

IOPTWH



INTERNATIONAL ORGANIZATION OF PHYSICAL
THERAPISTS IN WOMEN'S HEALTH

Position Statement on Women's Health Curriculum in Entry-level* Physiotherapy/Physical Therapy Training

Women's Health is recognized as an important topic requiring global initiatives.¹ Women have unique health concerns, due to a number of factors including biological and gender-related differences and/or inequalities between men and women. Some health conditions are unique to women, while others impact upon women in different ways, or have a similar effect on women as men but women may face greater difficulties accessing care.¹

For example: biological processes such as pregnancy and childbirth carry health risks and require tailored health care; the leading causes of death among women of reproductive age in low-income countries are HIV/AIDS and maternal conditions; depression is a major cause of disability for women of all ages; cardiovascular disease and stroke are the cause of many deaths for women over the age of 60 years; fragility fractures due to osteoporosis are the cause of morbidity and mortality for many older women. Further, women's health during the reproductive years (age 15-49) also has an impact on the health and development of the next generation.²

“The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. For example, women and girls face increased vulnerability to HIV/AIDS.”

Some of the sociocultural factors that prevent women and girls from benefitting from quality health services and attaining the best possible level of health include:

- “unequal power relationships between men and women;
- social norms that decrease education and paid employment opportunities;
- an exclusive focus on women's reproductive roles; and
- potential or actual experience of physical, sexual and emotional violence.”³

Throughout the world physiotherapists/physical therapists provide specialized skills and knowledge in the prevention and management of many conditions unique to women's health.** These include but are not limited to incontinence, pregnancy, pelvic pain, osteoporosis and bone health, breast health, cardiovascular health, and other musculoskeletal conditions.

For these reasons, the International Organization of Physical Therapists in Women's Health (IOPTWH), an official subgroup of the World Confederation for Physical Therapy (WCPT), takes the following position on women's health content in entry-level physiotherapy education.

*students training to become a registered or certified physiotherapist or physical therapist

** women's health physical therapists often also treat men and children

Entry-level* physiotherapy education worldwide should include basic and clinical science elements relevant to the assessment and treatment of women's health conditions. Graduates of entry-level physiotherapy programs worldwide should be competent to independently perform some specific women's health skills (e.g. treatment of pregnancy related musculoskeletal conditions; continence assessment and pelvic floor muscle training; assessment of risk factors for osteoporosis) in any clinical setting. It is not expected that pelvic floor examinations would be taught in entry-level physiotherapy training.

The following topics should, ideally, be included (or be completed as a pre-requisite) in entry-level physiotherapy curricula. We acknowledge that there are differences throughout the world in physiotherapy practice and the degree to which physiotherapists are active in the various areas of women's health. Thus we advise that this document serve as a guide for curriculum planning and development.

Anatomy and Physiology: female reproductive system; pelvic floor; genitourinary system; gastrointestinal system; breast; lymphatic system; fetal development; bone; vaginal prolapse

Female Physiology and Endocrinology: menstrual cycle; menopause; pregnancy, vaginal prolapse

Urinary incontinence: risk factors; psychosocial impacts; prevention; management

Faecal incontinence: risk factors, especially related to instrumental deliveries e.g. forceps intervention and subsequent tears to the external and internal anal sphincters

Obstetrics: exercise physiology (maternal and fetal) and exercise prescription in pregnancy; pre and post postpartum assessment and treatment, including exercise prescription; prevention of pelvic floor dysfunction; musculoskeletal physiology and treatment/management of dysfunction (e.g. diastasis recti, pregnancy-related pelvic girdle dysfunction, pelvic floor muscle dysfunction, carpal tunnel, thoracic outlet); ergonomic advice; pain interventions; education re: labor and delivery; influence of caesarean section on physiotherapy management

Osteoporosis: diagnosis; risk factors; prevention and management

Breast health: musculoskeletal concerns post mastectomy and lumpectomy; breast reconstruction; lymphedema; in some countries physical therapists are involved with issues related to breastfeeding such as the management of blocked ducts

Disease processes with gender differences and/or increased prevalence in women: chronic fatigue syndrome; urinary tract infection (UTI); breast cancer; immune system disorders (e.g. fibromyalgia, systemic lupus erythematosus, rheumatoid arthritis, scleroderma); cardiovascular disease; sports injuries (e.g. anterior cruciate ligament injury at the knee); female athlete triad; pelvic pain

1. G8 Muskoka Declaration: Recovery and New Beginnings. Muskoka, Canada, June 26, 2010. <http://www.g8.utoronto.ca/summit/2010muskoka/communique.html> accessed Jan. 25, 2011.
2. Women and Health: Today's Evidence Tomorrow's Agenda. Executive Summary. World Health Organization, 2009. http://whqlibdoc.who.int/hq/2009/WHO_IER_MHI_STM.09.1_eng.pdf
3. World Health Organization, accessed January 12, 2010. http://www.who.int/topics/womens_health/en/

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