead they can intensify the urge to go and cause MORE frequency, as the bladder “forgets” how to store urine well.
- Many women believe incontinence is just something that happens after childbirth and gets worse with age... wrongly assuming they have to just deal with it. Not true! Women who are currently pregnant, or planning to become pregnant again, can do exercises to strengthen their pelvic floors.
- Some older women feel they are too old to get any better. NO! Women can be helped at any age – even after menopause.

Q: How many times is considered normal to use the bathroom during a 24-hour period?

A: It is “normal” to use the bathroom between 5 and 7 times (or every 3 to 4 hours) with no bathroom trips during sleeping hours. More than that is considered too often!

Q: Does Physical Therapy hurt? Is it expensive?

A: No, there are no needles, no instruments inserted, no shock treatment, no surgery, and no drugs given. It is safe and natural, and much of it can be done at home. It’s like going to the gym; you are just working out a muscle that people can’t see! Because Physical Therapy is mainstream medicine, it is covered under most insurance plans. A lifetime in pads is more expensive!

Q: I know you discuss Pilates in your book – why?

A: Pilates is an ideal exercise to enhance the program we share in the book. It is a low-impact workout that engages the very core muscles needed to help reduce incontinence.

As these core muscles become stronger through Pilates, the ability to stay dry and control leakage increases. We also share the life and philosophy of the remarkable Joseph Pilates, who designed his exercises nearly 100 years ago, along with vintage photos of him from the 1920's.

Q: What do some women do to hide their problem?

A: They:

- Twirl their skirts around, so the wet spot is on the front, making it more easily concealable with a purse or a sweater held in front.
- Lick fabrics, so fabrics can be tested with water or spit, to see if they turn dark when moist – before buying or wearing them.
- Dress in black or other dark colors that don't turn darker when wet.
- Avoid running basic errands, since one doesn't always know where every bathroom is.
- Do not attend social functions for fear of leaking at someone's house, with dancing, or not being able to make it through the show/outing without getting the urge to suddenly use the bathroom.
- Wear diapers, pads, toilet paper, (or washcloths, if the woman can't afford pads).
- Stop traveling, due to not knowing the location of every bathroom in an unfamiliar place. Plus, it's harder to travel with a suitcase full of pads.
- Stop exercising or doing sports, due to urinary leakage with activity.

Q: What would you like to achieve from this book?

A: We want to give women suffering with incontinence their lives back -- pure and simple. If that means they can wear sexy clothes once again, enjoy a game of tennis, or leave the house without fear of an accident or constant "bathroom mapping" -- that is what we want to achieve. Women should have control over their bladders – not the other way around. No one should be forced to move to an assisted care facility because they have incontinence – because they can be cured!

Q: What are the symptoms of "pelvic pain," and why did you include this in your book?

A: Women's magazines are peppered with articles about sex. What about the women who have severe pain with sexual intercourse? For these women, their daily bowel movements are dreaded, as the pelvic floor is painfully stretched. Tense trigger points make even sitting on a chair painful. One in seven women suffers with pelvic pain, and articles need to be written for them, too.

Diagnosing pelvic pain is no easy matter, and many women end up seeing dozens of doctors before the accurate diagnosis of "pelvic floor dysfunction" is made. Once the proven physical therapy methods of stretching, massage, exercise, and relaxation training for the pelvic floor muscles are implemented, pain-free living returns! If more women are made aware that physical therapy techniques are so successful for this painful

condition, they can become more pro-active in seeking help sooner. TBK hopes to do just that.

Q: What is “pelvic organ prolapse,” and why did you include it in your book about incontinence?

A: The pelvic floor muscles have a second very important role besides controlling urine and feces. These same muscles support the abdominal organs. If the pelvic floor becomes too thin and weak, the bladder, the rectum, or the uterus can drop down into the vaginal space and create a most uncomfortable “falling out” feeling in the vagina. The American Urological Society (2008) reports that pelvic organ prolapse occurs in 35% to 65% of women. A recent Norwegian study proved that pelvic floor strengthening, through physical therapy, was successful in lessening the degree of prolapse. Since physical therapy is non-invasive, it should be tried before surgical repair. The FDA has issued a warning against the use of certain mesh slings for bladder suspension surgeries. Physical therapy corrects the underlying cause – lack of support due to pelvic floor weakness—without any complications whatsoever. We figured women ought to know this, so they can make a more informed decision about surgery and get the relief they deserve.

Q: Should MEN read this book?

A: Some men suffer from incontinence, urgency, frequency, and nocturia. Urinary incontinence strikes hard after prostate surgery for cancer. All of the curative home exercises can be applied to men, who do not want to live life in pads.

Q: How many separate topics does *The Bathroom Key* cover that could be presented in individual articles / media segments?

A: *The Bathroom Key* can be divided into the following 20 separate topics, making it well suited for a series of articles/shows:

1. Bladder misconceptions: a True / False QUIZ
2. Kim (coauthor) shares her first-person story about incontinence
3. 8 other women share their trials and tribulations with incontinence, organ prolapse, pelvic pain, and depression.
4. Stress urinary incontinence
5. Urge urinary incontinence
6. Mixed urinary incontinence
7. Gas incontinence
8. Urinary tract infections (UTIs) with 30 things one can do to prevent them
9. How to make the urge to urinate disappear, without emptying the bladder.
10. How to retrain the bladder to prevent too-frequent bathroom trips, thus eliminating the need to map out where every bathroom is while running errands or traveling.
11. Pelvic organ prolapse (preventing and reducing cystocele, urethrocele, rectocele, and uterine prolapse)
12. Pelvic pain and dyspareunia (overcoming painful sexual intercourse)

13. Pilates (for core strengthening with photos/bio of Joseph Pilates and photos of instructional exercises)
14. Pilates Mat Exercise techniques (with instructional photos).
15. Arnold H. Kegel, MD, FACS (with never-before-published photos and biographical information)
16. The link between urinary incontinence and depression
17. Diet and Hydration: What you eat and drink affects your bladder function.
18. Kassai Self-Assessment for Urinary Control questionnaire: Tells sufferers what type of incontinence they have and how bad it is – with a numeric rating
19. Cited quotations (from 53 prestigious medical references), proving the efficacy and the medical community's acceptance for treatment of the above topics.
20. Home-use products for pelvic floor rehabilitation: exercise equipment and self-massage tools to complement the book's program.



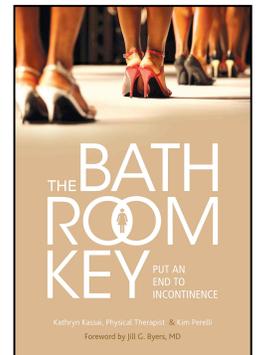
December 2011 (New York, NY)

Whoopi Goldberg Admits to Having Urinary Incontinence *The Bathroom Key* Has the Answers

Whoopi Goldberg, co-host of “The View,” admits she suffers from incontinence and seems determined to remove the stigma associated with it. This led to Whoopi becoming a spokesperson for a urinary incontinence pad company in a campaign that finds a light-hearted way of dealing with a serious issue. The new book, *The Bathroom Key* (Demos Health 2011), lets women know they can throw out those pads! There is no reason to suffer in silence, wear cumbersome pads, or search out every available bathroom while shopping. Physical therapy techniques, properly-performed Kegel exercises, biofeedback, and some basic advice on healthy urinary habits can relieve you completely of this embarrassing condition.

The Bathroom Key presents a program to treat—and in most cases, cure—incontinence. For women who suffer from urinary leakage, frequent urination, vaginal prolapse, pelvic pain, urinary tract infections, or a combination of these, this book is their salvation. The authors offer a surgery-free, pharmaceutical-free program that will change a woman’s life forever.

“Urinary incontinence is a silent epidemic among women. THE BATHROOM KEY is the solution—pure and simple. I highly recommend this book and the program within!”
—CHRISTIANE NORTHRUP, MD, OB/GYN, physician, and author of *The New York Times* bestsellers: *Women’s Bodies*, *Women’s Wisdom* and *The Wisdom of Menopause*



Author Credentials:

Kathryn Kassai is a Physical Therapist and Founder and Director of Praxis Physical Therapy in San Pedro, California. Since 1996, Kathryn has specialized in pelvic floor rehabilitation, a highly effective specialty within physical therapy for urinary incontinence, organ prolapse, and pelvic pain.

Kim Perelli is married with two young children and used the program outlined in *The Bathroom Key* to successfully treat her own urinary incontinence. Kim is a member of the Authors Guild and is currently working on her first children's book.

Availability: Nationwide by arrangement and via telephone. Please contact Thomas Hastings. Media copies available upon request.

BOOK INFORMATION

THE BATHROOM KEY: Put an End to Incontinence

296 pp • trade paperback • \$17.95 • ISBN 9781936303212

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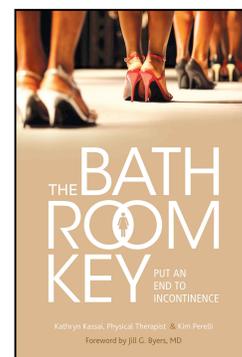
December 2011 (New York, NY)

Kris Kardashian Jenner Admits to Having Urinary Incontinence *The Bathroom Key* Has the Answers

Family matriarch Kris Jenner revealed on her TV show (*“Keeping up with The Kardashians”*) that she suffers from incontinence, and was frequently shown dashing to the bathroom—in many instances not quite making it in time. This led to Kris becoming a spokesperson for a urinary incontinence pad company. The new book, *The Bathroom Key* (Demos Health 2011), lets women know they can throw out those pads! There is no reason to suffer in silence, wear cumbersome pads, or search out every available bathroom while shopping. Physical therapy techniques, properly-performed Kegel exercises, biofeedback, and some basic advice on healthy urinary habits can relieve you completely of this embarrassing condition.

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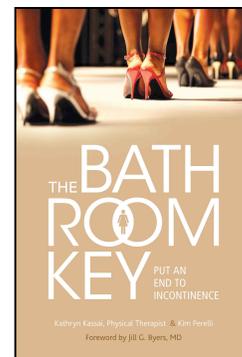
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December 2011 (New York, NY)

Treat Incontinence without Surgery or Medication *Naturally Cure Incontinence through Physical Therapy*

The Bathroom Key presents a program to treat—and in most cases, cure—incontinence. For women who suffer from urinary leakage, frequent urination, vaginal prolapse, pelvic pain, urinary tract infections, or a combination of these, this book is their salvation. The authors offer a surgery-free, pharmaceutical-free program that involves biofeedback, exercises, bladder retraining, behavioral modification, and dietary advice.

“Authors Kassai and Perelli instill confidence that control over the bladder is achievable and resides within each of us. Hooray to both authors for putting into context the essential role played by physical therapy. They have assembled a no-nonsense, unbeatable set of guidelines and instructions for achieving not only continence but reclaiming one's entire pelvic health.”
—**Nancy Muller, PhD, Executive Director, National Association for Continence**



“It is an amazing truth that most incontinent woman can become dry without surgery and without medicines. Pelvic floor muscle therapy and biofeedback, as described in this book, has become a powerfully effective standard tool in the fight against bladder dysfunction. This fabulous book reveals the physical therapy methods that can give people their lives back. Read this book and it might just change your life.”
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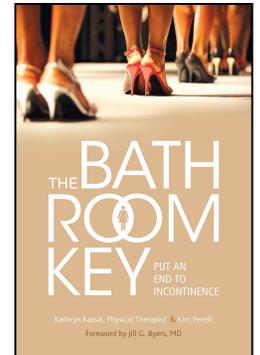
December 2011 (Los Angeles, CA)

Treat Incontinence without Surgery or Medication

Local Authors Present a Natural Physical Therapy Program

The Bathroom Key presents a home treatment plan to treat—and in most cases, cure—incontinence.

Local author team Kathryn Kassai and Kim Perelli have written a book that can help women suffering from urinary leakage, frequent urination, vaginal prolapse, pelvic pain, urinary tract infections, or a combination of these. Kathryn Kassai, Physical Therapist, is the Founder and Director of *Praxis Physical Therapy* in San Pedro, California, and was selected to join the *USC Medical Center's Pelvic Floor Multi-Disciplinary Team*, a group of physicians from all specialties who discuss treatment for their most challenging patients. A Southern California native, graduate of the University of Southern California, and a busy mother of two young children, Kim Perelli used the program outlined in *The Bathroom Key* to successfully treat her own urinary incontinence. Full of anecdotes and written in easy-to-understand language, the book offers a surgery-free, pharmaceutical-free program that involves biofeedback, exercises, bladder retraining, behavioral modification, and dietary advice.



“Urinary incontinence is a silent epidemic among women. The Bathroom Key is the solution—pure and simple. I highly recommend this book and the program within!”

—CHRISTIANE NORTHRUP, MD, OB/GYN, physician, and author of *The New York Times* bestsellers: *Women's Bodies*, *Women's Wisdom* and *The Wisdom of Menopause*

Author Credentials:

Kathryn Kassai is a Physical Therapist and Founder and Director of *Praxis Physical Therapy* in San Pedro, California. Since 1996, Kathryn has specialized in pelvic floor rehabilitation, a highly effective specialty within physical therapy for urinary incontinence, organ prolapse, and pelvic pain. *Kim Perelli* has used the program outlined in *The Bathroom Key* to successfully treat her own urinary incontinence. Kim is a member of the Authors Guild and is currently working on her first children's book.

Availability: Nationwide by arrangement and via telephone. Please contact Thomas Hastings. Media copies available upon request.

BOOK INFORMATION

THE BATHROOM KEY: Put an End to Incontinence

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Physical Therapy for Your Lady Parts

By Corrie Pikul

Oprah.com | August 03, 2011



Is your you-know-what bothering you? Do you experience discomfort when you, um, well, you know? These women-focused health practitioners know exactly what you mean, and they can help you find relief.

When something's not right "down there," it affects how we feel everywhere else. Fortunately, there's a growing field of medicine devoted to treating these unique complications. Practitioners of women's health physical therapy help women (and some men) who have problems with sexual intercourse, urination, fertility, pregnancy preparedness, postpartum recovery and cancer recovery. They deal with the stuff we're too embarrassed to talk about, and because they've seen it all, they can reassure patients that their issues are at least treatable, if not

always curable.

This specialty started in 1995, when a group of orthopedic physical therapists recognized that their clinics were filling up with women whose concerns weren't being addressed. Women's health physical therapists (WHPT) are often the problem solvers that gynecologists, obstetricians, urologists and other doctors call when confronted with a gender-specific medical mystery, like discomfort during sex, after childbirth or while going to the bathroom. All WHPTs ([find one near you by going to the American Physical Therapy Association locator](#)) have stories about patients who were told by a former doctor that their problem was just "part of being a woman."

Like other types of physical therapists, they specialize in treating functional problems, but they say they also offer proactive services, like helping pregnant women prepare for an easier delivery and preventing complications like C-sections. Here are six situations where a women's health PT might be able to help you.

Incontinence

"Fifty percent of adult women will have incontinence at some point," says Jennifer Klestinski, MPT, communications director for the Section on Women's Health of the American Physical Therapy Association, who has a private practice in Madison, Wisconsin. "Because of anatomic differences, the effects of pregnancy and childbirth, and the effects of decreasing estrogen, women leak far more often than men. But with proper strengthening, the data shows there's an 85-percent chance of complete resolution."

The regimen: Weak pelvic muscles are a major factor in incontinence, so in addition to Kegel exercises, Klestinski recommends doubling up: "Engage the pelvic floor muscles while doing other daily core exercises—like Pilates—to strengthen the abs, back and hips." Another surprising cause is osteoporosis, because a rounded back causes our thoracic cavity and abdomen to press on the bladder. A WHPT would recognize this during an evaluation and could prescribe appropriate exercises for bone density loss.

[Make sure you're practicing Kegels correctly and learn the other pelvic workout you should be doing](#)

Organ Prolapse

Think of prolapse as a hernia that mostly affects women. When the muscles that hold the pelvic organs become weak or stretched, the organs—the bladder, uterus, small bowel, rectum—can drop from their normal spot and push against the wall of the vagina. As many new mothers know, pregnancy is the most common cause of prolapse. However, it's not just the trauma of the childbirth that's a factor—it's also the extra pounds. "There could be 15 to 25 pounds plus the weight of a baby pushing on the perineum," says Klestinski. This means that excessive weight gain (no baby necessary) can also put you at risk. Weight maintenance is key to avoid risk of prolapse.

The regimen: Klestinski explains how a WHPT would take a holistic approach to address organ prolapse. "We work from the top down and from the bottom up. From above you may have extra body weight and extra downward pressure from poor posture, dysfunctional bladder habits or from adhesions due to prior surgeries or injuries. From the bottom up, we have the pelvic floor muscles, which act as a supportive hammock to the pelvic organs." Many WHPTs can help women work on weight management through exercise. To further improve the

"top down" issues, the therapist would use manual techniques, patient education and posture training. At the other end of the, um, spectrum, she'd put the patient through workouts to strengthen and tone the pelvic muscles. This gives us yet *another reason* to do those darn Kegels.

Pregnancy and Recovery

Pregnancy causes profound anatomical and hormonal changes to our bodies. "Some women's bodies accommodate those changes quite well, and some women require a fair amount of work and assistance," says Jill Boissonnault, WCS, PT, PhD, past president and founder of the International Organization of Physical Therapists in Women's Health.

The prenatal regimen: Pushing out a baby is never going to be easy, but some WHPTs say that massaging the perineum with a lubricant, as well as stretching the hip and pelvic muscles, can help a woman "open up" during delivery, which could make her less likely to tear. There's also evidence that pregnant women can be taught how to bulge and flex their pelvic muscles correctly during labor, which can help avoid C-sections.

The postpartum regimen: "There are things a woman can do to mitigate some of the risk for future dysfunction, like strengthening her pelvic floor with Kegels throughout her pregnancy and after she delivers," says Boissonnault. She adds that in France, where postpartum wellness visits are included under national health coverage, new mothers are likely to be advised by a WHPT about strengthening their pelvic floor muscles, their abs and their posture.

Pelvic Pain

Because many women avoid talking about this with their friends, family members and even their sexual partners, pelvic pain can be emotionally exhausting as well as physically unbearable.

Vulvodynia: An excruciating affliction of the vulva which affects an estimated 16 percent of women at some point in their lives, vulvodynia is described in [this video from the Dr. Oz show](#) as feeling like "acid burning the skin" or a "constant, knife-like pain." It can be caused by trauma to the pelvis, which may result from chronic yeast or bacterial infections, physical force, accidents, surgery, or physical or sexual abuse.

I know a woman in her mid-20s who has suffered from vulvodynia since childhood. She suspects the cause may have had something to do with an ill-fitting waist harness on a forceful carnival ride. In her quest for relief, she was referred to gynecologists, dermatologists and psychologists, and tried topical anesthesia, antidepressants, talk therapy and the patronizing advice to "have a glass of wine and you'll be fine." She was finally told that pain-free sex would require surgery, and her doctor advised her to visit a women's health physical therapist to prepare for the procedure.

"Many doctors assume that women's health physical therapy can only take you to a certain point," says my friend's therapist, Gopi Jhaveri, PT, DPT, co-owner of Brooklyn Health Physical Therapy, "but we know it can take you all the way to recovery." Jhaveri discouraged the surgery and instead worked with my friend to develop a rehab program. Four months later, my friend joyfully credits Jhaveri with her "cure."

The regimen: This varies depending on the patient's anatomy and type and severity of symptoms, but treatment often includes regular in-office manual therapy, at-home stretching using dilators, exercising daily to strengthen the pelvic muscles, avoiding harsh cleansers like soap in favor of sweet almond oil, and using a local anesthetic like lidocaine during sex.

Vaginismus: A 2010 episode of *MTV's True Life* featured three women in their 20s whose pelvic conditions prevented them from having intercourse. Tali, an aspiring singer, had a condition called vaginismus, which involves painful, involuntary spasms and tightening of the vagina. As part of Tali's treatment, Isa Herrera, MSPT, clinical director of Renew Physical Therapy in Manhattan, showed Tali and her boyfriend how to manually stretch Tali's vagina (it was more clinical than kinky).

Herrera specializes in intra-vaginal massages to release tight or uncooperative muscles, and also in teaching patients and their partners to do this as home. "One out of three women has some sort of pelvic pain," says Herrera, who is also the author of *Ending Female Pain: A Woman's Manual*. However, she says, many women don't admit it. "I've heard excuses like 'it hurts unless I keep changing positions' or 'it hurts because my partner is so big.' But the vagina is a wonderful thing and should be able to accommodate just about any man." Herrera says WHPTs empower women to recognize and alleviate their physical discomfort.

The regimen: Techniques vary, but Herrera says she often follows a full pelvic muscle evaluation with manual massage, including trigger-point release technique to "release knots." Herrera stressed that although the pain may occur in the pelvic area, the most successful approaches are holistic and involve the entire body. "Pain during sex can cause enormous anxiety, which results in the tensing up of different muscles groups, from the pelvis and the legs to the neck and back." An important aspect of treatment includes diaphragmatic breathing and relaxation techniques to help the patient deal with the anxiety as well as the pain.

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Los Angeles Times

That sinking feeling

Incontinence and other pelvic floor disorders are surprisingly common -- but treatable.

August 25, 2008 | Devon Schuyler, Special to The Times

Maria Stubbs, a 44-year-old mother from Carson, wasn't surprised when she leaked a little urine after the birth of her third daughter 10 years ago; she had experienced a bit of leakage during and immediately after all three of her pregnancies. But when a full year had passed and she was still crossing her legs to stave off leakage every time she coughed, she knew she had a problem.

Her low point occurred when she was washing dishes and suddenly urinated on the kitchen floor. "After I cried, I told my husband I had to do something," she said.

Stubbs' experience is surprisingly common, but researchers are only now beginning to realize just how widespread it is. Problems such as incontinence and dropped pelvic organs -- together called pelvic floor disorders -- **affect 1 in 3 women**, according to a 4,000-person Kaiser Permanente study funded by the National Institutes of Health (NIH). Other research shows that at least 11% of women end up having surgery for a pelvic floor disorder.

The pelvic floor is a group of muscles, ligaments and nerves that form a sling across the opening of a women's pelvis. A strong pelvic floor holds the bladder, uterus, bowel and rectum in place and allows them to function properly.

Muscles in the pelvic floor tend to weaken as women grow older, with pregnancy and obesity adding extra pressure. Childbirth may also stretch or damage the muscles, especially if forceps are used or severe tearing occurs. The result can be incontinence, which refers to leakage of urine or stool, or pelvic organ prolapse, in which pelvic organs sag into the vagina. In severe cases, the uterus may even herniate between the legs.

Many women avoid seeking treatment because they're embarrassed to talk about their condition or don't think anything can be done. Fortunately, a variety of therapies are available -- many of them introduced just a few years ago.

"Things have improved a lot in the past 10 years," said Dr. Mary McLennan, director of urogynecology at St. Louis University in Missouri.

Open procedures are being replaced by minimally invasive ones, new medications are now available, and researchers are gaining a better understanding of what causes pelvic floor problems -- and how to treat them.

Urinary incontinence

The mainstays of treatment for urinary incontinence are pelvic floor exercises and bladder training. "Surgery should be at the very end of the list," said Dr. Jeanette Brown, a uro-gynecologist who directs the Women's Continence Center at UC San Francisco.

Pelvic floor exercises are especially helpful for stress incontinence, in which urine leaks from the strain of laughing, coughing, sneezing or lifting. Bladder training is used for urge incontinence, in which involuntary bladder-muscle contractions cause a sudden urge to urinate. In bladder training, women learn to go to the bathroom on a specific schedule, gradually increasing the amount of time between visits

If incontinence persists, one option is medication. None have been approved to treat stress incontinence, but women with urge incontinence can choose from a

variety of medications to reduce nerve impulses that trigger bladder emptying: Ditropan, Detrol, Enablex, Sanctura and Vesicare. A common side effect with these is dry mouth.

Surgery for stress incontinence used to require opening up the abdomen, but the current procedure of choice -- in which a surgeon places a long piece of mesh under the urethra to support it -- is performed through tiny incisions.

"If they have [the surgery] on a Friday, most people can be back to work the next week as long as they're not doing heavy lifting," said Dr. Karl Lubber, a urogynecologist who directs the female continence program for Kaiser Permanente in San Diego. He said that the success rate two years after the procedure is about 85%. Possible side effects include bleeding and infection.

Surgery for urge incontinence is riskier and less effective. One technique involves implanting a device called InterStim that stimulates the sacral nerve in the lower back. Although experts don't fully understand how the device works, the sacral nerve plays a role in bladder function. Possible side effects include pain and infection at the implant site.

Additional treatments for stress incontinence include attempts to strengthen the pelvic floor muscles with magnetic or electrical stimulation, and bulking up the tissues around the urethra with collagen injections. Although these treatments may help some women, studies have been mixed on whether they work. Some doctors are injecting Botox into overactive bladder muscles as a treatment for severe urge incontinence, although it hasn't been approved by the Food and Drug Administration for this use.

Pelvic organ prolapse

Some women with urinary incontinence also have pelvic organ prolapse, although having one condition doesn't mean that one will develop the other.

People with pelvic organ prolapse have fewer treatment options than those with

urinary incontinence and are more likely to have surgery. "It's harder for me to help prolapse than stress incontinence," said Dr. John DeLancey, a professor of obstetrics and gynecology and director of pelvic floor research at the University of Michigan in Ann Arbor. Treatment options for pelvic organ prolapse are limited to using a pessary or having surgery. A pessary is a diaphragm-like device that's used to support internal organs. Although pessaries have come a long way since 400 BC, when Hippocrates described inserting half a pomegranate into the vagina to correct prolapse, they don't fit everyone well.

If a pessary doesn't work, surgery becomes an option. In it, sutures or mesh are used to support the vagina and restore the prolapsed organs to their proper positions. Although nearly a third of all prolapse operations are repeats, this doesn't necessarily mean the operation was a failure. "That person may have had 15 years of good relief," DeLancey said.

Fecal incontinence

Fecal incontinence is the least understood and most difficult to treat of the pelvic floor disorders. "We've just started to study this in the last 10 years, so we don't always know what works," said Donna Bliss, a professor of nursing at the University of Minnesota.

The first therapies used are nonsurgical measures, such as pelvic floor exercises that target the anal sphincter. Another treatment is bowel habit retraining, which involves getting to a toilet at regular intervals. Some people may benefit from dietary changes or antidiarrheal drugs to bulk up the stool and make it easier to control.

Although several surgical procedures are available, "we don't have an ideal surgery therapy for fecal incontinence yet," said Dr. Howard S. Kaufman, chief of colorectal and pelvic floor surgery at USC in Los Angeles. A procedure to tighten the anal sphincter has high failure rates, and implanting an artificial bowel sphincter can cause infections and other complications.

Some doctors are attempting to correct fecal incontinence by injecting bulking agents into the anal muscle. Another experimental treatment is sacral nerve stimulation, which is already approved for use in urinary incontinence.

A dramatic difference

DeLancey pointed out that women have plenty of time to weigh their options when it comes to treating pelvic floor disorders. "They're not dangerous; they're not going to harm your health," he said. **But he emphasized that treatment can make a dramatic difference in people's lives.**

Maria Stubbs, who recently had a piece of mesh implanted to stop her leakage after an earlier surgery failed six years out, advised women with symptoms like hers to talk to their doctor. "Get help, because it's out there," she said.

NEW STUDY REPORTS THAT PHYSICAL THERAPY TREATMENT RESOLVES SYMPTOMS OF URINARY INCONTINENCE IN WOMEN

Silent Health Issue Affects Women of All Ages

ALEXANDRIA, VA, March 19, 2008 — A study published in the *Annals of Internal Medicine* (March 18, 2008) reports that pelvic floor muscle training, in conjunction with bladder training, resolved the symptoms of urinary incontinence in women. According to the American Physical Therapy Association (APTA), proper preventive measures and treatment by a physical therapist can help patients manage, if not alleviate, this often debilitating condition.

The study, which included 96 randomized controlled trials and 3 systematic reviews from 1990 through 2007, concluded that pelvic floor muscles training and bladder training resolved urinary incontinence in women, as compared to drug therapy, electrostimulation, medical devices, injectable bulking agents, and local estrogen therapy.

"This study is significant for many reasons, none more so than because it provides the highest levels of evidence to support the importance of intervention by a physical therapist who specializes in treating urinary incontinence," says Cynthia E Neville, PT, BCIA-PMDB, director of Women's Health Rehabilitation at the Rehabilitation Institute of Chicago.

Urinary incontinence, or involuntary loss of bladder control, isn't something that just happens to older patients. In fact, the condition affects men and women alike, young and old. More than 25 million* Americans have urinary incontinence, and the experience can leave them feeling ashamed, socially isolated, and depressed.

Patricia J Jenkyns, a physical therapist at the Department of Rehabilitation Services at Boston's Brigham and Women's Hospital, says that physical therapists are crucial in treating urinary incontinence because of their role in both assessing *and* treating musculoskeletal conditions. "Patients often think that because of age or medical history, incontinence is something they have to learn to live with, but in reality that couldn't be further from the truth," she says. "Health care professionals need to be aware of the role that physical therapists play in treating incontinence so that their patients know

about alternatives to diapers, medication, or surgery."

Jenkyns notes that physical therapists use a variety of methods to help patients correct pelvic floor dysfunction. The initial patient evaluation requires determining the type of incontinence (stress, urge, or both), the extent of incontinence, assessing the strength, motor control and endurance of pelvic floor muscles, and screening for any other musculoskeletal issues, then developing an individualized exercise treatment program, and making sure patients understand their role in the treatment program.

In a case study published in the *New England Journal of Medicine* (March 6, 2008) regarding urinary incontinence in women, it is noted that "first-line treatment for stress incontinence includes pelvic floor muscle training." Affirming the *Annals of Internal Medicine* results, this second study points out that women unable to identify their pelvic floor muscles "may benefit from seeing a physical therapist trained in pelvic floor therapy."

Kegel exercises, or pelvic floor muscle exercises that involve contracting, holding, and releasing pelvic floor muscles, are the most effective weapon in the fight against stress incontinence. "Once patients have correctly identified these muscles, a physical therapist will train how to enhance pelvic floor muscle function, coordinate with abdominal muscle exercises and bring these exercises and awareness into functional activities," says Jenkyns. She notes that these exercises need to be brought into daily activities, and can be done when sitting at your desk or on the toilet, while driving, or at the gym. For those with very weak muscles, she recommends starting the exercises while lying down.

Jenkyns always reminds her patients who experience stress incontinence to "squeeze as you sneeze," or to coordinate pelvic floor and abdominal muscles before doing the activity that causes leakage, (eg, sneezing, coughing, laughing, lifting, etc). Physical therapists can also offer tips on lifestyle changes that will help make the bladder less irritable: avoiding common bladder irritants, retraining the bladder, keeping a bladder diary and lifting, moving, and exercising correctly, particularly by avoiding improper sit-up techniques.

Since 2006, the APTA Section on Women's Health has offered members a Certificate of Achievement in Pelvic Physical Therapy. Known as CAPP, the program provides standardized training for this highly specialized field and currently has 400 members in the certification process.

APTA offers a free brochure to help consumers understand what incontinence is and the different kinds of treatment options physical therapists can provide to manage the condition, or in some cases, regain complete continence. It can be found on the APTA Web site at www.apta.org/consumer.

Physical therapists are health care professionals who diagnose and manage individuals of all ages who have musculoskeletal problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives. Physical therapists examine each individual and develop a plan of care using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. Physical therapists also work with individuals to prevent the loss of mobility by developing fitness- and wellness-oriented programs for healthier and more active lifestyles.

The American Physical Therapy Association (www.apta.org) is a national organization representing physical therapists, physical therapist assistants, and students nationwide. Its goal is to foster advancements in physical therapist education, practice, and research. Consumers can access "Find a PT" to find a physical therapist in their area, as well as physical therapy news and information at www.apta.org/consumer.

* National Association for Continence (NAFC)