



Goals and Expectations for Manometric Biofeedback

The purpose of each exercise:

Strength exercise	To help patient increase strength and duration of squeeze in anal sphincter to assist in holding stool.
Sensory exercise	To help patient lower the sensory threshold for stool in the rectum.
Urge Resistance exercise	To help patient increase tolerance of larger volumes of stool in the rectum, converting strong urges into normal urges.
Expel Full exercise	To help patient visualize muscle contractions associated with defecation and improve muscle strength and coordination abnormalities.

Clinical findings from ARM that may lead to each exercise being beneficial to a patient:

Strength exercise	Pressure values from squeeze test and resting test are below normal values, or squeeze duration shorter than acceptable.
Sensory exercise	Volumes from sensation test are significantly above normal values.
Urge Resistance Exercise	Volumes from sensation test are significantly below normal values.
Expel Full exercise (dyssynergia/constipation)	Expel full/expel empty tests showed paradoxical muscle contraction during defecation or weak rectal squeeze pressure during defecation.

Key thresholds for each exercise:

Strength exercise	100 mmHg for max squeeze 50 mmHg for 10 second duration of squeeze 40 mmHg for resting pressure
Sensory exercise	< 20 cc sensory threshold
Urge Resistance exercise	> 120 cc strong urge threshold
Expel Full exercise	Rectal pressure > anal pressure (positive gradient) Rectal pressure increase from baseline Anal pressure decrease from baseline (resting)

Please note that this is a general guidance based on typical factors. Medical practitioners are expected to use their own best judgment.