



International Organization of Physical Therapists in Women's Health

A sub-group of WCPT



PRESIDENT'S MESSAGE

Spring, 2004

I hope this newsletter finds you all well and professionally gratified. On a personal note, I have transitioned this year from working primarily at a community hospital in Madison, Wisconsin in the United States to working primarily at the University of Wisconsin's physical therapy program and doing part-time clinical work at the hospital. My hospital work remains all in the realm of women's health (pelvic floor dysfunction, pelvic pain, vulvar pain and musculoskeletal dysfunction in the OB client). As I work to insert more and more women's health content into the PT school's curriculum, I constantly think of the work of all of the individual members of this great organization who also work to bring awareness of the role of the physical therapist in the area of women's health care. I know you all carry on the task of promoting what we do in the many settings and countries you work in. I am so grateful to have the opportunity to network with so many of you and to provide a vehicle through the IOPTWH to share our efforts.

I am chair-person of a task force for the Section on Women's Health of the APTA on women's health content in professional PT education. We are working to develop curricular guidelines for the 200 PT programs in the US with regards to women's health content; to help standardize what is taught and to increase the amount being taught. It has been a lot of work, but very gratifying. We hope to have the guidelines published by the SOWH by the end of 2004. I will let you know when they are available for purchase from the SOWH in case they sound helpful to any of your subgroups or universities.

(Continued on page 2)

WHAT'S INSIDE...

Treasurer's Report	2
Committee Reports	3
Meet the Executive	3
Physiotherapy on the Move	4
Physiotherapy on the Move-Abstracts	5
Member Country Profile Summary	6
Member Research	7
PedRO	7
Upcoming Events.....	8

(Continued from page 1)

With respect to better defining what we do in women's health, the IOPTWH position paper on the Role of the Physical Therapist in Women's Health is being distributed to all chief delegates for review as suggested at the IOPTWH general business meeting in Barcelona. Comments are to be sent to Judy Florendo of the United States, Practice Committee Chair (reijo1@sbcglobal.net). Once this document is completed, Executive Committee Member-At-Large, Meena Sran of Canada will begin our outreach efforts to bring that all important message of what we do in women's health to countries where national PT organizations have no subgroups in women's health. So, please respond when administrative secretary, Barb Savi sends you requests for review of this very important document.

And finally, some important clinical practice news: At the general business meeting in Barcelona it was decided that IOPTWH would sponsor a 2-day seminar on urinary incontinence in Ljubljana, Slovenia. We are pleased to announce that this course will be held on the dates of September 17th and 18th, 2005. Specifics of the course will be placed on the IOPTWH web page as we get them (www.IOPTWH.org). Dr. Kari Bo, our vice-president, has agreed to be one of our speakers and will present evidenced-based practice related to UI. So, save the dates! We are grateful to the delegates from Slovenia for taking on this project. Darija Scepanovic (darija.scepanovic@guest.arnes.si) is acting as program committee chairperson for this event.

Enjoy the spring and let me hear from you if you have issues you would like us to take up! My e-mail address at the University of Wisconsin is: Boissj@surgery.wisc.edu.
Fondly,

Jill Boissonnault, PT PhD



IOPTWH TREASURER'S REPORT SPRING 2004

After the excitement and activity of 2003, I have been enjoying a period of calm since I last reported.

I am still unable to tell you if the Organization made a profit or a loss in Barcelona last June, as WCPT is yet to complete their accounting, and we still await payment from one of our sponsors.

I have sent the first request for the 2004 dues to each chief delegate, though the payment date is not until March 31st. Congratulations and thank you to Slovenia who have already paid! It is much appreciated.

Outgoings since I last reported have been on administrative costs, maintenance of the website, and expenses for our meetings in Barcelona. Income and expenditure since 7th August 2003 are as follows:-

Income	£	35.91
Expenditure	£	2,562.76

Funds at 30 th January 2004	£	<u>3,293.81</u>
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Gill Brook
Treasurer

EDUCATION AND RESEARCH COMMITTEE

One of the mandates of the IOPTWH is to facilitate research in women's health around the world. The Education and Research Committee would like to invite you, the members, to participate in this great opportunity using the website. The **Bulletin Board** portion of the website makes it easy to ask questions, get answers/suggestions and to discuss clinical and research issues. It is simple to use and the more it is used the better it will get.



For example...Lena Nilsson-Wikmar's thesis work is on "Back Pain Post partum-Clinical and experimental studies". If you have questions, comments or want to know more about this topic start a 'thread' on the bulletin board and everyone can participate in the discussion.

Completing a research project is something to be very proud of, and other therapists around the world can be enlightened and encouraged to see completed works. Please take a moment and post your publication references on the website or send the reference and abstract to the newsletter editor.

PRACTICE COMMITTEE

The Practice Committee is happy to announce that a Position Statement on the international scope of physical therapy in women's health has been completed and is pending final approval. Their great work continues as they begin a position paper regarding female genital mutilation (FGM).

Respectfully submitted,
Judy Florendo
Practice Committee Chair

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Physiotherapy on the Move **Maastricht, The Netherlands** **December 2003**

The second annual **Physiotherapy on the Move** congress, hosted by the international sport, manual and women's health groups, was an exciting 'meeting of the minds'. The plenary programs, workshops, break out sessions and round table sessions, provided a lot of information that is new and easily applicable in practice.

OPENING ADDRESS

The following is excerpts from the opening address to the congress by the President of the IFSP.

Dear colleagues, dear congress participants,

*On behalf of the International Federation of Sports Physiotherapy, (IFSP) and the organisation of the annual congress 'Research On the Move! (Onderzoek in Beweging' (OIB), a joint congress of the University of Maastricht, the Hogeschool Zuyd and the Regional Organisation of Physiotherapists in the province of Limburg), I'm honoured to welcome you to the second international physiotherapy congress **Physiotherapy On the Move!** in the beautiful and historical city of Maastricht, The Netherlands.*

In the cooperation between IFSP and OIB, two worlds meet: the world of the clinical practitioner and the world of research and education. I feel that these two worlds need to work together more intensively. Clinical questions demand answers from researchers and researchers should be able to point out the implications of the outcome of new research for clinical daily practice. To fulfil this strong wish, it is necessary that globally more physiotherapists will participate in research.

*Looking at the list of speakers, it is obvious and very promising, that physiotherapists in general participate more and more in research. No longer there is a need to look for speakers from other disciplines only, to inform us about the latest relevant research findings. Our colleagues are our main consultants! Indeed, **Physiotherapy is On the Move!***

A new dimension of this congress is the focus on interdisciplinary approach around sportspeople between Sports Physiotherapists, Women's Health Physiotherapists and Manual Therapists. Interdisciplinary cooperation is part of Continuous Professional Development (CPD) and requires a professional attitude.

We are very proud that a famous female athlete, winner of the gold medal dressage, Sydney 2000, will conclude the congress with her mysterious and interesting lecture 'The Horse Whisperer'.

Finally I would like to thank the members of the Scientific Committee for their tremendous efforts towards composing this high-level three days international congress with no less than 24 different lectures, 5 different workshops and 1 round table session.

I wish you a very interesting and pleasant congress and I hope meeting all of you in person at the international buffet on Friday evening!

Laetitia Dekker-Bakker, MSM

President IFSP and Chairperson of the Scientific Congress Committee



Physiotherapy on the Move (continued)

Abstracts

Postpartum Low Back and Pelvic Pain in Female Athletes: a Case Study

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Low back and pelvic pain can be related to compromised lumbar and pelvic stability^{6,7}. Compromised lumbar and pelvic stability can be the result of alteration of motor control of muscles capable of stabilising the lumbar spine and pelvis like the transversus abdominus¹, pelvic floor muscles and the diaphragm³, as demonstrated in low back and pelvic pain patients.

In order to compensate for compromised pelvic stability, patients will develop compensation strategies. One compensation mechanism can be a sustained increased activity level of the pelvic floor muscles, as demonstrated in patients with low back and pelvic pain⁵. The pelvic floor muscles are capable of stiffening the sacroiliac joints, as demonstrated by a biomechanical study, and hence stabilise the pelvic ring, in female⁴. So increased tension in the pelvic floor muscles can be effective to re-establish a proper load transfer through the lumbopelvic region.

However, constantly increased activity of the pelvic floor muscles has a drawback. It can influence the appropriate activity patterns of these muscles during essential voluntary and reflex motor manoeuvres, as demonstrated in the frequent occurrence of stress incontinence in patients with postpartum low back and pelvic pain³. Furthermore increased activity of these muscles can effect the position of the coccyx, pulling the coccyx ventrally, leading to coccygodynia, as shown in a study by Maigne et al.². Indeed in patients with postpartum pelvic pain, a frequent occurrence of coccygodynia can be demonstrated³.

The coexistence of above mentioned complaints as low back and pelvic pain, stress incontinence, coccygodynia combined with an incapacity to perform stabilising exercises and picking up long distance running will be demonstrated by a case report. This case report of a female athlete will illustrate the importance of inter- and multidisciplinary approach on the level of diagnosis as well as treatment.

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Current Concepts in Prevention and Treatment of Anterior Cruciate Ligament Injuries in the Female Athlete: an Evidence Based Perspective

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Anterior cruciate ligament (ACL) injuries in female athletes have steadily gained attention within the scientific community. The increased incidence of ACL injuries among female athletes compared to male athletes has been well documented^{1,2,3} and provokes the following questions, 'Why are females more prone to ACL injury?' and 'What effective interventions are available for prevention?'

Many contributing factors have been proposed including lower extremity alignment, femoral notch size and shape and hormonal influences^{1,2}. However, intervention must be aimed at modifiable, extrinsic factors. Conditioning, experience and skill levels as well as muscle strength and recruitment, although difficult to define and measure objectively, have all been studied as they relate to ACL injury in females¹.

From 1989 to 1999, the National Collegiate Athletic Association reported the incidence of female to male ACL injury rates as 3.5 times greater in basketball and 2.8 times greater in soccer². This alarming statistic has forced us to look at the jumping, cutting, and landing characteristics associated with these sports as they relate to the typical mechanism of injury.

Joint position is perhaps the most vital factor in ACL failure and is often the result of a proximal instability². An awkward landing typically occurs in an upright position with an abducted and internally rotated femur and minimal hip flexion. This position not only dictates distal lower extremity alignment, but also determines the muscles ability to contract and protect against injury. A safe position of a more flexed hip and knee and normal lumbar lordosis better prepares the body for the demands of jumping, cutting, and landing in sports.

Jump training programs focusing on jumping and landing mechanics, agility drills to improve muscle reaction time and plyometric training that reduces landing forces and improves strength ratios, are being utilized with successful results^{1,3}. Educating physical therapists, athletic trainers and coaches to identify the at-risk athlete and implement proper techniques, is the future for ACL injury prevention.

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MEMBER COUNTRY PROFILE SUMMARY

	AUSTRALIA	CANADA	IRELAND	HONG KONG
WEBSITE	www.physiotherapy.asn.au	www.physiotherapy.ca	www.iscp.ie	
SIZE OF GROUP	475	385	80	126
AREAS OF PRACTICE	<p>Pelvic floor (women/men) Pelvic (perineal/perineal) pain Perinatal-Musculoskeletal, ante/post education, TENS, diastasis recti, pelvic floor Osteoporosis Breast health-Cancer surgery, mastitis, blocked ducts, lymphoedema Fitness pregnancy, post partum, surgery, overuse</p>	<p>Pelvic floor reeducation Pelvic pain Perinatal Osteoporosis Breast health-post cancer surgery, lymphoedema Sport/ General orthopedic Rheumatoid arthritis</p>	<p>Pelvic floor-contenance promotion and incontinence treatment Perinatal-ante/post education, musculoskeletal Osteoporosis Lymphoedema Fitness awareness Health promotion</p>	<p>Ante/Post-natal care Alternative therapies such as aromatherapy</p>
FUTURE DEVELOPMENTS	<p>Development of a national tiered specialization process Government supported National Continence Management Strategy Promote WH in undergrad curriculums Foster EBP in C and WH Diagnostic ultrasound and the pelvic floor</p>	<p>Development of core curriculum for specialization process</p>	<p>Increasing awareness of above Cardiac care and rehabilitation</p>	
ACCESS TO CARE	<p>Self-referral, referral from medical and other health care practitioners</p>	<p>Direct access (self referral)-physician referral not mandatory</p>	<p>Self referral</p>	<p>Public/private hospitals and private clinics with doctor referral</p>
DELEGATED ACTS	No	Some provinces require referral for vaginal/rectal exam and treatment		none
TOP RESEARCH SPECIALISTS AND AREA	<p>Margaret Sherburn, Vic PFMT for older women with stress incontinence, Real-time ultrasound as biofeedback, & as an outcome measure for PFMT, Pelvic floor muscle activity in women with lung disease Irish Neumann, SA National Multicentre Study on physiotherapy treatment for stress urinary incontinence Judith Thompson, WA- analysis and reeducation of pelvic floor muscle function using real time ultrasound Helena Frawley, Vic Physio for Gynaecological Surgery Lyn David, WA The effectiveness of therapeutic ultrasound in the treatment of blocked milk ducts. Charlote Hosking, WA Use of TENS in treatment of urinary urgency, frequency and urinary urge incontinence Dr Pauline Chiarelli, NSW Epidemiology of urinary & faecal Incontinence. Continence promotion in postpartum women, mid-age women & following surgery for fractured neck of femur. Best practice guidelines for physiotherapy management, & educational needs of physiotherapists in relation to management of women following surgery for breast cancer Ruth Sapsford, Qld Pelvic floor responses to a variety of functional tasks in different trunk positions: comparison between those with and without GSI Sue Markwell, Qld Specific muscle rehabilitation for people with faecal incontinence</p>	<p>Meena Sran-manual therapy and osteoporotic spine Chantale Dumoulin-pelvic floor dysfunction Nicole Cooper-Pregnancy and Parenting for Women with Physical Disability Annie Breton-Impact of pain on Sexuality</p>	<p>Generally smaller scale projects done by individual clinical physiotherapists</p>	
UNIVERSITY SPECIALIZATION	<p>Post-graduate university programs available: Postgrad Certificate (Continence and Pelvic Floor, Exercise for Women) Masters in WH, U of Melbourne</p>	Not at the moment	<p>Professionally based post grad courses available</p>	<p>Masters Program in Women's Health</p>
PROFESSIONALLY SPONSORED COURSES	Regular and extensive range of courses through APA and individual groups	Laycock and Chiarelli planned for spring 2005. Regular courses available across the country	Professional subgroup runs many courses on a regular basis	

MEMBER RESEARCH

Physical Therapy Treatment of Dyspareunia , Vaginismus and Vulvar Vestibulitis: A “Hands On” Approach.

Respectfully submitted, Talli Y. Rosenbaum, PT Bet Shemesh, Israel

Introduction: In the past decade, as the medical community has become more involved in evaluation and treatment of painful intercourse, and reclassification of “sexual pain disorders” as “pain conditions which interfere with sexual activity” has been suggested, it has become clear that a team approach to the treatment of sexual pain syndromes is critical. The suggested interdisciplinary model has included the family physician, urologist, gynecologist, pain specialist and sex therapist. Literature reporting on the contribution that can be made by a urogynecological physical therapist, however, has been limited. Our goal is to share our experience with physical therapy techniques as part of the treatment of the often overlapping conditions of dyspareunia, vaginismus and vulvar vestibulitis.

(Continued on page 8)

THE PHYSIOTHERAPY EVIDENCE DATABASE (PEDRO) HAS MOVED AND ADDED CLINICAL PRACTICE GUIDELINES

The Physiotherapy Evidence Database (PEDro) is a freely available, internet-based database of systematic reviews and randomised controlled trials in physiotherapy. Since being launched in October 1999, PEDro has continued to expand and now contains over 650 systematic reviews and over 3,750 randomised controlled trials. Every day over 430 users search the PEDro database for the best available evidence to assist clinical decision-making as well as for teaching and research purposes.

In May 2003 PEDro moved. The new URL for the PEDro database is: www.pedro.fhs.usyd.edu.au. To improve access, the PEDro home-pages are now available in English, Spanish, Portuguese, Korean, Italian, French German and Arabic.

PEDro is currently funded by Motor Accidents Authority (MAA) of New South Wales (NSW), the Physiotherapists Registration Board of NSW, NRMA Insurance and NSW Health. In-kind support is provided by the School of Physiotherapy and the Rehabilitation Studies Unit at the University of Sydney, and from the Rehabilitation and Related Therapies Field of the Cochrane Collaboration. *With the increasing popularity of the website the group is also looking to accept financial support from other groups as well. If your Group is able to contribute to this valuable resource, contact the site below.*

PEDro also relies on support from volunteer physiotherapists. These volunteers search the literature for evidence-based clinical practice guidelines, systematic reviews and randomised controlled trials in physiotherapy and, after participating in a training program, rate trials for methodological quality. If you are interested in supporting PEDro, please contact the Centre for Evidence-Based Physiotherapy (please use email if you have the choice).

If you have not tried using PEDro, why not try a search on a topic relevant to your clinical practice or research interest? Anyone can visit the PEDro web-site and use the complete database search facilities at no charge.

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(Continued from page 7)

Methods: Over a period of 18 months we have treated 19 patients with a primary diagnosis of dyspareunia, 21 patients with a primary diagnosis of vaginismus and 45 patients with a primary diagnosis of vestibulitis. The methods of treatment included providing education, behavioral techniques and exercises specifically designed to improve relaxation ability, body image and body awareness, facilitate normal pelvic floor and related muscle tone, and assist in pain relief. Other modalities included pelvic floor surface electromyography (sEMG) biofeedback to decrease hypertonus and provide pelvic floor muscle strength and stability, ultrasound and transcutaneous electrical nerve stimulation (TENS) to decrease pain and improve local circulation, and traditional “hands on” techniques including massage, stretching, manual mobilization and vaginal dilatation to release tense muscles, improve introitus flexibility, and decrease adhesions and scar tissue.

Results: With a treatment course that ranges from 4 to 16 visits, a self reported success rate was obtained of 80 and 90 percent for the treatment of dyspareunia and vaginismus respectively. In the treatment of vulvar vestibulitis, 53 percent reported complete resolution of symptoms and 85 percent reporting significant improvement.

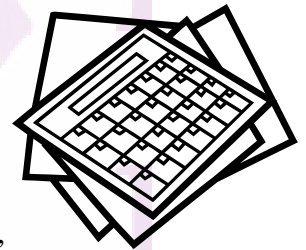
Conclusion: A musculoskeletal/ rehabilitative approach and treatment modalities familiar to a physical therapist can be of assistance to many woman suffering from sexual pain or dysfunction. A urogynecological physical therapist trained in pelvic floor rehabilitation should be considered as an important member of the team of practitioners treating sexual pain.

UPCOMING EVENTS

ACPWH 2004 CONFERENCE

October 8-10, 2004, Belstead Brooke Hotel Ipswich

The *ACPWH* will be putting on a diverse program including Continence, Fertility, Sexuality, Pelvic Pain with presentations by professionals from a variety of women’s health fields. Go to the website www.acpwh.org.uk or contact Gill Brook, Treasurer for a contact name.



SLOVENIA The *IOPTWH* is sponsoring a seminar September 17 and 18, 2005 in Ljubljana, Slovenia. Keynote speaker, Kari Bo, will be complemented by numerous other renowned professionals and researchers. Watch the *IOPTWH* website for more information but plan on attending and supporting the *IOPTWH*.

IFOMT CONGRESS will be hosted in South Africa and *IOPTWH* members Kari Bo and Meena Sran, Canada, will be presenting. Dr. Kari Bo will be a keynote speaker on “Balancing the Outcome in Evidence-Quality of the Intervention” and Meena Sran will be discussing “Exercise and bone health – from research to clinical practice.”

Physio Knowledge, www.physioknowledge.nl is hosting a one day symposium on “The Female Athlete:”, October 9, 2004 in the Netherlands with *IOPTWH* Vice-chair Kari Bo as a speaker.

The Canadian **WOMEN’S HEALTH DIVISION** is planning a course by Jo Laycock and Pauline Chiarelli in the spring of 2005. Contact Marianne Hladiuk hladiukm@telusplanet.net for more information and check the Fall 2004 *IOPTWH* newsletter for further details.

The American **SECTION ON WOMEN’S HEALTH** has a variety of one to three day courses in many areas of Women’s Health. Go to www.womenshealthapta.org for further details and registration information.