

## Book, journal and DVD reviews

### **Evidence-Based Physical Therapy for the Pelvic Floor: Bridging Science and Clinical Practice**

Edited by Kari Bø, Bary Berghmans, Siv Mørkved & Marijke Van Kampen  
Churchill Livingstone, London, 2007, 456 pages,  
paperback, £39.99  
ISBN 978-0-443-10146-5

In addition to its four eminent editors, this textbook boasts a further 30 well-known contributors who have written a range of chapters that – to quote the book itself – ‘bridge the gap between evidence-based research and clinical practice in physical therapy for pelvic floor dysfunction’. *Evidence-Based Physical Therapy for the Pelvic Floor* includes detailed treatment strategies, information on specific client groups (e.g. children, older people and elite athletes), clinical guidelines, clinical appraisal of randomized controlled trials (RCTs) and strategies to reduce the drop-out rate for conservative treatment.

Individual chapters vary considerably in length, the longest ones being further subdivided into shorter, headed sections. Despite being a long book, packed with information, the text is punctuated and supported regularly by a range of tables, figures, illustrations, photographs, and both ultrasound and magnetic resonance images. As well as a contents page and comprehensive index, each chapter starts with some details of its contents, ensuring that *Evidence-Based Physical Therapy for the Pelvic Floor* is easy to navigate and in no way overwhelming.

As the editors explain in their preface, the evidence presented in this book is based on Cochrane Library reviews, the three International Consensus Meetings on Incontinence, systematic reviews and recent RCTs. Their goal is to evaluate only clinically relevant research questions, and unsurprisingly, they point out that the conclusions of even these high-quality works can differ.

After an overview of physical therapy for pelvic floor dysfunction, Rob Herbert contributes a chapter on critical appraisal of RCTs and systematic reviews of the effects of physical therapy interventions for the pelvic floor. I feel

that this offers an excellent tool for all physiotherapists wishing to review the literature themselves, and a useful reminder for those of us already accustomed to the practice.

Chapters on the functional anatomy, neuroanatomy and neurophysiology of the pelvic floor come next, followed by one on the measurement of pelvic floor muscle function and strength, and pelvic organ prolapse. The extensive coverage includes observation and palpation, electromyography, manometry, ultrasound and magnetic resonance imaging, and application of the pelvic organ prolapse quantification system.

Pelvic floor and exercise science, strategies to enhance adherence, and lifestyle interventions lead on to the largest section in the book, which deals with pelvic floor dysfunction and evidence-based physical therapy. This includes urogenital dysfunction, pelvic pain, male and female sexual dysfunction, and faecal incontinence. Although mentioned elsewhere in *Evidence-Based Physical Therapy for the Pelvic Floor* (including a large section about children) constipation, in particular obstructed defecation, is absent from this section. As a clinician dealing frequently with a range of anorectal dysfunctions, I would have appreciated its inclusion.

There follow a selection of client and condition specific chapters – pregnancy and childbirth, neurological diseases, older people, elite athletes, men and children – and finally, a chapter on the development of clinical practice guidelines in physical therapy. As with the earlier chapter on critical appraisal, I feel that this offers the reader a tool that they can go on to use to develop their own service.

Each chapter is comprehensively referenced, and the final section includes useful Internet sites. Although the World Confederation for Physical Therapy is included under ‘clinical groups’, there is no mention of the national physical therapy groups (e.g. the ACPWH or the Section on Women's Health of the American Physical Therapy Association).

I think this is an excellent textbook. A group of renowned experts has critically evaluated the literature available to produce clinical recommendations. Furthermore, they have equipped the reader with useful advice on critical appraisal

and the production of clinical guidelines, to empower them to support and develop their own practice.

I would recommend *Evidence-Based Physical Therapy for the Pelvic Floor* to the undergraduate student physiotherapists I encounter, my clinical colleagues in both general and women's health practice, and the postgraduate students I tutor. In his foreword, Walter Arbani, the general secretary of the International Continence Society, suggests that 'this book is going to become THE reference book' with regard to pelvic floor physiotherapy, and I would not disagree.

**Gill Brook**

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### **Therapeutic Management of Incontinence and Pelvic Pain: Pelvic Organ Disorders, 2nd edn**

Edited by Jeanette Haslam & Jo Laycock  
Springer-Verlag, London, 2007, 301 pages,  
paperback, £49.50  
ISBN 978-1-84628-661-2

The second edition of this popular book builds on the first with excellent contributions from a wide range of international experts from various professions. Much of the content of *Therapeutic Management of Incontinence and Pelvic Pain* will appeal to many healthcare professionals, and its holistic approach emphasizes the importance of interdisciplinary communication and pooling of skills in the treatment of these conditions.

There are a similar number of chapters ( $n=37$ ) in both editions. However, the new version does not repeat the section on complimentary medicine, or the chapters on audit and prosthetics, and whilst both anatomy chapters have remained the same, the rest of the contributions have either been updated, enlarged or are completely new.

The enlarged and/or updated sections include Chapter 7 on assessment, in which the authors describe the vertical and horizontal planes of examination, the new PERFECT scheme and the International Continence Society scale, and Chapter 10, on pelvic floor muscle exercises (PFMEs), which gives the reader a historical perspective, followed by a description of their use in the treatment of urinary incontinence and a description of advanced manual therapy techniques, pelvic floor stability and trunk muscle

co-activation. If readers also refer to Chapter 12 on ultrasound, it will make them realize not only the recent advances that have been made in our understanding of the pelvic floor complex, but also how much we still have to learn. It is impossible to describe all the updated/enlarged chapters in detail here, but I found those on the elderly, males, colorectal disorders, pelvic organ prolapse, and importantly, infection control to be of special interest.

Completely new to this edition are chapters on paediatric bladder dysfunction, quality of life questionnaires, pregnancy, childbirth and urinary incontinence, faecal incontinence, the menopause and incontinence, catheter care, dynamic ultrasound, the athletic woman, the use of the exercise ball, occupational therapy, ethical considerations, and Government guidelines and incontinence.

I found the section on the physiotherapeutic management of incontinence and pelvic pain full of up-to-date and useful information on many aspects of pelvic floor dysfunction, and approved of the emphasis on therapy and evidence-based recommendations. *Therapeutic Management of Incontinence and Pelvic Pain* is an invaluable reference work for any clinician dealing with such conditions, whether a student requiring the basic anatomy, assessment and treatment recommendations, or a more advanced clinician who can focus on her or his speciality, and perhaps be stimulated to look at some problems from a slightly different perspective.

I also had great pleasure in reading the book. This was partly because the information covered a broad range of topics relevant to my practice, but also because the material is evidence-based, where possible, and the abundance of references allows the reader to continue developing their knowledge or to identify areas for future research.

Would I buy the new edition of *Therapeutic Management of Incontinence and Pelvic Pain* if I already owned the first? I would have no hesitation in saying 'yes' – it is well worth the cover price. There have been many advances in both assessment and treatment during the past few years, and this edition provides a comprehensive and up-to-date synopsis of developments that should enable us to provide the expertise that our long-suffering patients deserve.

**Doreen McClurg**

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Belfast*

**Perineal and Anal Sphincter Trauma: Diagnosis and Clinical Management**

Edited by Abdul H. Sultan, Ranee Thakar & Dee E. Fenner

Springer-Verlag, Berlin, 2007, 196 pages, hardback, £85.00

ISBN 978-1-85233-926-5

I must admit that I was very excited to receive this book to review for two reasons: first, having heard both Abdul Sultan and Ranee Thakar speak on the topic, and having read their research in this area, I knew that *Perineal and Anal Sphincter Trauma* would be good; and secondly – and much more personally – I know both Abdul and Ranee well, and was interested to see how they had achieved their aim of writing a textbook that would provide in-depth information about this topic.

*Perineal and Anal Sphincter Trauma* is well laid out, with chapters on the anatomy of the perineum and anal sphincter, the diagnosis of perineal trauma, the repair of episiotomy and first-, second-, third- and fourth-degree tears, the prevention of perineal trauma, postpartum clinics and the role of the perineal clinic, female genital mutilation, the pathophysiology of anal incontinence, investigations of anorectal function, imaging of the anal sphincter, the conservative and surgical management of anal incontinence, rectovaginal fistulas, and medico-legal considerations. All the diagrams and tables are clear and concise.

The chapter on prevention of perineal trauma is extremely interesting, and as with all the chapters, describes a lot of up-to-date research. This allows the reader to benefit from a précis of all the relevant information. Tables 5:1 and 5:2 (p. 53) are very good examples: these show interventions to prevent perineal trauma, both with and without sound evidence, and a summary of the proven effects established by RCTs.

The need for a dedicated multidisciplinary team is stressed throughout *Perineal and Anal Sphincter Trauma*, and three models of such a team are given in the chapter on the role of a perineal clinic. This section discusses the risks of postpartum urinary retention and Figure 6.3 (p. 72) gives an overview of how this may be managed. However, a word of caution is needed: hand-held bladder scanners are not accurate when used to examine postnatal women because these devices can pick up lochia and register it with urine to give erroneous results. Either a scanner that can differentiate between fluid in

the bladder and fluid in the uterus, or an ‘in–out’ catheter should be used.

The chapter on conservative management by Christine Norton is again easy to read and is full of useful information. It highlights the lack of an evidence base for many of the current pathways of care, and this should prove budding researchers with an incentive to add to the body of research in this area.

Throughout *Perineal and Anal Sphincter Trauma*, the common themes of high-quality care and history-taking are emphasized, along with the need for ongoing education for everybody involved in the care of this group of patients.

I believe that this book has a place in every women’s health department or library. My only concern is the price; £85.00 for 195 pages seems steep, although, having read the book, I appreciate the enormous numbers of hours it must have taken to produce it.

**Kathleen Vits**

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**Birth and Power: ‘A Savage Enquiry’ Revisited**

By Wendy Savage

Middlesex University Press, London, 2007, 420 pages, paperback, £25.00

ISBN 978-1-904750-58-1

*Birth and Power* is a sequel to *A Savage Enquiry: Who Controls Childbirth?* (Savage 1986), which was published over 20 years ago. At that time, Wendy Savage had undergone suspension from her post as a consultant obstetrician and senior lecturer at the Royal London Hospital, London. This was the result of what appeared to be a ‘witch-hunt’, one brought about by her belief that Caesarean section should not become a matter of course, but should only be used for good medical reasons. There was an unprecedented inquiry at the time investigating five obstetric cases under her care. Many patients and general practitioners rallied to support her, and 15 months later, she was eventually cleared of all the doubtful claims made against her and was reinstated.

This book describes what happened when Professor Savage returned to practice and examines what has changed in the intervening years regarding the control of childbirth. She discusses medical accountability, incompetence,

the disciplining of doctors, academic freedom and what women want from obstetric care. The author comes across as having a passionate belief that childbirth should always be orchestrated with the woman at the centre of care, with medical intervention only undertaken as and when necessary.

She discusses the problems of personality conflicts, hospital politics, competency and detection of substandard practice. There is also an account of the further hostilities that she experienced in 1996, when she was again targeted personally because of complaints about a set of obstetric cases. It would appear that an obstetrician who believes in a woman's right to choose and is against the medicalization of birth is considered to be a maverick, someone to be opposed without regard to the personal costs to the patients and medical staff who are involved, or even the monetary expense incurred by the National Health Service (NHS).

This fully referenced book has additional contributions by many expert authors who look at the current situation affecting the NHS and consider what still needs to be done. The authors include a learned barrister, academics, eminent professors, campaigners, midwives and doctors. Perhaps the most revealing chapter was that by 'anonymous surgeons'. They write of their feelings about their exclusion from work for 14 months in 2003–2004 for what proved to be unwarranted accusations. The NHS appears to be a place where politics and personalities still have far too much sway.

As women's health physiotherapists, we should also consider ourselves a part of the team. As Professor Savage states, 'Let us work together as women – grandmothers, mothers and midwives – to change the way that services are provided in the way that women want.' It would also seem that 'partnership between the consumers and the providers, both medical and administrative' is essential.

We are indeed most fortunate that Professor Savage has kindly agreed to accept the invitation to present the Margie Polden Memorial Lecture at the ACPWH Conference in 2008. I would encourage as many of you as possible to listen to what promises to be a most invigorating presentation.

**Jeanette Haslam**

## Reference

Savage W. (1986) *A Savage Enquiry: Who Controls Childbirth?* Virago, London.

## Mosby's Guide to Women's Health: A Handbook for Health Professionals

By Tolu Oyelowo & Mosby

Mosby Elsevier, St Louis, MO, 2007, 304 pages, paperback, \$45.95/£23.99

ISBN 978-0-323-04601-5

This manual is intended to enable readers to easily retrieve information about the management of women's health. *Mosby's Guide to Women's Health* is well presented and relatively easy to read, and covers a multitude of topics from cardiovascular health to vulvodynia. The chapter on pregnancy deals with issues including pubic diastasis, pre-eclampsia, low back pain, headaches and snoring.

The layout is easy to follow, with each chapter taking the same format, using subheadings covering a description of the condition, aetiology, signs and symptoms, diagnosis, and management. However, because of the compact format of the manual, the reader can occasionally find herself having to turn pages to view figures and diagrams referred to in the text. Furthermore, the terminology used is not always well defined: consistency in clear definitions would be beneficial, especially to the student.

Because of its nature, *Mosby's Guide to Women's Health* covers a great variety of conditions, but is restricted in the detail that it can provide. The book aims to enable the health professional to treat a wide range of conditions using its resources, and it does indeed offer an overview of suggestions for treatment, although, considering the brevity of information and the minority of references taken from the past 5 years, formulating treatment would require more research.

Overall, *Mosby's Guide to Women's Health* does fulfil its aim to be a concise reference manual. However, there are many other textbooks that would specifically address the physiotherapist's needs in more detail. This manual is probably supplementary to the information available in many department libraries, but may be useful to students who require a quick and easy reference work.

**Rosemary Butler & Emma Hamerton**

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## Journal of Family Health Care

Edited by Pat Scowen

Keyways Publishing, Chichester, 2008, six issues per year, journal, £30.00 (annual subscription)

ISSN 1474-9114

*The Journal of Family Health Care* is aimed at healthcare professionals who work with family units. The editorial board includes health visitors, midwives, nurses, occupational therapists, school nurses and dietitians, all of whom have an interest in paediatric care and child studies. From their titles, some of the board appear to be clinically based, whilst others hold posts as university lecturers.

The articles published in the journal are not 'research' papers as such, in the true sense that the papers are not robust studies, but all contributions are referenced and appear to be evidence-based. The sorts of titles you can expect include:

- 'Eating for pregnancy and breast-feeding';
- 'Day care standards for young children';
- 'Where do parents go for advice?';
- 'Healthier families'; and
- 'Neurofibromatosis: a guide to care in the community'.

There are short news items and a letters section, as well as a section dedicated to Sure Start issues. The journal contains a large number of adverts for formula milk, childhood medications and conferences.

This publication has much to offer physiotherapists who work with families and may be of use to women's health physiotherapists who also have a paediatric caseload. It would be of particular use if you work in the community alongside health visitors. However, if you are a women's health physiotherapist who works mainly within the core domains, then this journal will probably not add to your specific clinical knowledge.

*The Journal of Family Health Care* is produced six times a year, and the annual subscription also includes three issues of *School Health*. Some articles are publicly available online at the journal website ([www.jfhc.co.uk](http://www.jfhc.co.uk)).

**Becky Aston**

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### **Pelvicore Technique with Kari Bø**

By Core Wellness

SCA Hygiene Products UK Ltd, Dunstable, 2007, DVD, 30 min, free

This DVD, which is available free of charge from the Core Wellness website ([www.corewellness.co.uk](http://www.corewellness.co.uk)), features Kari Bø and is sup-

ported by TENA. I first came across it as part of the Continence Foundation's annual continence awareness day in September 2007.

*Pelvicore Technique* targets women with 'bladder weakness', a much more attractive name than stress urinary incontinence. It is appropriate for both individual and group use. The main exercise section runs for approximately 20 min and is followed by a much shorter 'instant control programme'. This programme teaches the use of a pelvic floor contraction alongside activities that increase abdominal pressure. Breathing control and posture are emphasized throughout the programme.

The DVD starts with an introduction by Kari Bø, who describes the anatomy and function of all the core muscles. The role of these muscles in assisting stability, good posture and bladder control is explained. Kari recommends avoiding impact exercise that causes leakage until the exercise programme is well established. Pelvic floor muscle exercises are described, with Kari sitting on the corner of a table while suggesting that we try to raise the skin of the vagina away from the table.

The exercise section, which is all set to music, begins with a warm-up incorporating gentle exercise and stretches, with an emphasis on good posture. Kari leads the exercise programme with two models behind her copying her moves. Pelvic floor contractions are taught in standing, keeping the buttocks relaxed. She uses her hands to help us visualize the lift, and includes at this point fast and slow contractions – and a combination of the two that she calls 'intensive' exercise. Following this, stability exercises are performed in prone kneeling. This section is quite hard to do properly and the pace is quite fast. One of the models does not cope well, particularly when the exercise progresses to extension of opposite arm and leg. At this point, she becomes quite unstable with an increased lumbar lordosis. Pelvic floor exercises are included in this section; holds and then the intensive contractions are performed. Kari says to continue into the 'shivering' muscles. Mine were certainly shivering at this point!

The next section includes pelvic tilts and bridging, followed by back extension and shoulder retraction, all beautifully demonstrated. However, once again, you would need to be quite strong and fit to be able to do this part well. There are no alternatives given, nor any suggestion to rest if needed. Another section of pure PFMEs follows, in what is described as the

'frog' position with forearms on the floor, and hips flexed and abducted.

At the end of the exercise section, Kari does suggest doing the PFMEs sitting if the other positions are too difficult. This information would be better placed at the start of the programme. Finally, there is a short cool-down of similar choreography to the warm-up.

Following the exercise section, three testimonials are presented from very different women. All three suffered from bladder weakness and benefited considerably from the programme. These women are all quite physically fit and it is these types of women who, I feel, the programme is really providing for. The testimonials are quite touching, with intimate descriptions of how bladder weakness can affect quality of life. They sell the programme, if any doubts remain after the exercise section has been completed.

Overall, I think that this is a very good DVD and a valuable teaching resource. Although sponsored by TENA, the emphasis is very much on exercise, which reflects well on them as a company. It is great that women can obtain a personal copy for free, and there is also a place for this DVD in group exercise sessions. Kari presents the material extremely well throughout, and her demonstrations and descriptions of the exercises are clear and concise. She has a very motivating manner. However, I do think that the general exercises are more appropriate for women who already have a moderate level of fitness. The position changes and the general pace of the exercises are a little fast. In order to appeal to a broader audience, a slower pace and alternative exercises and positions would be beneficial. The PFMEs are very intense. It would be helpful if this were acknowledged since some women might feel inadequate at the start of the training programme.

*Pelvicore Technique* is another step towards the wider recognition of bladder weakness and a very valuable tool with which to address it.

**Dianne Naylor**

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### **Read any good books lately?**

First let me introduce myself: my name is Kathleen Vits and I have been a member of the ACPWH for 25 years. In that time, I have enjoyed reading the *Journal*, and have often used its content to inform my practice and also my choice of reading material.

When I was asked 2 years ago if I would like to help with the *Journal*, I accepted the job of editing the book reviews. It is fascinating to explore the new books that are discovered by our members, to read reviews of these works and also to review publications when required, but I do need your help.

Have you read or heard about any books that you think our readership would like to see reviewed? Suitable publications could be relevant to practice, management, research or patient advice, or indeed, these could be anything else that you feel the readership would enjoy.

You need to contact me in the first instance so that I can let you know if we already have the book under review. If it is not being covered and you have a copy of the book, it would be great if you could read it and provide us with a review. The details of how the review should be submitted are given in the guidelines for authors printed in every edition of the *Journal* (pp. 116–118), but I will be happy to help you if you have any difficulties.

Please contact me ([kathleen.vits@suht.swest.nhs.uk](mailto:kathleen.vits@suht.swest.nhs.uk)) if you require any further information. I look forward to hearing from you.

**Kathleen Vits**  
*Reviews editor*