

## Letters

Madam,

### **Prostatitis and chronic pelvic pain**

I have been contacted by Martin Hensman, a member of the British Prostatitis Support Association (BPSA; [www.bpsa-assoc.org.uk](http://www.bpsa-assoc.org.uk)) and joint founder of the Pelvic Pain Project (UK) [PPP(UK)], concerning the difficulties that sufferers have in identifying and accessing physiotherapists. Because symptoms can include pelvic and back pain, and urinary frequency and urgency, physiotherapists specializing in the pelvic floor may well have the skills to assess, advise and treat these men. Indeed, there are several who do so already.

In the Spring 2007 edition of this journal (No. 100, pp. 83–84), Stephanie Knight wrote a review of the book *A Headache in the Pelvis* (Wise & Anderson 2003), and with the permission of the editor at the time, this was reproduced on the BPSA website, eliciting several postings from members, such as:

'[M]any in this group [. . .] have found it very difficult to find any physios who are willing to undertake these procedures.'

'[N]either my GP nor my urologist nor the pain specialist that I saw at Barts was aware of physios that they could refer me to.'

And on a more positive note from someone who had found a suitable physiotherapist:

'Had my assessment with [the physiotherapist] on Tuesday and it was great to actually see someone so friendly and patient (for about an hour and half!) who had understanding and actually LISTENED to all my problems and pain stories etc! [. . .] She concluded (and so did I) that this was a MUSCULAR problem caused by tightening of my psoas muscles, and abs.'

Please can I encourage all ACPWH members to ensure that the Association has up-to-date details of their areas of expertise/practice and contact information. I believe that this can be done by contacting the membership secretary via the website ([www.acpwh.org.uk](http://www.acpwh.org.uk)) or by writing to ACPWH Membership, Fitwise Management Ltd, Drumcross Hall, Bathgate EH48 4JT. A form to submit has been printed in the Journal in

the past, but I noticed that this was not included in the most recent edition.

This would ensure that men could use our Association's database as a means of accessing an appropriately skilled physiotherapist. Members can also contact Martin Hensman directly at <[mrtn\\_hensman@yahoo.co.uk](mailto:mrtn_hensman@yahoo.co.uk)>, since he may establish a database of physiotherapists to be housed on the BPSA and PPP(UK) websites.

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### **Reference**

Wise D. & Anderson R. (2003) *A Headache in the Pelvis: A New Understanding and Treatment for Prostatitis and Chronic Pelvic Pain Syndromes*, 3rd edn. National Center for Pelvic Pain, Occidental, CA.

Madam,

### **Re: Vaginal assessment of the pelvic floor muscle during the antenatal period**

I am replying on behalf of the Association in response to the letter from Niki King published in the Autumn 2007 edition of the Journal (No. 101, p. 118).

At present, the ACPWH has no plans to produce its own guidelines, but if the majority of members highlight a need, then such a request will be considered by the executive committee. In the absence of ACPWH guidelines, clinical working policy is that members should look at what is considered to be good practice amongst other healthcare professionals working in women's health. The executive currently refers to guidance from the Royal College of Obstetricians and Gynaecologists (RCOG) and the Association for Continence Advice (ACA).

In the ACA guidance document *Pelvic Floor Assessment: Female and Male* (ACA 2004), it is stated that 'it is inappropriate to vaginally assess women who have had difficulties with their pregnancy or women who are not sexually active'.

The RCOG document *Gynaecological Examinations: Guidelines for Specialist Practice*

(RCOG 2002) also covers the issues that the examiner should take into consideration before proceeding with the assessment, but in far more detail. Section 6.1 states:

*‘Routine vaginal examination in pregnancy is practised widely in some European countries. There is no evidence that it reduces the risk of pre-term labour or has any effect on pregnancy outcome.’*

In this case, vaginal assessment is related to evaluating the progress of the pregnancy and, in due course, of labour, and may also be indicated in certain cases, such as vaginal bleeding, in order to assess cervical incompetence and to assess the cervix prior to induction of labour.

Vaginal examination by a women’s health physiotherapist is very different, of course, and is used to assess and examine the pelvic floor musculature, and can be employed as a teaching method. The accuracy of such an examination in the physiotherapy management of pelvic floor dysfunction whilst pregnant may be considered to be questioned by some, but not doubted by others. Clearly, this would need further debate before considering the compiling of guidelines. It is worth noting that the RCOG guidelines also state:

*‘Three-quarters of the women interviewed as part of the randomised trial of routine vaginal*

*examination in pregnancy rated the vaginal examinations as the most unpleasant aspect of their pregnancy care.’*

The Association recommends that, in the absence of national guidelines, women’s health physiotherapists, with the support of other healthcare professionals involved in the care of the pregnant women, should produce local healthcare trust guidelines. As always, the ACPWH advises that, when giving expert advice or opinion, physiotherapists make sure that they feel comfortable with the advice given, and that they are confident that they are working within their scope of practice. Canvassing the opinions of peers is advisable and could be sought from the local women’s health physiotherapists via the area representative and from the use of iCSP. Any draft policy developed as a result could also usefully be examined by the executive committee.

**Ruth Hawkes FCSP**

*Member of the ACPWH education subcommittee*

## References

- Association for Continence Advice (ACA) (2004) *Pelvic Floor Assessment: Female and Male*. Notes on Good Practice: 2. Association for Continence Advice, London.
- Royal College of Obstetricians and Gynaecologists (RCOG) (2002) *Gynaecological Examinations: Guidelines for Specialist Practice*. Royal College of Obstetricians and Gynaecologists, London.