PELVIC PHYSIOTHERAPY
EDUCATION GUIDELINE

Initiated at the International Continence Society (ICS) Annual Meeting in San Francisco 2009
Initially Adopted by the ICS Physiotherapy Committee September 2010
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Purpose: To outline a guideline of desired knowledge, clinical skills and education levels in Pelvic Physiotherapy (PT).

The World Confederation for Physical Therapy (WCPT) encourages all educators in all countries to strive for excellence in education and training of physiotherapists (PT). The variance in the amount and content of education of physiotherapists around the world is well-known* and is also true in the field of Pelvic PT Education, training, skill acquisition, and eventually competence occur in stages over time. The ICS Physiotherapy Committee proposes three educational levels in Pelvic PT, representing this progression of knowledge and skills. This document outlines the skills and knowledge areas expected at each level of education.

The ICS Physiotherapy Committee encourages all countries to strive to offer the full range of Pelvic PT education and training as outlined in this document. We recognize this may take time and in some situations will not be possible. For example, in some countries, entry-level PT education will cover the skills and knowledge listed in level one of this guideline. Other countries will need to add significant post graduate course work to reach level one. Each country will determine the amount of education required to meet these levels. All education adds value and enhances treatment possibilities. The ICS Physiotherapy Committee encourages all Pelvic PT to adopt a pattern of lifelong learning and seek professional development and learning opportunities to increase, knowledge, skill and clinical expertise.

This guideline lists skills and knowledge areas – not educational topics. Physiotherapy educators are encouraged to use this list to create appropriate course work based on their own particular situation. The ICS Physiotherapy Committee wants to assist educators in defining goals for Pelvic PT education and Pelvic PT in acquiring the relevant skills and knowledge. The Pelvic Physiotherapy Education Guideline is broad and allows for individual interpretation. The ICS Physiotherapy Committee suggests inclusion of some form of competency testing, to be determined by the organization providing the course work. In addition, we suggest the training occurs with periods of mentored or self-directed clinical practice over time. This document is intended to be dynamic and will be updated on a regular basis.

Uses of the guidelines:

1. Provide guidelines for educators creating course work. Educators and course creators can use the skill list to plan topics for continuing course work in the field of pelvic PT.
2. Recognition of education level. To recognize the educational level of a therapist in the field of pelvic PT.

* WCPT curriculum guidelines for entry-level physiotherapists.

> "It is acknowledged that the development of the profession varies worldwide and that for some countries, with a well-established, recognized and regulated profession mechanisms already exist to provide quality assurance in physical therapy entry-level educational provision. However, this is not universal…. It is the view of WCPT that all countries should be striving towards fulfilling the curriculum described in these guidelines."

Position Statement WCPT Guidelines for Physical Therapy Professional Entry-Level Education Approves June 2007. Accessed September 10,2010 http://www.wcpt.org/sites/wcpt.org/files/files/WCPT-PoS-Guidelines_for_Physical_Therapist_Entry-Level_Education.pdf

These guidelines are written with the terminology of the International Classification of Functioning, Disability and Health (WHO- 22.05.2001) http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf

PELVIC PHYSIOTHERAPIST LEVEL 1

International Classification of Functioning, Disability and Health (WHO- 22.05.2001)

A level 1 physiotherapist would be expected to:

- Recognize the symptoms and signs of weak pelvic floor muscle (PFM) dysfunctions such as stress urinary incontinence (SUI), overactive bladder (OAB), constipation, pelvic organ prolapse (POP), thoraco-lumbo-pelvic disorders linked to the symptoms of the above PFM dysfunction, ...
- Recognize the contra-indications for an internal examination and treatment.
- Complete a basic digital examination and treat patients with SUI, OAB and POP.
- Recognize the need to refer to a more skilled PT or other specialist.

1. **C** = collect data
    a. **R** = relate medication influence, obstetrical-, surgical- and medical history. Consider the impact of psychosocial issues.
    b. **O** = observation: consider musculo-skeletal influence on the thoraco-lumbo-pelvic region, and skin condition
    c. **M** = measure through evidence-based tests muscle performance: digital PFM examination (vaginal and rectal), PFM reflex testing, voiding / defecation bladder / bowel diary and recognise dysfunctions of PFM (weakness, tension, avulsion…..)

2. **I** = Interpretation of the data and establishment of a PT diagnosis using highly developed clinical reasoning skills which includes the nature and the extent/severity of the health problem. Determine which components can be treated by PT. Take into account local and general interfering factors on the origin of symptoms. Recognize the need for referral to other more skilled PT or other specialist.

3. **P** = Plan, and agree with the patient, objectives for short and long term goals. Create an individual management plan and determine areas of priority eg musculo-skeletal dysfunctions, lifestyle interventions should be addressed first. Include assessment of patient's prognosis.

4. **I** = Intervention, choose the optimal evidence-based techniques and the tools to be used and treat within educational level
    a. Coordination and communication – with patients, their partners and/or parents or guardians, other health and medical professionals.
    b. Patient related instructions for underactive PFM and OAB

c. Procedural interventions – strengthen PFM, teach knack for example and behavioral techniques for OAB and SUI, including advice on constipation.
d. Understand and apply basic rules of hygiene during assessment and treatment, for both the patient and the therapist.
e. Informed consent if available and appropriate.

5. E = Evaluation : Outcomes assessment – use of appropriate evidence-based tools

PELVIC PHYSIOTHERAPIST LEVEL 1

Basic knowledge areas

- Foundation sciences
  - Basic knowledge of anatomy and neurophysiology of the thoraco-lumbo-pelvic region
  - Basic knowledge of biomechanics of the thoraco-lumbo-pelvic region
  - Basic knowledge of anatomy and neurophysiology of the kidneys, the bladder, and the bowel
  - Critical appraisal,clinical reasoning, and understanding of scientific methodology
- Behavioral Sciences
  - Theory and practice of behavior change, motivation and adherence
  - Ethical consideration: awareness of the potential emotional/sexual tensions between therapist and client. The pelvic PT keeps clear of the boundaries of this area of tension and respects the patient in this regard. In view of the intimacy and the physical and emotional sensitivity of the abdominal/pelvic area the attitude should be one of particular insight, attention and care. Informed consent to complete if available and appropriate.
  - Cultural and ethnical considerations: awareness of potential consequences on investigation and treatment modalities due to cultural and ethnical differences
- Clinical Sciences – basic knowledge of pathophysiology, clinical signs, symptoms, etiology, manifestation of conditions related to pelvic PT pathology
  - All PFM dysfunction
  - Musculoskeletal disorders associated with urological and gynecological conditions – disorders of the thoraco-lumbo-pelvic region, including respiration
  - Recognize dermatological conditions that need referral
  - Basic knowledge of pharmacological treatments

PELVIC PHYSIOTHERAPIST LEVEL 2

International Classification of Functioning, Disability and Health (WHO- 22.05.2001)

A level 2 physiotherapist would be expected to:

- Recognize the signs and symptoms of PFM dysfunctions such as SUI, OAB, POP, outlet constipation and pelvic pain (with a clear treatable by PT origin) related to underactive/overactive PFM, and all thoraco-lumbo-pelvic disorders
- Recognize the contra-indications for an internal examination and treatment
- Complete a physiotherapeutic examination and treat patients with uncomplicated PFM dysfunctions associated with SUI, OAB, outlet constipation, and simple pelvic pain related to overactive PFM.
- Understand the use of adjunctive therapies such as electrical stimulation, manometry and biofeedback devices.
- Recognize the need to refer to a more skilled PT or other specialist

1. **C** = collect data
    a. **R** = relate medication influence, obstetrical-, surgical- and medical history. Consider the impact of psychosocial issues.
    b. **O** = observation : consider musculo-skeletal influence on the thoraco-lumbo-pelvic region.
    c. **M** = measure through evidence-based tests motor function and muscle performance: vaginal and rectal digital PFM examination, PFM reflex testing, soft tissue assessment of the PFM (myofascial mobility, trigger points). Measure vaginal and rectal pressures and electromyographic (EMG) signals. For voiding / defecation dysfunctions use validated bladder /bowel diary. Assess posture, joint integrity in relation to the pelvis and pain (VAS).

2. **I** = Interpretation of the data and establishment of a PT presumed diagnosis using highly developed clinical reasoning skills which includes the nature and the extent/severity of the health problem. Determine which components can be treated by PT. Take into account local and general interfering factors on the origin of symptoms. Recognize the need for referral to other more skilled PT or other specialist.

3. **P** = Plan objectives for short and long term goals. Create an individual management plan and determine which musculo-skeletal dysfunctions should be addressed first. Include assessment of patient's prognosis.

4. **I** = Intervention, choose the optimal evidence-based techniques and the tools to be used and decide if you can execute the treatment plan

a. Coordination and communication – with patients, their partners and/or parents or guardians, other health and medical professionals.
b. Patient related instructions – including wellness, bladder training, PFM training, self care, and sexual instructions
c. Procedural interventions (strengthen or release PFM and behavioral techniques for OAB and SUI including advice on constipation) – therapeutic exercises, body mechanics, postural stabilization, relaxation strategies, co-ordination training, neuromuscular re-education, activities of daily living, manual therapy (myofascial release of PFM, scars, etc), electrotherapeutic modalities (biofeedback, electrical stimulation), physical agents (heat, cold, ultrasound, dilators)
d. Understand and apply basic rules of hygiene during assessment and treatment, for both the patient and the therapist.
e. Informed consent if available and appropriate.

5. **E** = Evaluation : Outcomes assessment – use of appropriate, evidence-based, tools

PELVIC PHYSIOTHERAPIST LEVEL 2

Knowledge areas

- Foundation sciences
  - Anatomy and neurophysiology of the thoraco- lumbo-pelvic region
  - Biomechanics of the thoraco- lumbo-pelvic region, including respiration
  - Anatomy-neurophysiology of the kidneys, the bladder, and the bowel
  - Exercise Science related to the pelvis and his muscles and pelvic floor dysfunctions
  - Basic pain neuroscience
  - Critical appraisal and understanding of scientific methodology

- Behavioral sciences
  - Psych=social trauma's, emotional, physical, verbal, and sexual abuse. Body image
  - Sociology – communication of sensitive issues
  - Ethical consideration: awareness of the potential emotional/sexual tensions between therapist and client. The pelvic PT keeps clear of the boundaries of this area of tension and respects the patient in this regard. In view of the intimacy and the physical and emotional sensitivity of the abdominal/pelvic area the attitude should be one of particular insight, attention and care. Informed consent to complete if available and appropriate.
  - Cultural and ethnical considerations: awareness of potential consequences on investigation and treatment modalities due to cultural and ethnical differences
- Clinical Sciences – basic knowledge of clinical signs, symptoms, etiology, manifestation of conditions related to pelvic PT pathology, pathophysiology, exercise physiology
  - All PFM dysfunction
  - Musculoskeletal disorders associated with urological, gynecological, gastro-intestinal (GI) conditions and disorders of the thoraco-lumbo-pelvic region, including respiration.

    - Soft tissue disorders related to urological, gynecological, GI conditions.
    - Knowledge to use electrostimulation, biofeedback (EMG and pressure) in the management of PFM dysfunctions.
    - Recognize dermatological conditions that need referral
- Ancillary tests – basic knowledge of and interpretation of additional tests
    - Imaging procedures (CT, MRI, US)
    - Urodynamics
- Medical interventions – basic knowledge of medical treatments
    - Surgical medical interventions (SUI, POP, reconstruction, injections)
    - Non-surgical medical interventions (pessaries, plugs, collection devices, intermittent self catheterisation)
    - Pharmacological treatments
- Critical inquiry – appraisal and application of research

PELVIC PHYSIOTHERAPIST LEVEL 3

International Classification of Functioning, Disability and Health (WHO- 22.05.2001)

A level 3 physiotherapist would be expected to:

- Be able to assess, evaluate and treat all PFM dysfunctions including urinary, bowel and sexual disorders in all populations.
- Be able to fully examine, evaluate and treat all thoraco-lumbo-pelvic disorders.
- Be able to use adjunctive therapies such as electrical stimulation, manometry and biofeedback devices
- Be able to recognize the need to refer to other health care professionals.

1. **C** = collect data
    a. **R** = relate medication influence, obstetrical-, surgical- and medical history. Consider the impact of psychosocial issues.
    b. **O** = observation : consider a musculo-skeletal influence on the thoracic lumbo-pelvic region, anxiety
    M = measure through evidence-based tests motor function and muscle performance: vaginal and rectal digital PFM examination, PFM displacement, PFM reflex testing, soft tissue assessment of the PFM (myofascial mobility, trigger points). Measure vaginal and rectal pressures, and electromyographic (EMG) signals. For voiding / defecation dysfunctions use validated bladder /bowel diary. Assess posture, joint integrity in relation to the pelvis. Assess pain using validated tests.

2. **I** = Interpretation of the data and establishment of PT presumed diagnosis using highly developed clinical reasoning skills to find the nature and the extent/severity of the health problem. According to that state determine which components can be treated with physiotherapy. Take into account local and general interfering factors on the origin of symptoms. Recognize the need for referral to other health care professional.

3. **P** = Plan objectives for short and long term goals. Create an individual management plan and determine which musculo-skeletal dysfunctions should be addressed first. Include assessment of patient's prognosis.

4. **I** = Intervention, choose the optimal evidence-based techniques and the tools to be used and decide if you can do it in your plan of treatment.
    a. Coordination and communication – with patients, their partners and/or parents or guardians, other medical and health professionals.
    b. Patient related instructions – including wellness, bladder training, PFM training, self-care, and sexual matters

c. Procedural interventions – therapeutic exercises, body mechanics, postural stabilization, relaxation strategies, coordination training, neuromuscular reeducation, activities of daily living, manual therapy (myofascial release of PFM, scars, etc), electrotherapeutic modalities (biofeedback, electrical stimulation), physical agents (heat, cold, ultrasound, dilators), other modalities according to the local laws.
d. Understand and apply basic rules of hygiene during assessment and treatment, for both the patient and the therapist.
e. Informed consent if available and appropriate.

5. **E** = Evaluation : Outcomes assessment – use of appropriate evidence based tools

PELVIC PHYSIOTHERAPIST LEVEL 3

Knowledge areas

- Foundation sciences
  - Anatomy, neurophysiology and pathophysiology of the thoraco- lumbo-pelvic region
  - Biomechanics of the thoraco- lumbo-pelvic region, including respiration
  - Anatomy-neurophysiology and pathophysiology of related organs
  - Exercise science related to the pelvic and his muscles and pelvic floor dysfunctions
  - Pain neuroscience
  - Principles of relaxation
  - Critical appraisal and understanding of scientific methodology
- Behavioral sciences
  - Psychology – emotional, physical, and sexual abuse. Body image
  - Sociology – communication of sensitive issues
  - Theory and practice of behavior change, motivation, adherence, self efficacy and compliance
  - Ethical consideration: awareness of the potential emotional/sexual tensions between therapist and client. The pelvic PT keeps clear of the boundaries of this area of tension and respects the patient in this regard. In view of the intimacy and the physical and emotional sensitivity of the abdominal/pelvic area the attitude should be one of particular insight, attention and care. Informed consent to complete if available and appropriate.
  - Cultural and ethnical considerations: awareness of potential consequences on investigation and treatment modalities due to cultural and ethnical differences
- Clinical Sciences – recognition of clinical signs, symptoms, etiology, manifestation of conditions related to pelvic PT pathology, pathophysiology, exercise physiology
  - In-depth knowledge of:
    - All PFM dysfunction
    - Musculoskeletal disorders associated with urological, gynecological, GI conditions and disorders of the thoraco- lumbo-pelvic region, including associated respiratory dysfunctions.

        - Soft tissue disorders related to urological, gynecological, GI conditions
        - How to use electrostimulation, biofeedback (EMG and pressure) and other devices in the management of PFM dysfunctions.
        - Recognize dermatological conditions that need referral
- Ancillary tests – Fully knowledge of interpretation and implication to PT treatment of additional tests
    - Imaging procedures (CT, MRI, US)
    - Urodynamics
- Medical interventions – knowledge of implication to PT treatment
    - Surgical medical interventions (SUI, POP, reconstruction, injections)
    - Non surgical medical interventions (, pessaries, plugs, collection devices)
    - Pharmacological treatments