



# IOPTWH

NEWSLETTER

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## *President's Message*     **IOPTWH in 2019 WCPT Congress**



*Gill Brook*  
*IOPTWH President*

As I write this message, it is approaching the longest day of the year here in the United Kingdom reminding me that we are halfway through another year. And with that is the realisation that WCPT Congress 2019 in Geneva is less than a year away!

Although the final programme will not be confirmed for some months, a submission by secretary Melissa Davidson entitled Pregnancy, childbirth and pelvic floor damage: prevention and management is being considered by the Congress Programme Committee, the format of the session is yet to be agreed. In addition, I have been asked to chair a women's health and pelvic physical therapy networking session on behalf of IOPTWH. In previous years these have proved very successful. Finally, in conjunction with Pelvisuisse, IOPTWH submitted a proposal for a pre-Congress course on 10th May, entitled Pelvic health: sports and

exercise which has been accepted!

You can find details of the speakers and an overview of the course content at <https://www.wcpt.org/wcpt2019/programme/courses/COURSE-04>. We are really excited about this course which should appeal not only to women's health and pelvic physiotherapists, but also those working in sports and musculoskeletal practice. In addition, the Organization will hold its four-yearly business meeting for delegates and plans to host a social event. So, it will be a busy few days in Switzerland!

Our consultation on a change of name for IOPTWH is moving forward following the completion of an online survey complete by all twenty five member countries. The executive committee will discuss the way forward during our next scheduled conference call in July and shall, of course, keep you updated.

In March I had the honour of representing IOPTWH and our UK member group Pelvic Obstetric & Gynaecological Physiotherapy at the 2nd Kuwait International Physiotherapy Conference in Kuwait City. In addition to a keynote presentation during which I spoke about pelvic floor physiotherapy around the world, I also ran a two-day workshop for 27 physiotherapists from Kuwait and nearby countries. This included a discussion about the breadth of the role of women's health physiotherapy.

It was a tiring but enjoyable three days and the physiotherapists I met were very friendly, knowledgeable and engaged.

It is more than 10 years since IOPTWH published a position statement concerning female genital mutilation (FGM) which was presented at the WCPT Congress in 2007 and resulted in the Confederation's policy statement on the subject. In early 2018 IOPTWH vice president Daria Šćepanović led a review and update of the Organization's document which you can access via <http://www.wcpt.org/ioptwh/docs>

Finally, a reminder that some of the existing IOPTWH executive committee officers will not be standing for re-election so it will be a great opportunity for others to apply. Nominations will be sought before the end of this year, so look out for further information over the coming months.

*"... some of the existing IOPTWH executive committee officers will not be standing for re-election so it will be a great opportunity for others to apply"*

World Confederation for Physical Therapy

CONGRESS 2019


Geneva

Registration ▾ Programme ▾ Exhibition ▾ Visitor info ▾ News ▾

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World Confederation for Physical Therapy

## 10-13 May




[Congress home](#) » [Programme](#) » [Courses](#)

### Pelvic health: sports and exercise (COURSE-04)

#### Course

Time:	10 May 2019
Duration	One day
Level of learning:	Multiple


#### Chair/speaker



> de Jong, Jacqueline Helena


Switzerland

#### Speakers




> Bø, Kari

Norway




> Hodges, Paul

Australia



> Luginbuehl, Helena

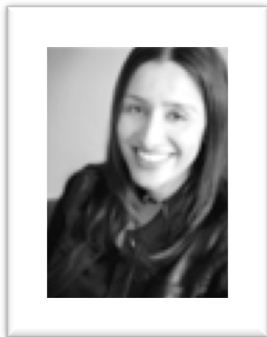
Switzerland



> Mota, Patricia

Portugal

## Treasurer's Message



Meena Sran PT, PhD  
IOPTWH Treasurer

As of June 12, 2018, we have 12,148.24 GBP in the account. Most 2018 membership dues payments have been received but there are still some that are outstanding. There are also some (3) payments for which no form was submitted and it is not possible to distinguish which country paid based on the account statement information. I will be following up with countries who have not submitted any forms to me and will then work to reconcile the accounts to which countries have paid those amounts. I continue to emphasize the importance of each country completing the membership

form so IOPTWH knows how many members you have and thus how much your membership dues should be. However, many member countries still do not complete the form.

All countries, including those with very small member numbers, need to complete the form each year so that IOPTWH has that information on file. A lot of time is spent trying to chase down this information each year.

Thank you very much to those countries who have paid their membership dues already and have also completed the forms. It is much appreciated.

## *The role and responsibilities of IOPTWH delegates: information for current and prospective delegates*

- IOPTWH chief delegates and delegates are a valued part of the Organization.
- In late 2017 the executive committee created a draft document, and current delegates were invited to comment and suggest changes. 18 member groups replied and most of their suggestions were incorporated into the final document **IOPTWH DELEGATES** that you will find at the end of this piece.
- There were a few points raised by delegates that were not included in the document, but which I shall address here:
- *Why must agenda items for the IOPTWH general business meeting be sent so long (6 months) in advance?*  
This is a requirement within the IOPTWH constitution. It means our secretary can prepare the meeting agenda well in advance of the meeting and distribute it to delegates. They then have time to discuss any relevant matters with their national executive committee or membership before the meeting.
- *Is there potential for more specificity on how to set expectations other than meeting attendance and agenda submissions? Looking for more ways we can leverage our relationships with each other for the greater good!*  
The executive committee is committed to increase member involvement over the coming years and this will be discussed at the general business meeting in Geneva.
- *Will business meeting change to 2-yearly to coincide with each WCPT Congress?*  
Although WCPT Congress is now every two years, their business meeting is still held every four years (e.g. Singapore in 2015, Geneva in 2019). As an official WCPT subgroup, IOPTWH will continue to meet every four years unless WCPT meet more frequently.
- *Should this document include information on who is eligible to join the organization and the fees?*  
This information is available in the IOPTWH constitution, or on request via the secretary.

### **Gill Brook**

IOPTWH president

## **IOPTWH DELEGATES**

### **Purpose**

Delegates represent their national group's interests and concerns, and support & contribute to the mission, vision and values of the Organization

### **Appointment**

Each member country's national group appoints or elects up to three delegates, one being the chief delegate.

### **Term of office**

The maximum term of office for a chief delegate or delegates is normally four years. Any extension due to special circumstances should be discussed with the IOPTWH executive committee.

### **Orientation of successor**

Each member country delegate shall orient their successor(s). All relevant materials and information will be passed on to new delegate(s)

### **Authority**

Member country delegates are responsible to their chief delegate. All are ultimately responsible to their country's national group.

### **Operations**

#### **Meetings**

Each member country may be represented at the General Business Meeting by up to three delegates. Each member country has one vote, cast by the chief delegate or another delegate charged with that responsibility.

#### **Reports**

Each member country will determine a means of communication by which individual members of their national group are not only informed of the Organization's activities, but also have an opportunity to convey their views.

### **Duties and responsibilities**

1. Attendance at the Organization's General Business Meeting once every four years is encouraged, in order to represent their national group.
2. Disseminate Organization materials & information to national group's individual members, and gather their views in relation to IOPTWH business.
3. Respond to correspondence from the IOPTWH executive committee
4. Receive and respond to the annual dues request from IOPTWH treasurer (within 30 days of receipt)
5. When delegates change, inform IOPTWH secretary in a timely manner, including name and email address of the new delegate
6. Provide updates/articles for the IOPTWH newsletter as requested
7. Prepare agenda items for the General Business Meeting and submit to the IOPTWH Secretary at least six months prior to the meeting.
8. Coordinate activities or initiatives of the Organization at a national level.
9. When WCPT Congress is held within an IOPTWH member country, their delegates are encouraged to help the executive committee organise events e.g. social networking, course organization, etc.
10. Nominate IOPTWH committee and task force members from within their national group when requested by the Organization.

## Secretary's Message

## IOPTWH Survey Results 2018



Melissa Davidson  
IOPTWH Secretary

In 2016 we asked members if IOPTWH should consider a name change. All members responded to the survey, and 72% of members responded "Yes", IOPTWH should have a new name.

We have just completed a 2nd survey, which all member countries responded (including members in waiting) asking the following questions:

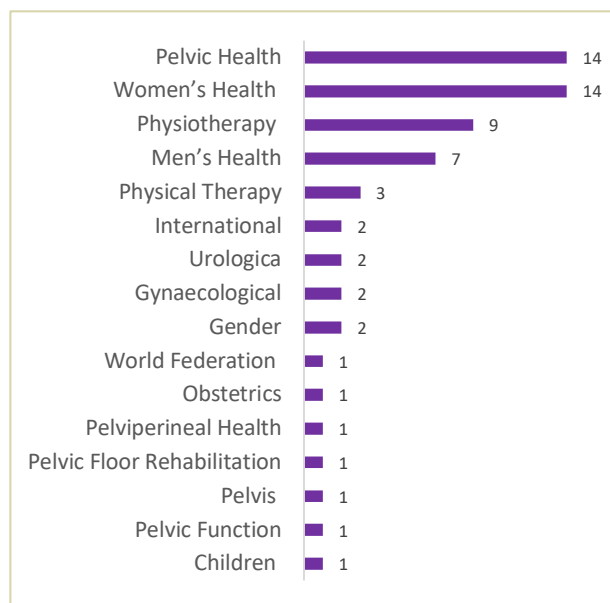
- What wording does your member group believe should be included in the title?
- What wording does your member group believe should be excluded from the title?
- Does your group have any suggestions on what the new name might be?
- Does your group have any other information, questions or comments they would like the committee to discuss or consider?

Suggestions for a possible new name: Between the two surveys', we received over 40 different suggestions for our new name!! The committee is meeting next month to discuss this further and will keep you updated on progress.

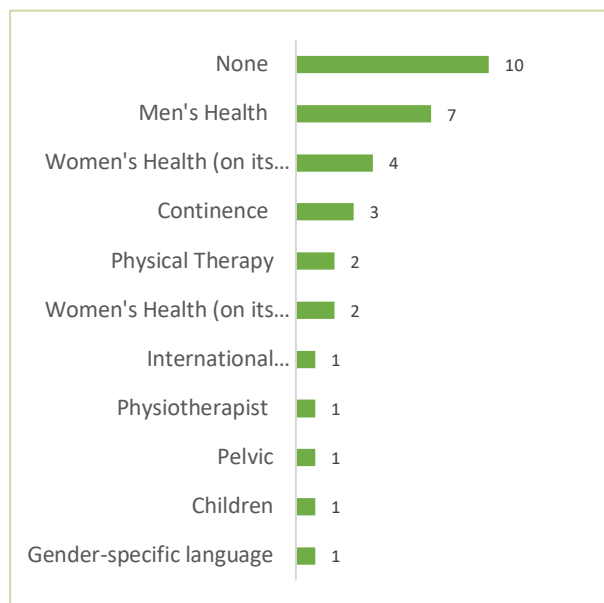
Thank you to all delegates for responding to the flood of emails I've sent over the last 5 months, hopefully there will be less in the coming months, however there will be a number of important ones coming out as WCPT Congress and Business Meetings are May 2019 so keep your eyes peeled for them.

Regards,  
Melissa

### Summary of answers given



Wording to Include in Title



Wording to Exclude from Title



## MEMBERS AT LARGE

### Articles From Europe 3: Slovenia, Sweden, Turkey, United Kingdom



*Robyn Willcock*

[member@ioptwh.wcpt.org](mailto:member@ioptwh.wcpt.org)

In this newsletter we have many articles of interest for you to peruse. Many thanks to Slovenia, Sweden, Turkey and the United Kingdom for providing these.

Slovenia has sent an abstract on the analysis of 15 mobile applications for pelvic floor muscle treatment.

The United Kingdom have looked specifically at results on the use of the Squeezy Pelvic Floor Muscle Exercise App and have submitted an article on the treatment of bladder pain. They have also included some information on their UK courses

Turkey have shared some research that was presented at ICS 2017 in Florence and published in the International Urogynaecology Journal in March this year.

Sweden has given us information on the role of Women's Health in Sweden, how they are engaged in decision making in their country and some course information.

The next newsletter will see us receiving information from North America. Caribbean-Bermuda, Canada and the United States of America will start receiving requests from myself for articles for the next newsletter due out in early 2019.

To help share the task of producing the newsletter the committee will ask a different region every six months to assist in providing articles for inclusion.

The WCPT Regions ( and IOPTWH group members) are:

- **Asia/ Western Pacific- Australia, Hong Kong, Kuwait, New Zealand, Saudi Arabia**
- **Africa- Nigeria, South Africa**
- **Europe (1\*) - Croatia, Denmark, Finland, Germany, Ireland**
- **Europe (2\*) - Israel, Netherlands, Norway, Portugal**
- **Europe (3\*) - Slovenia, Sweden, Turkey, United Kingdom**
- **North America/ Caribbean - Bermuda, Canada, United States of America**
- **South America - Brazil, Chile**

## FEATURED REPORTS FROM EUROPE 3



**J. BOND**

Private Practice, Cardiff,  
UK

**H. Pape & C. Ayre**

School of Allied Health  
Professions and Sport,  
University of Bradford,  
Bradford  
UK

**UK**

## CLINICAL PAPER

### *Efficacy of a Therapeutic Wand in Addition to Physiotherapy for Treating Bladder Pain Syndrome in Women: a Pilot Randomized Controlled Trial*

#### Abstract

The aim of this study was to assess the feasibility of a randomized controlled trial (PFM) treatment in women with bladder pain syndrome (BPS). Prolonged PFM tension contributes to the bladder pain, urinary frequency and urgency associated with BPS. Pelvic health physiotherapists routinely provide intravaginal myofascial release (MFR) to the PFMs in order to effectively reduce symptoms. Rapid access A TW was designed so as to allow men with chronic pelvic pain to self-treat, and this may be effective in women with BPS. For 6 weeks, two groups received weekly physiotherapist- provided MFR, and were monitored for a further 6- week follow- up period. One group also used a TW at home three times a week throughout the pilot.

Weekly outcome measures of BPS symptoms and quality of life were recorded. A clinically meaningful difference in Interstitial Cystitis Symptoms Index and Interstitial Cystitis Problem Index score changes between groups was group =  $6.20 \pm 0.83$  and  $5.00 \pm 1.41$ , respectively), and a difference was observed during the follow- up period (control group =  $4.50 \pm 1.73$  and  $4.00 \pm 2.44$ , respectively). Using the TW appears to have enhanced physiotherapy treatment during the initial 6 weeks, and improved symptoms during the 6- week follow- up period. The TW may be a clinically useful tool for long- term management of BPS. The feasibility of the study method was proven, some alterations were recommended and an RCT is now warranted.

*Continued...*

*Reproduced with permission from authors. Link to full article [here](#)*

Table: Mean baseline and mean change in secondary outcome measure score over the course of the study in the control and therapeutic wand groups

Outcome Measure		Baseline Score Mean (SD)	Change in outcome measure score Mean (SD)		
			0 to 6 Weeks	6 to 12 Weeks	0 to 12 weeks
GUPI (score)	Control Group	27 (7.07)	9.25 (4.85)	1.25 (0.95)	10.5 (4.04)
	TW Group	31 (4.89)	11.6 (5.50)	3.4 (1.51)	15 (6.25)
PUF (score)	Control Group	14 (3.56)	3.75 (1.70)	0.75 (0.96)	4.5 (2.64)
	TW Group	16.2(1.64)	6.8 (1.79)	2.2 (1.30)	9 (2.83)
VAS Urgency (mm)	Control Group	60 (18.25)	20 (8.16)	10 (8.16)	30 (8.16)
	TW Group	70 (21.21)	42 (8.36)	6 (5.48)	48 (13.03)
VAS Bladder Pain (mm)	Control Group	57.5 (15)	22.5 (5.0)	2.5 (0.5)	25 (10)
	TW Group	68 (17.5)	42 (16.43)	4 (5.48)	46 (16.73)
VAS Overall Pain (mm)	Control Group	57.5 (15)	25 (12.91)	2.5 (9.57)	27.5 (9.57)
	TW Group	66 (20.7)	30 (12.25)	8 (8.37)	41 (16.43)
NRS PFM Pain (score)	Control Group	7.25 (1.5)	4.75 (1.5)	0.25 (0.5)	5 (1.41)
	TW Group	8 (0.7)	6 (1.22)	1.2 (1.09)	7 (0.45)

Continued...

Figure 1

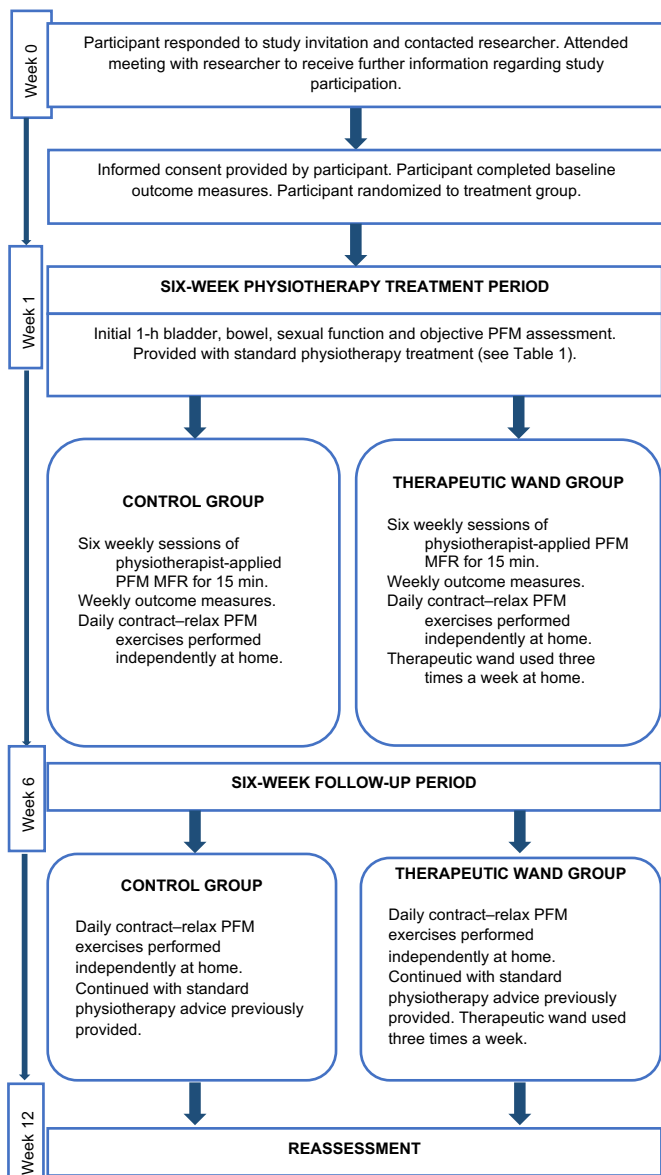


Figure 1: Flow chart of the study intervention: (PFM) pelvic floor muscle; and (MFR) myofascial release

Figure 2: Line graph showing the participant mean O’Leary-Sant Interstitial Cystitis Symptom Index (ICSI) score change over the duration of the study in the control (—) and therapeutic wand (—) groups.

Figure 2

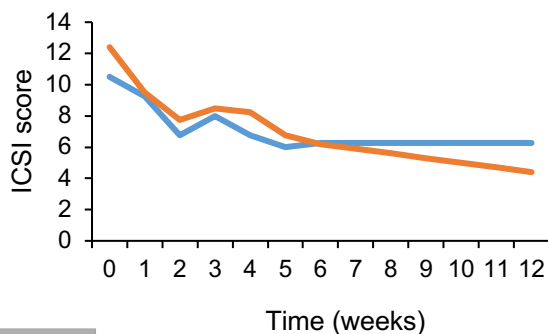


Figure 3

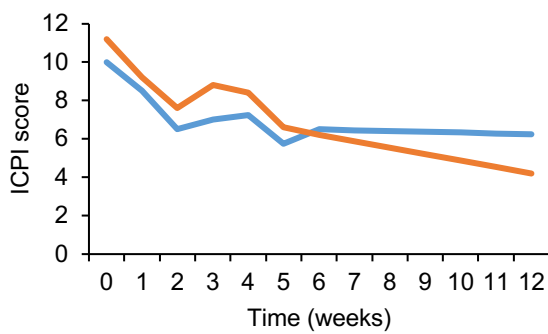


Figure 4

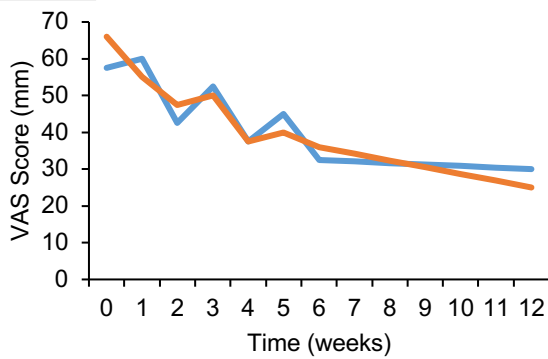


Figure 3: Line graph showing the participant mean O’Leary-Sant Interstitial Cystitis Problem Index (ICPI) score change over the duration of the study in the control (—) and therapeutic wand (—) groups.

Figure 4: Line graph showing the participant mean visual analogue scale (VAS) score change over the duration of the study in the control (—) and therapeutic wand (—) groups.

Journal of Pelvic, Obstetric and Gynaecological Physiotherapy, Spring 2017, 120, 12–27

CLINICAL PAPER

**Efficacy of a therapeutic wand in addition to physiotherapy for treating bladder pain syndrome in women: a pilot randomized controlled trial**

J. Bond

Private Practice, Cardiff, UK

H. Pape & C. Ayre

School of Allied Health Professions and Sport, University of Bradford, Bradford, UK



Continued...

## Information sheet given to the therapeutic wand group

## Instructions for Therapeutic Wand Use at Home

- Think of your pelvic floor as a clock, where the clitoris is at 12 o'clock and the back passage is at 6 o'clock. The wand should never be used in the areas marked red on the diagram as the tube from your bladder is between 11 and 1 o'clock and your bowel is between 5 and 7 o'clock.



- Lying on the bed or in the bath assume a comfortable, supported position with your knees bent. If lying on the bed, liberally cover the end of the wand with lubricant, this is not always required if using in the bath. Holding the bobbled end, insert the other end of the therapeutic wand into your vagina.
- To identify tender areas in your pelvic floor muscle start by performing a few gentle sweeping strokes between 5 and 1 o'clock and then at 7 to 11 o'clock as deep as the first curve of the wand. Then withdraw the wand a little and repeat the sweeps with just the tip. Any areas that are exquisitely tender and refer pain somewhere else in your pelvis region when pressed are likely to be trigger points.
- Sustain a moderate pressure to a trigger point for 10 seconds, then contract the pelvic floor muscle and release fully a few times, using the therapeutic wand to guide the muscle downwards. After this a comfortable stretch using the wand should be applied for 10 seconds. This should be repeated until all trigger points have been released, and should take between 5 and 10 minutes.
- If tingling or extreme pain occurs on trigger point massage discontinue and move to another area. Occasionally pain may occur after wand use but this should not persist for more than an hour. If you are concerned contact the researcher on the phone number provided. Do not use the therapeutic wand if you have an infection or vaginal bleeding with wand use.

## Therapeutic Wand Cleaning

- Use warm water and a clean towel to clean the therapeutic wand after each use.
- Soap is not necessary and may produce vaginal irritation.
- Do not apply alcohol gel or any cleaning product containing alcohol onto the therapeutic wand.
- Store the wand in the pouch provided between uses.

## FEATURED REPORTS FROM EUROPE 3



**Ruth Hawkes**  
POGP  
Education Sub-  
Committee Chair

*“The purpose of the POGP short course is to provide a sound introduction for Physiotherapists who are new to the specialism or who have some experience but wish to update and refresh their knowledge/skills.”*

**UK**

*Pelvic Obstetric Gynaecological Physiotherapy (POGP) is the UK professional network of the CSP*

### **POGP Short course have new titles!**

In consultation with the workshop tutors, POGP have renamed the short courses. The expectation is that it will help direct the physiotherapist to the right course best suited for their particular educational requirements.

The 'Pelvic Health Physiotherapy' tag indicates the workshops are a series of courses, the middle section identifies the client group/clinical problem and the last identifies the level of the course. For example, the female Urinary dysfunction and lower bowel dysfunction courses are 'entry level' courses and a starting point for anyone whereas the other three are follow-on courses 'advancing practice'.

The purpose of the POGP short course is to provide a sound introduction for Physiotherapists who are new to the specialism or who have some experience but wish to update and refresh their knowledge/skills. Each course is designed to further the participant's assessment, diagnosis and treatment skills using a practical, problem-solving approach based on current evidence and best practice. Participants are usually expected to be HCPC Registered, however applications are accepted from CSP members, as part of their 'return to practice'.

Applications are also accepted from overseas applicants who live/work outside of the UK and are a member of a Physiotherapy organisation recognised by the World Confederation for Physical Therapy (WCPT). They may already be working in women's health/continence rehabilitation or working in another specialism but aiming to develop knowledge and skills to assess and manage a new client group.

Depending on the particular workshop, they usually run over 2-3 days and include week-ends. The numbers of workshops organised throughout the year varies depending on demand; tutor allocation is rotated by frequency, availability and building working relationships between all tutors of that particular workshop.

Each course is facilitated by a team of tutors, who have considerable experience with the client group/sub-specialty of that particular course topic.

A tutor for the POGP is expected to be a full member of POGP in order to qualify for the role.

*More information and dates of courses can be found [here](#)*

#### **Short Courses available**

Pelvic Health Physiotherapy: pelvic organ prolapse - advancing your practice

Pregnancy - related Physiotherapy; assessment and management of musculoskeletal conditions; lumbar spine and pelvis- an entry level course

Pelvic Health Physiotherapy: female urinary dysfunction - an entry level course

Pelvic Health Physiotherapy: male lower urinary tract symptoms - advancing your practice

Pregnancy - related Physiotherapy: assessment and management of musculoskeletal conditions; hip and trunk- advancing your practice

Pelvic Health Physiotherapy: lower bowel dysfunction - an entry level course

Pelvic Health Physiotherapy: Managing complex female pelvic pain and pelvic floor muscle dysfunction -advancing your practice

Pregnancy - related Physiotherapy: the childbearing year - an entry level course

## FEATURED REPORTS FROM EUROPE 3



**M. Robson**

Physiotherapy

Department, Lewisham  
Hospital, Leisham &  
Greenwich NHS Trust,  
and Propagator Ltd,  
London, UK.

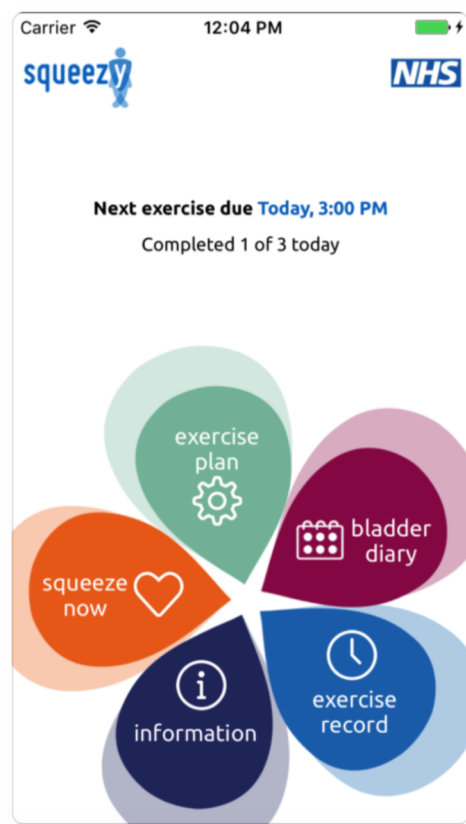
**UK**

## CLINICAL PAPER

### *The Squeezy pelvic floor muscle exercise app: user satisfaction survey*

#### Abstract

Squeezy is a pelvic floor muscle exercise smartphone application (app) that was launched in September 2013 at the POGP Annual Conference. It advises women about how to perform pelvic floor muscle exercises (PFMEs), supports a physiotherapy-led exercise programme and encourages adherence. Over 60,000 copies of Squeezy have been sold worldwide, and it has been a winner or runner-up in seven awards. This paper describes the results of an in-app survey that was completed by over 464 users in 2015. One of the most notable results shows that over 90% of those who were surveyed had increased the frequency of their PFMEs after beginning to use Squeezy.



*Continued...*

*Reproduced with permission from authors. Link to full article [here](#)*

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Figure 1

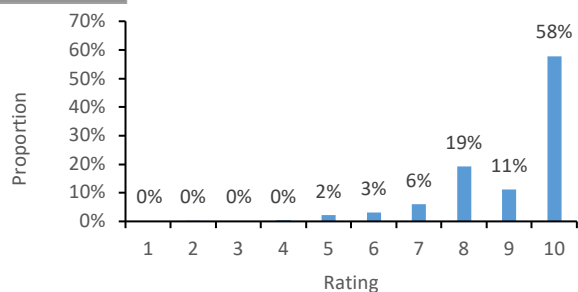


Figure 2

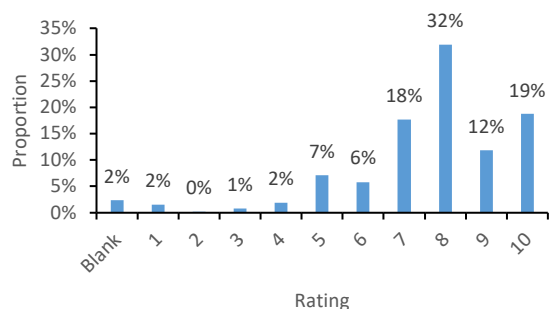


Figure 1: “How much do you think you need to do pelvic floor muscle exercises?” Key: (1) not at all; and (10) extremely necessary.

Figure 2: “How much do you think pelvic floor muscle exercises can improve your symptoms?” Key: (1) not at all; and (10) resolve them completely.

Figure 3

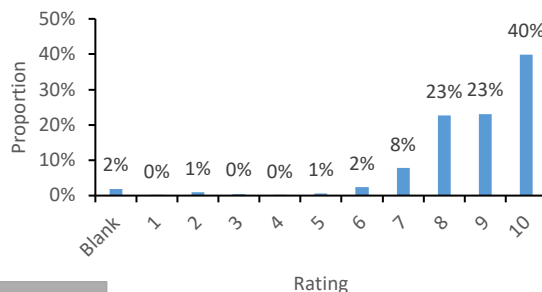


Figure 4

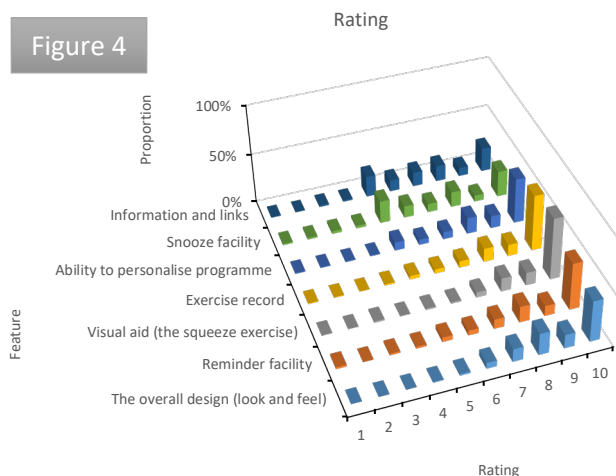


Figure 3: Rating of the overall user experience: (1) really dislike; and (10) really like.

Figure 4: User ratings of the main features of the app: (1) really dislike; and (10) really like.

*Journal of Pelvic, Obstetric and Gynaecological Physiotherapy*, Autumn 2017, **121**, 64–68

## RESEARCH AND DEVELOPMENT

# The Squeezy pelvic floor muscle exercise app: user satisfaction survey

**M. Robson**

*Physiotherapy Department, Lewisham Hospital, Lewisham and Greenwich NHS Trust, and Propagator Ltd, London, UK*

## FEATURED REPORTS FROM EUROPE 3



Annelie Gutke

*“...Women's health has wind in the sails in Sweden...”*

## Sweden

### *Women's Health in Sweden*

Since many years, we have been a group of physiotherapists in Sweden, ‘a small core set’ that have worked with women’s health issues. We have fought for the right to treat the women and to increase the knowledge among health care practitioners within the field as well as among patients. The last couple of year’s positive things have happened within Women’s health in our country.

**At patient level**, the women who suffers from consequences of pregnancy and delivery seek help. The women are more aware of the possibility to get help for their problems in the pelvic area. Physiotherapeutic knowledge and competence are requested both by the women themselves, but also by the gynaecologists, obstetricians and general practitioners.

**At societal level**, The National Board of Health and Welfare ask how physiotherapy can contribute to improve maternity care. The physiotherapists within women’s health are asked to contribute with our knowledge when it comes to national guidelines for different problems such as pregnancy-related lumbopelvic pain, and endometriosis. We are asked how we can contribute in postpartum care and follow up after delivery-related pelvic floor injuries.

In primary care, the period after pregnancy is highlighted as an important rehabilitation period where physiotherapeutic interventions can contribute to better health.

**At professional level**, the Swedish board of Women Health gives courses to the members. For the last couple of years, the focus has been on incontinence since the demands in this field has been continuously high from our members.

In Sweden, physiotherapists can choose to specialise within 16 different fields, one is Obsteric, Gynecology and Urology i.e. ‘Women’s health’. To be certified specialist, it is nowadays required three years of tutoring from a specialist and 60 credits at university level.

University courses in Women’s health at advanced level are now available in Sweden. During autumn 2017, the first course at a Swedish university (University of Gothenburg) within Women’s health was given with four time the number of applicants than the places we could provide. The course will be given again in Spring 2019. A second course, this time inter-professional within Women’s health and with a focus on pelvic floor issues (at Karolinska institute) will be given during autumn 2018. Women's health has wind in the sails in Sweden and we hope that this will lead to better health for the women!



## FEATURED REPORTS FROM EUROPE 3



### Anna Skawonius

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## Sweden

### *The Role of Physiotherapy in Endometriosis Care: Swedish National Guidelines*

As physiotherapist with specialization in Obstetrics, Gynecology and Urology and a part of the Endometriosis Center's team at Karolinska University Hospital in Stockholm, I was asked to participate in the development of National Guidelines for Endometriosis Care. The guidelines were developed by a project management team consisting of two Gynecologists, a Midwife, a pain and anesthesiology specialist and a physiotherapist under the supervision of two project managers from The National Board of Health and Welfare.

The Swedish government appoints The National Board of Health and Welfare in Sweden to draw up National Guidelines for medical conditions affecting a large number of people, has a considerable economic impact and where there is a need for guidance in the healthcare system. The purpose of the National guidelines is to create a more equal health care nationwide.

The National Board of Health and Welfare has previously developed 14 National Guidelines including for example Dementia, MS and Parkinson's disease, Depression and anxiety and Diabetes care.

In 2015, the Swedish Government assigned the National Board of Health and Welfare to develop new National Guidelines for three chronic illnesses - Endometriosis, Epilepsy and Psoriasis. The aim to improve the area of Women's health has also been a government mandate since 2016.

In producing National Guidelines, the National Board of Health and Welfare in Sweden uses a strict process. A brief introduction of the process can be viewed [here](#).

The development of National Guidelines for Endometriosis Care started in May 2016 and a preliminary version with 42 recommendations was published in March, 2018. At present, the project management team is working with the final version of the National Guidelines for Endometriosis Care, planned to be published in December 2018.

In the National Guidelines for Endometriosis Care there are several recommendations regarding Physiotherapy based interventions in the chapter of Non-pharmacological treatment of pain. These include "Supervised physical activity in Endometriosis and pain", "Physiotherapeutic interventions in Endometriosis and pain" and "Manual pelvic floor physiotherapy in endometriosis and pain". All these recommendations are highly prioritized in the Guidelines and should be considered in the Endometriosis care.

*"...In the National Guidelines for Endometriosis Care there are several recommendations regarding Physiotherapy based interventions..."*

## FEATURED REPORTS FROM EUROPE 3



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*“...there is a  
strong  
professional  
need for  
knowledge  
...”*

## Sweden

### *Pelvic floor dysfunction courses provided by the Swedish Special Interest Group for Women's Health*

In Sweden focus in media and society regarding women's health is high. A lot has been written and debated especially about muscle injuries after delivery and the poor understanding and help in the health care system. Interest and awareness is increasing among undergraduate students and at the University of Gothenburg there is an increasing number of students who write their bachelor thesis about women's health. However, the amount of teaching regarding the pelvic floor and related problems are very low.

Outside the Universities we have different groups of sections organized under the union Fysioterapeuterna. There we have a Special Interest Group for Women's Health. In the board of this section we have organized basic courses in incontinence and pelvic floor dysfunction for physiotherapy colleagues.

The two-day course is given every year and a follow up course is given every 3 to 4 years. As clinical specialists we are responsible both for theoretically and practically teaching on these courses. We also have obstetricians, gynecologists and colorectal surgeons as teachers. Palpation is taught first theoretically. Then we divide the students in smaller groups of 3 to 4. One specialist serves two groups. As a student on the course you take part both as a physical therapist and a patient which is something we give explicit information about before entering the course.

It is a great pleasure to be a teacher on this courses! Our experience is that there is a strong professional need for knowledge and that the students/our colleges are very satisfied with the mixture of theory and practice and the open space for discussion that we try to provide.

## FEATURED REPORTS FROM EUROPE 3



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## *Slovenia*

### *Mobile applications for pelvic floor muscles training*

#### **Abstract**

##### **Research question (RQ):**

What mobile pelvic floor muscular exercise applications are currently available to users?

**Purpose:** The purpose of the study was to establish which mobile applications for pelvic floor muscle training are accessible to users and whether these are based on the guidelines of professional and scientific research; in addition, the objective included a design of a paper prototype of a mobile application for pelvic floor muscle training.

**Method:** The existing mobile applications for PFMT were searched by means of Google play (for the android system) and Apple app Store (for the iOS system). Adobe Illustrator was used to outline the application paper prototype.

**Results:** The results were obtained on the basis of our own criteria and showed that more than half of the applications are not suitable or are not suitable for PFMT in relation to criteria set.

**Organisation:** In order to make the mobile application as optimal as possible, 15 existing applications for pelvic floor muscles training for android and iOS systems were analysed.

**Society:** By exercising the pelvic floor muscles, we can largely prevent, eliminate or at least alleviate the problems of urine incontinence and other problems associated with pelvic floor muscle dysfunction, and at the same time improve the sexual function of the user. Since our exercise takes only 3x3 minutes a day, it is nonsense to always visit some organized forms, and many can not even afford it financially. The application provides a person with a higher quality PFMT, and at the same time reminds him / her of the time when it is time to exercise.

**Originality:** A mobile mobile application for pelvic floor muscle training is the first such application in the Slovenian language. The added value of an application compared to existing ones is that it is simple and transparent to use, and that the user does not need to pay attention to time parameters, but can focus more on the quality of the VMMD implementation itself.

**Limitations of the study/further research:** The proposed prototype of applications allows an user to focus more on the quality of the contraction and relaxation during the training. Further research should focus on assessing the effectiveness of exercise by means of a mobile pelvic floor muscular exercise application.

## FEATURED REPORTS FROM EUROPE 3



## Turkey

### *The Effects of Vaginal Tampon Training Added to Pelvic Floor Muscle Training in Women with Stress Urinary Incontinence: A Randomized Controlled Trial*

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#### Abstract

**Introduction:** Pelvic floor muscle training (PFMT) has been considered as a first line treatment for stress urinary incontinence (SUI). However, there is no consensus on the standard PFMT program for SUI. In literature, some vaginal devices/cones can be added to PFMT protocol to provide additional benefits for patients.

**Purpose:** The aim of this study was to investigate the additional effects of vaginal tampon training (VTT) to PFMT on urinary incontinence symptoms, quality of life, and strength of endurance of pelvic floor muscle in patients with stress urinary incontinence.

**Study design and participants:** The present study was designed as a prospective, randomized controlled study consisting of two parallel arms: PFMT + VTT and PFMT. A total of 48 patients with pure SUI or stress pre-dominant UI were assigned to PFMT + VTT or PFMT groups.

**Interventions:** Both groups received a standardized 12 weeks treatment.

**Results:** According to the between-group analysis, there were no statistically significant differences in all outcome measures (symptoms of SUI, severity of SUI, quality of life, and pelvic floor muscle strength and endurance) ( $p>0.05$ ). On the other hand, the increase in pelvic floor muscle strength and endurance in PFMT+VTT group was significantly greater than in the PFMT group.

**Conclusion:** Although preliminary results of the present study showed that both treatments had similar effectiveness on the symptoms of urinary incontinence and quality of life, we suggest to add vaginal tampon exercises to early phase of treatment in order to encourage the patients for maximum and intensive pelvic floor muscle contractions.

*Continued...*

*This research has been presented at 47<sup>th</sup> Annual Meeting of the International Continence Society-ICS 2017 (September 12-15, 2017- Florence/Italy) and was selected as the best research in "Rehabilitation category" by ICS award committee. Present study was also published in International Urogynecology Journal (Online published: 2018 Mar 13. doi: 10.1007/s00192-018-3585-7).*



Continued...

**PFTM+ VTT**

- Pelvic floor muscle exercises (fast and sustained contractions) were performed.
- Vaginal tampon exercises were performed at the 5 days a week.

**PFMT**

- Pelvic floor muscle exercises (fast and sustained contractions) were performed.
- Biweekly visits were carried out to check the progression of treatment.

**Table 1.** Comparisons of outcome measures at baseline and Week 12.

		PFMT and VTT	PFMT	p
UI severity	Baseline	8 (4-9)	6 (3.5-12)	0.77
	Week 12	2 (1-4)	2 (0.5-7)	0.62
Frequency	Baseline	6.33 (6.0-9.32)	7.0 (5.16-9.83)	0.90
	Week 12	5.83 (4.74-7.83)	6.33 (5.0-9.0)	0.49
UI episodes	Baseline	1.16 (0.33-2.57)	1.0 (0-3.0)	0.89
	Week 12	0 (0-1.83)	0 (0-1.16)	0.80
PFMS	Baseline	4.65 (3.15-7.12)	5.60 (3.04-6.63)	0.88
	Week 12	6.85 (4.35-9.10)	5.73 (3.54-8.15)	0.19
PFME	Baseline	64.08 (39.44-76.66)	74.83 (52.64-85.44)	0.10
	Week 12	79.61 (62.84-90.90)	80.62 (69.82-91.70)	0.95

UI= urinary incontinence; PFMS= pelvic floor muscle strength; PFME= pelvic floor muscle endurance.

**References:**

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## Article

## Current Practice in Men's Health Physiotherapy within WCPT Regions

By: Gerard Greene  
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Within the WCPT regions Men's Health physiotherapy (MHP) is developing as evidenced by the 1st focused symposium recently held at WCPT2017. Evidence has shown physiotherapists are successfully treating conditions, such as Urinary Incontinence (UI), Pelvic Pain (PP) & Erectile Dysfunction (ED). Even though Men's Health (MH) is developing; there is a need for continued professional development (CPD), research, and overall increased awareness of the role of physiotherapy. A research study was carried out to investigate current international clinical practice within MHP with the following aims:

1. To explore and evaluate current scope of practice and working patterns within Men's Health in WCPT regions.
2. To identify a range of conditions seen within Men's Health in WCPT regions
3. To identify and understand the current barriers to getting involved in Men's Health
4. To investigate how potential barriers can be overcome to facilitate professional development within Men's Health.
5. To explore the use of social media within Men's Health

**Method ology:** A mixed method approach, in the form of an online questionnaire was used to collect the data. Using the Bristol Online system the questionnaire was administered via social media platforms over a period of 3 weeks. Ethical approval was obtained from Coventry University Ethics Committee.

### Results:

#### Demographics

A total of 39 Physios from 10 countries completed the questionnaire (34 f, 5 M). Respondents were from European (23) Asia Western Pacific (8) North American (6) African (1) and South American and Caribbean (1) regions. Participant countries were England (15), Australia (8) Ireland (5), USA (5), Brazil, South Africa, Iceland, Canada, Israel, Cyprus (1 each).

#### Scope of Practice

The common conditions seen within were: post prostatectomy urinary incontinence and erectile dysfunction in addition to patients with pelvic pain, and sexual dysfunction. Other conditions included constipation, dysuria, pudendal neuralgia, pelvic fractures, lower urinary tract symptoms, bowel dysfunction, voiding issues and hernias.

#### Working Patterns

We also examined the proportion of time that physios were working specifically in Men's health which highlighted that 82% worked 25% or less time in Men's Health with 13% working 50% of their time in Men's health with 5% working a 75% role in Men's Health with none in a full time role. The working pattern of these physios also indicated that 82% also worked in women's health with 53% also working within a musculoskeletal role and a remainder also in Paediatrics, Oncology, Lymphedema and neurology.

A large percentage (77%) had been qualified 10+ years, (18%) 6-9 years and 5% less than 5 years. The majority 54% worked with no other MH Physios, 30% with 1-2 MH physios, 16% with 3 or more MH Physios.

#### Barriers to Men's Health Physiotherapy

Results identified that current barriers to physiotherapists getting involved in MHP including decreased awareness from both consultants and the public of their role. Another barrier was the limited amount of CPD and training and finally the lack of referrals. Some suggestions to addressing these were increasing public awareness through campaigns and education, increasing the profile of MHP within the medical and physiotherapy communities. Suggestions were also made for more awareness and training of men's health physiotherapy at both under and post graduate level.

### *Use of Social Media within Men's Health Physiotherapy*

Of the respondents 82 % used social media in their MH role with 68 % indicating they used it for CPD. The main platforms used were Facebook (68%) and Twitter (38%).

### **Discussion**

#### Men's Health

Physiotherapy as evidenced by the recent focused symposium at WCPT 2017 is a rapidly growing specialty within Physiotherapy. This original study aimed to capture what is happening globally within this field and to provide a template for further research. The key areas of MH of post prostatectomy, Sexual dysfunction and Pelvic pain would appear to follow the expanding research base in these areas. Possibly reflective of the tradition of women's health physios branching into MH physio and the gender make up of Physiotherapy the majority of respondents were

female with a large proportion also working in WH. However, of note and reflective of emerging areas of MH were the numbers of musculoskeletal physios in addition to those also working in oncology and paediatrics. The lack of a peer group is evident as the majority are working alone or with limited numbers of colleagues and there appears to be few if any full time posts in MH physio which echoes the comments on lack of funding for posts. Men's health, as may be expected, appears to attract physiotherapists who have considerable experience and may have already spent time working in other areas of practice. Of relevance to professional bodies are the considerable barriers to physios getting involved in Men's health physio as addressing these will be necessary to allow further development of this specialism and some suggestions are made how this may be achieved? Social Media

within Physiotherapy and especially pelvic health physiotherapy is growing and this is evidenced by the high proportion of Men's health physios using it and in particular for CPD.

### **Recommendations**

We would hope that our study would form the basis for a more in-depth examination of what is happening in Men's Health physiotherapy in different WCPT member organisations with a view to facilitating this area of Physiotherapy. It is also hoped it will provide some baseline data for what is happening professionally in Men's Health Physiotherapy.

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*This dissertation study was carried out in 2016 as part requirement for a BSc Physiotherapy Degree at Coventry University.*

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