

## An Interview with Dr. Julie Granger, PT, DPT, SCS

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When we think of young athletes, we tend to envision fit, happy, energetic bodies. We might perceive their determination and hard work. We might even acknowledge the possibility of injury – bumps, bruises and sprained ankles. It's unlikely that most people associate young athletes with urinary incontinence and pelvic floor dysfunction. Incontinence is more (too) easily accepted after childbirth, or as a consequence of age. But the fact is, we are seeing young athletes, pre-teens and teenagers, males and females, who are leaking with sport. This plays a role, not only in athletic achievement, but in participation, with some athletes leaving their sports because of pelvic floor dysfunction. But how do you link pelvic health physiotherapy with young athletes and the pelvic floor? I was happy to interview Dr. Julie Granger, PT to find out!

### 1. HOW PREVALENT IS URINARY INCONTINENCE IN THE YOUNG ATHLETIC POPULATION? ARE THERE OTHER PELVIC FLOOR ISSUES THAT YOU ENCOUNTER REGULARLY?

There is not good prevalence data in the general young athletic population. Some studies have shown anywhere from 20-30% self-reported stress urinary incontinence, however it is believed that subjects likely under-report their symptoms for a myriad of reasons. We do know that 30-50% of younger children are constipated with secondary lower urinary tract symptoms, including incontinence, so it is possible that the prevalence is higher than reported.

Some girls also face pelvic pain, particularly with insertion of a tampon. There may be congenital anatomical defects related to this, or it may be a functional motor control issue (hyperactivity of the pelvic floor muscle groups, abdominal wall, and other pelvic muscles). This may impact girls' ability to use a tampon or they may have pain with activities like jumping, landing, or sitting.

### 2. HOW DO THESE PELVIC FLOOR PROBLEMS AFFECT THEIR SPORT PERFORMANCE?

This is very patient-dependent. Some girls play despite their symptoms and don't let their symptoms slow them down. Others find their symptoms to be either too physically or emotionally aggravating to continue to participate. For girls with pelvic pain and difficulty with tampon use, they may have to miss participation in sports during their periods.

### 3. CLINICALLY, IS THERE A TYPE OF YOUNG ATHLETE THAT YOU FIND IS MORE PRONE TO PELVIC FLOOR PROBLEMS (IE: CERTAIN BODY TYPES, INJURIES, SPORTS, COMPENSATORY STRATEGIES, TRAINING TECHNIQUES - THAT INFLUENCE PELVIC FLOOR DYSFUNCTION)?

This is also very patient-dependent, and difficult to classify in the pediatric and adolescent population. For example, girls with the same body types, injuries, sports, or compensatory strategies may present with very different pelvic floor function. Generally, we do see pelvic floor over-activity in girls who practice or train in ways which stimulate repetitive over-activation of the abdominal wall, hip musculature, or breath holding. In addition, girls with more anxious or hyper-achieving types of personalities do tend to present with more pelvic floor problems. While none of these strategies in isolation may lead to pelvic floor problems, when combined they can sometimes lead to more pelvic floor problems. Variety and diversity is key in sports performance, training, movement, and in life for these girls.

### 4. HOW DO YOU ADDRESS PELVIC FLOOR TOPICS WITH YOUR YOUTH? CAN YOU EXPLAIN IF THERE ARE DIFFERENT STRATEGIES THAT YOU USE FOR YOUNG CHILDREN VERSUS TEENAGERS?

It really depends on the patient, and my approach is typically not age-dependent, with the exception of discussing menstruation in younger kids (it doesn't apply!) I typically start on the intake form to ask about menstrual health and any areas of pelvic floor dysfunction (incontinence, constipation, or pain). In teens and in kids, I typically "normalize" problems and give examples where other kids or teens might commonly see problems, like with toileting, incontinence, or with their periods. Because of the relationship of menstrual dysfunction to over-activity in sports, almost all of my patients (most of whom are young athletes) and I discuss menstrual status. For patients with a history of painful periods, endometriosis, or ovarian cysts, we talk about these on a case-by-case basis as they may be relevant.

### 5. HOW ARE YOU ASSESSING THE PELVIC FLOOR AND CORE MUSCLES IN THIS POPULATION (INTERNAL EXAMS, EXTERNAL EXAMS, BIOFEEDBACK, FUNCTIONAL TASKS)?

I do not perform internal examinations on my teen or child clients. Typically, we do functional tasks that raise their awareness to the muscles. They may utilize the use of a mirror or self-palpation. I always have a parent present for these examinations.

## **6. DO YOU HAVE SOME FAVORITE TOOLS OR EXERCISES THAT YOU USE FREQUENTLY? WILL YOU SHARE ONE OR TWO?**

For raising awareness, I may have a patient sit straddled along a foam roller or a ball so she can have a tactile cue to her pelvic floor area. In this position, we may use breathing tools like bubbles, a pinwheel, or some type of noisemaker so she can learn the integration of the breath/diaphragm with the pelvic floor.

## **7. HOW DO YOU KEEP YOUR PATIENTS ENGAGED IN THEIR EXERCISE PROGRAM?**

Typically, we make it pretty fun and non-threatening, which is very important for kids and teens. I am a women's health coach, so I utilize my strong health coaching skills to help girls learn to "own" their programs and be accountable. They know very early on that their program is for them, not for me or for their parents, and it is they who will benefit from staying adherent to the program. For younger kids, sometimes we use a reward system, but usually I am coaching parents of younger kids to keep them accountable instead of using external rewards.

## **8. GIVEN YOUR ROLE IN ATHLETIC REHAB AND PELVIC HEALTH, DO YOU HAVE A TRUSTED METHOD IN IDENTIFYING YOUTH WHO MAY BE DEMONSTRATING SIGNS AND SYMPTOMS OF RED-S (RELATIVE ENERGY DEFICIENCY IN SPORT)?**

Currently I ask very detailed screening questions on intake and at each visit. I am the primary investigator of a series of studies working to validate and publish a specific RED-S screening tool that may be used in younger populations. It is patient-friendly in that it may be filled out by patients as young as 8 years old. We are in phase 2 of the study series and have submitted our phase 1 papers for publication. Stay tuned!

## **9. HOW DID YOU PUT TOGETHER A PRACTISE THAT FOCUSES ON ORTHOPEDIC/SPORT PHYSIOTHERAPY AND PELVIC FLOOR PHYSIOTHERAPY IN THE YOUTH POPULATION?**

Very gradually and with a lot of patience and networking! There aren't a lot of people who put sports, pelvic health, and pediatrics together. These are 3 big passions of mine, so I have gradually been networking, teaching, and reaching out to key players in each of these 3 areas of the physical therapy world to spread my message. The good news is that this is a very budding field, and there are several newer therapists across the US who are starting to specialize in the same niche!

## **10. WHAT IS YOUR GREATEST CHALLENGE WHEN WORKING WITH CHILDREN AND YOUTH?**

Typically, by themselves, I find children and youth less of a challenge to work with than their parents. I LOVE working with parents; however, it is well documented in the literature that

childrens' exercise behaviours, health habits and beliefs are a direct reflection of those of their parents. What this means is that in order to see significant and sustainable change in my child and teen patients, it usually requires a shift in habits and beliefs in the child/teen's parents as well. This is where health coaching skills come in handy. I require parents to schedule parent coaching sessions with me outside of the physical therapy visits so that we can ensure that everyone is on the same page. It works really well, and the parents are always very grateful.

## **11. WHAT IS YOUR GREATEST CHALLENGE WHEN WORKING WITH ATHLETES?**

I think in general one of the greatest challenges in sports medicine is walking the fine line between allowing an athlete to continue to play or do their sport and allowing them to recover or stay healthy. For most of my athletes they are "overdoing it" at their sport but oftentimes this is out of their conscious awareness or it is out of their control. In other words, in order to participate or be included in their sports at all, they have very high participation expectations from a young age. If they take time off to nurse an injury or just to be a "normal" kid, they may fall behind and miss the boat. We see the repercussions of this happening earlier and earlier with sport specialization, and it is becoming a really big problem not only for physical therapy providers, but for all key players in kids' and teens' sports.

## **12. WHAT ARE YOUR FUTURE PROFESSIONAL GOALS? OR, WHERE DO YOU SEE OUR PROFESSION HEADING, IN REGARDS TO PEDIATRICS, SPORT AND PELVIC FLOOR DYSFUNCTION?**

I am launching a virtual health and nutrition coaching program for girl athletes in the next 2 months. My goal is to provide the highest level of health optimization and help fill in the gaps that we cannot provide in physical therapy alone. In addition, my goal is to provide online and in-person continuing education and coaching for professionals interested in working with girl athletes.

Where is our profession headed? I mentioned that we are starting to see a few niche subspecialists who are combining the practices and expertise of pediatrics, sports, and pelvic floor care. There are only a handful of these practitioners to my knowledge, and while I am very encouraged by this, I would love to see this niche grow!

### **DR. JULIE GRANGER PT, DPT, SCS**

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## Dr. Julie Granger, PT, DPT, SCS

Dr. Julie Granger, PT, DPT, SCS is the founder of Performance Rehabilitation & Integrative Sports Medicine, or PRISM Wellness Center, in Atlanta, Georgia, USA where she specializes in treatment of girl athletes & moms. She also offers virtual integrative health and functional nutrition coaching for girl athletes across the globe.

Dr. Granger loves sharing her passion & knowledge on female athletes & pediatrics, serving as an adjunct clinical professor in the Emory DPT program, from where she also received her DPT degree & currently performs research on the integrative health of young athletes. She has lectured at both the APTA CSM & NEXT Conferences & is faculty member for the Integrative Women's Health Institute (IWHI). Julie has authored two books, *The Young Female Athlete's Playbook* and *Fueled and Fabulous*, both covering the integrative health of girl athletes.

As a female athlete & cancer survivor, Dr. Granger includes integrative health & wellness practices for active girls & women into her practice & underwent certification as a Women's Health & Nutrition Coach through the IWHI.

Dr. Granger swam collegiately at Duke University where she majored in child & adolescent developmental psychology. In her free time, she enjoys swimming, being outdoors, drawing & painting, & spending time with her husband Daniel & black Labrador pup Raven.

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