

Meeting Special Patient Challenges with the Mega *FemiScan* System

With FemiScan you can progress **all of your patients** quickly and effectively, with documented outcome measures.

In a busy clinic, either hospital or private your program must be both *comprehensive* and *effective*. Referring physicians need to know that you will be able to treat nearly *all* of the patients referred for stress and urge incontinence and that you will do an intake assessment to establish whether or not each new patient is a suitable candidate for your treatment program.

FemiScan has proven to be a full-featured system that is ideal in meeting these needs. With FemiScan you can effectively treat many types of problem cases. You can easily meet the following challenges, and more, with your FemiScan system. Results are great!

- (1) **A challenge to motivate.** With the large bright computer display of muscle activity, shown in Figure 1, the patient can easily see the results of her efforts. With the convenient computer-generated voice prompts in the FemiScan Inco Trainer, you can direct your attention towards encouraging and assisting the patient during the therapy session. Compliance is high!
- (2) **Muscle recruitment difficulties.** Patients often can exercise more effectively while standing. With the Inco Trainer, your patient can be prone or standing – whichever is best. Figure 2 shows FemiScan equipped with two monitors – one for the patient and one for the therapist. The optional patient monitor is on a swivel or wall bracket. The main therapist’s monitor is mounted on a wheeled cart that you can position as needed. You can maintain eye contact with the patient and watch the monitor at the same time for maximum teaching effectiveness. Learning the correct exercise technique has never been so easy.
- (3) **Patient who cannot find the right muscles.** Two large bright light bars on the computer monitor show muscle recruitment. This is ideal for training. As well, you can use a line graph which shows contraction speed and steadiness. For patients who may still have comprehension problems there is a graphical pelvic muscle. It rises and falls according to the contractions, and is extremely easy for the patient to understand.
- (4) **Difficult to keep motivated.** With the follow up reports, you can show the progress achieved to date and how close she is to achieving continence. This is important; it is essential to keep motivation high.
- (5) **Bilateral imbalance.** Many cases of urinary incontinence are due to a weakness on only one side which leads to an imbalance and urethral closure problems. FemiScan’s unique 2-channel sensor shows each side separately. You can encourage the patient to exercise until both sides are working well and teach the patient to recruit both sides evenly.
- (6) **Complete atrophy.** The same FemiScan Incotrode covers are used for both biofeedback and stimulation. You can prescribe an ETS-190 trophic stimulator home trainer or ELPHA II 3000 muscle stimulator for a few weeks to enliven atrophied muscle, help to proliferate nerve endings and increase blood flow. The pelvic muscles will then be *more receptive* to biofeedback training with the FemiScan Inco Trainer. You can do a short muscle stimulation session before each biofeedback session if appropriate.
- (7) **Unable to make frequent clinic visits.** With the FemiScan Home Trainer, your patients can *practice daily* at home using the personalized protocol you have developed with the Inco Trainer, according to the patient’s progress and abilities. Patients sometimes neglect their assigned daily exercises, but with the Home Trainer, compliance is high. The patient follows the verbal instructions and feedback. You can see the results of each day’s exercises on the computer and can discuss these with the patient. You can also prescribe a set of *Aquaflax* cones, a muscle stimulator or a *PFX* home unit, depending on the patient’s needs and circumstances.



Figure 1. At the Arnprior General Hospital, the FemiScan system is a key component of the Urotherapy department’s incontinence therapy program, conducted by Linda Buttle, PT and Cheryl Dalbec, RN.

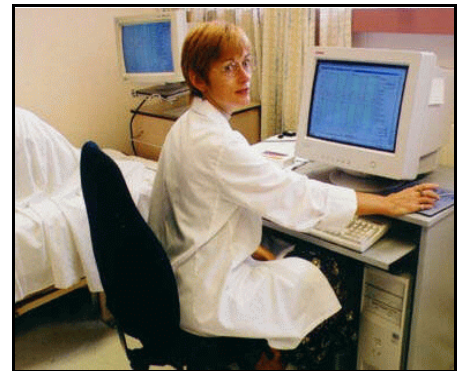


Figure 2. Continence therapist Cheryl Dalbec teaches pelvic floor muscle strengthening exercises.