

member or associate member organizations.

Finally, committee news: Under the supervision of EC liaison, Kari Bø and Chair, Lena Nilsson-Wikmar (Sweden), the Research and Education Committee will work on collecting information on post-professional PT education opportunities in women's health around the globe and will investigate ways to communicate what research is going on in women's health PT, internationally. The Practice Committee, under chair Judy Florendo (USA), with me as liaison, is continuing to collect information and hope the draft they have put together on the scope of practice in women's health PT reflects the member countries' practices and that it will help guide the IOPTWH in the future. Look for surveys from Lena and Judy in the near future. The Program Committee is busy planning for the 2003 WCPT Congress under Chair, Yvonne Van Liif (Netherlands) and EC liaison, Rebecca Stephenson. It was a pleasure to see Yvonne in Oxford

where she (and our Slovenian delegates) also attended the ACPWH conference.

In the Spring newsletter, we will print a summary of input we received from the ACPWH membership during the recent conference. I would like to take this opportunity to formally thank the ACPWH Executive for allowing IOPTWH time to survey their members on what they think IOPTWH should be doing. I invite all of our member countries to survey your own membership on this question and send any responses to Barb Savi for dissemination to the EC. Our efforts should always be member-driven.

As always, thank you for allowing me to represent you all.

Until next time,
Jill Boissonnault



Treasurer's Report

Our recent IOPTWH executive committee meeting provided an ideal opportunity to look back over the account since it was opened in 1999.

Our current funds stand at £6715 – 75.

Since our formation, income totals £9458.48, from dues and bank interest, and withdrawals stand at £2742.73. These costs have largely been on administration, production of the newsletter, and travelling expenses for our committee members traveling to the UK. We were delighted that Jill Boissonnault and Rebecca Stephenson joined us for the ACPWH Annual Conference that they funded themselves.

I have looked into the feasibility of receiving payments (eg for dues and merchandise) by credit card, but the committee has agreed that the monthly charge and processing costs for each transaction make this too costly an option.

Six countries have paid their dues for 2001, but seven payments are outstanding; a situation that will be rectified shortly, I hope! Next year payment will be due in March. I shall ask Barb Savi to send out payment forms in February. Please, can those responsible in each country endeavour to pay promptly.

Gill Brook
October 2001

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REPORT FROM THE WCPT WORKSHOP AND EXPERT MEETING IN LONDON, ENGLAND, OCTOBER 13-15, 2001: EVIDENCE BASED PRACTICE



On October 12-16th this year, World Confederation for Physical Therapy (WCPT) organized two workshops and an expert meeting on Evidence Based Practice (EBP) in London, England. Members of the planning group were Judy Mead from England, Tracy Bury from England, Dianne Parker Taillon from Canada, Gro Jamtvedt from Norway, and Rob Herbert from Australia. I attended the first one-day workshop and the expert meeting on behalf of the International Organisation of Physical Therapists in Women's Health (IOPTWH).

Fifty- four physical therapists from all parts of the world participated in the one- day introductory workshop, including local physical therapists from the London area. Forty-three physical therapists participated in the expert meeting for the next three days. The president of the WCPT, Sandra Mercer Moore, the vice president, Dorcas Madzivire, and the secretary general Brenda Meyers attended the workshops and expert meeting. All subgroups of the WCPT were present, and all the WCPT's regions were represented, a true international meeting!

The Introductory Workshop included topics such as: introduction to evidence based practice, what is evidence? How to

include guidelines, systematic reviews, outcome measures, levels of evidence and a discussion on how to convert information needs into answerable questions. Another topic was where and how to find the evidence including key resources such as the Pedro Database and Cochrane Collaboration. There was a practical session on critical appraisal of RCT's and/or systematic reviews, and a discussion about how evidence can be implemented into clinical practice with focus on barriers and motivators to change practice, and evidence on how to change professional practice and the use of national standards and guidelines locally. The workshop included oral presentations, group work, and group- and plenary discussions.

Several definitions of evidence based were introduced, e.g.:
"Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients" (Sackett et al, BMJ, 1996).

"Evidence-based practice is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients, integrating individual clinical expertise with the best available external clinical evidence from systematic research" (Bury & Mead, Evidence-based Healthcare, 1998).

"Evidence –based physiotherapy practice has a theoretical body of knowledge, uses the best available scientific evidence in clinical decision making, and uses standardized outcome measures to evaluate the care provided"

(CUPAC/CPA Entry-level Curriculum 1995).



Clinical effectiveness was defined as " the extent to which specific clinical interventions, when deployed in the field for a particular patient or population, do what they are intended to do – i.e. maintain and improve health and secure the greatest possible health gain from the available resources" (NHS Executive. Promoting Clinical Effectiveness: A framework for action in and through the NHS. Department of Health, 1996). The 6 R's of clinical effectiveness were introduced: right person, right thing, right way, right place, right time, right results.

The hierarchy of strength of evidence for intervention studies is as follows:

- Systematic reviews
- At least one RCT of appropriate size
- Well- designed non-RCT's, e.g. cohort, case-controlled
- Well-designed non-experimental studies from more than one centre
- Opinions – respected authorities based on clinical evidence

Important databases for physical therapists are: Cochrane Library of Systematic Reviews (CDSR), Cochrane Controlled Trials Register (CCTR), Database of Abstracts of Reviews of Effectiveness (DARE), Cochrane Review Methodology Database (CRMD), PEDro – Physiotherapy Evidence Database (combination of all other databases on physiotherapy research only), NHS Economic Evaluation Database (NHSEED), Health Technology Assessment Database (HTA), Medline/Pub MED,

CINAHL (Cumulative Index to Nursing and Allied Health Literature), EMBASE (rehabilitation and physical medicine), AMED (Allied and Complementary Medicine) and SPORT.

The Expert Meeting was divided into three themes:

1. Synthesising the evidence, which covered the two areas: tools (systematic reviews, clinical guidelines, outcome measures, evidence based patient information) and methodological issues (meta-analysis: problems with heterogeneity, limitations of randomised controlled trials (RCT's), when do we need other types of studies (observational, qualitative), and systematic reviews using non-RCT's).

In my presentation "Meta-analysis: problems with heterogeneity", I focused on the problems with combining results from studies into meta-analysis when both the interventions and the outcome measures are different. To date low quality studies can easily take away the effect of high quality physical therapy research (meaning both methodology high quality and the quality (content) of the intervention itself). I gave some examples from RCT's evaluating the effect of prenatal and postnatal pelvic floor muscle training in preventing urinary incontinence, where low quality studies will destroy the effect of high quality studies because of the low quality studies having a huge number of patients compared to the high quality studies.

RCT is the gold standard design for research of the effect of an intervention (does this therapy work?) and comparison of effects between different treatments. RCT is the design with the best internal and external validity to answer such questions. Internal validity means that we can trust that the effect is due to the intervention (physical therapy) itself and not caused by other changes happening at the same time. External

validity means that we can generalize the results to other patients/clients similar to those investigated. However, there are other questions that are important to pose and answer in physical therapy. My two Norwegian colleagues, Gro Jamtvedt and Kåre Birger Hagen, focused on different research questions needing different research designs and methods: for prevalence and diagnosis questions cross sectional studies are needed, for etiology and prognosis questions cohort or case control designs are needed, and for questions on e.g. experience and how a person perceives a condition qualitative research is the best.

2. Accessing the evidence covered three areas: where to find the evidence (information on the Cochrane Collaboration, Pedro, and a new database under planning in the American Physical Therapy Association (APTA), named "Hooked on Evidence", research in progress and other sources of reviews), and assessing the quality of the evidence (critical appraisal of clinical guidelines and systematic reviews).

3. Implementing the evidence covered presentations of Physiobase.com, from national development to local implementation, teaching EBP skills, integrating evidence into clinical practice, and the role of professional standards in promoting EBP.

The last day was focused on how WCPT and member organisations can move the Evidence based practice agenda from here. Six groups of approximately 7 people were discussing the three sub-themes: synthesising, accessing, and implementing the evidence, followed by a plenary discussion.

The social program included an opening reception and a dinner. As usual a lot of discussion happens during such social events, and it is very inspiring to meet so many nice colleagues from all over the world all interested in bringing physical therapy forward.

Evidence based practice is a great challenge for all the medical and allied health professions. In the future much more emphasis will be put on reimbursement only for therapies that have been proven to be effective in high quality, methodologically sound research. In addition, future patients/clients will not be willing to spend any time or money on therapy that is not working. For physical therapists, treatment protocols that has proven to be effective is of course much more satisfactory to work with. A lot of effort therefore now has to be put into clinical research using high quality methodology and interventions based on good clinical practice and up to date theory. I was extremely impressed about the work that has been put into the Pedro database by Rob Herbert and his colleagues at the Centre for Evidence-Based Physiotherapy and School of Physiotherapy, University of Sidney, Australia. In this database physical therapists can easily be updated on RCT's and systematic reviews in all areas of physical therapy. To date a total of 2461 RCT's are available in the database together with 348 systematic reviews. The database will now be upgraded to cover other questions and research designs than interventions and RCT's.

In many areas of women's health we have several high quality studies to support EBP worldwide. There is an aim for the future to continue this work, and to stimulate more members both to use available evidence and to contribute in new research projects. In addition, research data based on high quality methodological studies should be the base of all educational programs within Women's health. I look forward to the next WCPT meeting in Barcelona in 2003 where evidence based physiotherapy will be one of the main themes. Hopefully we will then have a substantial number of new high quality research projects presented in several areas of Women's Health.

Kari Bø, Professor, Ph.D
Vice President of the IOPTWH

International Organization of Physical Therapists in Women's Health
Abbreviated Executive Board Meeting Minutes Oxford, England
Thursday October 11, 2001

Present: Jill Boissonnault, President (USA), Kari Bo, Vice President (Norway), Gill Brook, Treasurer (UK), Rebecca G. Stephenson, Secretary (USA).
Absent: Sue Jones, Member-at-Large (Australia)

The minutes from the Executive Committee Meeting from Yokohama, Japan were approved as written.

Old Business

- Scope of Practice Paper-The position paper on the scope of practice for women's health physical therapists first draft was submitted for review by Judy Florendo (USA). Jill will assist Judy Florendo in developing an internet survey for input on the position paper by March 2002. Plans are to have the completed document ready for distribution by June 2002.
- New Member
The membership of the New Republic of South Africa Women's Health Group as a member elect was passed.
- Officer reports
Each officer gave an oral report and the treasurer submitted her written report of the current funds.

New Business

Web page

The committee discussed moving the current web page and from APTA and reviewed the bids from Physiobase and WCPT. The committee felt that the Physiobase organization had the capability to offer more services that can be used by IOPTWH. Additionally, we will have the IOPTWH domain name and establish a link to the IOPTWH page with Physiobase.

Outreach Committee/packet

A letter of inquiry is to be sent to the WCPT countries that are not members of IOPTWH about what we can offer through education and mentorship. The letter will contain a list of women's health practice areas and a statement of our objectives in assisting the WCPT member countries in their development of women's health physical therapy services. Sue will match each member country of IOPTWH regionally to non-IOPTWH countries that are WCPT members.

A letter and contents of a packet will be developed for WCPT countries that are not currently IOPTWH members with contact information. After review by the IOPTWH Executive Committee it will be sent to each WCPT regional chair and WCPT Executive Committee member.

Newsletter

We will not charge for an individual subscription for the newsletter at this time, but will fill any requests that come in for a newsletter. Barb Savi will keep track of how many we send out a year. The committee voted to give Shannon Michels, newsletter editor, an honorarium each year for her work as editor of the newsletter. She has put countless hours into ensuring that we have this means of communication. We are grateful for her work in publishing our newsletter.

Policy on use of Logo

The committee voted to allow full member countries to use the IOPTWH logo for official business of their organization. These camera ready logo sheets will be made up and sent next year to the chief delegate from each member country with a policy on their use.

WCPT, IOPTWH and WHO Project

Jill has been asked by WCPT to investigate possible projects with the World Health Organization (WHO).

IOPTWH discussion at the ACPWH Conference

Jill, Rebecca and Gill met with the ACPWH membership in discussion groups at their meeting to get feedback. Each group gave three ideas that they think IOPTWH should participate in. These ideas will be assembled and written up in the next newsletter.

Seminars

Barcelona June 7-12 2003

The committee has put in an application to WCPT to offer a one-day course on “Low Back and Pelvic Girdle Pain in Pregnancy: Current Research and Implications for Physical Therapy” as a pre-or post-conference in Barcelona. Dr. Hans Christian Ostgaard will be the primary morning speaker and a physical therapist to be asked to give the afternoon talk. More information will be in the next newsletter on exact dates.

Evidence- Based Pelvic Floor Course-Additionally, Kari will investigate co-sponsorship of her Evidence-Based Pelvic Floor 3-Day Course with IOPTWH, to be offered in 2004.

T-shirts

T-shirts with the IOPTWH logo were printed and will be given to the delegates in Barcelona 6/03. Additional shirts may be purchased by member countries to sell. See ad in this newsletter.

Budget

The budget was reviewed in full. The committee discussed the need for membership dues to be received annually in March so that the budget can be maintained on a consistent schedule.

WCPT questionnaire

The WCPT questionnaire was filled out with the Executive Committee and Jill submitted it to the WCPT main office.

Publication Committee

Margaret Mason has resigned as Publications Committee Chair and each delegate will be asked to suggest someone who could lead this committee.

Research Committee

Kari/Lena have put a notice in the newsletter to call for a list of current research projects that are being done in women's health internationally.

Adjourned

T - Shirts for Sale

Looking for a fund-raiser for your women's health organization?? The IOPTWH logo is now on t-shirts and available for sale. The 100% cotton Hanes Beefy-T has a cream colored background. The large globe logo is on the front with the IOPTWH initials and then the whole name of the organization is on the back, all in deep purple ink.

The t-shirts are available in lots of 25 in small, medium, large and extra- large. The price for each shirt is £8 plus shipping and handling. If you are interested in ordering contact: Rebecca Gourley Stephenson, secretary with your order at rspt@tiac.net

Publication Request

The Executive Committee kindly requests that all IOPTWH member organizations send a copy of their newsletters, and if possible, any Journals, to each member-country's chief delegate and to themembers of the Executive Committee. We hope this will facilitate communication and exchange of knowledge. Also feel free to notify, Shannon Michels, Editor, Shannon@michelsmanor.ca of any upcoming events and courses so they can be included. Thanks!

From the Literature Review Service of the International Continence Society...A Norwegian national cohort of 3198 women treated with home-managed electrical stimulation for urinary incontinence--effectiveness and treatment results
Indrekvam S, Sandvik H, Hunnskaar S. Department of Public Health and Primary Health Care, University of Bergen, Norway. Solfrid.Indrekvam@isf.uib.no

OBJECTIVE: The aim of this study was to analyse the effectiveness of home-managed electrical stimulation.

MATERIAL AND METHODS: A prospective cohort study was conducted on all 3198 women treated with home-managed electrical stimulation in Norway during 1992-1994. Data were collected from both patients and physicians by questionnaires before and after treatment.

RESULTS: 29% of the women were cured or much improved according to their own assessment; altogether 61% were improved. According to the physicians' assessment, 33% were cured or much improved; a total of 55% was improved. Thirty-seven per cent of compliers and 12% of non-compliers regarded themselves as cured or much improved. The number of incontinence episodes, amount of leakage and use of pads decreased significantly; and 44% had less severe incontinence than before treatment according to a validated severity index.

CONCLUSIONS: Women treated with electrical stimulation for urinary incontinence experienced a significant reduction in incontinence problems, both subjectively and semi-objectively. The treatment results seem to be strongly dependent on good acceptance of the treatment.

Scand J Urol Nephrol 2001 Feb;35(1):32-9

PROGRAM REVIEW

By Shannon Michels, Editor

“Post Partum Health for Moms”

This excellent program has been developed by Diane Lee, a physiotherapist who lectures internationally on the topic of pelvic pain. Together with Linda-Joy Ewart, she is establishing a network of physiotherapists to specialize in this area promoting lumbopelvic stability and pelvic floor health in the postpartum population.



The purpose of this program is to teach new moms how to restore core stability and pelvic floor by focusing on specific abdominal and pelvic muscle exercises. Educational material is available and simple to use; a CD-ROM with lecture slides in MS Power Point, patient handout in MS Word and the marketing brochure in MS Word as well as a video in CD-ROM or VHS format. The video and patient handout are designed as a reference for patients who have taken the program or for new staff who will be teaching the program.

For more information, visit the website www.dianelee.ca

UPCOMING EVENTS

International Society of the Pelvic Floor

3rd International Conference on the Pelvic Floor

The Pelvic Floor: Past, Present and Future

Montreal, Quebec

Canada

3 days between August 10-16, 2002

Contact Lucie

Lapierre Lucie.lapierre@chus.qc.ca or

pelvic@coplanor.qc.ca

International Continence Society

32nd Annual meeting

Heidelberg Germany

August 26-31, 2002

Visit www.ics2002.info for more information

14th WCPT International Congress and 15th General Meeting, Barcelona, Spain , 7-12 June 2003

Key dates:

December 2001 - Call for abstracts distributed

October 2002 - Abstracts due

June 2002 - Registration packages distributed

Email your name, position, organization and address (incl. zip/postcode) to 14thcongress@wcpt.org to be added to the mailing for the Call for Papers and registration materials.

The Education Committee has put in an application to WCPT to offer a one-day pre- or post-conference course on **“Low Back and Pelvic Girdle Pain in Pregnancy: Current Research and Implications for Physical Therapy”**. Dr. Hans Christian Ostgaard will be the primary morning speaker and a physical therapist to be asked to give the afternoon talk. More information will be in the next newsletter on exact dates.

Evidence- Based Pelvic Floor Course-Additionally, Kari will investigate co-sponsorship of her Evidence-Based Pelvic Floor 3-Day Course with IOPTWH, to be offered in 2004.

REQUEST FROM THE EDUCATION AND RESEARCH COMMITTEE

There are certainly many research projects going on in the world dealing with Women's Health and the **Committee of Education and Research** would like to gather all projects in the area. Therefore we would like to request that everyone who has a project in the area to mail the title and the authors of the project to the Committee Chairperson, Lena Nilsson-Wikmar. If you have plans for dissemination of the results, that would also be useful. I hope to get many projects as soon as possible.

Many greetings from Sweden.

Lena

lenna.nilsson-wikmar@gym.ki.se

Margie Polden Second Annual Memorial Lecture

Jill Boissonnault gave the second Annual Margie Polden Memorial Lecture at Eynsham Hall in Witney, England at the Association of Chartered Physiotherapists in Women's Health conference, October 13, 2001. Jill spoke on *“Positioning for labor and delivery for women with pre-existing spinal dysfunction”*. The lecture was complete with history of childbirth positions, instrumentation and equipment.

She demonstrated through slides suggestions for labor and delivery positions for women with herniated discs, spinal stenosis, spondylothesis, pelvic ring dysfunction, symphysis pubis and coccygeal dysfunction.

The ACPWH membership was pleased with the lecture and Jill received many kudos throughout the weekend.