

Poster digest

Introduction

Once again, the 2017 POGP Annual Conference in Southampton attracted a fantastic array of posters. We have printed short summaries and thumbnail-sized images of a selection of posters below. The full-sized versions can be viewed on the POGP microsite (<http://pogp.csp.org.uk/>). Another poster by S. Sheppard, D. Clarke, N. D’Souza and A. Clarke, “Sharing the load: benefits of a joint consultant–physiotherapy pelvic floor clinic” (see p. 59), is featured in A. D. Clarke & S. Sheppard’s Conference paper, “The colorectal pelvic floor: a multidisciplinary team approach”, which can be found elsewhere in this edition (pp. 56–60). Congratulations to everyone who presented posters at Conference.

Shirley Bustard
Clinical Editor

A service evaluation of a physiotherapy led clinic for patients with obstetric anal sphincter injuries (OASIS)

A new, physiotherapy-led clinic was launched in 2015. The objective was to review the symptoms of women who had sustained tearing of the anal sphincter during childbirth, i.e. obstetric anal sphincter injuries (OASIS), and any changes to their condition. The Birmingham Bowel and Urinary Symptoms Questionnaire (BBUSQ-22) was completed by 65 women before and after physiotherapy treatment. The BBUSQ-22 evaluates constipation, evacuation, and faecal and urinary incontinence, giving a normal or abnormal score. A Wilcoxon signed-rank test was used to assess any change in scores. Before treatment, the only abnormal symptom exhibited by the participants was evacuation. After treatment, the mean evacuation score had returned to normal ($P < 0.001$). Other symptom severity scores also demonstrated a significant reduction after treatment: constipation ($P = 0.006$); faecal incontinence ($P = 0.001$); and urinary incontinence ($P = 0.028$). To date, OASIS guidelines have focused on the treatment of anal and urinary incontinence. However, evacuation was the predominant postnatal symptom; this has not been mentioned in the literature before, and suggests that it could be a missed side effect of

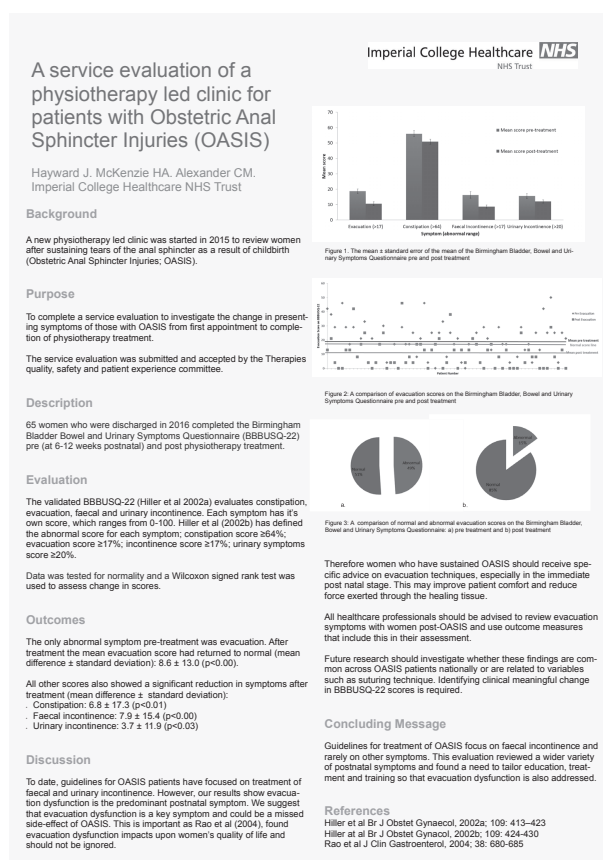


Figure 1. “A service evaluation of a physiotherapy led clinic for patients with obstetric anal sphincter injuries (OASIS)” poster.

OASIS. This requires further investigation. As a result of this, more-specific advice about defecation dysfunction has been added to the clinic’s postnatal information leaflets on OASIS, and the postnatal staff have been educated about this finding. These changes could improve patient comfort by reducing the amount of force exerted on healing tissue. All healthcare professionals should not only be advised to assess faecal incontinence, but also any evacuation symptoms exhibited by women with OASIS. Future research should investigate if these findings are common across all OASIS patients, or are related to variables such as suturing technique. Guidelines for the treatment of OASIS tend to focus on anal incontinence to the exclusion of other symptoms. This study reviewed a wider variety of postnatal symptoms, and found that evacuation is a key symptom in these women. Further assessment is needed to establish

whether this is a missed symptom across all OASIS patients.

J. Hayward, H. A. McKenzie & C. M. Alexander

*Women's Health Physiotherapy Service
Imperial College Healthcare NHS Trust
London
UK*

*E-mail: jodie.hayward@nhs.net/
holly.mckenzie@nhs.net*

A review of inpatient physiotherapy practice on maternity wards: is bedside best?

For many years, it has been practice in the author's National Health Service (NHS) trust, Oxford to see women individually on the maternity wards following difficult deliveries. It was highlighted that alternative ways to provide efficient inpatient physiotherapy should be explored. The aim of this study was to review the possibility that group sessions would be appropriate for patients during their maternity stay, or whether they would prefer one-to-one treatment. Priority patients would still be seen on the latter basis. This 12-week pilot study involved inviting all postnatal women to "Your Body After Pregnancy" sessions. The format reflected the advice provided in one-to-one sessions, but the information was delivered in a practical and interactive environment. It was believed that inviting all women across the maternity wards to attend would encourage earlier postsurgical mobilization. These weekday classes ran for 30–45 min from 14:00 h, and covered pelvic floor anatomy, exercises, Caesarean section, returning to exercise and back care. Patients were provided with slips that they returned to a confidential feedback box if they were unable or did not want to attend the group, which allowed the authors to audit the reasons provided. At the end of each session, the patients were given a feedback questionnaire to complete, and attendance statistics, including type of delivery, were documented. The feedback from the patients was positive: 96% were happy with the group format and 100% found it helpful; 82% reported that the pelvic floor muscle exercises (PFMEs) were helpful; and 70% were pleased with their return to exercise. Attendance rates continue to rise. The group sessions allowed patients to learn from each other as well as the clinicians. The format has allowed junior staff to have increased input into outpatient clinics, which has

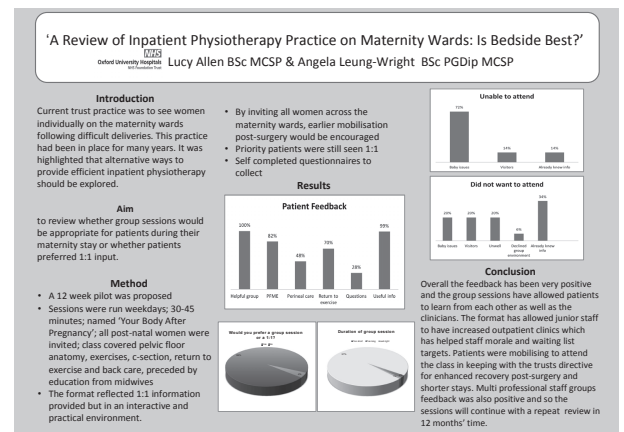


Figure 2. "A review of inpatient physiotherapy practice on maternity wards: is bedside best?" poster.

helped to improve staff morale and meet waiting list targets. Patients were mobilizing to attend the class, which was in keeping with the trust's directive for the enhancement of postsurgical recovery. The feedback from staff was also positive, and therefore, the group will continue and be reviewed in 6 months' time. In conclusion, group-based postnatal classes can improve patients' experience of inpatient physiotherapy.

Lucy Allen

*Physiology Unit
St Mark's Hospital
Harrow
UK*

E-mail: Lucy.allen9@nhs.net

Angela Leung-Wright

*Physiotherapy: Women's and Men's Health
Oxford University Hospitals NHS Foundation
Trust
Oxford
UK*

Physio-led aquanatal: a service development

In a service based in an NHS trust, weekly aquanatal classes were initially run by midwives on three different days. However, although funding issues meant that the sessions had to be discontinued, there was great demand for these to be restarted from both the hospital and patients. Because the women's health team is short-staffed and has to deal with a high referral rate, aquanatal exercise was identified as a way of offering patient-centred care, and directly referring patients in order to manage the service's caseload. On completion of a health questionnaire by a patient, the aquanatal service is accessible between 12 and 41 weeks'

Milton Keynes
Buckinghamshire
UK
E-mail: Roseanna.Conway@northumbria-
healthcare.nhs.uk

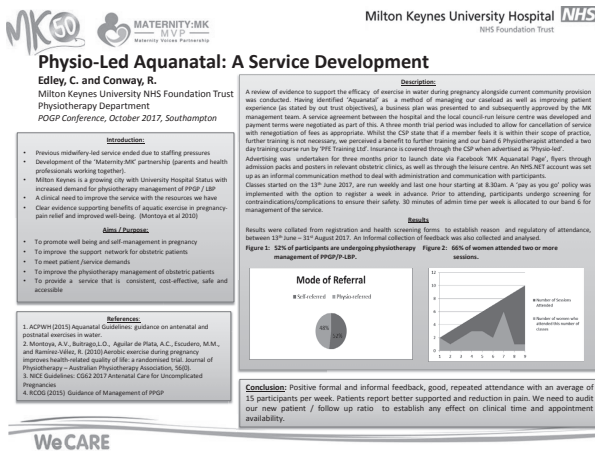


Figure 3. “Physio-led aquanatal: a service development” poster.

gestation. Postnatal women can attend from 6 to +12 weeks postnatally. The service is evidence-based: Montoya Arizabaleta *et al.* (2010) found that weekly aerobic exercise can improve the quality of life of pregnant women in comparison to a no-exercise control group. It adheres to National Institute for Health and Care Excellence and POGP guidelines: “Women should be informed that exercising in water, massage therapy and group or individual back care classes might help to ease backache during pregnancy” (NICE 2008, p. 18); and “The physiological benefits of exercise are the same as for any other non-pregnant woman but with the emphasis being on regaining rather than maintaining the level of fitness” (ACPWH 2010, p. 10). A service feedback questionnaire was administered after the class every 5–6 weeks. There was no specific outcome measure for aquanatal exercise. Positive reactions have been recorded on the informal feedback forms, and also the service’s “MK Aquanatal” Facebook page (www.facebook.com/mkaquanatal), where people share their views. The classes are well attended, receive repeat custom and patients have expressed an interest to return after giving birth. The aquanatal service: promotes fitness; reduces the waiting list burden; encourages self-management; improves the patient experience; and offers a patient-centred service that responds to the high level of demand in the local area. In turn, these results promote a number of the trust’s objectives, and serve to raise its profile locally.

C. Edley & R. Conway
Physiotherapy Department
Milton Keynes University Hospital NHS
Foundation Trust

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User survey

The Squeezy PFME app was launched at the 2013 POGP Annual Conference. It supports a physiotherapy-led programme and encourages adherence. Squeezy has been downloaded over 50 000 times, and has been a winner or

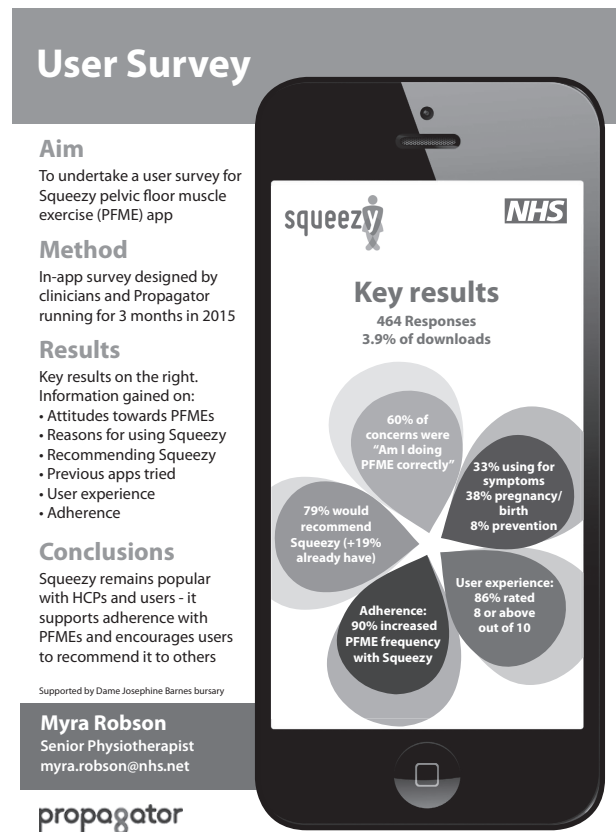


Figure 4. “User survey” poster.

runner-up in seven awards. An in-app survey was completed by 464 users in 2015. One of the most notable results showed that over 90% of respondents increased the frequency of their exercise when using Squeezy. The aim of this study was to gain an insight into users' views of the app, and their opinions on how it influences their PFME habits. The app-based survey was devised in collaboration with a technology company. A considerable amount of time was spent on planning the questions and layout, testing, and peer review. The survey ran over 3 months from June to September 2015, and appeared when the app was opened. Users were given the option to refuse or delay it three times, after which no further reminders appeared. The results showed that a high percentage of those surveyed are: performing PFMEs more regularly than before; recommending Squeezy to others; and seeking treatment. These were the primary objectives when the app was first developed, and hence, these findings are particularly exciting. The responses have helped to influence discussions with researchers, and preparations are underway to start two randomized control trials. The positive message from the survey demonstrates that a well-written, evidence-based app can be successfully delivered and marketed. The survey allowed us to gather more information on opinions about and usage of Squeezy, and the place of apps in supporting PFME. Coupled with the number of downloads, awards, positive reviews and its regular position in the top five paid medical apps, these results demonstrate the popularity of Squeezy.

Myra Robson

Physiotherapy Department

Lewisham Hospital Lewisham and Greenwich

NHS Trust

London

UK

E- mail: myra.robson@nhs.net

Pregnancy-related lumbopelvic pain: exploring the use of mobile technologies for preventative healthcare advice

Pregnancy-related lumbopelvic pain (PLPP) is a common condition, but research into preventative strategies has been sparse. The current qualitative study was undertaken as part of a novel mixed-methods feasibility study exploring the use of mobile technologies for the provision of information on the prevention of PLPP. The

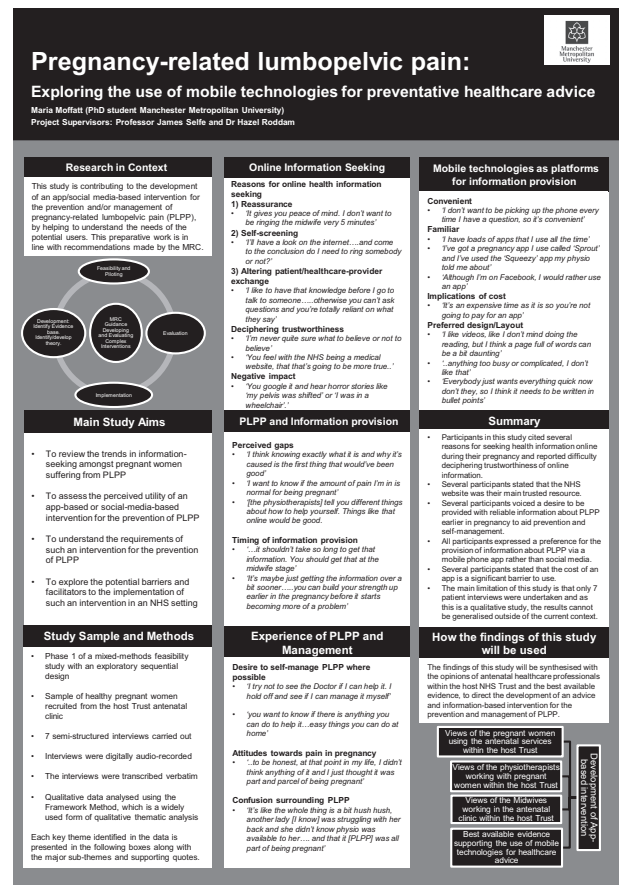


Figure 5. “Pregnancy-related lumbopelvic pain: exploring the use of mobile technologies for preventative healthcare advice” poster.

aims of this study were to: review the trends in information-seeking among pregnant women suffering from PLPP; assess the perceived utility of an app- or social-media-based intervention for the prevention of PLPP; and understand the requirements of such an intervention for the prevention of PLPP. A purposive sample of seven pregnant women suffering from PLPP took part in semi-structured interviews that used a schedule of predetermined questions as a guide. The interviews were audio-recorded and transcribed verbatim. Data were then analysed using the Framework Method of thematic analysis described by Richie & Spencer (1994). Four key themes emerged from the data analysis: (1) seeking health information online; (2) PLPP and information provision; (3) the experience of PLPP and its management; and (4) mobile technologies as platforms for health information provision. The findings of this study reiterate the need for adequate information provision to enable effective self-management of PLPP. Women in this study frequently sought information online, and were open to the idea of using mobile technologies, most particularly mobile

phone apps, as platforms for information provision. Mobile technologies may be a viable platform for the provision of information about the prevention of PLPP, and may provide a convenient method for increasing pregnant women's access to reliable, evidenced-based advice and information.

Maria Moffatt, James Selfe & Hazel Roddam
Manchester Metropolitan University
 Manchester
 UK
 E-mail: mmoffatt408@hotmail.co.uk

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Understanding how women's health physiotherapists (WHPTs) in the UK and Saudi Arabia apply clinical reasoning (CR) processes for managing urinary incontinence (UI): scoping review

Clinical reasoning (CR) is important for identifying diagnoses, determining patient priorities and planning effective treatments. Understanding CR processes in women's health physiotherapists (WHPTs) may improve clinical effectiveness and enhance professional autonomy. The aim of this literature review was to understand WHPTs' CR processes in the assessment and treatment of patients with urinary incontinence. A scoping review (Arksey & O'Malley 2005) using keywords including "physiotherapy", "urinary incontinence", "clinical reasoning", "decision-making" and "women" was conducted on databases such as MEDLINE, CINAHL, Embase, the Cochrane Library, PsycINFO, EBSCO, Scopus, Web of Science and MIDIRS to identify relevant literature published between 1980 and 2017. Fifteen studies in various fields of physiotherapy were reviewed to understand CR in the context of the wider literature. Clinical reasoning is shaped by many factors, including patients' goals, preferences and self-efficacy, and clinicians' knowledge, experience, communication skills and perception of compliance. Clinicians commonly use simple CR models such as hypothetico-deductive reasoning and pattern recognition. Biopsychosocial and shared decision-making are less frequently used, and patients' preferences are often inadequately elicited (Higgs *et al.* 2008). There is a lack of evidence on WHPTs'

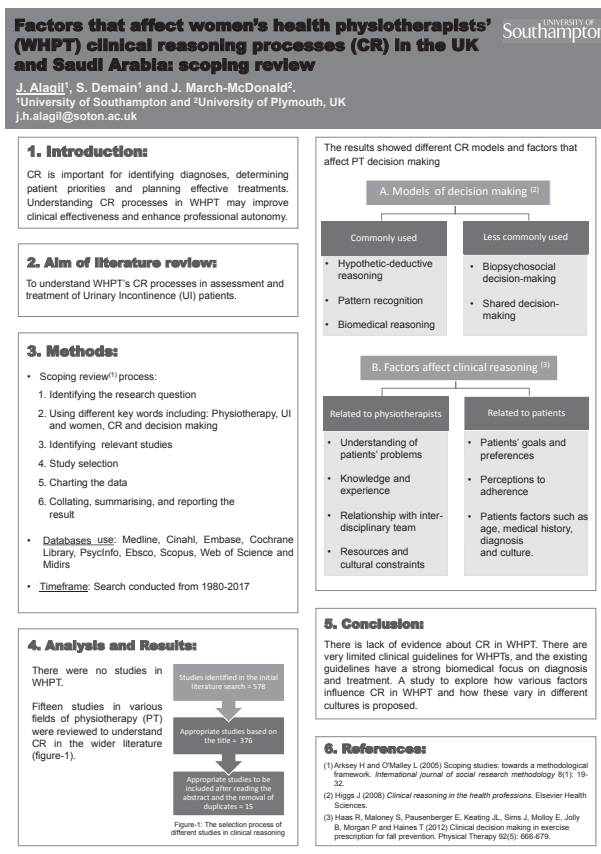


Figure 6. “Understanding how women's health physiotherapists (WHPTs) in the UK and Saudi Arabia apply clinical reasoning (CR) processes for managing urinary incontinence (UI): scoping review” poster.

CR. A study exploring how WHPTs apply CR, and the factors influencing decision-making and how these vary in different cultures is proposed.

Jawahr Alagil & Sara Demain
Faculty of Health Sciences
University of Southampton
 Southampton
 UK
 E-mail: j.h.alagil@soton.ac.uk

Jane March-McDonald
School of Nursing and Midwifery
Faculty of Health and Human Sciences
University of Plymouth
 Plymouth
 UK

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Development of a physiotherapy postnatal pathway

A review of an acute women’s health physiotherapy service identified change requirements within obstetrics, and led to the development of a physiotherapy postnatal pathway. This focused on improving management of third- and fourth-degree perineal injuries and episiotomies. The pathway was introduced to enhance postnatal therapy and ensure that current practice was followed, while supporting the perineal service and compliance with NICE guidance (NICE 2006), and allowing collaborative working with acute and community staff to provide a comprehensive service. Launched in May 2017, the pathway ensures acute intervention for this client group, and ongoing care through follow-up telephone consultations. Specific advice and education about acute management are provided, and long-term pelvic health is promoted via education and onward referrals. Evaluation is based on the quality of the care provided, the number of patients seen within this client group and patient satisfaction. An early review suggested that growing numbers of patients are receiving input, there is improved provision of care via additional teaching, and increased appreciation from patients and midwives. A formal re-audit will be completed in November 2017. Staff are more engaged with the service, which provides more physiotherapists with a positive experience of pelvic health. There has been a significant rise in appropriate and timely referrals, and additional provision of advice. Written information

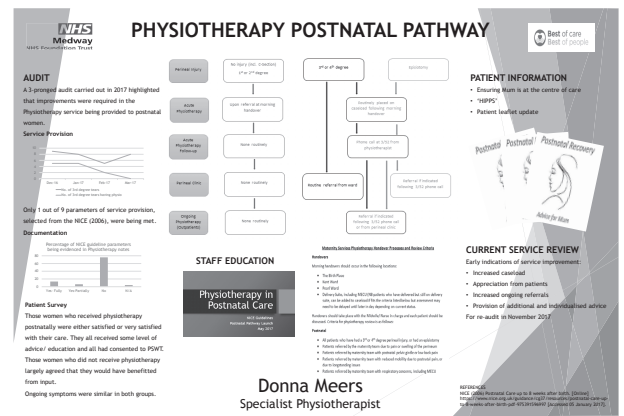


Figure 7. “Development of a physiotherapy postnatal pathway” poster.

has also undergone review and redevelopment. The implementation of this pathway appears to have significantly improved the care provided for women with higher-degree perineal injuries and episiotomies.

Donna Meers
Department of Physiotherapy
Medway Maritime Hospital
Medway NHS Foundation Trust
Gillingham
Kent
UK
E-mail: d.meers@nhs.net

Reference

National Institute for Health and Clinical Excellence (NICE) (2006) *Postnatal Care Up to 8 Weeks After Birth*. [WWW document.] URL <https://www.nice.org.uk/guidance/cg37/resources/postnatal-care-up-to-8-weeks-after-birth-pdf-975391596997>