



INTERNATIONAL ORGANIZATION OF PHYSICAL THERAPISTS IN WOMEN'S HEALTH

IOPTWH

2011



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

I am looking forward to seeing many of you at the 16th International Congress of the World Confederation for Physical Therapy in Amsterdam June 20-23, 2011. If you have not signed up for the satellite program on Tuesday June 21 **Anorectal Dysfunction Physiotherapeutic Management of Anorectal Dysfunction in Adults and Children**, please consider it and registration is open at <http://www.wcpt.org/congress>.

Our IOPTWH Business Meeting will be held from 1:30-4:30 at the Holiday Inn and all IOPTWH delegates are invited. You will have received notification from our Secretary Gill Brook. Please let her know if you will be attending. Additionally on Wed June 22 from 7am to 8:30 am (at the Amsterdam RAI) we will have a networking session for all those interested in IOPTWH with discussion topics to be announced.

We have several countries that have submitted an application for membership to IOPTWH, which we will be voting on at our business meeting: Nigeria, Italy, Saudi Arabia, Croatia, and Bermuda.

We are working on a new look and easier web page. The forums have been a success and we would like your feedback on how they are working for you.

Best

Rebecca Stephenson
IOPTWH President

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TREASURER'S REPORT

First of all, thank you those member countries who have paid their dues for 2011. I am hoping to receive the remainder, less than half, by the end of March.

The outstanding sponsorship from the Lisbon conference was finally received in February 2011!

During 2010 we transferred £10,000 to a high interest account and now also have Telephone and Internet banking facilities.

Interest was shown by 5 applicants for the Bursary set up by the Executive Committee in 2009 to assist those attending the IOPTWH event in Amsterdam and 2 awards have been offered.

Balance of accounts:

Funds at 07 January 2011 stood at:

Current Account £6607.66

High Interest Account £10,025.93

Ros Thomas



SECRETARY'S REPORT

The executive committee conducted a very productive conference call in November 2010 and another is planned for March 2011. Along with regular email communication, this allows us to work toward the objectives set at our general business meeting in Vancouver in 2007, and subsequent executive committee meeting in Portugal in 2009.

WCPT - satellite programme on anorectal dysfunction

As reported in the last edition, the Organization is co-hosting a satellite programme - Physiotherapeutic management of anorectal dysfunction in adults and children - with Marijke Slieker-ten Hove (Dutch chief delegate to IOPTWH) and the Dutch pelvic physiotherapy group. It will take place on Tuesday June 21st 2011.

Experts in the specialty will present on a range of relevant topics, and the focus will be on physiotherapy assessment and interventions. It promises to be an excellent event.

I would encourage members to attend the other days of the WCPT Congress itself. It is a unique opportunity to network with physiotherapists from all over the world and there will undoubtedly be platform sessions of particular interest to women's health and pelvic physiotherapists.

Full details on both the Congress and the satellite programme can be found at www.wcpt.org/congress, where you can apply online.

Discussion forum

On 1st September 2010, the IOPTWH listservs were replaced with a discussion forum. The listservs were very successful, and an excellent means of communication with fellow physical therapists. However, two concerns were voiced by users. First, the large number of emails they received, some of which are of little interest to them. Second, the fact that they could not look back at old postings unless they chose to save them. Those of you who subscribed may remember that some topics returned periodically e.g. bicycle seats, the crystal wand.



The discussion forum has addressed these concerns. Any member of an IOPTWH member organization can register by completing the form at www.ioptwh.org/forum. Soon after, they will receive a confirmatory email.

There are three different levels of subscription available:

1. You can subscribe to all the discussion forums. Each new posting will be emailed to your registered email address. To reply, or read other replies, you must visit the website
2. Or, subscribe to just one or more of the discussion forums. Each new posting on your chosen forum(s) will be emailed to your registered email address. To reply, or read other replies, you must visit the website
3. You may wish to subscribe to a chosen thread (topic) of discussion. To reply to it, you must visit the website, but every reply will be emailed to your registered email address

You will find a 'subscribe' link on all the relevant pages. Every discussion thread will remain on the website, so you will be able to refer back to them in the future.

Although the discussion forum was set up over six months ago, it has to date been far less popular than the listservs were. The executive committee is aware of this and is considering ways to increase activity.

Gill Brook
IOPTWH Secretary



EVERYTHING YOU EVER WANTED TO KNOW ABOUT

IOPTWH General Business Meetings

The Organization holds a general business meeting every four years, in conjunction with the World Confederation for Physical Therapy Congress. So, in 2011 this will take place in Amsterdam, on 20th June.

Every member country can send up to three delegates to the meeting, all of whom must be physiotherapists/physical therapists and their attendance authorised by their national women's health / pelvic group. Everyone who attends the meeting has the right to speak, but only one delegate per country can vote. In addition to the executive committee and delegates from member countries, observers may be invited to attend the meeting and, on occasions, speak.

The meeting is chaired by the President and in order to carry out Organization business, and vote on motions, there must be representation from at least half of our member countries. Motions are passed by a simple majority vote.

In order to prepare for the meeting, a call for motions and nominations to the executive committee is sent out six months in advance. An agenda is then prepared by the executive committee and sent to chief delegates two months before the meeting. This is to enable them to ask the view of their membership on important issues, which will then be debated around the table in June. Proceedings of the meeting are noted, and these minutes are published in the subsequent newsletter, freely accessible via the website.

As with all business meetings there is a degree of formality to the meeting, but the President and executive committee do try to keep the atmosphere as relaxed as possible, and encourage participation from everyone present. We appreciate that English is not the first language of the majority of our members which can make it a daunting experience for some.

Following the General Business Meeting the executive committee will meet again, to plan its actions and activities for the next four years.

For further information about the Organization you can access the Constitution at www.ioptwh.org. There is a link on the homepage.



Vice President Meena Sran and the Executive Committee have been working on a position statement on what women's health topics should be included in the curriculum for physiotherapy/physical therapy training.

A draft document (see below) has been prepared, and will be discussed at the General Business Meeting in June.

If you have any comments, please email your Chief Delegate (details at www.ioptwh.org/members/members.html) so that she may bring them to the meeting

Position Statement on Women's Health Curriculum in Entry-level* Physiotherapy/Physical Therapy Training - DRAFT DOCUMENT

Women's Health is recognized as an important topic requiring global initiatives. Women have unique health concerns, due to a number of factors including biological and gender-related differences and/or inequalities between men and women. Some health conditions are unique to women, while others impact upon women in different ways, or have a similar effect on women as men but women may face greater difficulties accessing care.¹

For example: biological processes such as pregnancy and childbirth carry health risks and require tailored health care; the leading causes of death among women of reproductive age in low-income countries are HIV/AIDS and maternal conditions; depression is a major cause of disability for women of all ages; cardiovascular disease and stroke are the cause of many deaths for women over the age of 60 years; fragility fractures due to osteoporosis are the cause of morbidity and mortality for many older women. Further, women's health during the reproductive years (age 15-49) also has an impact on the health and development of the next generation.²

"The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. For example, women and girls face increased vulnerability to HIV/AIDS."

Some of the sociocultural factors that prevent women and girls from benefiting from quality health services and attaining the best possible level of health include:

- "unequal power relationships between men and women;
- social norms that decrease education and paid employment opportunities;
- an exclusive focus on women's reproductive roles; and
- potential or actual experience of physical, sexual and emotional violence."³



Throughout the world physiotherapists/physical therapists provide specialized skills and knowledge in the prevention and management of many conditions unique to women's health. These include but are not limited to incontinence, pregnancy, pelvic pain, osteoporosis and bone health, breast health, cardiovascular health, and other musculoskeletal conditions.

For these reasons, the International Organization of Physical Therapists in Women's Health (IOPTWH), an official subgroup of the World Confederation for Physical Therapy (WCPT), takes the following position on women's health content in entry-level physiotherapy education.

Entry-level* physiotherapy education worldwide should include basic and clinical science elements relevant to the assessment and treatment of women's health conditions. Graduates of entry-level physiotherapy programs worldwide should be competent to independently perform some specific women's health skills (e.g. treatment of pregnancy related musculoskeletal conditions; continence assessment and pelvic floor muscle training; assessment of risk factors for osteoporosis) in any clinical setting. It is not expected that pelvic floor examinations would be taught in entry-level physiotherapy training.

The following topics should, ideally, be included (or be completed as a pre-requisite) in entry-level physiotherapy curricula. We acknowledge that there are differences throughout the world in physiotherapy practice and the degree to which physiotherapists are active in the various areas of women's health. Thus we advise that this document serve as a guide for curriculum planning and development.

Anatomy and Physiology: female reproductive system; pelvic floor; genitourinary system; gastrointestinal system; breast; lymphatic system; fetal development; bone; vaginal prolapse

Female Physiology and Endocrinology: menstrual cycle; menopause; pregnancy, vaginal prolapse

Urinary incontinence: risk factors; psychosocial impacts; prevention; management

Faecal incontinence: risk factors, especially related to instrumental deliveries e.g. forceps intervention and subsequent tears to the external and internal anal sphincters

Obstetrics: exercise physiology (maternal and fetal) and exercise prescription in pregnancy; pre and post partum assessment and treatment, including exercise prescription; prevention of pelvic floor dysfunction; musculoskeletal physiology and treatment/management of dysfunction (e.g. diastasis recti, pregnancy-related pelvic girdle dysfunction, pelvic floor muscle dysfunction, carpal tunnel, thoracic outlet); ergonomic advice; pain interventions; education re: labor and delivery; influence of caesarean section on physiotherapy management

Osteoporosis: diagnosis; risk factors; prevention and management

Breast health: musculoskeletal concerns post mastectomy and lumpectomy; breast reconstruction; lymphedema ; in some countries physical therapists are involved with issues related to breastfeeding such as the management of blocked ducts



Disease processes with gender differences and/or increased prevalence in women: chronic fatigue syndrome; urinary tract infection (UTI); breast cancer; immune system disorders (e.g. fibromyalgia, systemic lupus erythematosus, rheumatoid arthritis, scleroderma); cardiovascular disease; sports injuries (e.g. anterior cruciate ligament injury at the knee); female athlete triad; pelvic pain

*students training to become a registered or certified physiotherapist or physical therapist

1. G8 Muskoka Declaration: Recovery and New Beginnings. Muskoka, Canada, June 26, 2010. <http://www.g8.utoronto.ca/summit/2010muskoka/communique.html> accessed Jan. 25, 2011.
2. Women and Health: Today's Evidence Tomorrow's Agenda. Executive Summary. World Health Organization, 2009. http://whqlibdoc.who.int/hq/2009/WHO_IER_MHI_STM.09.1_eng.pdf World Health Organization, accessed January 12, 2010. http://www.who.int/topics/womens_health/en/



IOPTWH Women's Health Researcher Database

IOPTWH Vice President, Meena Sran sent out a call for names, research areas, contact details and collaborators using the previous IOPTWH listservs. A number of names were received (and all this information is still available) but it was virtually only United States and Canada based researchers who responded, likely due to the demographics of listserv users.

The IOPTWH Executive Committee agreed that the matter should be discussed at the forthcoming General Business Meeting in June 2011, when there will be representation from a broad range of IOPTWH member countries.

It would help your country's delegate to that meeting, and the executive committee if you could contribute to the debate by considering the following questions and sending your thoughts to your Chief Delegate (contact details at www.ioptwh.org/members/members.html)

1. Do you think a researcher database, of women's health physical therapy researchers, would be useful? If yes, then can you please give one or two examples of how you think it could or would be used?
2. We are considering the option of identifying our physiotherapy research colleagues, internationally, via the IOPTWH Chief Delegates. Would it be reasonable to believe that Chief Delegates could comprehensively communicate/contact with institutions and/or organizations in their country to ensure our list is exhaustive. We would likely have the Chief Delegates send the information to an IOPTWH executive committee member for input into a database.

We would appreciate your thoughts. If you require further information, or if you think your country will not be represented at the General Business Meeting, please contact Meena Sran (meenasran@hotmail.com) prior to 1st June 2011.



MEMBER PROFILES

SOUTH AFRICA REPORT

2011 has seen the implementation of the first 100 hour post basic course in Women's Health in this country. We are a small group so rely heavily on a handful of dedicated physios who are passionate about women's health physiotherapy. The course consists of five modules of 20 hours each and will span 10 months of the year culminating in the evaluation of the participants. Module 1 covers basic concepts in women's health physiotherapy, including chronic and acute pain, communication and ethics; module 2 looks at the hypotonic pelvic floor and how it relates to urinary and faecal incontinence as well as pelvic organ prolapse. Module 3 explores the hypertonic pelvic floor and the related problems of pelvic pain, constipation and sexual dysfunction. In module 4 the childbirth year is covered and this includes biomechanical changes of pregnancy, SPD, SIJ dysfunction, preparation for labour, methods of pain relief and postnatal care and breast feeding. The 5th module is called '.....and the rest' looking at gynaecology, endocrinology and oncology with particular attention to breast cancer and lymphedema, osteoporosis and rheumatology.

The candidates must successfully complete a four part evaluation process in order to achieve level 2 status in Women's Health Physiotherapy in South Africa. The demand for the course has been overwhelming so we plan to run it annually in different parts of our large country.

Last year the membership of the WHPG was 143 country wide so we are thrilled with the extent of interest shown in a course such as this. The interest in this field as well as the demand for the services physiotherapists trained in women's health is on the increase. Sadly very little women's health is taught in the undergraduate curricula at the majority of our universities. Addressing this issue is the next challenge we face. Due to the huge socioeconomic differences within our country prioritizing the outcomes for basic physiotherapy training is not easy.

Sadly as a group we do not have the financial resources to bring out international presenters so rely on opportunities like national congresses where women's health experts may be invited to present papers and then have the opportunity to run pre or post congress courses. In 2009 Ruth Lovegrove Jones from UK presented a two day course on the work she was doing for her PhD on 'Investigating pelvic Floor Dysfunction – from Research lab back to Clinical Practice' On the local front we have good presenters who



regularly offer courses and we are very grateful to them. Corina Avni was invited to do a presentation at the Inaugural Congress of the Sports Physiotherapy Group entitled 'From Plinth to Podium.' Her address was called "The Better The Wetter" highlighting the fact that increasing performance in athletes increases incontinence. It was very well received by the audience consisting of various sports fundis, both local and international.

With little funding available for research we are proud to have a physiotherapist who is working on her PhD on as well as several working on or planning masters degrees.

It is with great excitement that I look forward to meeting some of the committee and members of IOPTWH in Amsterdam.

Lindsay Wallace

Chairperson

Womens Health Physiotherapy Group South Africa

SWEDISH REPORT

The branch of Women's Health in Sweden has participated in the National Meeting for Physical Therapists. We presented a study:

Self-administered tests as a screening procedure for pregnancy-related pelvic girdle pain by Fagevik Olsén M, Gutke A, Elden H, Nordenman C, Fabricius L, Gravesen M, Lind A, Kjellby-Wendt G published in Eur Spine J. 2009 Aug 18(8):1121-9.

We also presented our organization and activities we are doing at a congress called "A good life".

During the last year, we have organized 2 courses. The first was a 2 day course and work shop on *Evaluation and treatment of pregnancy-related pelvic girdle pain and low back pain* and the second was another 2 day course on *sphincter ruptures and sexology*.

Annelie Gutke

Swedish Delegate

IOPTWH



Pelvic Physiotherapy Introduced in Romania and Turkey

Romania-Bucharest

On May 7-8, 2010 the International Continence Society organized an educational course as an add-on to the 7th Scientific Meeting of the Romanian Urogynaecology Society. As a pelvic physiotherapist I was invited to give an overview of the conservative options to treat patients with pelvic floor disorders. It was a memorable day as it was the first time somebody spoke about pelvic floor physiotherapy in Romania.

Before the conference I spoke at the University of Bucharest to master students on physiotherapy. They were eager students who were curious but also hesitating to ask questions about pelvic floor dysfunction. A true challenge but a great experience. Because in Romania there is not enough pelvic physiotherapists and/or availability of pre/post natal care I left with the promise to support them in getting things moving and the hope that pelvic floor awareness has started.

Turkey-Istanbul

In October 2010 the International Continence Society organized in collaboration with the Turkish Society of Urogynecology and Pelvic Reconstructive Surgery an educational course for gynecologists, urologists, nurses and physiotherapists. The course title was: *Prevention of Childbirth-induced Pelvic floor Dysfunction in Turkey: A multi-disciplinary approach*. It was an interesting program as there is hardly any pelvic floor muscle training programs presently. Many Turkish speakers were present along with Dina Rizk (pelvic physiotherapist), Donna Bliss (Egyptian gynecologist), Jacqueline Cahill (President of the Continence Foundation of Canada).

Before the course my colleague Fetske Hogen Esch and I were invited by Petek Kaplan, to give a two day training in Edirne, a 2.5 hour drive from Istanbul. She is one of the gynecologists we met in Cairo on the ICS conference in 2007 and we offered to help her start pelvic floor muscle awareness. The course covered theory on all aspects of pelvic floor muscle training, including hands on practice and science. There were also discussions on the possibilities of introducing pre and post natal care.

As a physiotherapist I was also invited to speak about the relationship between pregnancy related low back pain, pelvic floor activity and pelvic floor dysfunction. It was amazing to hear the comments and discussions which arose surrounding the function and awareness of the pelvic floor musculature. Also, there were intense discussions on the prevention and conservative treatment of the pelvic floor before surgery.

Turkey is a very big country and a lot of females still do not get the help they need during childbirth. This is a big concern but they are working hard to solve the problems. The large goals have been defined, but they also realize they are still a long way away in achieving these goals. I left with the promise to come back and help them out as it is great to see a new country starting out with pelvic floor muscle training and education of its physiotherapists.

Marijke C.Ph. Sliker-ten Hove, PhD, MA, PPh®
Delegate IOPTWH for the Netherlands



Marijke Sliker (middle front) training therapists in Edirne Turkey

Marijke Sliker (L) and Ozga Geliker Tosun - participant (R)



Newsletter Editor Farewell

Currently my 4 year term is over as newsletter editor. I have enjoyed being involved with such a dedicated group of physiotherapists over the years and wish everyone well at WCPT. I look forward to seeing the evolution of the newsletter and the website.

If you are interested in this position please contact Gill Brook for further details on the description and its responsibilities.

Warm Regards,

Simone Gruenig



CONTINUING EDUCATION



INTERNATIONAL CONTINENCE SOCIETY

ANNUAL MEETING

ICS

Date: August 29th, 2011

Where: Glasgow, Scotland

More Information: www.icsoffice.org

IUGA

Date: June 28—July 2, 2011

Where: Lisbon, Portugal

More Information: www.iuga.org

COURSES

ICS

Date: June 22, 2011

Where: Hue City, Vietnam

More Information: www.icsoffice.org

ICS

Date: July 15, 2011

Where: Porto Alegre, Brazil

More Information: www.icsoffice.org



Call for
IOPTWH NEWSLETTER EDITOR
applicants

Simone Gruenig, the current newsletter editor, is retiring from her position before the general business meeting in Amsterdam in June, and we are seeking applicants to succeed her.

Please read this information, and circulate it as widely as possible amongst the members of your national group. Candidates must be members of a member organization of the IOPTWH.

If you are interested in applying - or just want further information - please contact me by email by:
FRIDAY 6TH MAY 2011

The newsletter, which appears on the Organization's website, comes out twice a year (normally spring and autumn/fall).

The role of the editor is to:

- create the plan for the newsletters for the year (possibly including a theme for each)
- solicit reports from executive committee officers and committee chairs;
- encourage submissions from member organizations;
- select articles for publication;
- research appropriate upcoming events;
- produce (or arrange production of) the newsletter bi-annually;
- liaise with the IOPTWH secretary on distribution;
- provide an electronic copy for the website; and
- creatively move the newsletter forward as an information and communication tool.

A remuneration is paid per issue, plus expenses (e.g. stationery, postage).

We are looking for a commitment of 4 years.

I am happy to answer any queries you have, and we will ensure support for the successful applicant when they take over.

Gill Brook
IOPTWH secretary
gill.brook@lineone.net



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NEWSLETTER EDITOR

Position Vacant

► **Please send all submissions to Gill Brook in the interim.**

Winter 2011 NEWSLETTER

Deadline for Submission (to Gill Brook): November 20, 2011

Publication Date: December 01, 2011

We are 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.