

KNGF EVIDENCE STATEMENT FOR PELVIC PHYSICAL THERAPY IN PATIENTS WITH ANAL INCONTINENCE

Hypothesis / aims of study

To develop an evidence-based product that incorporates recommendations for the physiotherapeutic diagnostic and therapeutic process in adults with anal incontinence (AI). The aim is to promote agreement among and support the quality of pelvic physical therapists' skills in The Netherlands based on outlined practice-driven problem definitions in relation to AI.

Study design, materials and methods

The statement is developed according to a shortened version of a standardised procedure of The Royal Dutch Society for Physical Therapy (1). It combines the input of five working group members with a scientific and practical background. Subsequent to the draft of a concept version, eight external reviewers with different specialisations (e.g. colorectal surgeon, general practitioner, pelvic physical therapists) commented, resulting in a definite version after several feedback rounds. Problem definitions were related to: epidemiological background (prevalence, incidence, costs, aetiology, prognostic factors for a favourable outcome of pelvic physical therapy, preventive measures), diagnostic process (history taking, physical examination, assessment instruments, analysis) and therapeutic process.

The following electronic databases and relevant reference lists were screened for relevant articles up to November 2012: PubMed, Cochrane Library, EMBASE, PEDro and CINAHL.

The strength of the evidence for the recommendations, based on the literature, is rated in accordance with national agreements (by the Evidence-Based Guidelines Platform (EBRO) and the Dutch Institute for Healthcare Improvement (CBO)) (2). Four levels of evidence are distinguished, based on the quality of the underlying research papers.

Results

The evidence statement is intended for registered pelvic physical therapists in The Netherlands. It incorporates a practice statement with corresponding notes, which clarify the recommendations, and accompanying flowchart, describing the steps and recommendations with regard to the diagnostic and therapeutic process. The therapeutic process is based on four patient profiles: I. AI with pelvic floor muscle dysfunction with voluntary control over the pelvic floor muscles, II. AI with pelvic floor muscle dysfunction without voluntary control over the pelvic floor muscles, III. AI without pelvic floor muscle dysfunction, and IV. AI with/without pelvic floor muscle dysfunction with prognostic factors, that locally or generally influence the recovery or adjustment processes.

Finally, two case histories are supplemented to illustrate the clinical reasoning depicted in the statement.

Interpretation of results

Given the limited evidence base so far concerning the diagnostic and therapeutic process for adult patients with AI, the statement can be considered as a combined evidence-based and expert opinion approach to support clinical reasoning in patients with AI.

Concluding message

An evidence statement according to the methodology of The Royal Dutch Society for Physical Therapy (KNGF) has been produced aimed at improving quality in health care. Ongoing review and discussion will be required to further refine the evidence statement.

References

1. Hendriks HJM, Bekkering GE, van Ettekoven H, Brandsma JW, Van der Wees PJ, de Bie RA: Development and implementation of national practice guidelines: a prospect for continuous quality improvement in physiotherapy. *Physiotherapy* 2000, 86:535-547.
2. Kwaliteitsinstituut voor de Gezondheidszorg CBO. Evidence-based Richtlijnontwikkeling. Handleiding voor werkgroepleden. Utrecht, 2007.

Disclosures

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