Nutrition, Exercise and Therapeutic Intervention for Bowel Management After SCI

Author: Jess Axlerod, PT, DPT; Meghan Joyce, PT, DPT, NCS

Fact Sheet

Produced by

SPINAL CORD INJURY
Special Interest Group

A Special Interest Group of

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Contact us:
ANPT
5841 Cedar Lake Rd S.
Ste 204
Minneapolis, MN 55416
Phone: 952.646.2038
Fax: 952.545.6073
info@neuropt.org
www.neuropt.org

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Fluid intake

It is recommended to maintain fluid intake at approximately 2 liters/day (68 oz).[1] While manipulating fluid intake for bowel management may be beneficial, there is limited room for adjustment due to an individual's specific intake requirements for ideal bladder management.

Dietary intake

There is conflicting evidence that dietary fiber can improve colon motility in individuals with spinal cord injuries.[1,2] However, anecdotally, manipulating dietary fiber may be beneficial in adjusting stool consistency, and thus affect colon transit time.[1,3] There are two types of dietary fiber, insoluble and soluble. Insoluble fiber can be found in whole grains, such as rice or wheat, and typically increase stool weight and can decrease colon transit time.[1] Soluble fiber, which is beneficial in managing blood glucose and cholesterol levels, can be found in oats, fruits and vegetables.[1] General recommendations are to have 5 servings of fruits and vegetables daily. Fiber intake < 10g/day is considered low, ~18g/day is moderate and >25g/day is considered a high fiber diet.[1]

Prior to initiating dietary changes, one should keep track of current fluid and fiber intake. Changes should be made one a time and maintained for at least a week to assess the effectiveness.

- Stool too hard – Ensure your water intake is regularly 2 liters/day, then consider increasing insoluble fiber intake. Additionally, one could consider adding stimulating/diuretic foods and liquids (alcohol, caffeine, prunes, figs, pure fruit juice)[1,3]
- Stool too soft – Consider reducing insoluble fiber intake. Then one may consider decreasing the intake of stimulating/diuretic foods and liquids[1]

Exercise

Recommendations among the general population indicate that regular physical activity may be beneficial in improving colon function and motility.[1] Participating in upright weight bearing activities such as standing in a standing frame or locomotor training may also help promote increased gastrointestinal motility.

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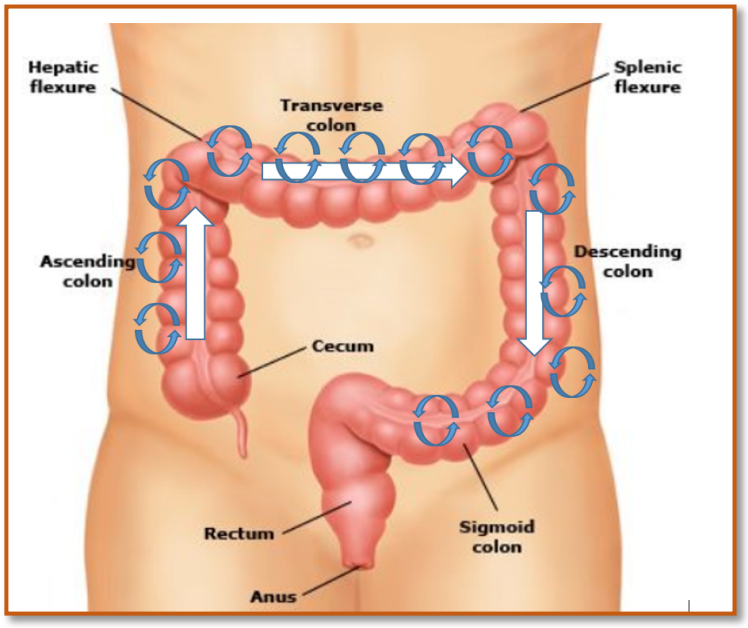
Abdominal massage

Nearly 30% of individuals with neurogenic bowel report using abdominal massage as part of their bowel management program to decrease colon transit time and improve the frequency of bowel movements.[1,2] It has been reported to improve relaxation, decrease abdominal pain, facilitate bowel motility and increase quality of life in individuals with spinal cord injuries.

To perform abdominal massage:

1. Have the individual lie on their back or on their left side.
2. Using three fingers moving in small concentric circles, begin on the lower right side of the ascending colon and slowly massage upward to the transverse colon.
3. Begin massaging horizontally toward the left side.
4. Massage downward following the descending colon.



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