



INTERNATIONAL ORGANIZATION OF PHYSICAL THERAPISTS IN WOMEN'S HEALTH

IOPTWH

2010



Australia • Brazil • Canada • Denmark • Germany • Hong Kong • Ireland • Israel • Netherlands • New Zealand • Norway • Portugal • Slovenia • South Africa • Sweden • United Kingdom • United States of America



PRESIDENT'S MESSAGE

"The Core: Its Role in Women's Health" conference was a smash hit for our organization recently in Oeiras Portugal. I am so grateful for all the work that Fátima Sancho, Gill Brook and their committee did to produce such a successful conference. We had over 155 participants from 21 countries. A big thank you to our featured speakers Kari Bø, Susan Mercer, Talli Rosenbaum, Britt Stuge, and Gil Pascoal who provided us with the latest information, research and theory. We look forward to more research on the topics of pelvic girdle pain, sexual dysfunction, overactive bladder and diastasis rectus abdominis.

Our special guests included Jill Boissonnault, former President of IOPTWH, and The President of the Portuguese Physiotherapy Association, Isabel de Souza Guerra and Antonio Lopes the President of the European Region of WCPT.

This was the fourth conference that we have sponsored as a sub group and our best attended. The education committee is planning our next conference, which will likely be a one-day conference to be held during the World Congress in Amsterdam in June 2011. The congress will incorporate any of the smaller conferences so that participants will be able to sign up for a variety of options. More details about this will be forthcoming on the WCPT web site.

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The Executive Committee also met and discussed plans for the following year. Meena Sran continues to work on and revise the position statement on entry-level requirements. We are also looking at the Scope of Practice paper to consider revision. Ruth Broom, Ros Thomas and Louise De Nijs-Renken are working on a survey on female genital mutilation following our position statement on FGM that will be sent out to the membership.

Additionally I am pleased to report that two countries have applied for membership, Nigeria and Italy, and we will be voting on their membership at our General Business meeting in Amsterdam. World Physical Therapy 2011 20-23 June 2011, Amsterdam, Netherlands.

Another thank you to Fátima for her organization and hospitality during the conference.

Rebecca Stephenson
IOPTWH President
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TREASURER'S REPORT

Income and expenditure over recent months has been varied due to the Lisbon conference. There are still outstanding expenses to be dealt with but the overall balance looks healthy. Once accounts are finalised following the conference, I will be transferring the balance to a High Interest Account and also hope to begin on-line banking which should make my job a little easier!

Please remember dues are payable by the end of March 2010. I shall be sending out reminders in February.

Please remember that IOPTWH is not responsible for paying individual country's bank charges. Each country should make adequate provision for deduction of their bank charges, before the full amount due is transferred into IOPTWH funds.

Funds at 31st December 2009 stand at: £17,131.31

Ros Thomas
IOPTWH Treasurer



SECRETARY'S REPORT

It gives me great pleasure to be writing this report in the aftermath of our conference in Oeiras, Portugal which is reported elsewhere in this newsletter. It was a pleasure to meet so many enthusiastic physiotherapists from over 20 different countries, and the IOPTWH executive committee also held a very successful meeting which shall inform our activities over the next two years.

Here is a summary of my secretarial activities since I last wrote.

New member elect and associate member

I was delighted to receive an application for membership from Arianna Bortolami on behalf of the Italian Gruppo di Interesse Specialistico (G.I.S.) Riabilitazione del Pavimento Pelvico (Specialist Group Rehabilitation of the Pelvic Floor). The group will remain a member elect until our next general meeting in Amsterdam in 2011.

In addition, Fiji has become an associate member

Conference in Croatia

Fellow IOPTWH executive committee member Darija Šćepanovič and I participated in the first international congress of physiotherapists organized by the University of Applied Health Studies, Zagreb in Zadar, Croatia from 1st - 4th April 2009. I presented the results of our 2008 IOPTWH member survey on pelvic floor physiotherapy, which can be accessed via the website.

Listserves

These continue to be very successful, with new members requesting access on almost a daily basis. Do email me on gill.brook@lineone.net if you wish to subscribe including the following details: your name; confirmation that you are a member of an IOPTWH member organization e.g. the SOWH of APTA if you are in the US or ACPWH in the UK; name(s) of the listserv(s) you wish to access

Please email me if you have any questions about the Organization, or suggestions on how we can improve. As a result of our recent executive committee meeting I anticipate considerable developments before we next meet in Amsterdam in June 2011.

Gill Brook
IOPTWH Secretary



THE CORE: ITS ROLE IN WOMEN'S HEALTH

IOPTWH Conference. Oeiras, Portugal, 9th -10th October, 2009

PORTUGUESE INTEREST GROUP REFLECTION

It was a great honor for the Portuguese Interest Group of Physiotherapy In Women's Health to host the latest IOPTWH Conference. We had two spectacular days of conference, friendship and weather.

The foundation of the conference was to help physiotherapists from around the world broaden our knowledge in women's health. I think that most of us went home with the feeling that it was great to be able to learn with the experts in this area and specifically question what are we doing. Knowledge in this area is developing constantly and we have to be "alive" if we want to keep updated and practice with the best interest of our patients in mind.

During the two day conference we enjoyed all of the wonderful speakers and we want to graciously thank them for sharing the most important evidence based knowledge with all of the participants.

I believe this was the spirit Jill Boissonnault had in mind when she first thought of giving birth to this International Organization.

Join and Share
Share to Learn
Learn and Do the Best
Do the Best and Feel good

Maria de Fátima Sancho
President of the Portuguese Interest Group of Physiotherapy in Women's Health



Portuguese Association of Physiotherapists
in Women's Health Logo



**Portuguese Association of
Physiotherapists and Interest Group
in Women's Health**



**IOPTWH 2010 Conference
Participants**



THE CORE: ITS ROLE IN WOMEN'S HEALTH

IOPTWH Conference. Oeiras, Portugal, 9th -10th October, 2009

DELEGATES' REFLECTIONS

Due to the flight times of the budget airline we were using, we arrived with a day to spare before the start of the conference. This gave us time to explore the area around our accommodation in Oeiras, near a harbour and beach, and also go into Lisbon where we toured the city by tram seeing many of the sights and learning a little of its history. The hot, sunny weather was definitely an added bonus after leaving behind a grey, cold UK.

On the first day of conference we were very fortunate to experience two lectures from Susan Mercer, an Australian Associate Professor, physiotherapist and anatomist. She was presenting anatomical and biomechanical evidence to support the role of pelvic floor muscles (PFM) and Transversus Abdominis (TrA) as core stabilisers. In her research she looked at attachments, muscle orientations and forces exerted and had some interesting pictures of dissected cadavers to support her findings. Of the cadavers she had dissected, 26% did not have any TrA fibres below the level of the anterior superior iliac spine, the internal and external obliques being much more defined in that region. So, can we always be sure what muscles we are palpating? Also, only a very small portion of TrA could contribute to the development of tension in the thoracolumbar fascia or compress the sacroiliac joint and so contribute to core stability. Susan concluded that to date there was not much research evidence to support either PFMs or TrA as core stabilisers.

Professor Kari Bø, physiotherapist and exercise scientist, gave two presentations. In the first, she looked at the evidence (or lack of it) to support the role of the PFMs in low back pain. She reviewed all the literature to date and there seemed to be no evidence to support a connection between pelvic floor muscle exercise (PFME) and low back pain (LBP). However, there have been no studies to date looking purely at PFME as a treatment for LBP.

For her second talk, she presented the latest results from her ongoing research into PFM exercise and pelvic organ prolapse (POP). These are showing that 6 months of supervised PFME can improve POP, elevating organs and reducing mechanical bladder and bowel symptoms in stages 1-5 of POP. Her intensive programme of supervision was however questioned by delegates who felt they would not be able to replicate this in their practice. In her study patients attended physiotherapy appointments every week for the first 3 months and every fortnight for the second 3 months.



A fascinating lecture given by Talli Rosenbaum, physiotherapist and sexuality counsellor from Israel, who looked at sexual function. She explained how physical therapists can play an important part in facilitation of optimal sexual function by providing treatment to restore function, improve mobility and relieve pain. However it is not as yet completely clear how the pelvic floor contributes to sexual function.

With day one concluded and our minds full of new thoughts and ideas we headed off to get ourselves ready for the conference dinner. Our Portuguese hosts had chosen a very atmospheric restaurant which had a large balcony overlooking the harbour where we had pre-dinner drinks of the local port. The meal and company were superb. I think everyone had a great evening.

Day 2 began with two lectures from Dr Britt Stuge, a physiotherapist and researcher from Norway who talked about the European guidelines on the diagnosis and treatment of pelvic girdle pain (PGP), of which she was one of the authors. She also talked about stabilizing exercises for pregnancy related PGP, the importance of good posture, and interventions initially promoting local muscle control rather than global that can all help in alleviating pain.

A lecture by Dr Gill Pascoal, lecturer in Physiotherapy, looked at the effect of abdominal work in diastasis of rectus abdominis. His work raised the question of measuring the width of a diastasis and its relevance to clinical practice.

The final part of the conference consisted of 4 concurrent workshops

- Stabilizing exercises for PGP - **Britt Stuge**
- Pilates in Women's Health - **Tamsin Brook**
- PNF Chi - **Eva Albuquerque**
- Awareness of the PFM and pelvic girdle in pregnancy – **Christine Van de Putte**

These workshops were quite informal and there was opportunity to discuss clinical problems or learn new skills such as the PNF Chi, an approach to physical exercise taking some principles of Tai-chi and PNF. As this is a low impact exercise it can be adapted to many client groups.

In conclusion this was an excellent conference. Very thought provoking and with a lot to bring back to change if not the actual clinical practice, certainly some of the reasoning behind it. It is always great to put a face to the names that frequently come up in the literature we read and this conference certainly did that.



But our final words must go to Fátima Sancho and her organising committee in Portugal, as well the organising committee of IOPTWH for putting together a great programme and for offering us such friendly Portuguese hospitality. Well done!

Pauline Bibby, Sue Brook & Dianne Naylor (UK conference delegates)

Views of a workshop leader and delegate

Initially, being asked to deliver a workshop at IOPTWH was a very exciting prospect. Then, reality dawned. Saturday afternoon, following Susan Mercer, Kari Bø and Britt Stuge. Pilates can touch the nerves of some physiotherapists at the best of times, let alone following a weekend of 'core' debate and discussion. With the workshop, I was hoping to get across to delegates that Pilates is one way in which we can deliver prescriptive, quality exercises at the correct and safe level according to our clinical findings. These exercises can then be used by patients in a normal exercising environment with a good understanding of what they need to achieve. The practical element allowed for some good discussion and a great opportunity to exchange international ideas and opinions regarding the application of Pilates in the clinical setting. It is even possible, perhaps, that some delegates may have been persuaded that Pilates does have some clinical value if delivered in the right way.

Fortunately, the preceding lectures supported my workshop well, and I did not find it necessary to jump in a taxi and catch an early flight home. Thank goodness, otherwise I would have missed my dip in the sea with the Bradford girls, who proved to be Yorkshire soft stuff, as I was the only one to fully submerge! I would like to thank Fátima for being such a wonderful host and making delivery of the workshop a real pleasure and privilege.

Tamsin Brooks (conference delegate & workshop leader)



RESOURCE REVIEW

Pelvic Floor Disorders DVD-ROM Primal Pictures

Pelvic Floor Disorders DVD-ROM from Primal Pictures describes itself as “*an invaluable guide to anatomy, diagnosis, treatment and rehabilitation of commonly presenting pelvic floor disorders*”.

“Product overview” (Getting started movie) takes the viewer through the different tabs and links, with a simple explanation of the function of each. The pacing is good, and it is a useful starting point for the new user. There is the option to pause, as it goes through, but no rewind/fast forward.

“Basic controls” offers a brief description of the function of each, and is printable.

This is supplemented by a comprehensive help file with information on the different functions and controls of the DVD-ROM. There are also details of the products’ authors, who include two US physical therapists, Allison Ariail and Rhonda Kotarinos. Additional contributors include Hollis Herman PT.

There are a range of editable Word information documents on a range of topics including different types of prolapse, incontinence, pain syndromes and the pelvic floor. This option is a very useful function. For instance, I would choose to change ‘Kegel exercises’ to ‘pelvic floor muscle exercises’ and I am sure there other examples of American terminology (or spelling) which could be easily changed for a European audience. The Kegel exercise leaflet includes some clear explanations in lay terms. I did not feel that a diagram of the pelvic organs and pelvic floor muscles was very user-friendly; however this could be clarified by the therapist her/himself. A later side view of the area is better, though would have been enhanced by labels on a few more landmarks e.g. buttocks, or sacrum, to help orientate the reader. I was a bit disappointed that ‘the Knack’ is not mentioned in the leaflet, just pelvic floor exercises themselves, rendering the advice a little less functional than it might be.

The anatomy section offers views of the pelvis from different angles - above, below and front. Layers can be added or removed. When the mouse is directed to a particular part, it is identified. Click on it and it is highlighted, with a text description appearing alongside. For example, if a muscle is highlighted then its origin, insertion, innervation and action will be described. For bones, it is their articular surfaces, ligamentous and muscle attachments. The anatomy section includes many other useful features including the nervous, urinary and digestive systems which can be superimposed on the pelvis to show their position.



The DVD includes a small range of anatomical slides of a coronal section through the female pelvis in slices, and clinical slides with clear photographs of normal vaginal anatomy and different stages of genital prolapse. I feel these would be a useful teaching aid for those new to vaginal examinations. There is also a choice of movies, including prolapse and rectovaginal fistula. Although the latter is interesting, it may be of little relevance to physical therapists. A series of movies show animated pelvic floor muscle contractions with and without the pelvic organs, using a diagram of the dissected muscles and bones of the pelvis. I feel this might be useful as a teaching aid (the movies can be exported into Powerpoint), but it is not easy to relate the images to vaginal assessment in a clinical setting.

Within the clinical section of the DVD there is a wealth of referenced information about pelvic organ prolapse, chronic pelvic pain syndromes, and pelvic floor damage and treatment. This includes direct links to photographs of prolapse, or anatomical diagrams with any relevant parts highlighted. Also, to animated diagrams of muscle contractions, with appropriate advice for therapists. There is a useful bibliography to direct the viewer to further relevant information.

I would recommend this DVD-ROM to women's health and pelvic floor physical therapists. I would have liked some additions such as a 'real life' pelvic floor muscle contraction in the movies section, plus a digital vaginal examination. Also, more information about what to look for at VE. Nevertheless, it is a very good product and is on offer to IOPTWH members with a discount of 25% discount using offer code 'IOPTWH9' on their website www.primalpictures.com

Gill Brook
Bradford, UK



ABSTRACTS

Obstetric anal sphincter injury

G. E. Fowler. *Journal of the Association of Chartered Physiotherapists in Women's Health*, Spring 2009, 104, 12–19.

Abstract

Obstetric trauma following childbirth is the primary cause of faecal incontinence in women. Injury to the anal sphincter complex is common: it has been clinically diagnosed in 0.4–2.5% of vaginal deliveries involving a mediolateral episiotomy and in up to 19% of cases of midline episiotomy. Studies using endoanal ultrasound have reported occult anal sphincter injury in up to 35% of women after their first delivery. This paper reviews the risk factors for obstetric anal sphincter injury, as well as diagnosis and management of the condition.

Prolapse and sexual function

S. Jha & P. Toozs-Hobson. *Journal of the Association of Chartered Physiotherapists in Women's Health*, Spring 2009, 104, 20–26.

Abstract

Pelvic organ prolapse is a common medical problem in parous women that becomes particularly acute with advancing age. As life expectancy increases, this condition is acquiring greater significance: 20% of women on gynaecology waiting lists in the UK are awaiting prolapse surgery, which demonstrates the enormity of this virtual pandemic. Prolapse usually refers to a combination of deficiencies of the support mechanisms of the vaginal wall, and symptoms vary depending on the organs affected. Accurate diagnosis requires a careful and complete physical examination. The literature review presented in this paper revealed conflicting results regarding the impact of prolapse on sexual function. The authors also discuss the pathophysiology of prolapse and the effects of different forms of treatment, both conservative and surgical, on sexual function, as well as the debates surrounding some of the current forms of treatment that are available.

ACKNOWLEDGEMENT

These Abstracts were published in the *Journal of the Association of Chartered Physiotherapists in Women's Health*, thanks goes to Ros Thomas for gaining permission to publish.

**CONTINUING EDUCATION****INTERNATIONAL CONTINENCE SOCIETY****ANNUAL MEETING****ICS/IUGA**

Date: August 23rd, 2010

Where: Toronto, Canada

More Information: www.icsoffice.org

COURSES**ICS**

Date: February 4th, 2010

Where: Egypt

More Information: www.icsoffice.org

ICS

Date: April 22nd, 2010

Where: Chile

More Information: www.icsoffice.org



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SRING 2010 NEWSLETTER

Deadline for Submission: April 20, 2010

Publication Date: May 01, 2010

I am always looking for member contributions (or if you know of anyone that I can contact that would also be helpful):

- Book Reviews.
- Articles.
- Highlights from courses and conferences.
- Interesting member profiles.

There is no minimum length and it can be in any format.