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International Organization of Physical Therapists in Pelvic and Women's Health networking session

Introduction

On Monday 13 May 2019, the International Organization of Physical Therapists in Pelvic and Women's Health (IOPTPWH), an official subgroup of the World Confederation for Physical Therapy (WCPT), hosted a networking session as part of the WCPT Congress in Geneva, Switzerland (see pp. 69–70).

More than 68 delegates from 30 different countries attended this very interactive 75-min meeting. Attendees had the opportunity to discuss a range of topics that had been suggested by the Organization's delegates and Executive Committee ahead of Congress. Those present were encouraged to rotate through all four discussion groups, and notes were taken by the facilitators. There was an opportunity for each group to raise pertinent points from their conversations during a short plenary session at the end.

Thanks go to all concerned, particularly those who facilitated the discussions, took notes, gave feedback within the session, and subsequently provided the following information. It should be noted that this is a record of the thoughts and comments offered by those present, as noted during the discussions. Apologies for any omissions. It is accepted that practice and opinion may vary within a country or organization, and therefore, these minutes are not intended to represent the view of any group, nation or IOPTPWH.

Notes on this meeting will be circulated to all those who attended, and made available to IOPTPWH members via the Organization's website (www.wcpt.org/ioptwh) and newsletter (www.wcpt.org/ioptwh/newsletters). These will also be presented to the IOPTPWH Executive Committee for further consideration.

Pelvic, Obstetric and Gynaecological Physiotherapy are grateful to IOPTPWH for granting the journal permission to publish an edited version of this report.

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1. Women's health: beyond the pelvis

Facilitated and recorded by Sonia Roa and Heather Pierce

In her introduction, Sonia Roa highlighted some aspects of women's health outside the pelvic area. For example: cardiovascular disease is the principal cause of death in women, but is underdiagnosed; and women are disadvantaged, particularly in developing countries, and may suffer gender-based violence and other inequalities (as per the World Health Organization's women's health section; WHO 2019).

She asked those present, "What is your vision?"

There were a range of responses from attendees:

- Concerns were voiced about concentrating only on the pelvis. We must not ignore other aspects of women's health.
- We must take a holistic view.
- Several attendees mentioned the benefits of group sessions in addition to one-to-one contact with women (e.g. parenting classes). Some said that the programmes that they run are very popular and busy. One-off classes are also an option.
- Our services (e.g. classes) should be affordable – possibly subsidized – or free, when necessary. Older women may attend with younger ones.
- Physiotherapy during pregnancy and childbirth goes beyond the pelvis (e.g. general exercise, postpartum care, diagnosis of depression and screening for torticollis in babies).
- Domestic and sexual violence are prevalent worldwide, and are a particular concern for women on low incomes. Physiotherapists can provide support by screening and delivering support.
- Many aspects of women's health physiotherapy were identified:
  - osteoporosis and falls;
  - ageing;
  - musculoskeletal disorders;
  - chronic pain;
  - oncology;
  - obesity;
  - heart disease;
  - sexual health, function and dysfunction;
  - education of younger women (i.e. earlier than pregnancy); and

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  - women's well-being (e.g. exercise and quality of life).
- The education of student physiotherapists should cover the broad range of women's health issues.
- Advocacy: we should be empowered to support female patients, and know who to refer them to, when appropriate.
- A range of professional issues were discussed, including the need for:
  - evidence-based statements on the role of physiotherapy;
  - a clear definition of the women's health physiotherapist's role within the multidisciplinary team;
  - collaboration with all professionals working within women's health, and other international organizations concerned with this specialty;
  - raising the profile of physiotherapy in women's health;
  - user-friendly, widely available information for women (e.g. on social media and the Internet);
  - a robust business case when dealing with service commissioners; and
  - working within legal and professional boundaries, and scope of practice.

2. Pelvic floor education: how to create a competent clinician

Facilitated and recorded by Netta Beyar and Tamar Sharon Saban

The facilitators posed two questions:

(1) Do you think that there is a need to define the content and length of a basic pelvic floor rehabilitation course? (Please explain.)

(2) What is customary in your country?

A summary of the responses follows.

Entry-level education

In most countries, women's health and/or urinary incontinence, and/or pelvic floor anatomy and function are only studied theoretically. Only Brazil includes practical studies in entry-level education.

Postgraduate pelvic floor rehabilitation courses

There is considerable variation among countries with regard to postgraduate pelvic floor training. Courses range from only 3 days to a 3-year Master's degree.

Topics that should be included in pelvic floor rehabilitation courses

Fifty-six questionnaires were distributed among the attendees and collected upon completion.

Most participants agreed that the following topics should be included in a basic course:

- basic terminology;
- anatomy of the pelvic floor;
- biomechanics of the pelvis and pelvic floor;
- lower urinary tract system function and dysfunction;
- basic physical therapy and assessment;
- pelvic floor muscle exercises; and
- treatment options for the pelvic floor (e.g. behavioural approaches, manual techniques, biofeedback and electrical stimulation).

A quarter of the participants thought that it is better to study the following topics in advanced courses:

- basic medical urogynaecology assessment;
- pelvic floor during pregnancy and postpartum;
- introduction to anatomy, function, and impairment of the anorectal system;
- introduction to genitopelvic pain/penetration disorder (vulvodynia); and
- anatomy, function, and impairment of the male urinary tract system.

The following additional topics were suggested by the participants:

- prevention in pregnancy;
- oncology;
- chronic pelvic pain;
- anatomy and physiology of the urinary and reproductive systems;
- practical examinations;
- written examinations;
- testing for prolapse;
- outcome measures;
- examination techniques;
- sexual dysfunction related to cardiovascular health;
- real-time ultrasound; and
- proprioception.

The participants raised the following issues:

- differences in the level and length of the basic courses between countries;
- differences in the level of practical and theoretical studies given at entry level between countries; and
- there is a need for adjusted training in developing countries to address the severe problems

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that women suffer from (e.g. a significant pelvic organ prolapse problem in Nepal).

The following suggestions were made by the participants:
- Set a minimum required length for pelvic floor rehabilitation courses.
- Define the expansion of a physiotherapists' scope of practice following each type of course.
- Determine what the required outcomes are.
- Set a standard for practical laboratory skills and documentation.
- Teach real-time ultrasound in order to reduce the need for internal examinations.
- Include psychosocial issues (including treatment of trauma) in courses.
- Determine what kind of examination is required at the end of a course.
- Assess the needs of each country in order to determine the content and length of a course.
- Do not forget the importance of spreading our unique profession worldwide.

3. Controversies about mesh surgery in gynaecology: the impact on physiotherapists

Facilitated and reported by Shirley Bustard and Gillian Campbell

General comments and overall conclusion

As one might expect, there was a wide range of experiences of this issue, and these were generally affected by an attendee's country of origin. The main problems were reported by participants from North and South America, Australia, Europe, Israel, and Japan. Delegates from the African nations had had little exposure to mesh, and for some, this was the first time that they had heard about its use in urogynaecological surgery.

Problems reported to physiotherapists following mesh surgery

- Pain was the most widely reported issue, and was variously described as general pain, pelvic pain, dyspareunia and/or overactive bladder. In some patients, mesh had protruded into the vagina as a result of erosion. When this was mentioned by a physiotherapist, one patient then said that her partner had "felt sharp edges during intercourse"!
- Depression was also described.
- Fear of any surgery, even though this may well have been indicated, was another reported problem.

Physiotherapy management of issues arising from mesh surgery

Treatments varied depending on patient presentation, and it was widely felt that all therapy should be appropriate to the individual. Techniques that often seemed to help, as appropriate, included:
- pain management strategies including cognitive behavioural therapy;
- breathing techniques;
- "down training" overactive pelvic floor muscles;
- vaginal transcutaneous electrical nerve stimulation;
- movement strategies; and
- psychological support.

As a rule, physiotherapists who had dealt with patients presenting with this condition used techniques that they already had within their "toolbox", and had learned the best approach to this challenge.

It was observed that it is also important to be aware of how we discuss our reactions to this intervention with patients because we may be called as expert witnesses in litigation.

Physiotherapy as first-line management for stress urinary incontinence and pelvic organ prolapse

- It was believed physiotherapy should be the first-line treatment that women are offered when presenting with these conditions. Unfortunately, this is not often the case in any country, and this form of management is dependent on the attitude of the medical and surgical community
- It was generally agreed that promoting physiotherapy was important for the well-being of women. Physiotherapy associations must be strong in order to promote conservative management since physicians often have a stronger voice.
- It was felt that the low number of pelvic health physiotherapists in some countries made access to physiotherapy difficult even if the physicians were happy to refer.
- It was interesting to note that participants were aware that mesh surgery was continuing throughout the USA, Italy, Slovenia, France and Japan. This is despite the recent US Food

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and Drug Administration recall (FDA 2019; see pp. 36–44). A trial of "thinner" mesh was conducted in Denver, CO, USA, because it was felt that the issues that had originally arisen were a result of the inappropriate size of the device.
- It was heartening that a participant commented that, in Australia, 12 months of physiotherapy is promoted prior to other, more-invasive options.

4. Perinatal physical therapy can be undervalued: how do we prevent this?

Facilitated and reported by Christine Van De Putte and Hedwig Neels

Question

How do we convince women and other healthcare professionals of the added value of pre- and postpartum physiotherapy?

Focus

- Reach women through, for example, word of mouth, attractive promotional material and quality posts on social media.
- Target the members of interprofessional and multidisciplinary teams (e.g. general practitioners, obstetricians and gynaecologists, personal coaches, midwives, Pilates instructors, and doulas).
- Engage with the healthcare system (i.e. the Government, stakeholders and insurance companies).

How

- Provide high-quality, evidence-based information.
- Make the subject attractive (i.e. don't speak about illness/pathology, but refer to "care" and "packages").
- Highlight red flags and provide flowcharts so as to inform the women you certainly want to reach, but be aware that not all women are at risk and that the need for specialized care might be lower in some individuals.
- Provide guidelines.
- Know your multidisciplinary team: convince them!
- Reach women during pregnancy in order to see them after they give birth.
- Put yourself out there, but always protect quality and excellence!
- Prove that you add value.
- Use social media; for example, quality social media content labelling (#IOPTPWH, or something easier?).
- Raise awareness in young adolescent females
- If you can't beat them, join them!

References

Food and Drug Administration (FDA) (2019) *Urogynecologic Surgical Mesh Implants.* [WWW document.] URL https://www.fda.gov/medical-devices/implants-and-prosthetics/urogynecologic-surgical-mesh-implants

World Health Organization (WHO) (2019) *Women's Health.* [WWW document.] URL https://www.who.int/topics/womens_health/en/

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