



# INTERNATIONAL ORGANIZATION OF PHYSICAL THERAPISTS IN WOMEN'S HEALTH

# IOPTWH

## 2010



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



### PRESIDENT'S MESSAGE

Plans are being made for an exciting 16th International Congress of the World Confederation for Physical Therapy in Amsterdam June 20-23, 2011. See more details below in Gill's report. We are pleased that our proposal for a one-day satellite programme was accepted, and will run on Tuesday June 21st 2011.

We will also have an IOPTWH business meeting and I urge you to put any items forward that you wish discussed to our general meeting. Call for agenda items and nominations will go out to the membership in December. Please email me if you have any questions on the process or have ideas to share. [rgspt@comcast.net](mailto:rgspt@comcast.net)

The Call for Abstracts for research reports and special interest reports including professional resource materials has gone out. The categories of presentation are platform, poster, and poster discussion sessions. Deadline for submission is September 15, 2011. We hope to see many of our member countries at WCPT and in the lecture hall.

I have participated in several subgroup conference calls, as we make plans for the Congress. IOPTWH will be part of one subgroup reception so that we can all enjoy each others company on one night rather than have to choose which reception to go to. The WCPT staff is also planning many additional events and side trips which we will hear about in the coming months.

**Rebecca Stephenson**  
**IOPTWH President**

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## TREASURER'S REPORT

First of all, thank you to member countries for paying their dues for 2010 in a timely way. Dues from all countries have now been received. Funds are healthy though we are still awaiting some sponsor money from the Lisbon conference.

It was decided in Lisbon to transfer the majority of our funds into a High Interest Account. This has been actioned and the next step is to complete the application for Telephone/Internet banking.

The Executive Committee has also decided to offer a small bursary for those attending IOPTWH events – details of how to apply will appear on the website soon.

Balance of accounts:

Funds at 28 May 2010 stood at £18,215, of which £10,000 has since been transferred into the new account.

**Ros Thomas**  
**IOPTWH Treasurer**

### Distinguished Service Award for Ros Thomas

A Distinguished Service Award of the United Kingdom's Chartered Society of Physiotherapy has been conferred upon Ros Thomas, IOPTWH treasurer. The citation reads:

“Rosalyn Thomas has worked tirelessly and enthusiastically, for more than ten years, to promote physiotherapy in women's health. She has served on the executive committee of the Association of Chartered Physiotherapists in Women's Health (ACPWH) since 1999, holding positions of Chairman, Vice-Chairman and Journal Editor. Since 2007 she has joined the executive committee of the International Organization of Physical Therapists in Women's Health (IOPTWH) as treasurer.



Rosalyn Thomas's achievements during her time as an executive committee member of ACPWH are many and varied. She led the systematic development of information, education and health promotion publications offered by the Association, initiated reviews of existing leaflets, and developed a range of information leaflets (co-authoring 8 of these) for the public, physiotherapists and other healthcare professionals. Through Rosalyn Thomas's work ACPWH is now able to boast 17 leaflets in a standardized format for the user, of which 2,000,000 have been purchased by National Health Service Trusts across the UK.

As Journal Editor, Rosalyn spearheaded the development of the ACPWH journal. Through encouraging expert members to become peer reviewers of clinical papers, the journal became fully peer reviewed in 2009. In addition she oversaw the publication of the 100th Edition, and compiled the commemorative edition to mark the 60<sup>th</sup> Anniversary of ACPWH.

Rosalyn Thomas is seen by her colleagues as a tireless worker and great ambassador for physiotherapy in women's health”.



## SECRETARY'S REPORT

Since the last newsletter I have continued to be busy with Organization business as we turn our thoughts to WCPT Congress 2011, and IOPTWH involvement with the meeting. The executive committee held a productive conference call in June, and is well on its way to completing its action plan set in Vancouver in 2007, and updated when we met in Portugal last year.

### WCPT

I am delighted to report that a proposal for a satellite programme on “Physiotherapeutic management of anorectal dysfunction in adults and children” submitted by Marijke Slieker-ten Hove (Dutch chief delegate to IOPTWH) and the Organization has been accepted. It will run on Tuesday June 21st 2011 and further details will appear on the WCPT website [www.wcpt.org](http://www.wcpt.org) in due course. We anticipate a large turnout to the programme, and would encourage members to attend the Congress itself.

### Listservs

These continue to be very successful, and continue to draw new subscribers. I shall shortly announce major developments, which shall offer an even better method of communication between members, and the facility to look back at previous postings; a resource that is currently not available.

American listserv user Dee Hartmann from Chicago was able to use the forum to launch a survey on physical therapy for localized provoked vestibulodynia. If any of you would like to use it for a similar purpose please contact me so I can discuss it with the executive committee.

Please email me if you have any questions about the Organization, or suggestions on how we can improve.

**Gill Brook**  
**IOPTWH Secretary**



### **Physiotherapy and Female Genital Mutilation survey**

IOPTWH has taken a position against the practice of Female Genital Mutilation (FGM). This position was unanimously endorsed by the World Confederation for Physical Therapy (WCPT) and has been presented to the Department of Reproductive Research of the World Health Organization (WHO). The position statement is available elsewhere on the IOPTWH website.

The Practice Committee has invited members to participate in a survey designed to find out the extent of physical therapy treatment in managing the long-term effects of FGM. Many of these long-term effects are within our scope or range of practice. We would also like to know if any women's health therapists have undertaken research in this area.

If you read this before the deadline of 31<sup>st</sup> July 2010, please help by completing this survey even if, so far, you have not treated or been in contact with women or girls affected by FGM. By answering the questions in the survey you will provide the Practice Committee with valuable information to report to the WHO. This organization is interested in our involvement with those affected by FGM and any research being undertaken by our members. The information from this survey will be presented at the IOPTWH meeting during the WCPT congress at Amsterdam in June 2011.

If you know of colleagues that could also do the survey, but may not have received it, please pass the information onto them.

This survey will take approximately 3-5 minutes to complete.

**Access to survey:** <http://www.surveymonkey.com/s/YYZ5XC6>



### Rehabilitation Initiative @ HEAL Africa

Last year I had the opportunity to travel to the Democratic Republic of Congo (DRC), with team member Jessica McKinney, to work alongside physical therapists Loran Hollander and Laura Keyser at HEAL Africa hospital. Loran and Laura have teamed with the International Pediatric Outreach Program (IPOP), <http://www.ipoproject.org/programs.htm>, to start the Rehabilitation Initiative at HEAL Africa hospital and have been working there full-time since March 2009 in order to address the vast rehabilitation needs in war-torn DRC.

HEAL Africa is an amazing place, a Congolese-led teaching hospital in the middle of what's been deemed the worst humanitarian crisis since World War II. Due to years of unrest and protracted war, the Congolese suffer from diseases associated with poverty, hunger, mass population displacement, pollution, exploitation and violence. You can imagine the desperate public health situation and the very great need for rehabilitative care.

It is here we found Loran and Laura devoting themselves full-time to addressing the many rehabilitation needs of the Congolese people. I first met Loran over the phone in Spring 2008 after reading about her in an article in **ADVANCE** magazine (April 7, 2008), highlighting her time in Goma, DRC. I was heading to Goma with a team that June and she encouraged me to check out HEAL Africa, [www.healafrika.org](http://www.healafrika.org). While on a tour at HEAL Africa, the PT director mentioned that they wanted training on low back pain. When I found out I would be returning in 2009, I re-connected with Loran, who was already there, and plans were made for a return visit to HEAL.

Jessica, a women's health PT in Boston, joined us after responding to an email posted on the International Organization of Physical Therapists in Women's Health listserv. Goma is an area where nearly two out of three women have been raped, and there is a high incidence of vaginal fistula. This leaves the women incontinent of bladder, and basically disabled. Because there is no basic understanding of the cause, many are ostracized from their family and communities and spend the rest of their days sitting in shame in dark huts with urine trickling down their legs. Many do not know that there is a relatively easy surgical fix. The fistula repair surgery is performed at HEAL Africa. Still, there are only two ob-gyns in area with five million people.

During our time there, I presented to the physical therapists and orthopedic officers on mechanical low back pain. Jessica presented to the physical therapists as well as the doctors on the role that a physical therapist can play in the treatment of pelvic floor issues in women, especially the fistula repair patients. This information was very well received and Jessica has been working with Loran and Laura on developing materials for continued training in this area. We spent time in the clinic with the PTs from HEAL Africa, co-treating patients and incorporating the information and concepts presented during our lectures. We also got to observe a fistula repair surgery. Through the generous donation of friends, family and colleagues, we were able to provide much-needed supplies and anatomical teaching



models and posters to promote continued learning among hospital staff and students.

During our week with Loran and Laura, we were able to observe first hand the wonderful work they are doing there. Here are a few highlights of the accomplishments of the first year of the Rehabilitation Initiative at HEAL Africa.

### **Renovation of the PT Department @ HEAL Africa**

The finishing touches of the newly renovated physical therapy department are complete! The building now has a brand new exercise gym with equipment and treatment tables, a new roof and tiled floor, and a fresh coat of paint along with a mural designed by local artist Achilles Balume. The physical therapists not only have a new building, but have also received extensive training and mentorship about how to provide more effective physical therapy treatments with the space and equipment available. The attention given to the department is evident throughout the hospital, as

patients are now eager to come for physical therapy and visitors from abroad are excited to see what's happening in rehabilitation.



### **Orthopedic Officer Training Program**

Nineteen students have completed the first half of their academic program toward becoming the first-ever graduating class of Orthopedic Officers in Eastern DRC. It has been rewarding to see them develop the skills needed to think critically and reason through clinical problems. As they complete their classroom training, they will return to their local hospitals for research and internships. Loran and Laura look forward to the opportunity to provide site visits to continue to mentor them and to exchange ideas about community medical care. The resources are so limited here in Congo that the students have little access to text books, journals and teaching models and posters, so the goal is to leave them with a complete course manual with pictures and diagrams, translated into their native French language.





### **Orthopedics Course Development**

These interactive lectures and clinical mentorships are attended by the students of the Orthopedic Officer Training Program, as well as physical therapists from HEAL Africa and the Goma community.

### **Women's Health Program Development**

Ongoing development of content, interventions, and developing the forms for evaluation, treatment, and data collection for pelvic floor rehab. Establishment of post-op fistula repair protocol. Development of educational materials for the physical therapists at HEAL Africa.

### **Adjustable Crutches Project**

Recently, they have taken on a large project to provide HEAL Africa with a stock of locally made, adjustable wooden crutches. On average, 70-80% of the hospital's patients require orthopedic treatment for traumatic injuries or congenital disabilities. These patients are treated with the means available—some with plaster casts, others with surgery. Nearly all of them need crutches in order to be discharged from the hospital and mobile within their communities. However, patients often wait weeks and sometimes months for wooden crutches to be custom fabricated, which presents many problems for both the hospital and for the patient.

After finding the appropriate wooden crutch models from various orthopedic technicians, they forged a partnership with a local orphanage, which provides vocational training in carpentry. Their carpenters have learned to make these adjustable crutches, and are thrilled to bring a stock of pediatric and adult wooden crutches to HEAL Africa in 2010!

**Community Outreach:** Loran and Laura have continued their community outreach efforts by fostering their partnership with Handicap International (HI), an organization dedicated to providing medical and rehabilitative services to children living in IDP (Internally Displaced Persons) camps. As a result, they have made several trips to nearby camps to provide onsite clinical teaching to their physical therapists and community-based rehabilitation workers. By facilitating this relationship between HI and HEAL Africa, children living in the camps are able to access care at both sites. The unmet needs of the disabled in and around Goma remain overwhelming, but with steady progress, they are working with local partners to fill the void and give hope to those who face not only socio-economic, but physical challenges in this part of the world.



**Clubfoot Clinic:** Lauren and Laura will implement a nation-wide training program for the non-surgical treatment of clubfoot. The clubfoot program will train medical staff working in rural health centers throughout the 26 provinces of Congo, allowing for early identification of this congenital disability and prevention of long-term complications. It will also allow for referral of neglected clubfoot cases to HEAL Africa hospital, which specializes in surgical correction and rehabilitation of older children who present with this debilitating orthopedic problem.



### **Funding Crisis @ HEAL Africa: Rehabilitation Initiative in jeopardy**

#### **Letter from Loran and Laura:**

The Rehabilitation Initiative programs have blossomed since their beginning in early 2009, and the seeds that have been planted within HEAL Africa and the surrounding communities have surely taken hold. However, to ensure the sustainability of these programs and the future of medical and rehabilitative care within DRC., it is necessary to extend our full-time work here into 2010.

The Rehabilitation Initiative team continues to hold its long-term vision for the future to truly impact the delivery of health care in this region. While we continue to provide consultation, education and direct care to those suffering from orthopedic trauma, congenital disabilities and sexual violence-related conditions, our goal for 2010 is to build the infrastructure of HEAL Africa teaching hospital and to work to establish national guidelines for education and medical service delivery.

**Unfortunately, HEAL Africa, and thus the Rehabilitation Initiative, has recently experienced a significant decline in funding. Many of the programs, which we have worked so hard to establish, are at risk of coming to an end.**

In light of this, we are writing to request your continued support of our work here and, if you are able, to contribute financially to the Rehabilitation Initiative through IPOP. Please contact us directly if you are interested in holding a fundraiser or petitioning your local businesses or churches to campaign for support of our project. We are happy to provide additional information about our programs, as well as photographs and stories of the people with whom we work.

Please see below for information about how to donate.

With sincere gratitude for your continued support,

**Laura E. Keyser, MS, DPT**  
**Loran Hollander, PT**  
rehab.initiative@gmail.com



Tax-deductible donations may be made online at: [www.ipoproject.org](http://www.ipoproject.org)  
Click on “Donate Now,” and be sure to direct the funds for this project by choosing  
“Rehab Initiative” in the drop down menu.

Donations may also be mailed to: IPOP, 740 Ulloa St., San Francisco, CA 94127.  
Make checks payable to IPOP, and write “Rehab Initiative” in the memo section.

Our goal is to raise \$26,000 (\$10,000 to cover expenses associated with Loran and Laura’s stay as well as \$16,000 to start the Clubfoot Clinic.) by the end of March so that the work of the Rehabilitation Initiative team at HEAL Africa could continue. Would you consider donating or holding a fundraiser? Please contact us if you would like to know of ways to get involved.

Thank you for your interest,

**Jessica McKinney, PT, [jmckinney@marathonphysicaltherapy.com](mailto:jmckinney@marathonphysicaltherapy.com)**  
**Amy Goddard, PT, [amy@gosportstherapy.com](mailto:amy@gosportstherapy.com)**



Group Shot @ HEAL Africa



Laura Keyser, DPT, and Loran Hollander, PT, lecturing on Community Based Rehabilitation to the Orthopedic Officer students and PTs



### **CASE STUDY: False Positive Pelvic Instability in Pregnancy** **Jerry Hesch, MHS, PT**

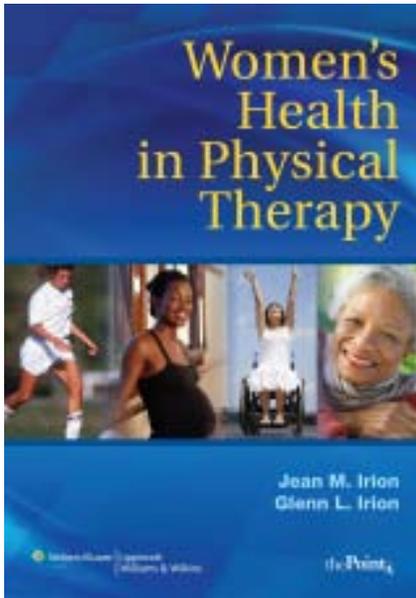
This case involves a 29 year old female in the 32<sup>nd</sup> week of pregnancy referred by a friend for manual therapy. The client had progressive pelvic joint pain and perceived pelvic instability. She also had worsening of bladder control. She described the feeling that her pelvis was coming apart in the front and she maintained hip adduction with all positional changes. Gait was antalgic, with a narrow base of support and shortened stride length with excessive trunk flexion.

Pelvic instability in pregnancy is a well established concept due to the enhancing size of the fetus, with a background of hormonal priming; particularly Relaxin and Estrogen<sup>1</sup>. Evaluation was performed in a cautious and limited manner with the expectation that pelvic instability would be encountered. Palpation and *Springing with Awareness* provoked significant clinical surprise, as the entire pelvic structure was stuck. This was based on 12 passive accessory spring tests<sup>2</sup> to the sacrum, illia, ischia and symphysis pubis. A Posterior Glide of the Sacrum fixation was encountered along with Bilateral Type 1 Inflare of the Illia (Hesch Definition)<sup>3</sup>. After treating these with a gentle passive fulcrum for 5 minutes, mobility was restored and re-evaluation revealed a Bilateral Anterior Ilium (Hesch definition). This too was successfully treated, after which pelvic posture was much improved, and pain and antalgia were significantly reduced. She was taught self management. She was again symptomatic the week before her C-section, although less than previously, but declined the opportunity to return.

She is now 5 weeks post and will return shortly for a checkup. She reports significant improvement in bladder control, greater than pre pregnancy. The subjective sense of instability was most likely a reflection of the visceral tension and compression and perhaps due to pelvic nerve tension and compression with the 3-dimensional non-physiological positioning of the pelvic articulations.

This case report might be the first reported case of true hypo-mobility of the pelvic joints, presenting as subjective “instability”. This case underscores the value of utilizing the *Springing With Awareness* joint mobility evaluation tool. Video fluoroscopy has demonstrated that sacroiliac joint spring tests induce movement in and through the joints<sup>4</sup>. It is encouraging to think that, in spite of the overarching paradigm of late pregnancy instability; there may a larger number of similar cases than can respond positively to Manual Therapy intervention at this late stage.

1. Golightly R. Pelvic Arthropathy in Pregnancy and Puerperium. *Physiother.* 1982;68:216-220.
2. Hesch J. Course Workbook: The Hesch method of Treating Sacroiliac Joint Dysfunction: Integrating the SI, Pelvis, Symphysis Pubis, Hip and Lumbar Spine. Self published, Henderson NV 2010:47-56.
3. Ibid. pp140-144.
4. Bernard T. Sacroiliac Joint Injection. Paper and video presentation. First interdisciplinary World Congress on Low Back pain and its Relation to the Sacroiliac Joint. November 5, 1992. San Diego, CA.

**BOOK REVIEW****Women's Health in Physical Therapy**

Edited by Jean M Irion & Glenn L Irion

Lippincott, Williams & Wilkins, Baltimore, 2010, approximately £50 (US\$75), paperback, 681 pages, ISBN 978-0-7817-4481-2

Within its preface this book describes itself as "... the culmination of several years of finding and producing materials that represent the scope of physical therapy in the specialized practice of women's health". Its intended audience is varied, including physical therapy students, physical therapists in both general or specialist practice, and potential referrers such as physicians. It boasts a broad array of expert contributors from the United States including Jill Boissonnault, former president and founder member of the International Organization of Physical Therapists in Women's Health (IOPTWH).

The book is presented in six parts which I shall consider in turn. These are further divided into chapters, all of which follow a similar format - objectives, introduction, boxed text (to highlight issues), figures and tables, a conclusion and (where appropriate) a case study.

'Foundations in women's health' covers a mixture of topics including the history of physical therapy within the specialty and a large section on management & marketing; useful for anyone who wishes to establish a service. This is complemented by information on documentation and reimbursement, which might be of more relevance to private (particularly United States based) clinicians than to those working within the National Health Service. Part 1 also includes a chapter on patient education, with guidance on timely, appropriate women's health information considering issues like literacy levels and cultural sensitivities, which are discussed further in a later chapter on psychosocial issues.

'Physical therapy in gynaecologic care' starts with a chapter on relevant anatomy and physiology, before in depth sections on physical therapy management of pelvic floor dysfunction, pelvic pain, chronic pelvic pain disorders, and pre- & post gynaecologic surgery. Each subject is covered extensively with an emphasis on the aspects of most relevance to the intended readership e.g. assessment and management of urinary incontinence.

'Physical therapy in obstetric care' includes chapters on anatomy, physiology & musculoskeletal changes in the childbearing year; management of musculoskeletal dysfunction; physical activity and exercise; promotion of normal birth; physical therapy intervention during labour, delivery and postnatally; and management of high-risk pregnancy. Again, the subjects are covered in depth, and illustrated where appropriate with clear photographs.

'Medical and musculoskeletal lifespan issues in women's health', as the name suggests, includes chapters on adoles-



cence, middle years and beyond. Heart disease and osteoporosis are also covered in depth and a chapter on women in the workplace deals with posture and manual handling not only when 'out' at work, but also in the home, including childcare (some of which might have been more appropriately placed within the earlier chapter on postnatal care).

'Oncologic issues within women's health' focuses on breast cancer (including reconstructive surgery) and lymphoedema management.

Finally, 'Special topics within women's health' includes chapters on the female athlete, exercises issues and aging, aquatic therapy, and management of women with long-term disabilities. Aquatic therapy, in particular, is covered very thoroughly including the principles of exercise in water, indications for its use within women's health and examples of exercises.

This textbook provides a wealth of information for its intended readership. The sensible use of parts, chapters and clear headings within the text guide the reader to topics of interest and make it an easy book to navigate. The common layout of all the chapters also contributes to this. The book further benefits from good use of tables, figures, photographs and useful resources. The language - and general bias - is American, but this should not deter an international readership. There were, I felt, a few omissions, in particular the menopause which is of such relevance to women and their health. Little consideration was given to gynaecological and other cancers, although breast cancer was comprehensively covered.

I would recommend this book to women's health physical therapists / physiotherapists as a useful addition to their library, and applaud the editors and chapter authors for their work.

**Gill Brook**

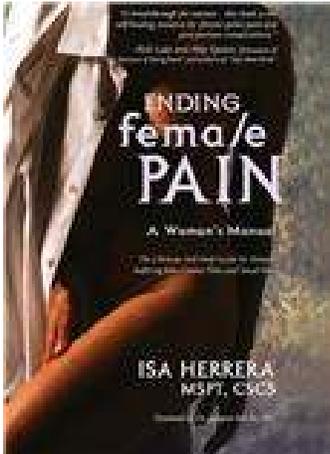
### **ACKNOWLEDGEMENT**

The Book Reviews found on pages 11-14 have been  
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**Journal of the Association of Chartered Physiotherapists in Women's Health**



## BOOK REVIEW



### **Ending Female Pain - A Woman's Manual**

By Isa Herrera

Duplex Publishing, New York, 2009, US\$29.95, paperback, 288 pages

ISBN 1-4392-5777-9

Available to buy online via [www.Renew-PT.com](http://www.Renew-PT.com) or from online bookstores

This text describes itself as “the quintessential self-help book for women suffering from chronic pelvic and sexual pain” and the author is Isa Herrera, a physical therapist in New York City. It starts with brief testimonies from patients and health care professionals, and a foreword from a

gynaecologist who promotes the role of specialist physical therapy in the management of pelvic pain disorders.

The introductory chapter sets a very constructive tone suggesting an open mind, positive thoughts, rather than being over dramatic. There is sensible advice on progress and setbacks, reminding the reader that they are in control. Chapter 2 describes how to use the book and suggests that it is read through first. It gives an overview of what is to come, and indicates the time commitment - at least an hour a day - once the reader starts to follow the advice. It does advise women to be checked out medically, to exclude any pathology or to start any appropriate adjunct treatments e.g. medication. There are useful resources such as a progress diary which can be copied from the book, or downloaded from the author's website.

Chapter 3 includes the anatomy and physiology of the pelvic floor and medical conditions. It concludes with comprehensive, systematic instructions on how to self-examine the area, though not internally.

The book moves on to five chapters on exercises and stretches for the relief of pelvic pain. It starts with eight techniques on ‘reverse Kegels’, rather than Kegel / pelvic floor muscle strengthening exercises, the logic being that women with pelvic pain commonly have a degree of hypertonicity in the muscle group, and that this should firstly be addressed. It includes diaphragmatic breathing and is illustrated in various positions, some of which e.g. prayer squat might be difficult for women with limited mobility or medical co-morbidities. It also describes how to undertake a self vaginal examination, and what to feel as the muscles relax. Once muscle release has been achieved, then a strengthening programme is introduced, both slow and fast contraction with a reminder of the importance of relaxation.

There follow chapters on the Herrera Pilates Ball Strengthening Routine for Pelvic Pain™ and the Herrera Yoga Series for Pelvic Pain™, a range of exercises and stretches. Each is clearly illustrated with a photo-



tograph and a description of what to do, what to watch out for, benefits and (when appropriate) a recommended stretch to undertake after the exercise. Again, there are some positions which would not suit every woman, but most are achievable. Both chapters start with guidance and overall considerations - e.g. paying attention to your body alignment, getting off the ball. There is a detailed section on diastasis recti abdominis including how to measure it, avoid making it worse, and corrective exercises.

Chapter 7 includes advice on stretching at work, well explained and illustrated as before, followed by a chapter on myofascial massage and release techniques using a foam roller. Chapters 9-11 cover self care techniques - internal, external and on scars, all well described in text, diagrams and photographs.

The final section of this book calls itself a 'pelvic pain tool box' and covers such subjects as vulvar care, bathroom (toilet) habits, and other techniques such as tennis ball massage, transcutaneous electrical nerve stimulation (TENS), strain-counterstrain, mind/body visualizations, and life strategy techniques. It concludes with a comprehensive resource list, glossary and bibliography.

I found this book very 'readable'. The language is clear, text well spaced and the tone very positive. Some diagrams lack a bit of clarity or definition because of the greyscale but this was not a major concern. A lot of the content is based on the author's extensive experience and she does use the term 'in my opinion', but I could also recognise examples of evidence based practice. There is good use of tables throughout to summarise important points, and I felt that all the techniques were systematically and comprehensively explained. I cannot speak on behalf of lay women, but as a women's health physiotherapist I felt that I understood what the author was saying, and could follow her instructions. The chapters were interspersed with testimonies from pelvic pain sufferers which gave another, welcome perspective.

I felt that Chapter 3 would have benefitted from a description of self vaginal examination (VE) and was surprised not to find it there, as external examination of the vulvar area was covered very well. VE is, however, introduced soon after, in relation to relaxing the pelvic floor muscles.

This book does not take the place of face to face assessment and treatment by a suitable physiotherapist/physical therapist, but nor does it intend to. I believe that most women with pelvic pain would find something within the text to help address their symptoms. I like the positive tone, and balance of physical interventions and meditation/visualization. I would recommend it to women's health / pelvic floor physiotherapists as a professional resource that they might also recommend to their patients.

**Gill Brook**



## MEMBER PROFILES

### NEW ZEALAND

2009-2010 was a busy and interesting year for the Continence and Women's Health Physiotherapy Special Interest group. There was a change over of Committee members; a farewell to Virginia Stevenson and Christine Snelling who have been members since the SIG was founded in the late 1980's. They have provided New Zealand physiotherapists working in this field with much inspiration over the years. We welcomed new members and a new secretary who is already finding means and ways to promote our group and cut our costs – fantastic!

Definitely the highlight of the year was the two yearly guest speaker course which was run in March 2010, Auckland. Two years ago we were fortunate enough to have Jill Boissonnault visit us to deliver a Musculoskeletal course on the Obstetric Client. Jill recommended Holly Herman for a pelvic floor course which would be suitable for us. We were exceptionally lucky that Holly Herman was both available and keen to visit New Zealand. Her generosity and enthusiasm to come to the bottom of the world to share her wisdom was commendable.

The Holly Herman Pelvic Floor Level 3 Advanced Course was just what the SIG ordered, full of refreshing ideas to inspire us all. It was a three day course, the first of which being in depth lectures on anatomy of the pelvic floor, physiology, hormones and surgical interventions. Anatomy teaching with theraband was innovative and appreciated by all except the poor soul who was representing the clitoris during the rendition of 'the episiotomy'.

The physiology of hormones was interesting to all and new knowledge to some, as were the fascinating slides on sexual intercourse. Now we all know that the penis is shaped like a boomerang during intercourse, thanks to those willing volunteers for the MRI study, however did two people fit in there? Personally, as a fairly new continence and pelvic floor physiotherapist, these lectures were very helpful in giving me confidence to talk about 'taboo' or difficult subjects with clients. It gave me confidence that I may actually be able to impart knowledge which may be of use, not only in the bedroom, but which may affect their entire life.

The following two days were practical, to say the least. Being shy was not on the agenda but applied anatomy was and I think we all agreed that being able to palpate and release the compressor urethra is a skill we have all now put into practice with great results.

Holly was a fountain of knowledge with great tips constantly being thrown out. This promoted great discussion amongst the group. Some participants had decades of anecdotal evidence and clinical experience to share, others had up to date assimilations of research, and Holly, always quick to add in and emphasize the biomechanical, musculoskeletal elements which can easily be neglected but may make the difference.

In summary, the course was the works; anatomy and physiology, concise assessment and clinical reasoning, treatment practical and progressions. We all left with a folder full of information and the confidence to assess and treat pelvic floor disorders with a greater tool kit than we started with.

Now we have to put our energies into the next course. We certainly benefit greatly from International expertise.

**Alexandra Jones**

On behalf of the **Continence and Women's Health Physiotherapy Special Interest group**



## SLOVENIA

Since the beginning of 2009, the Slovenian Section of Physiotherapists on Women's Health (SSPWH) has organised and implemented two 30-hour courses entitled 'Physical activity in pregnancy' and two 12-hour courses entitled 'Therapeutic exercise for spinal segmental stabilization in low back pain'. The total number of participants, constituted mainly of physiotherapists and nurses, amounted to nearly 200.

Upon the request of the Croatian Council of Physiotherapists the two courses were run also in Croatia. Presently SSPWH and Association of Physiotherapists of Bosnia and Herzegovina are discussing a possibility of organizing a course on managing physical activity during pregnancy.

In 2009, SSPWH collaborated with the following societies and associations the main concern of which is the women's health: Slovenian Menopause Society, Slovenian Continence Association - INKO, Association of Patients with Osteoporosis, Slovenian Urogynecological Society and Nurses and Midwives Association of Slovenia.

Several short lectures were also organized for the lay public on the pelvic floor muscle training.

In October 2009 four members of SSPWH attended a conference in Oeiras, Portugal hosted by International Organization of Physical Therapists in Women's Health. Ms. Darija Ščepanović, a Member At Large at IOPTWH, attended IOPTWH executive meeting which was held before the conference.

Since the beginning of 2010, SSPWH has been operating under the newly elected membership of the Executive Council: Ms. Darija Ščepanović (the president), Ms. Lidija Žgur (the vice president), Ms. Katja Jere (the first secretary), Ms. Martina Jurjevec (the secretary) and Ms. Gabrijela Gaber (a Member At Large).

In April 2010, the representatives of SSPWH were appointed members of a working group at the Ministry of Health in order to plan, implement and evaluate the Strategy of the Government of the Republic of Slovenia for promoting physical activity to enhance national health for the period 2007-2012 (HEPA national programme). Their primary responsibility lies in the promotion of health enhancing physical activity during pregnancy, the provision of a uniform and accessible »Fit pregnant women« programmed at the national level, education and training of staff to manage physical activity during pregnancy at the undergraduate and graduate levels and the preparation of standards for the institutions willing to organize such exercises, the supervision of professional competence in the management and organization of physical activities for pregnant women.

### **Darija Ščepanović**

President of the Slovenian Section of Physiotherapists on Women's Health

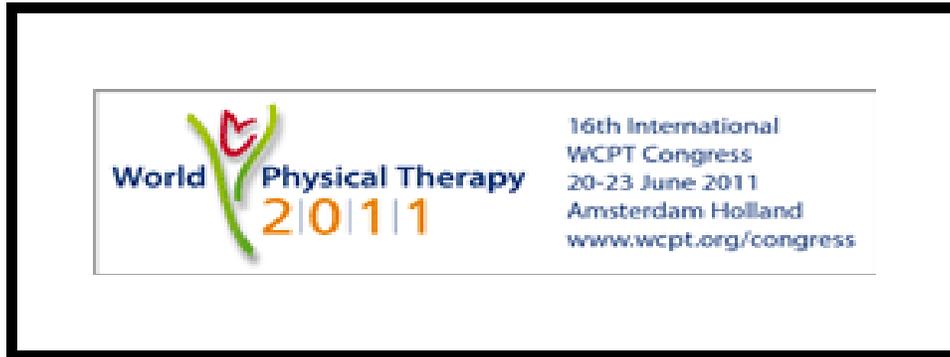
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**Note:** We would like to include regular member updates in all of our upcoming editions. Please submit your submission for the Winter 2010 publication by November 20th, 2010.

**Simone Gruenig**  
Newsletter Editor



## CONTINUING EDUCATION



## INTERNATIONAL CONTINENCE SOCIETY

### ANNUAL MEETING

#### ICS/IUGA

Date: August 23rd, 2010

Where: Toronto, Canada

More Information: [www.icsoffice.org](http://www.icsoffice.org)

### COURSES

#### ICS

Date: September 24, 2010

Where: Turkey

More Information: [www.icsoffice.org](http://www.icsoffice.org)

#### ICS

Date: October 25, 2010

Where: Cypress

More Information: [www.icsoffice.org](http://www.icsoffice.org)

#### ICS

Date: November 4, 2010

Where: Thailand

More Information: [www.icsoffice.org](http://www.icsoffice.org)



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**Winter 2010 NEWSLETTER****Deadline for Submission: November 20, 2010****Publication Date: December 01, 2010**

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

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

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