

Abstract Reproduction Form B-1

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Title (type in CAPITAL LETTERS)	SITUATION OF PHYSIOTHERAPY IN THE TREATMENT OF URINARY INCONTINENCE IN GERMANY

INTRODUCTION AND OBJECTIVES: Success rates of nearly 60 % of pelvic floor exercises (PFE) in the treatment of both stress- and urge-incontinence are reported in literature. Nevertheless, there is little information about the education of physiotherapists in this special field.

METHODS: The headmasters of all 186 schools for physiotherapy in FRG were pleased to answer a questionnaire about extent, content, qualification of teachers, educational aids and subjects of lessons in PFE as part of the therapy of urinary incontinence (UI).

RESULTS: 128 headmasters (68.8 %) returned the questionnaire. The number of lessons in PFE was 2 to 30 (mean 9.7). In 126 schools of physiotherapy (98 %) different types of UI are topics of lessons, anatomy of urinary tract is part of instruction in 120 (94 %). Basics of operative and drug therapy of urinary incontinence are part of the training in 110 schools (86 %). In contrast to PFE after delivery 95 headmasters (75 %) consider genuine urinary incontinence as an indication for PFE, postoperative urinary incontinence is regarded as an indication by 42 headmasters (42 %). As shown in fig. 1, in the majority of schools of physiotherapy, PFE deal with treatment of female incontinence (female stress-incontinence: 95 %, female urge-incontinence: 63 %, male stress-incontinence: 45 %, male urge-incontinence: 34 %).

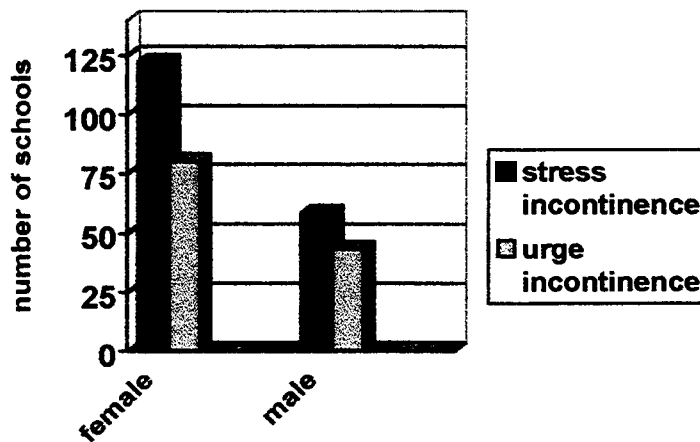


Fig.1: Different types of incontinence as an indication for PFE in 128 schools for physiotherapy in Germany

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As shown below (fig. 2) urologists participate in theoretical lessons only in 5 schools of physiotherapy (4 %) in comparison to gynecologists (93 schools/73 %).

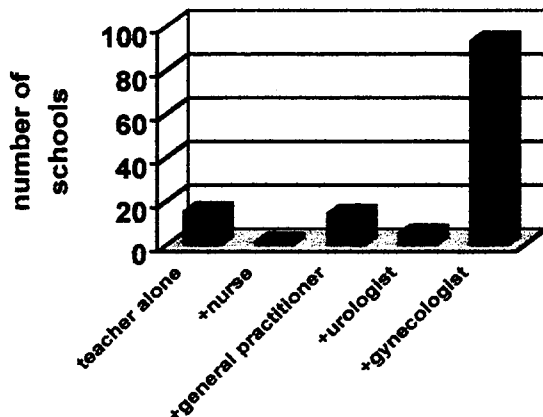


Fig. 2: Teachers in PFE in schools of physiotherapy in FRG

CONCLUSIONS: In Germany education of physiotherapists includes pelvic floor exercises mainly with regard to gynecological objectives. Special urological conditions such as male incontinence, postoperative incontinence are rarely taken into consideration. A local initiative is started in order to improve education of physiotherapist in PFE as a part of therapy of urinary incontinence. In future urologists will join training of physiotherapists in this special subject.