

Comprehensive Physical Therapy Center Staff

Bruce Buley, MA, PT, OCS, CSCS, Clinic Director

Received his physical therapy training at downstate Medical Center in New York City and earned an advanced Master's in physical therapy at UNC-CH. His 30 years of physical therapy experience have included treating patients with orthopedic, neurological, cardiac, pediatric and sports related problems, including foot and orthotic fabrication. Bruce has served on the academic and clinic faculties of UNC and Medical College of Georgia. In 1999, Bruce became a Certified Orthopedic Specialist by the American Physical Therapy Association and in 2002, became a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association. Mr. Buley received the 2002 "Excellence in Clinical Practice" award given by the North Carolina Physical Therapy Association. In 2005, Bruce was awarded the "Mabel Parker Clinical Education Excellence" award from UNC. In 2006, Bruce became a credentialed clinical instructor with the APTA.

Christopher J. Kosobucki, DPT, OCS, CSCS, received his Doctor of Physical Therapy degree from Duke University in May 2004. While attending Duke, Chris focused on orthopedics and sports medicine rehabilitation, gaining additional knowledge and skills in manual therapy and orthotic fit/fabrication. Chris completed his undergraduate studies at James Madison University in May 2001, where he received a B.S. in Kinesiology with a concentration in Exercise Science. In 2005, Chris became a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association. In 2007, Chris became a board certified specialist in Orthopedic Physical Therapy by the APTA.

Jeanne Gresko, MS, CRC, LPC, has an MS in Rehabilitation Counseling from West Virginia University and is both a Certified Rehabilitation Counselor and Licensed Professional Counselor. She has received training in Mind/Body Medicine from the National Institute for the Clinical application of Behavioral Medicine and has

worked in the field of rehabilitative medicine for over 14 years. Jeanne also has been teaching stress management techniques for over 8 years.

Christine Campbell, DPT, received her Doctor of Physical Therapy degree from Duke University in May 2007 and previously her B.A. in Biology from Hamilton College in May 2004. During her time at Duke, she gained experience in orthopedics, sports medicine, and vestibular rehabilitation. She also took additional courses in general manual therapy and vestibular assessment/treatment to further specialize her orthopedic and vestibular rehab skills. In addition to being available for these services, she will also provide any general women's health physical therapy needs.

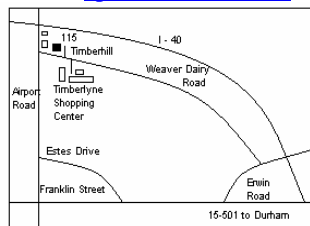
Juhi Kachalia, MSPT, received her M.S. in physical therapy from Duke University in May 2000. She worked in neurological rehabilitation for three years outside of Washington D.C. where she served in a clinical leadership council. In Boston, MA, and Bethesda, MD, she also gained experience in cardiac rehabilitation, acute care, and orthopedic conditions. She continues to have an interest in both the Neurological and Orthopedic populations.

Office Hours:

Monday through Friday 8:00 am to 5:00 pm
Saturday 8:00 am to 12:00 pm

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Controlling Urinary Incontinence

Conservative Management of Urinary Incontinence

Understanding Urinary Incontinence

Urinary incontinence is the involuntary loss of urine in any amount. Approximately 25 million Americans are incontinent – 85% of them are women. Furthermore, it is estimated that 1 in 4 women aged 30 – 59 have experienced an episode of urinary incontinence. A broad range of conditions can cause incontinence, including weakness in pelvic floor muscles, injuries to the pelvic region, infection, degenerative changes associated with aging, and neurological diseases. It can also occur as a result of pregnancy, childbirth and menopause.

Approximately 80% of those affected by urinary incontinence can be cured or improved. Stress and urge incontinence are two very common forms that can be treated. Stress incontinence occurs when there is an increase in abdominal pressure, such as in coughing, sneezing, laughing, or exercising, which increases pressure on the bladder and causes it to leak. Urge incontinence often occurs with a strong need to urinate, even though the bladder contains only a small amount of urine.

Intervention

- Individualized intervention programs designed to strengthen pelvic floor muscles through a program of Kegal exercises.
- Use of biofeedback with visual and auditory cueing to retrain pelvic floor musculature and properly execute Kegal exercises.
- Education on bladder diary to increase understanding of voiding patterns.
- Development of a bladder diary to increase understanding of voiding patterns.
- Use of electric stimulation in some cases to help activate very weak pelvic floor musculature.
- Educational materials, models, and videos on urinary incontinence for patients and community awareness of urinary incontinence.
- Bladder retraining to decrease frequency/urgency of urination.

How can the urinary incontinence program design a customized intervention plan for me?

A participant will receive a complete physical evaluation to customize an intervention program for his/her individual needs. The evaluation includes a complete history of the person's complaints, postural assessment, and strength testing of all major muscle groups, a brief exam and a review of the individual's bladder voiding patterns.

At Comprehensive Physical Therapy Center we design a specialized program that fits the needs of the individual. Interventions include: guidelines to reduce bladder irritability; techniques in bladder retaining; and individualized exercise program for strengthening abdominal and pelvic muscles; and recommendations on exercise programs.

The participant can also be trained to gain greater control of his/her pelvic floor muscles through biofeedback training. Biofeedback training utilizes visual and auditory signals to perform a muscle contraction and then to relax that same muscle. With this information displayed on the computer screen, the individual is able to work toward desired goals by monitoring the contractions and relaxation of the pelvic floor muscles. In addition, the individual's progress during intervention can be charted to directly see the improvements and the success in attaining the individual's goals.