

# Prostate Cancer, Month 181 – Physical Therapy for Incontinence

Will stretches and muscle strengthening exercises help with incontinence after prostate cancer? Blogger Dan Zeller documents the efforts.

December 15, 2025 By [Dan Zeller](#)

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I'm of the mind that PT stands for Pain & Torture, not physical therapy. (Okay. I exaggerate.)

During my appointment with the urologist back on 7 October, we talked about how my incontinence seemed to be slowly worsening post-radiation. One of the options that he offered up was pelvic floor therapy, and I decided to give that a try.

Unfortunately, the VA doesn't offer that therapy in-house, so they had to arrange for community care. That process took until mid-November to get the appointment set up, and I just had my first appointment last week.

I was expecting more instruction on Kegel exercises, perhaps with the biofeedback device that they used on me pre-surgery to train me on how to do the exercises. But that's not what's happened so far.

The physical therapist explained that many of the muscle groups in your legs and torso can have an impact on your pelvic floor muscles, too, as they're all connected as part of a larger system. By stretching and strengthening them, we could see improvements in the pelvic floor. At first, it sounded like a bit of phooey to me, but I'm approaching this with an open mind and giving it a shot.

I've had just two sessions so far, and we've focused mainly on stretching exercises impacting my hamstrings, glutes, calves, and torso, as well as doing squats and walking on a treadmill. Some of the stretches are bordering on turning me into a contortionist, which this soon-to-be 68-year-old body is fighting tooth-and-nail (hence, "Pain & Torture"). But they're low impact and we're taking it slowly so I don't injure myself.

The other thing that she had me doing was documenting my fluid intake, output, and number of incontinence leaks for at least three days. We're trying to establish a baseline against which we can measure any improvements. She had a hardcopy log which I quickly converted into a tracking spreadsheet. (You know I had to!)

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She also made some recommendations to improve my diet and the types/quantities of beverages that I consume (less soda, more water).

Of course, I have to keep up with these exercises daily at home.

On the one hand, I'm a bit skeptical about this approach but, on the other hand, I do feel as though that, even after one week, I've noticed that I seem to be having fewer leak episodes and, the ones that I do have, seem to be smaller in size. We'll let my spreadsheet determine if there's a true trend, or if this is all in my head.

I have another appointment next week and then, in the new year, she mentioned that we might cut back to every other week sessions or even monthly sessions, depending on the progress that's made.

One thing that I am a little concerned about is the potential cost of this.

Yes, the VA is covering the costs, but what many don't realize is that some of us, based on our eligibility criteria, have to pay [co-pays](#) for our visits. Seeing the specialists—including the urologist—costs \$50 per visit. Seeing a PT every week would rack up significant costs over time, and I'm not sure if the VA has an out-of-pocket cap on how much a veteran pays. (I'll have to check into that.)

Assuming the holidays don't mess it up, my appointment with the urologist to review my PSA results is on 30 December. We'll definitely be talking about another PSMA PET scan and getting medical oncologists involved in my case.

Wishing everyone a great holiday season and a healthy, prosperous New Year!

—Dan

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