



International Organization of Physical Therapists in Women's Health

A sub-group of WCPT



PRESIDENT'S MESSAGE

Greetings to all our colleagues around the world.

Just a year ago we gathered in Vancouver for the WCPT Congress. It seems not that long ago. Currently the Program Committee is making plans for our two-day conference in Oerias, Portugal (20 kilometres from Lisbon) for Friday 9th and Saturday 10th October 2009.

Maria Fatima Sancho, our chief delegate from Portugal, is leading the organizing committee with Gill Brook. Please contact them with your thoughts and suggestions.

Exciting news about the Female Genital Mutilation (FGM) paper. Ruth Broom, the Practice Committee chairperson, traveled to Geneva, Switzerland in June. She met with World Health Organization (WHO) experts, Dr. Heli Bathija, Area Manager, Africa and Eastern Mediterranean Region, Dept of Reproductive Health and Research, Dr. Elise Johansen Technical Officer, Gender, Reproductive Rights, Department of Sexual Health and Adolescence, and Jane Cottingham Giradin of the United Kingdom.

Ruth submitted our position statement to WHO against the practice of FGM and discussed many of the long-term effects of the procedure, which are within the scope of our practice. She also reported to them that the WCPT (comprised of 101 countries) voted unanimously at the Vancouver Congress in 2007 to support our position state-

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ment opposing FGM. Ruth told WHO that we support the education efforts of WHO toward abandonment of the practice, and would be happy to be involved in any way that they would consider appropriate. I am most grateful to Ruth for increasing our exposure on FGM with WHO.

Meena Sran is working on a position statement on women's health content in the entry-level physiotherapy education and she is looking for volunteers willing to be on this task force. Please contact her if you are interested in this time-limited commitment.

The website has been updated, but we are in the process of doing more changes to create a more contemporary look and a better functioning menu system. Ros Thomas and Simone Gruenig oversee these changes in the coming months.

Please help us with your volunteer efforts for the IOPTWH committees. There are vacancies on the Program, Communication/Publication, Research/ Education, and Practice Committees. Through our work together, we can foster communication, help establish women's health practices where PT services are minimal, and set standards for education and research. Please look at the committees listed in this newsletter or view the committees on the web page and volunteer.

Please feel free to contact me directly with any questions or suggestions.

With warm regards,

Rebecca Stephenson

SECRETARY'S REPORT

Since Vancouver the executive committee has been working towards several goals agreed at our meetings there (see general business meeting minutes in the Fall 2007 newsletter). We have finalised and circulated our strategic plan following its ratification in Vancouver.

I am in ongoing email contact with a women's health physiotherapist in northern Iraq, and have also been approached by clinicians in Japan, Malaysia, Fiji and Nigeria some of whom had visited the IOPTWH stand in Vancouver. We welcome approaches from physiotherapists in countries which are not currently members, including many working in countries with no recognised women's health physiotherapy section. Such individuals can be added to our list of 'friends', so receive the newsletter and other pertinent information electronically.

Gill Brook

Secretary



TREASURER'S REPORT

I attended meetings in Vancouver in 2007 and was delighted to meet many of you. This is my first report for the newsletter in my new role as treasurer and I'd like to begin with expressing immense thanks to Gill for her hard work over at least 8 years. I hope I can manage to continue to achieve the standards she has set. We finally met up in November for our handover, but it is only now that I am beginning to understand the whole process!

Gill reported a busy end to 2007 in the aftermath of Vancouver. Whilst it has been quiet since then, I am anticipating the receipt of dues for 2008 as I write, but to date have only received one payment. It would be really helpful if dues could be submitted on time and thanks to the chief delegates for organising the arrangements.

Income and expenditure since 8th August 2007 are as follows:

| | |
|--------------------------------------|------------|
| Income: | £1,189.68 |
| Expenditure: | £3,635.18 |
| Funds at 6 th March 2008: | £10,486.34 |

Ros Thomas
Treasurer

REPORT FROM MEMBER AT LARGE

Call for leaflets and other resources

It was agreed at the Executive Committee meeting in Vancouver that IOPTWH would develop a place on the website to assist those interested in developing women's health information. We would like to ask you if your national association has any such information e.g. leaflets (preferably in English) or any other resources available that might be of interest to other IOPTWH members.

If you do (some of you have already sent me some information), please send me a list or details of the resources available from your country and we will put those on the IOPTWH website. If there are any more details on your own website could you please send me the website address where someone can find this information or an e-mail address that people can use to ask about it.

I look forward to hearing from you.

Kind regards,

Darija Šćepanović, PT, MSc
Member at large

NEWSLETTER EDITOR'S REPORT

It will be almost a year since I have taken over the role of newsletter editor and website coordinator and this is my second publication. I must say that it has been a very interesting and challenging opportunity to date.

Here is a brief update of what I have been working on:

Web Site:

- Re-organized layout.
- New listserves have been organized and will be available shortly.
- Added files and publications from WCPT 2007.
- In communication with the Secretary and the Member at Large updated member profiles.
- Currently in communication with web site provider and executive to update and modernize the site.

Newsletter:

- The newsletter layout is currently being updated by a graphic designer and I have hopes that I can start using the new template for the Fall 2008 publication.

I am always looking for members to contribute any of the following (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 written in any format.

I would also like to thank the contributors to date, without whom the newsletter would not be possible!

Simone Gruenig BSc., MSc.(PT)
Newsletter Editor and Website Coordinator



WHO REPORT

Meeting with the WHO Department of Reproductive Health and Research
Geneva, Switzerland
30 May 2008

This meeting was arranged with Dr Paul Van Look, the Director of the above department, to complete the process of the IOPTWH taking a position against female genital mutilation. The process included writing a position paper and achieving the support of the WCPT. The objective was to hand over the documentation to the WHO through the appropriate department.

I met with 3 of Dr Van Look's staff – Dr Heli Bathija of Finland who chaired the session, Dr Elise Johansen, Norway and Jane Cottingham Giradin, UK.

The format was a round table discussion led by the Chair. I handed over copies of our position paper as well as a copy of the WCPT position statement. The group was interested in the unanimous support of 101 member organizations opposing the practice of FGM, noting the large body of support.

Rather than going over ground so well known to the group my objective was to show we are keeping up to date by discussing recent events and data.

I was questioned on why physical therapists are interested in FGM. My answer was that as women's health therapists, our scope of practice covers many of the long term effects of FGM. I was able to provide a copy of our IOPTWH scope of practice document. We talked of my own experience as a clinician with migrant communities in New Zealand where African immigrants are largely from the horn of Africa This included current recommended best practice for deinfibulation in preparation for childbirth and education efforts following changes in genito-urinary function following this procedure.

The Chair asked if we would like to be involved in the WHO education efforts, for example, soon they will be filming education resources. I understand the base for this is Geneva but may include field work in Africa.

I was given a copy of both the WHO statement on FGM to the World Health Assembly, adopted by 193 member states on 23 May 2008 and the WHO Interagency statement publication, 'Eliminating Female genital mutilation'.

This was a warm, informal discussion which completed 'the loop' of our organization taking a position opposing FGM, achieving the unanimous support of WCPT and meeting with the appropriate staff of WHO to hand over the documentation and express our support for WHO efforts in education towards abandonment of the practice.

Ruth Broom
Chairperson
Practice Committee, IOPTWH

IOPTWH Conference 2009

Oerias, Portugal - Friday 9th & Saturday 10th October 2009

IOPTWH will host its biennial conference in Oerias, Portugal next year. The location, Oerias, is by the river Tagus, just 20 kilometres from Lisbon. The exact programme is yet to be decided, but is likely to include a mixture of presentations and workshops, promising to offer a range of topics to appeal to an international audience of women's health physiotherapists.

Previous IOPTWH events in Barcelona, Ljubljana and Vancouver have attracted delegates from over twenty countries who have enjoyed not only the educational events, but also the opportunity to network with peers.

Portuguese IOPTWH chief delegate Maria Fatima Sancho who is leading the organizing group believes that the location, with easy access to the sea and other resorts and good transport links to Lisbon, along with mild weather, should add to the appeal of next year's event.

Full details will be available on the Organization's website www.ioptwh.org by the end of this year, or from secretary Gill Brook.



Oerias, Portugal



FEATURE ARTICLE

RECENT RESEARCH IN THE FIELD OF WOMEN'S HEALTH: A PHYSICAL THERAPY UPDATE

Compiled by:

Talli Y Rosenbaum, BSc (PT),

Evelyne Gentilcore-Saulnier, BSc (PT)

As in any health science field, evidence-based practice is the gold standard for treatment. Physiotherapists involved in the treatment of pelvic and genital pain disorders should be aware of the latest research in general sexual health, including findings in the area of vulvodynia, vaginismus, and pelvic floor disorders.

This article summarizes a selected number of abstracts and studies that have been recently presented at international sexual health conferences or published in peer reviewed journals. Included in this selection are studies relating to pelvic and vulvar pain, pelvic floor muscles, and pelvic floor physiotherapy.

Published articles

Surgical and behavioral treatments for vestibulodynia: two-and-one-half year follow-up and predictors of outcome. *Obstet Gynecol.* 111(1),159-166. Bergeron S, Khalife S, Glazer HI, Binik YM (2008).

This research team, from the University of Quebec in Montreal, Canada, has published their 2.5-year follow-up findings of 51 women from a randomized treatment study of 78 women with provoked vestibulodynia (PVD). Participants had been randomized to three treatment options: vestibulectomy, bio-feedback, or cognitive behavior therapy (CBT) and had been last evaluated at a previous 6-month follow-up. Results showed that participants across all groups had lower pain ratings at the 2.5-year when compared to the 6-month follow-up, which, according to the authors, suggested that all three approaches were effective in providing long-term improvements. They further suggest that treatments continue to benefit participants over time. An important finding derived from this study is that vestibulectomy and CBT outcomes did not differ with respect to pain ratings during intercourse, suggesting that they might be as efficient in re-establishing sexual functioning. Women who presented with high pain ratings before initiation of treatment had poorer outcomes across all treatment options. Lastly, women who were erotophobic (i.e., react negatively to sexual cues) were less likely to have a positive outcome as a result of surgery, and would perhaps benefit more from a CBT approach for their PVD symptoms.

(Continued on page 8)

The role of pelvic floor physical therapy in the treatment of pelvic and genital pain-related sexual dysfunction. *J Sexual Med.* 5(3), 513-523. Rosenbaum TY & Owens A (2008).

This article was designed to provide physicians with Continuing Medical Education units. Musculoskeletal components involved in pelvic and genital pain syndromes and associated sexual dysfunctions are described, specific physical therapy assessment and intervention techniques are introduced, and suggestions for facilitating an effective working relationship among practitioners involved in treating these conditions are offered. This article might appeal to practicing physiotherapists treating urological and gynecological conditions.

Vulvodynia: a psychophysiological profile based on electromyographic assessment. *Appl Psychophysiol Biofeedback.* 33(1), 29-38. Jantos M (2008).

Jantos, from the School of Psychology at the University of Adelaide, Australia, published pre and post electromyographic (EMG) measures from 549 women with vulvodynia who underwent a treatment protocol consisting of biofeedback-assisted exercises, dilator insertions, and psychological counseling. Upon completion, 77% of women had resumed regular sexual activity. Pre-treatment EMG evaluation revealed that women whose vulvodynia was more chronic demonstrated the lowest pelvic floor muscle (PFM) EMG activity. This suggests the development of muscular contractures in the PFMs over time, which as opposed to reflex contraction, are electrically silent. As such, these findings stress the potential effectiveness of treatment based on retraining and release of the PFM, and also highlights the need to address psychological difficulties that patients experience.

Conference abstracts

Psychosocial and psychological characteristics of women with primary versus secondary provoked vestibulodynia. *SSTAR 2008 Annual Meeting*, Chicago, IL, USA. Sutton K, Pukall CF, Chamberlain SM, Dargie E & Winning M (2008).

Sutton and colleagues, from the Department of Psychology at Queen's University, Ontario, Canada have suggested that women with primary PVD are more sensitive to heat and pain stimuli, have lower mental health and sexual functioning, and have greater levels of symptom magnification. These results suggest the possibility of a greater involvement of the central nervous system and psychological distress in women with primary versus secondary PVD.

(Continued on page 9)

Fear and pain vs muscle spasm as the main diagnostic criteria for vaginismus. *SSTAR 2008 Annual Meeting*, Chicago, IL, USA. Lahaie MA, Binik YM, Khalifé S, Amsel R & Pukall CF (2008).

Lahaie's research team, from the Department of Psychology at McGill University, Montreal, Canada, found that women with vaginismus report higher fear of vaginal penetration and higher pain ratings upon vaginal insertion of one finger when compared to groups of PVD and control women. Strikingly, and as suggested by previous research, the presence of a vaginal muscle spasm did not allow differentiation of PVD vs. vaginismus. The authors argue that fear and genital pain in women with vulvar pain are far more important diagnostic criteria than the presence of muscle spasm.

Behavioral observation of pain in a gynecological setting: Pain behaviors as a diagnostic for sexual pain disorders. *SSTAR 2008 Annual Meeting*, Chicago, IL, USA. Boyer SC, Lahaie MA, Binik YM & Amsel R (2008).

Previous research has proposed that defensive and avoidance behaviors during gynecological examinations allow us to differentiate between women with vaginismus and PVD. Boyer et al. (2008) from the Department of Psychology at McGill University, Montreal, Canada, based on previous investigations by Lahaie et al. (2008), as mentioned above, have since developed a coding system based on eight operationalized pain behaviors which found reliable and valid in the diagnosing accurately women in each category. They are advocating for this coding system to be used as a diagnostic tool in the future.

Pelvic floor muscle response to vulvar pain in women with provoked vestibulodynia. *SSTAR 2008 Annual Meeting*, Chicago, IL, USA. Gentilcore-Saulnier E, Goldfinger C, McLean L, Pukall CF & Chamberlain SM (2008).

Gentilcore-Saulnier and colleagues, from the School of Rehabilitation Therapy, Queen's University, Ontario, Canada, has been looking at the stress responses of the PFMs to a painful stimulus applied at the vulva, in an attempt to reproduce the pain felt during intercourse in women with PVD. Preliminary results point to a higher responses of the superficial PFMs (i.e., bulbocavernosus) versus the deeper PFMs (i.e., levator ani) indicating, as did previous research, that the focus of pelvic floor muscle relaxation training of PVD should be on the superficial PFMs.



(Continued on page 10)

The impact of lower urinary tract symptoms on women's sexual health: results from the epiluts study. *ISSWSH 2008 Annual Meeting*, San Diego, CA, USA. Coyne K, Sexton C, Kopp Z, Thompson C, Irwin D, Milsom I, Chapple C, Tubaro A & Wein A (2008).

The impact of lower urinary tract symptoms (LUTS) on women's sexual health was evaluated by Coyne et al. (2008). Significant predictors of decreased sexual activity and sexual enjoyment were found to be: low desire, bladder pain during intercourse, and LUTS (i.e., incontinence during intercourse, dysuria, post-micturition incontinence, urgency, incomplete emptying, and frequency). Surprisingly, increasing age was not a significant predictor. Their findings also showed that LUTS, particularly when related to pain and incontinence, contribute to decreased sexual activity and enjoyment in women ≥ 40 years old. For these reasons, the authors suggested that sexual health should be assessed among women presenting with LUTS.

The success of physical therapy in treating patients with pelvic floor disorders. *ISSWSH 2008 Annual Meeting*, San Diego, CA, USA. Guise AI, Malak E & Kressin M (2008).

A retrospective chart review was performed on 37 women to evaluate the success of physical therapy (PT) with various pelvic floor dysfunctions including pelvic pain (20), dyspareunia (11), LUTS (9), and incontinence (9). The majority of patients received multimodal PT treatment, with neuromuscular re-education (31) and biofeedback (29) being the most commonly utilized. Twenty-seven patients (73%) had significant improvement in symptoms at the completion of their prescribed PT course.

Can pelvic floor physical therapy improve vaginal lubrication? Three case reports. *ISSWSH 2008 Annual Meeting*, San Diego, CA, USA. Rosenbaum TY (2008).

No studies have been found that have examined the effect of pelvic floor physical therapy on vaginal dryness, either at baseline or during arousal. The aim of this study was to determine if pelvic floor physical therapy including manual trigger point release can facilitate vaginal lubrication. Preliminary findings point to a possible role in physical therapy and pelvic floor rehabilitation in facilitating vaginal lubrication.

Acknowledgements

The authors wish to acknowledge Caroline Pukall, PhD, Department of Psychology, Queen's University for her valuable input.



ABSTRACTS

The application of antenatal perineal massage: a review of literature to determine instruction, dosage and technique

L. E. Jones & N. Marsden

Journal of the Association of Chartered Physiotherapists in Women's Health, Spring 2008, 102, 8–11

Keywords: antenatal, massage, perineum.

Abstract

A literature review was undertaken to determine the instruction, technique and dosage described for antenatal perineal massage in research trials. Relevant databases were searched and nine relevant studies were identified. The methodology of each study was reviewed and compared. Common approaches were found for the description of the technique, and the training of women and their partners. There was some variation in the dosages and frequencies recommended. A key feature of an early study, the incorporation of Kegel exercises, appeared to be lacking in subsequent studies. Furthermore, plans for effective learning, including accurate feedback, and strategies to enhance compliance were mostly absent. A supervised, patient-centred approach may address this.

Acupuncture for the treatment of overactive bladder

P. Graham & T. Cook

Journal of the Association of Chartered Physiotherapists in Women's Health, Spring 2008, 102, 53–58

Keywords: acupuncture, frequency, overactive bladder, urge urinary incontinence, urgency.

Abstract

This evidence-based case report documents the use of acupuncture on a subject with symptoms of overactive bladder, a common problem for patients presenting to the specialist continence physiotherapist. The first author (P.G.) has recently developed a special interest in the use of acupuncture as an alternative/adjunct to the traditional conservative management of urinary dysfunction. Her initial experience is that acupuncture results in subjective positive effects. This finding is consistent with the eight full-text articles obtained that support the use of acupuncture in this client group.



(Continued on page 12)

The efficacy of a multidisciplinary approach to the management of constipation: a case series

R. W. C. Leung, B. K. Y. Fung, L. C. W. Fung, W. C. S. Meng, P. Y. Y. Lau & A. W. C. Yip

Journal of the Association of Chartered Physiotherapists in Women's Health, Spring 2008, 102, 36–44

Keywords: anorectal physiology, constipation, multidisciplinary approach.

Abstract

The aim of this study was to evaluate a rehabilitative programme including biofeedback training for the treatment of chronic constipation. A prospective series of patients with constipation, as defined by the Rome II diagnostic criteria, were assessed by a clinician, a dietitian and a physiotherapist. Anorectal physiology investigations and defecography were performed prior to and after the programme. The treatment involved consultation by the dietitian, postural re-education and pelvic floor re-education regarding the proper pattern of defecation. The subjects were followed up in alternate weeks for the first 3 months and then monthly for another 3 months. Twenty patients have been recruited into the programme since 2005. Ten subjects have completed the course of treatment and three have defaulted; the remaining seven were still undergoing treatment at the time of writing. On completion of the programme, there was a significant improvement in fibre intake (pre-treatment = 12.919 ± 1.06 g; post-treatment = 20.266 ± 1.064 g; $P = 0.001$), average straining effort (pre-treatment = 6.36 ± 0.391 ; post-treatment = 3.72 ± 0.391 ; $P = 0.001$) and average straining time (pre-treatment = 17.61 ± 2.172 min; post-treatment = 6.00 ± 2.172 min; $P = 0.004$). The subjects reported a $> 50\%$ improvement in their symptoms. A rehabilitative programme for constipation can significantly ameliorate the problem of constipation. The method of anorectal manometry was employed to assess the paradoxical response of the anorectum during attempted defecation.

ACKNOWLEDGEMENT

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

BOOK REVIEW

Pelvic Dysfunction in Men

By Grace Dorey

*John Wiley & Sons Ltd, Chichester, 2006, 187 pages, paperback, £26.99
ISBN 0-470-2836X*

This book is primarily aimed at specialist continence physiotherapists, and as a guide for urology and continence nurses, urologists and general practitioners. This edition contains an abundance of information, beginning with four chapters on the history, symptoms, anatomy and physiology, and nervous control of the urinary tract. An overview of prostate conditions, urinary incontinence and pelvic pain in men is provided, followed by chapters on patient assessment and conservative treatment. Although one has to recognize that it is difficult to provide information about such a large and evolving field as products within such a book, the relevant section is out of date and lacks information on washable products and urinals, and does not promote the use of information services such as PromoCon. Two chapters deal with the treatment of postprostatectomy problems. The first is a review of the literature, which is perhaps unnecessary in such a textbook since the following chapter describes the treatments available and references the relevant literature. More information on the risk of incontinence after surgery and the longterm prognosis would have been useful. A further chapter discusses pharmacotherapy for a wide range of conditions from detrusor overactivity to prostate cancer. Thereafter, fecal incontinence is covered, with a further two chapters pertaining to male sexual dysfunction: first, a description of the condition, and then an outline of the treatment with a review of the relevant literature on physical therapy for erectile dysfunction. Again, it would have been useful if the actual percentage of men experiencing retrograde ejaculation, urethral stricture and/or erectile dysfunction following prostatectomy was documented. The final chapter is entitled 'Setting up a continence service', which is perhaps misplaced within such a textbook, although the importance of interdisciplinary collaboration is discussed with a plethora of information on relevant professional and patient literature and specialist groups. However, it is possible for a director of continence services to be any member of the multidisciplinary team, not just a continence nurse specialist or specialist continence physiotherapist. *Pelvic Dysfunction in Men* is an essential reference book for physiotherapists working in the field of male pelvic floor disorders. Although it is not particularly cheap, one of the main things I liked about the book was its simple layout, with each chapter detailing key points at the beginning, and those concerned with treatment ending with a question-and-answer page/case study. Most of the anatomical drawings and figures are relatively simple and appropriate. There are also many up-to-date references and recommendations for further research, and I hope that some of these will be taken up. *Pelvic Dysfunction in Men* is a handy size, and is both a useful addition to the shelves of medical libraries and a helpful guide to other disciplines treating this group of patients.

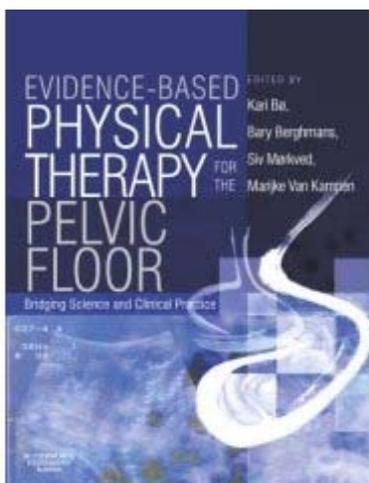
Doreen McClurg

*Belfast City Hospital
Belfast*

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BOOK REVIEW



Evidence-based Physical Therapy for the Pelvic Floor

Edited by Kari Bø, Bary Berghmans, Siv Mørkved & Marijke Van Kampen

Churchill Livingstone Elsevier, Oxford, 2007, 456 pages, paperback, £39.99

ISBN 0443101469 / 9780443101465

In addition to its four eminent editors, this textbook boasts a further 30 well-known contributors, authors of a range of chapters which – to quote the book itself – “bridge the gap between evidence-based research and clinical practice in physical therapy for pelvic floor dysfunction”. It includes detailed treatment strategies; information on specific client groups e.g. children, older people, elite athletes; clinical guidelines; clinical appraisal of randomised controlled trials (RCT); and strategies to reduce the drop-out rate for conservative treatment.

Individual chapters vary considerable in length, the longest being further sub-divided into shorter, headed sections. Despite being a long book, packed with information, the text is punctuated and supported regularly by a range of tables, figures, illustrations, photographs, and both ultrasound and magnetic resonance images (MRI). As well as a contents page and comprehensive index, each chapter starts with some details of its contents, ensuring that it is easy to navigate and in no way overwhelming.

As the editors explain in their preface, the evidence presented in this book is based on Cochrane Library reviews, the three International Consensus Meetings on Incontinence, systematic reviews, and recent RCTs. Their goal is to evaluate only clinically relevant research questions and they point out that (not surprisingly) the conclusions of even these high quality works can differ.

After an overview of physical therapy for pelvic floor dysfunction, Rob Herbert contributes a chapter on critical appraisal of randomized trials and systematic reviews on the effects of physical therapy interventions for the pelvic floor. I feel that this offers an excellent tool for all physiotherapists wishing to review literature themselves, and a useful reminder for those of us already accustomed to the practice.

There follow chapters on the functional anatomy, neuroanatomy and neurophysiology of the pelvic floor, before one on measurement of pelvic floor muscle function and strength, and pelvic organ prolapse. This is all covered extensively, including observation and palpation, electromyography (EMG), manometry, MRI and ultrasound imaging, and application of the pelvic organ prolapse quantification (POP-Q) system.

(Continued on page 15)

Pelvic floor and exercise science, strategies to enhance adherence, and lifestyle interventions lead on to the largest section in the book – pelvic floor dysfunction and evidence-based physical therapy. This includes urogenital dysfunction, pelvic pain, male and female sexual dysfunction, and faecal incontinence. Although mentioned elsewhere in the book (including a large section about children) constipation, in particular obstructed defaecation, was absent from this section. As a clinician dealing frequently with a range of anorectal dysfunctions, I would have appreciated its inclusion.

There follows a selection of client and condition specific chapters – pregnancy and childbirth, neurological diseases, older people, elite athletes, men, children – and finally, a chapter on the development of clinical practice guidelines in physical therapy. As with the earlier chapter on critical appraisal, I feel this offers the reader a tool which they can go on to use to develop their own service.

Each chapter is comprehensively referenced, and the final section includes useful Internet sites. Although the World Confederation for Physical Therapy is included under ‘clinical groups’ there is no mention of the national physical therapy groups e.g. ACPWH or the Section on Women’s Health of the American Physical Therapy Association.

I think this is an excellent textbook. A group of renowned experts has critically evaluated the literature available to produce clinical recommendations. Furthermore, they have equipped the reader with useful advice on critical appraisal and the production of clinical guidelines, to empower them to support and develop their own practice.

I would recommend this book to the undergraduate student physiotherapists I encounter, my clinical colleagues in both general and women’s health practice, and the postgraduate students I tutor. In his foreword, General Secretary of the International Continence Society, Walter Arbani, suggests that “... this book is going to become THE reference book ...” in regards to pelvic floor physiotherapy, and I would not disagree.

Gill Brook

*Bradford Teaching Hospitals NHS Foundation Trust
Bradford, UK*



CONTINUING EDUCATION

INTERNATIONAL CONTINENCE SOCIETY

COURSES

Date: July 4-5, 2008
Where: Berlin, Germany
More Information: www.icsoffice.org

Date: August 29-30, 2008
Where: Istanbul, Turkey
More Information: www.icsoffice.org

ANNUAL MEETINGS

Date: October 20-24, 2008
Where: Cairo, Egypt
More Information: www.icsoffice.org

INTERNATIONAL UROGYNECOLOGICAL ASSOCIATION

ANNUAL MEETINGS

Date: September 15-17, 2008
Where: Taipei, Taiwan
More Information: www.iuga.org

THE ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS IN WOMEN'S HEALTH

ANNUAL MEETINGS (60th Anniversary Celebration)

Date: September 20-21 2008
Where: St. John's Hotel, Solihull, UK
More Information: stacy@fitwise.co.uk



IOPTWH CONTACT LIST
WWW.IOPTWH.ORG

EXECUTIVE COMMITTEE

PRESIDENT

REBECCA STEPHENSON
rstephenon1@partners.org

VICE-PRESIDENT

MEENA SRAN
msran@cw.bc.ca

SECRETARY

GILL BROOK
Gill.brook@lineone.net

TREASURER

ROS THOMAS
ros.thomas@virgin.net

MEMBER AT LARGE

DARIJA ŠĆEPANOVIĆ
darija.scepanovic@vsz.uni-lj.si

COMMITTEE CHAIRS

PRACTICE

RUTH BROOM
ruthieb@paradise.net.nz

RESEARCH & EDUCATION

DARIJA ŠĆEPANOVIĆ
darija.scepanovic@vsz.uni-lj.si

PROGRAM

GILL BROOK
Gill.brook@lineone.net

PUBLICATION & INFORMATION

ROS THOMAS
ros.thomas@virgin.net

NEWSLETTER EDITOR & WEBSITE

COORDINATOR
SIMONE GRUENIG
simonegruenig@hotmail.com

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