



International Organization of Physical Therapists in Women's Health

A subsidiary of WCPT



PRESIDENT'S REPORT

Dear Friends and Colleagues,

I am so energized by the IOPTWH gathering in Ljubljana, Slovenia held September 15-18th! It was a chance, once again, for therapists from many different countries to get together, share expertise and to learn from one another. The IOPTWH Executive Committee (EC) had a day and a half of meetings that were very productive. A synopsis of our meeting minutes can be found in this newsletter edition. We spent considerable time discussing items for the upcoming WCPT congress in Vancouver, Canada in 2007. We will again sponsor a pre or post-congress course, this time focusing on osteoporosis. Look for details in the coming year. We also reviewed our current activities and have renewed efforts for outreach activities to those countries where women's health PT is not terribly advanced. We would like to announce the acceptance of Sri Lanka as member-elect to the IOPTWH! Delegates will vote on full membership status in Vancouver.

Half a day of the business meeting was dedicated to strategic planning efforts. We are making a proposal to change our mission statement as well as working on a vision statement and a four year plan of goals and objectives. Delegates to the IOPTWH general business meeting in Vancouver will vote on this proposed strategic plan. Notification of the motions will come out six months in advance of the meeting.

Every four years at the general business meeting we hold an election of the

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EC. Our constitution allows a maximum of two, four year terms for any office. Because of this, the offices of President, Vice-President, Treasurer and Secretary will have to be filled with new faces. The Member-at-Large position may also be up for election; current MAL, Meena Sran has not determined if she will run again for this office. I am writing about this now because I would like those of you who have served as delegates or committee chairpersons to consider running for one of these offices. Serving this organization is very rewarding!

There were a number of highlights of the conference in Ljubljana including a wonderful scientific program led by our own Kari Bø. Dr. Bø presented research on pelvic floor rehabilitation and led a workshop on an exercise class for pelvic floor dysfunction. In addition to Dr. Bø, the program included Dr. Simon Podnar speaking on the neurophysiology of pelvic floor function, Dr. Ursula Peschers speaking about imaging in pelvic floor dysfunction, and Dr. Adolf Lukanovic presenting his views on the need for conservative care for pelvic floor dysfunction. All were excellent and well received by the 45 participants.



left to right standing: Darija Scepanovic, Kari Bø, Lidija Zgur, Rebecca Stephenson and seated: Meena Sran, Gill Brook, Gabrijela Gaber and Jill Boissonnault-all are members of the IOPTWH Executive committee or the Slovenian conference committee.

The Slovenian conference committee are to be commended for the wonderful job they did coordinating the scientific program and the social and sightseeing events. Friday night brought a troop of youngsters performing the IOPTWH logo via dance and mime and a lovely reception. Saturday included a bit of sightseeing in beautiful Ljubljana and a gala dinner complete with instruction in singing of the Slovenian national anthem! Sunday there was an optional tour to Brdo castle and then to Lake Bled, a lovely inland lake, island and castle-museum. I must thank the committee of Darija Scepanovic, Gabrijela Gaber, and Lidija Zgur and EC liaison, Rebecca Stephenson.

They all did a great deal of work to see this conference went smoothly. Thanks too, to Gill Brook, IOPTWH Treasurer for managing the finances for this great course.

Now the work begins as the EC puts into action the plans we laid at our business meeting. As always, please contact me or any of the EC to give your input or to ask us questions. Our e-mail addresses are on the web site. And, start planning for Vancouver as there will be plenty of women's health programming within the conference.

Sincerely,
Jill Boissonnault



Kari Bø, leading the group exercise class for pelvic floor dysfunction



SUMMARY OF THE EXECUTIVE COMMITTEE MEETING, SLOVENIA SEPTEMBER 2005

Respectively Submitted, Rebecca G. Stephenson PT, DPT, Secretary IOPTWH

WCPT Vancouver 2007- The Executive Committee (EC) unanimously passed the motion to sponsor a pre or post Congress course on osteoporosis in conjunction with the dates of the WCPT Congress in Vancouver 2007. The title suggested is "**Prevention and Management of Osteoporotic Fractures.**" Rebecca will be applying to the WCPT for inclusion of this course. When we receive the approval and know if it is a pre or post Congress course then we can arrange the other women's health lectures accordingly.

We will also be submitting ideas for a focused symposia on a theme of osteoporosis/bone health with Dr. Meena Sran, a symposia on the theme of pelvic floor dysfunction to be developed by Dr. Kari Bø and Gill Brook and a workshop on pelvic floor exercise to be developed by Dr. Kari Bø and Dr. Jill Boissonnault.

The EC discussed co-sponsoring with IFOMT (International Federation of Orthopaedic Manipulative Therapists) or IPTOP (The International Association of Physical Therapists working with Older People). We outlined the mechanics of co-sponsoring as to whether IOPTWH would split all work and profits or just offer a reduced rate to those participating organizations.

Pat Lieblich has stepped forward from Canada to organize the pre or post conference course. We would like to sponsor a reception for all the IOPTWH delegates, the Executive from each of the subgroups, WCPT executive, regional chairpersons, Executive from the Canadian Women's Health Division and the provincial CEO and the ISC (International Scientific Committee).

Nominations for Executive Committee-There will be a call for nominations for the EC and any motions to come before the General Business meeting six months before the General Business Meeting in Vancouver with a period for comments by June 2006. Candidates must be endorsed by their respective women's health organization in writing. This form will be available through the web site or the secretary, Rebecca Stephenson. Notification of the ballot and election will be in December 2006 for the membership to vote on at the General Business Meeting in Vancouver. At least two WCPT regions must be represented on the EC.

Scope of Practice Paper-Final additions are being made to the Scope of Practice Paper that has been developed by IOPTWH. This document will be disseminated to all the delegates at the WCPT general meeting and the delegates for the IOPTWH general business meeting in Vancouver 2007.

Web Page-Many thanks to Beth Shelly who has done much to keep the web page up to date. Beth has resigned

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WEBSITES



The Israel Physiotherapy Society's Women's Health Section is pleased to announce the creation of a website www.pelvicfloor.co.il. Though a joint effort by members of the steering committee, the site was created largely due to the efforts of Judith Sarig, who also manages the site. The site, which is exclusively in Hebrew at the present time, contains links and articles related to the pelvic floor and related women's health topics as well as an active forum .



ARTICLE ABSTRACT

Physiotherapy Treatment of Sexual Pain Disorders. *Journal of Sex and Marital Therapy*, 31(4), 329-340, July September 2005
T. Rosenbaum, The Clinic for Sexual Treatment and Rehabilitation, Tel Aviv, Israel

Physiotherapists provide treatment to restore function, improve mobility, relieve pain, and prevent or limit permanent physical dysfunction of patients suffering from injuries or disease. Women with vulvar pain, dyspareunia, or vaginismus have limited ability to function sexually and often present with musculoskeletal and neurological findings appropriately, addressed by a trained physiotherapist. Although pelvic floor surface electromyography (sEMG) biofeedback has been studied, the inclusion of physiotherapy in the team approach to treating women with sexual pain disorders is a relatively recent advancement, and its exact role is not widely understood by doctors, mental health professionals or laypersons. This article will examine the supportive and often primary role of the physiotherapist in the overlapping conditions of vaginismus and dyspareunia.
<http://www.metapress.com/app/home/contribution>



FALL 2005 IOPTWH TREASURER'S REPORT

By Gill Brook, Treasurer



After a quiet time in the 'treasury' during late 2004 and early 2005, things were much busier during the build-up to our recent conference in Slovenia. It is too early to give an accurate balance of our finances for the event, but I would predict that we have made a profit and I shall report more in the next newsletter. The majority of member countries have paid their 2005 dues, and I anticipate receipt of the remainder soon.

Outgoings since I last reported have been on the website, newsletter, and conference-related expenses. Income has been from dues, bank interest, some conference delegate fees (more are still to appear on the statement) and conference sponsorship. Income and expenditure since 31st January 2005 are as follows:-

Income:	£9,029.09
Expenditure:	£3,829.78
Funds at 8 th September 2005:	£11, 406.43



COMPLETE VAGINISMUS TREATMENT KIT

Review by Beth Shelly PT, BCIA-PMDB, Davenport, IA

The kit includes 2 books, a DVD, a set of 4 vaginal dilators, and a pass to an anonymous online chat. All items can be purchased separately. Dilator circumferences are 1 1/2", 1 1/4", 1 1/16", 7/8". The set comes with a universal handle that easily attached to the dilator end. Dilators are hard, white plastic with tapered end and easily inserted by patients. Appropriate, easy to follow written instructions are also included. \$45 if sold separately



The DVD - Treating Vaginismus is 30 minutes long. It was produced in 1984 by a psychologist from Texas A & M. The idea of the CD is very good but there are a number of serious flaws that make it not suitable for patients to view alone. Vaginismus is called a "psychosomatic fear reaction", explained as "not physical" and referred to as a "negative mind set". A sex therapist gives verbal instructions on the use of the dilators and the video shows the patient inserting the dilators and progressing to intercourse. Overall, the instructions are good and therapists may chose to show parts of the DVD to their patients as it does show clearly how a patient would insert the dilators herself and shares patient concerns and success. However, I would recommend therapist watch the video with their patients to clarify incorrect visuals (i.e. in some situations the dilator insertion angle is incorrect and external PFM exercise contraction is incorrect with adductor and gluteal contraction.)

10 Steps Completely Overcome Vaginismus book 1 - The practical approach to pain-free intercourse and book 2 - Personal journal and workbook, by Mark and Lisa Carter, soft cover 233 pages \$35 sold separately. The authors are a couple who have experienced vaginismus first hand. Lisa Carter holds a degree in "medical rehabilitation" and psychology. Mark is an educator and writer. Book one explains the 10 step program to desensitizing the vagina for penetration. Book two is simply a work book to be filled out while progressing through the program. Book two makes completely the steps simpler but is not necessary. It would not be helpful for a patient to get book two alone.

In step 1, relationship issues and other causes of dyspareunia are explored (these are explained more in the appendix). Contract relax and general relaxation instructions are also given. Step 2 identifies negative emotions associated with sex. A detailed sexual history is also listed. This inventory is in check list as well as descriptive paragraph form and is very well done in the workbook. Moral misunderstandings and religious confusions are addressed however, this section may not be appropriate for all cultures. This steps ends with positive affirmations to work toward creating positive feeling towards penetration.

Step 3 shows self discovery techniques and describes anatomy. The workbook has unlabeled pictures to test knowledge. The pelvic floor muscle (PFM) is introduced in step 4 unfortunately the step test is used to describe the contraction. No info on PT instruction or use of biofeedback is given. Patients are instructed to do quick flicks, 3 sec holds and slow contractions of unspecified duration, 75 per day up to 300 per day. In step 5 the patient is guided in insertion of a Q Tip. Contract relax is used prior to insertion. Step 6 progresses to insertion of a tampon and the first dilator. Clear instructions are given with gradual insertion and 5 to 10 sec stretch with dilator in place. Many ideas for trouble shooting insertion are given. Extended time insertion (up to several hours) is supposed to significantly decrease PFM spasm. Advancing dilator sizes is discussed.

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Step 7 involved sensate exercises which guide both partners through a progression of sexual touching starting at the face, hands and feet and progressing to the entire body, which may or may not include the genitals. Gradually getting comfortable with each other is explained. In step 8 the female inserts the dilator with her partner watching then guides his hand while he inserts the dilator into her vagina. Sensate exercises are then practiced with the dilator fully in place with attention to keeping the PFM relaxed.

Step 9 explains the transition to intercourse with partial insertion and the female on top. Clear pictures show the anatomy of insertion. Many suggestions are given for making insertion successful. Step 10 progresses to movement during penetration and other pleasurable components of intercourse.

Appendix C gives program rationale and effectiveness including citation of 8 references with outcomes data. Two are books, 5 appear to have some sort of research design. References and resources list many self help and professional organizations including the SOWH web site. The two book series is an excellent guide for patients and has many helpful hints for therapists as well. I recommend all vaginismus patients use this resource. The CD is of limited help. The vaginal dilator set is comparable to other dilators, effective and priced well.

available at www.vaginismus.com for \$99.95



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as web contact person and Chair of Publications and Gill Brook will assume all her duties. Gill will be working on expanding our web pages and links.

Outreach Packet -Meena will collect information on women's health resources that are available from member countries and put them on the web page and how to get them.

New Member Country -The EC unanimously passed the motion to admit Sri Lanka for membership to IOPTWH. This will place them in a member-elect status until the Vancouver meeting when they will be voted on by the full membership to become a full member.

Position Statement on Female Genital Mutilation -Jill is following up with the practice committee on the motion passed on female genital mutilation at our general business meeting in Barcelona and will send the statement to WCPT and the World Health Organization.

Membership Dues -Membership dues are up to date. Three countries dues are currently being processed.

Universal Nomenclature -Discussion on terms/nomenclature for pelvic physical therapists was brought up and Kari Bø reported that ICS is looking to standardization of nomenclature. We will refer to what ICS develops and Kari will keep us informed as to changes in the nomenclature. There was a discussion on how to proceed if there is interest in standardizing criteria or skills for one to become a pelvic physical therapist.

Strategic plan - Discussion followed about how to do develop a mission statement, vision, and a strategic plan and develop goals for IOPTWH. Collectively the current EC has experience in development of these areas in our respective countries. We read and discussed sample documents from other organizations on developing a strategic plan. President Boissonnault suggested that we do a plan that has a four-year outlook. This will form the basis for responding to ideas for future projects. We will use *The Strategic Planning: An Easy Guide from the American Physical Therapy Association* as a guideline to establishing our strategic plan for IOPTWH and when it is completed it will be available through the website and newsletter.



ADVERTISING POLICY

IOPTWH policy on listing courses in publications and on the web



1. IOPTWH sponsored conferences, courses, and meetings will be announced throughout the web and newsletter. Announcements may include web link to registration site and course outline / objectives.
2. Courses or meetings sponsored by member country sections will be listed in the newsletter and on the web with the following information: title, speaker, date, location, and contact information. There will be no charge for this listing.
3. Courses or meetings sponsored by non-profit groups and government agencies will (at the discretion of the chair of publications) be listed in the newsletter and on the web with the following information: title, speaker, date, location, and contact information. There will be no charge for this listing.
4. Courses or meetings sponsored by for profit groups or any other type of group not listed above will (at the discretion of the chair of publications, newsletter editor and IOPTWH executive) have the option of placing a web ad or a paid course announcement in the news and events section of the web including: title, speaker, date, location, and contact information for a price of £15 per month. Payment must be in pounds Sterling (current conversion rate available at <http://www.xe.com/ucc/>). Further details from Gill Brook, gill.brook@lineone.net

Approved by the EC of IOPTWH December 2004



ICS SUMMARY FROM MONTREAL

Submitted by Kelli Berzuk BA, BSc, BMR-PT, CAFCL, PGCertPhysio(Cnt&PvFlr Rehab)-University of Melbourne
Working at IPPC--Incontinence & Pelvic Pain Clinic, Division of Nova Physiotherapy & Sports Fitness Clinic, Winnipeg, Manitoba, Canada

The Meeting of the International Continence Society (ICS) was held in Montreal, Canada this year at the Palais des Congres de Montreal and was it was a tremendous success. The Fourth Round Table for Physiotherapists was an enlightening Sunday afternoon, chaired by Chantale Dumoulin and Louise Perrin and attended by pelvic floor physiotherapists from around the world sharing thoughts and ideas. During this 4-hour session, presentation of clinical, research, education and special interest reports relevant to our patient population took place. This was followed by workshops to discuss assessment and treatment protocols regarding incontinence, pelvic pain and pelvic organ prolapse patients and to analyze difficult cases in pelvic floor dysfunction. It was nice to meet with, and learn from the experiences of our international colleagues.

Monday and Tuesday were busy days attending ICS Workshops and pre-conference courses. During this time a workshop entitled Physical Therapies for Pelvic Floor Disorders chaired by Marijke C. Ph. Slieker-ten Hove & Chantale Dumoulin offered effective physical therapy interventions for pelvic floor dysfunctions in women, men and children supported by evidence-based literature. The target audience was clinicians and researchers interested in physical therapies. During this workshop we heard from many of our highly respected clinicians and researchers such as Jean Hay-Smith, Siv Mørkved, Beate Carriere, Grace Dorey, Wendy Bower, Margaret Sherburn, and M. C. Ph. Slieker-ten Hove. In addition to this was an ICS Course; Pelvic Floor Evaluation in Physiotherapy with speakers Jo Laycock, Kari Bø, Melanie Morin, Chantale Dumoulin, Judith Thompson and Helena Frawley that were extremely informative and impressively presented. This was an amazing opportunity to put faces to world-respected names.

The Welcome Reception took place on Tuesday night at the Windsor Station so that ICS members were able to tour the lively streets and markets in Montreal while indulging in a multi-ethnic food experience. The Opening Ceremony on Wednesday morning marked the official beginning of the State-of-the-Art, Podium, and Poster presentations.

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Hysterectomy, Vaginal Repair and Surgery for Stress Incontinence, 5th ed. 2003.

By S. Haslett, M. Jennings, H. Walsgrove, W. Weatheritt.

Review by Helena Frawley, Physiotherapist, Melbourne, Australia.

This new version updates the previous one in several beneficial ways. The optimal preparation for a patient about to undergo a hysterectomy, or surgery for prolapse or incontinence, can be challenging for the physiotherapist. The pre-, peri- and post-operative care requires a broad perspective and the compilation of much practical and clinically-based information on the part of the physiotherapist. This booklet has assembled all of that in an easy-to-read, clearly illustrated format, written in a language that will appeal to patients and therapists.

Therapists working in this area will know that significant variations in pre- and post-operative protocols exist between surgeons, hospitals, locations, and differ due to individual patient needs and therapist availability. Therefore some therapists will find the advice offered differs from their own practice, or that of the surgeons whom they work with. However the breadth, thoroughness and practicality of advice contained in the book is welcome, as there is a lack of both evidence-based practice and clinical guidelines in this area. In addition to the information provided in the book, therapists could supplement their patient advice with information from up-to-date professional text books, and outcomes from clinical trials and evidence, where it exists. A trickle of information from clinical research in this area is starting to appear, and should provide evidence-based support to the practical advice provided in this booklet. Knowledge in some areas of health care is expanding rapidly, and hormone replacement therapy (HRT) is one of those. The treating physiotherapist may wish to flag to patients that the advice in this booklet may need to be verified with their medical care-giver, in order to ensure the most relevant and up-to-date advice is being followed.

There are a few minor items in this booklet related to post-operative advice which some thera-

pists may vary from. While traditionally taught, post-operative coughing to clear secretions may not sit comfortably with all clinicians following pelvic repair surgery. Huffing is preferred by some therapists, unless a strong indication of retained secretions is present. A minor detail perhaps, but I prefer the title "the pelvic floor muscle exercise" to "the pelvic floor exercise" when referring to the title of what is being taught. From then, it may be easier to use the shorter phrase, once this is clear what the exercise is. Five to six sessions of pelvic floor muscle (PFM) exercises per day may be a challenge in the early post-operative days / weeks for some patients, so this may need to be individually tailored. Long-term, and even short-term compliance with PFM exercises can be an issue for many patients. The treating therapist may like to supplement the booklet with some suggested strategies to increase adherence to desired exercise levels. Advice to avoid stop-start of flow when voiding could be added to the "bladder care" section. While extremely useful, the patient (and therapist) resources listed at the completion of the book are specific for U.K. readers. No doubt Australian readers would welcome a short list of local resources which they could access. Perhaps the treating physiotherapist could supply a loose leaf sheet to add to this book for her own patients.

The number of Australian women who undergo hysterectomy or have surgery for prolapse or incontinence each year is high. Opportunities for patients to consult a women's health physiotherapist can be extremely limited in parts of Australia, including large metropolitan hospitals. Access to an inexpensive, useful booklet would be a bonus to the many women who would not otherwise receive any women's health physiotherapy input.



**Incontinence Volume 1: Basics and Evaluation, Volume 2: Management, Editors
P. Abrams, L. Cardozo, S. Khoury, A. Wein, Health Publications Ltd. 2005.**

Review by Beth Shelly PT, BCIA-PMDB

This two volume set is a result of the 3rd International Consultation on Incontinence held in June 2004 in Monaco. It was cosponsored by the International Continence Society and the Société Internationale d'Urologie. The document was originally published in 1998 and revised in 2001. The faculty consists of almost 200 professionals from all over the globe and from many disciplines. Authors are listed with country but no credentials are given therefore it is difficult to tell how many PTs, OTs or RNs are represented. It appears that there are at least three physiotherapists, two nurses, and one occupational therapist included.

These documents are extensive resources – 25 chapters, 1700 pages. The index is extensive as well - over 30 pages. Clinicians will most likely study a particular chapter or search the index for a subject rather than reading the texts from cover to cover.

A modification of the Oxford System is used for evaluating evidence with 5 levels of evidence (1 to 5) and 4 grades of recommendation (A to D). Search method and grading systems are fully explained in the text. Most chapters have between 300 and 400 references. Recommendations for research and clinical practice are listed in most chapters.

Overall the books stress a multidisciplinary approach often with specific reference to physiotherapy. Patient groups include women, men, children, neurological patients, and the frail elderly. Volume one starts with continence promotion, prevention and education. Economics, research methodology, epidemiology, cell biology, neural control, and pathophysiology are reviewed. The volume continues with dynamic testing, clinical neurophysiology, and imaging. There is an extensive chapter on symptom index and quality of life measures which will be very valuable for researchers.

Assessment of urinary incontinence has a small section on manual evaluation of the PFM which briefly reviews external observation, digital palpation, perineometry and the cotton swab test. These tests received a recommendation of D – no recommendation possible: conflicting or inadequate evidence.

Surface EMG testing is located in another chapter. It is rated as a C: expert opinion. This section is disappointing given the magnitude of information on other topics.

Volume two has nine chapters on the management of urinary incontinence, one chapter on painful bladder syndrome and two chapters on fecal incontinence. Chapter 15 covers adult conservative management of urinary incontinence in women and men and pelvic organ prolapse. This section is 109 pages long with 392 references and reads very much like the Cochrane review on pelvic floor muscle training. Many different combinations of treatments are compared including weights, exercises, biofeedback, and electrical stimulation. Treatment of children (ch 16), neurological patients (ch 17), frail elderly (ch 18), and fecal incontinence (ch 24) are extensively covered in other chapters. These are excellent reviews of evidenced based practice and will be helpful to PTs making clinical decisions. This reference does not describe how to perform the treatments.

Surgical treatment of men, women, fecal incontinence and pelvic organ prolapse are in separate chapters with some pictures. An entire chapter is devoted to obstetric vesicovaginal fistula. The painful bladder syndrome chapter is very well done with four patient questionnaires included and several others reviewed. A brief mention of PT and behavioral therapy is included with an extensive review of pharmacological treatment.

The text close with algorithms for the stated diagnosis and patient group with behavioral treatment listed before medication and surgery in most cases. Wide spread acceptance of these algorithms will most likely result in increased usage of therapy for these patients. Overall these texts will be of limited benefit to the practicing clinician but are excellent references for specialized instructors and researchers.

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**EXCELLENCE DOWN-UNDER SHOWCASES EXCELLENT PELVIC FLOOR RESEARCH
Summary provided by Margaret Sherburn m.sherburn@unimelb.edu.au**

The School of Physiotherapy, University of Melbourne, in conjunction with the Continence Foundation of Australia, Physiotherapy Group, hosted a successful 2-day conference on February 12th – 13th, this year titled: "Excellence Down-under". This conference showcased the research and clinical work of Australian and New Zealand physiotherapists in the fields of Continence and Pelvic Floor Rehabilitation, and physiotherapy evidence-based practice. 130 continence and pelvic floor physiotherapists from all Australian states and New Zealand attended the conference.

Keynote speaker Dr Jean Hay-Smith from the University of Otago, New Zealand (Cochrane reviewer) presented on systematic reviews relevant to continence and pelvic floor dysfunction (the use of anti-cholinergics versus placebo for overactive bladder, and pelvic floor muscle training for stress urinary incontinence), as well as a challenging look at the anatomy of the pelvic floor related to assessment by palpation.

Another keynote speaker, Dr Rob Herbert from University of Sydney (PEDro database and Australian Journal of Physiotherapy, scientific editor), reported that "there is a surprisingly large body of systematic reviews, randomised trials and clinical practice guidelines on physical management of incontinence and pelvic floor dysfunction. Many of the trials, reviews and guidelines are of high quality. Together they provide a strong evidence base for the practice of physiotherapy aimed at preventing and treating incontinence and pelvic floor dysfunction." Dr Pauline Chiarelli then presented on how to set up a clinical trial in an 'ideal world' or a 'real world' context.

PhD students from the School of Physiotherapy University of Melbourne presented topics related to their research. Margaret Sherburn tackled the

challenging aspect of what do trans-abdominal ultrasound measures to assess pelvic floor muscle function actually tell us? Marg discussed a mathematical model that attempts to address this topic. Helena Frawley presented a methodological study she has undertaken on the reliability of commonly used tools to measure pelvic floor muscle function (manual muscle testing and manometry) and a look at how the measurements obtained from these tools vary across different body positions. In addition, Professor Joan McMeeken, Head of School, presented a review of the effect of electrical stimulation on nerves and muscles, a reminder of the importance of understanding basic concepts of treatment parameters to apply to pathological conditions.

PhD students from other Australian universities also presented their work. From Perth, Judith Thompson presented on the use of real-time ultrasound in clinical practice & Kaye Brand on her development and validation of a new instrument to measure sensory urinary symptoms in women with fibromyalgia. From Adelaide, Trish Neumann presented her studies on economic evaluations of the costs of surgical and conservative treatment of incontinence, and on the development of a Physiotherapy Outcome Measures Suite for Incontinence. And from Sydney, Sherin Jarvis presented her study on pre- and post operative physiotherapy for gynaecological surgery.

Other topics presented were Pilates and the pelvic floor, and the effect of different sitting postures on the pelvic floor (Ruth Sapsford), yoga principles applied to the pelvic floor (Karen Wilde), coughing and continence in women with chronic lung disease (Janet Chase), managing and preventing bowel problems following colorectal cancer surgery (Dr

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MULTICENTRE PHYSIOTHERAPY INCONTINENCE STUDY- A NATIONAL PROJECT

By Patricia Neumann, Pelvic Floor Physiotherapist, PhD candidate

The multicentre physiotherapy incontinence study has been a truly national project linking physios in clinical practice in innovate research into the management of stress incontinence in women.

The evidence is now quite unequivocal from well designed randomised controlled trials that physiotherapy is effective for women with stress incontinence. The cure rates appear to be at least as good as those of surgery when the results of high quality studies are considered. But there was no information about how well the 'real-life' outcomes of continence physiotherapy in Australia compared with international studies. Back in 1997, we were challenged to prove our worth. New surgical techniques and other health professionals were threatening to make us redundant! Individually we were convinced of the effectiveness of our work, but we knew that the power of one in this case was not enough. Our strength was going to be in joining forces.

And so the multicentre study was brought into life at the APA National conference in Hobart in 1998. Twenty experienced women's health physios met for a whole morning to thrash out the details of a research protocol to investigate regular clinical practice. We had many questions to answer: for example, how effective was our treatment, how many treatments did we need to achieve a satisfactory outcome, what were the costs of treatment? There were other important issues to be hammered out: which outcome measures could we use? Were the outcome measures used in research trial suitable for clinical practice? How many forms and questionnaires could we expect our patients – and the physios - to fill out? What was feasible alongside a busy clinical caseload? In fact, how were we going to go about the whole project and have the results accepted in the scientific community?

That was the start of a higher degree for one women's health physio and the birth of a study, the first results of which were published in Australian and New Zealand Journal of Obstetrics and Gynaecology in June 2005. The study involved 39 women's health physios from every state and the ACT and 274 women with stress incontinence who agreed to be part of the study. Ethical approval had to be sought from 19 institutions. Financial help was forthcoming from the Physiotherapy Research Foundation of the Australian Physiotherapy Association, from several companies and from an anonymous benefactor. Australia Post conveyed boxes to all ends of the country, from Sydney to Perth, from Hobart to Nambour and Kalgoorlie with all the necessary questionnaires, data sheets, pads, paper towels and plastic bags.

It was an experience for clinicians to be part of a research project, to be involved in reliability testing of their manual skills in pelvic floor muscle assessment, honing their skills in diagnosing stress incontinence, measuring outcomes on a consecutive series of patients and following them up a year later. The process has inspired some to become researchers themselves – perhaps it has deterred others! A new instrument had to be developed and tested to measure urine loss as the pad tests used in research were just not practical in the clinical setting. The newly published expanded Paper Towel Test was the product of collaboration with the Menzies Centre for Population Health Research, University of Tasmania. The study has spawned a new project with Professor Karen Grimmer at the Centre for Allied Health Evidence at the University of South Australia. A new 'Outcomes Calculator' to facilitate the use of continence-specific outcome measures in clinical practice is being developed and will be launched later this year.

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UPCOMING EVENTS



Information about the meeting can be found at www.iuga2006.com and www.iuga.org.

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The presentation that really got people talking about physiotherapy was the early morning Practical Pelvic Floor Pick-Me Ups exercise class, put on by Dr. Kari Bø, physiotherapist from Oslo, Norway. On two consecutive mornings Kari squeezed in lineups of medical practitioners wanting to participate in her class and learn from her wealth of knowledge. Those arriving early were able to lie down comfortably on the complimentary ICS towels while others lined the walls in the 'standing room only' section. Her thirty-minute general exercise protocol interspersed with pelvic floor strengthening exercises was a great success in creating discussion regarding the necessity of proper instruction and education for our patients' home programs and how exercise can be made fun. There was speculation that this may need to be a daily morning class at the next ICS to be held in Christchurch, New Zealand in 2006.

The Gala Dinner at the Palais des Congres de Montreal was an enjoyable social event for all and brought the memorable week to its final day on Friday. For this, five of Montreal's leading Chefs prepared a feast of regional delicacies representing many regions of Quebec. It was a wonderful evening completing a whirlwind week of learning and of course fun.

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The results of the project have shown that the outcomes of Australian continence physiotherapy are very good. Sixty four percent of the subjects who started out in the project were dry at the end of their treatment. There were statistically significant improvements in the continence status and the quality of life of the women. Even more importantly, there was a clinically significant improvement for the majority of women. A year later we were able to follow-up 76% of those who had finished treatment. 78% were still satisfied or very satisfied with the outcome and 85% did not want any further treatment. The project has also informed us about many aspects of clinical practice – the costs, the typical number of treatments in an episode of care, and the types of treatment modalities used. It also provided insights about women who don't complete treatment and the difficulties with follow-up. Sixty six of the women 'dropped out' of the project without finishing treatment, with consequent loss of final data. The public also need to be educated about the importance of research and of staying with it as a subject until the end!

Neumann P, Grimmer K, Grant R, Gill V. Physiotherapy for female stress urinary incontinence: a multi-centre observational study. *A&NZ J O&G* June 2005; 45:226-232.

Neumann P, Grimmer K, Grant R, Gill V. The costs and benefits of physiotherapy as first-line treatment for female stress urinary incontinence. *ANZJ Public Health*. In Press.

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Sue Nikolett), Yvonne Ferguson from New Zealand presented a continence audit tool which she developed for daily clinical use.

This conference is held biennially at the University of Melbourne during the postgraduate Continence & Pelvic Course in February. We would love to see more international physiotherapists visit us for the conference & maybe spend some summer time in Australia during February. The next 'Excellence Down-under' conference will be held in February, 2007. Start planning your trip down-under for 2007!