



**ICS Physiotherapy Committee meeting Minutes**

**Tuesday 12<sup>th</sup> September 2017**

**Venue: Fortezza da Basso**

**Room: n5 Palazzina Lorenese**

**Time: 08:00-10:00**

**Known Attending:** Doreen McClurg (Chair), Cristiane Carboni, Heather Moky, Melanie Morin, Nelly Faghani, Paula Igalada-Martinez, Petra Voorham - van der Zalm, Rebekah Das, Rhonda Kotarinos, Gill Brook

**Known Apologies:** Adelia Lucio, Peter Meyers,

**Also in attendance:** Jenny Ellis, Cristina Naranjo Ortiz,

**1. Committee picture to be taken**

The committee picture was taken and is available on the ICS website.

**2. Approval of Tokyo meeting minutes (Attached)**

The committee approved the Tokyo minutes, RD (1<sup>st</sup>) and DMC (2<sup>nd</sup>.)

**3. Terms of Office (Attached)**

DM will stay on for another 3 year term. DM thanked RD for her contribution to the committee, RD was presented with a certificate of appreciation. DM confirmed GB was required to stay on the committee for another year to assist with projects.

**Action:** Office to add 1 year on to GB co-opted term.

**4. Terms of Reference (Attached)**

DM requested that the committee review the current TOR following the meeting and confirm whether any changes are required- to be discussed on the committee forum.

**Action:** Office to add TOR to the forum for review- 1 month deadline.

**5. Outstanding Actions:**

**Action:** Committee to sign off Montreal and teleconference minutes at the next quorate teleconference/meeting.

The committee were not quorate in Tokyo, the minutes could therefore not be ratified. 1<sup>st</sup> by PM, 2<sup>nd</sup> RD.

DM welcomes everyone to the meeting-it's been a busy few days! PV confirmed that we have 137 delegates booked for the PT session, we have 12 roundtables planned

and are expecting around 150 delegates to attend.

## 6. Discussion on on-going work

### a. Rebecca Das survey (Attached)

RD provided an update on her work. A survey undertaken by Beth Shelly some years ago showed that people trained privately rather than at university. This scoping review demonstrates what is taught at Universities worldwide in regards to vaginal examination of pelvic floor function. We have responses from 9 countries so far.

RD advised that she was now on version 9 of the excel files. We still need to follow up some countries including Sweden, Portugal and Turkey. Also to follow up via a project initiated at the WCPT, to find out if the countries so far are fully representing worldwide teaching. RD asked whether the committee thought this needed to be followed up- all agreed it should.

**Action: RD to highlight sparse areas of data for further exploration.**

RD confirmed that the focus has been on vaginal exam of PT function so far. The committee discussed creating a group to go through the content and outline two areas:

>Core teaching: content included in conduct of a vaginal examination of pelvic floor function

>Context: undergraduate or post graduate training?

The aim of this survey would be to publish the findings in NAU but RD was unsure whether this would fit the remit of the journal? JE advised that the journal published a range of content- consensus documents etc.

HM felt this would be valuable as it highlights the differences in the nurse and PT role. This document could help define the role of a PT. All agreed.

RD asked who to hand this data over to? DM will take over with the assistance of GB and PV.

**Action: RD to hand data over to DM, GB and PV to take forward.**

The committee thought it would be useful to review the data to date- a forum discussion would be useful.

**Action: Office to upload RD data to committee forum for review and discussion.**

### b. Gill Brook's Fistula work (short report attached or to be given)



GB provided a background of her co-opted position- working on the PT and fistula project. As per the report, we have a draft ready but we need to do a review of this draft before it can progress. GB asked for reviewers from the committee- PM & RK volunteered.

**Action:** GB to email draft to the office to upload to a private forum for PM & RK to review and provide their feedback.

GB suggested a 2 week review period.

c. **Heather Moky's Conservative Management of Male Pelvic Floor Muscle Function and Dysfunction working group**

HM provided the committee with an update on the proposal. There is a meeting on Thursday with Bernard Haylen (SSC Chair) to discuss this further. HM is working on a draft scoping document, once final this will be emailed to the committee as a whole to review.

**Action:** HM to email committee draft scoping document for the proposed Conservative Management of Male Pelvic Floor Muscle Function and Dysfunction working group.

d. **Feedback from ICS education committee on our application re our proposal re article and filming etc (Proposal attached) Doreen. Discussion on events around this and moving forward.**

The group discussed the draft to date and history of the document- see attached documents.

RD suggested content is based on development, translation and evaluation of a new pedagogical tool to teach physiotherapy assessment of women with pelvic floor dysfunction video. Abstract 196, ICS 2011, Madill S, Chaffey S, Dumoulin C- to demonstrate informed consent process, infection control etc. MM expressed concern regarding infection control as this differs worldwide. Group agreed but suggested a best practice approach could be included.

RK suggested that this could be a series- UI, POP, faecal etc. This would be a long term goal for the committee.

Funding for filming was discussed- does this need to be agreed by the Board? JE advised that we have a separate modules budget managed by the education committee, so you just need to contact Elise to arrange.

MVK joins meeting.



e. **Scientific Education Committee and Board updates**

MM provided an update on this year's abstracts- not much has changed regarding the number of PT abstracts, we still have a good response rate. MM advised that she was looking into a breakdown of stats for PT submission.

**Action:** MM to provide breakdown of PT abstract submissions for committee.

PM asked what skills are required to review abstracts? MM advised that they review on scientific merit and originality. The scientific committee are working on creating a video to assist reviewers. MM recommended that the committee watch this if they are interested in reviewing abstracts.

**Action:** MM to send committee abstract review video once available.

CNO advised that the Board meeting went well. The BoT would like Chairs to monitor the engagement of members, inactive members will be encouraged to step down.

MVK provided an update on the education committee projects. MVK highlighted the changes to the committee since she joined. The committee are taking everything to the next level and there's a lot of work to do. Elise is doing a great job! MVK wished PI good luck in the role.

Changes this year include the workshop time limits. This created fresh content for the meeting with lots of new sessions and short, engaging sessions. The committee thanked MVK for her service to the education committee.

7. **ICS Institutes (See attached info from Dan)**

DM highlighted the new physiotherapy school under the ICS institute. This is just starting and will create a lot of work but will provide members with excellent resources for PTs worldwide.

8. **Change of name for Roundtables at annual meeting- discussion**

The group discussed how the name originally was on for the PT session but we now include roundtables in the main programme. We need to differentiate between our session and the main session. The group discussed this and decided Physiotherapy Forum would be a better name, we will start using from next year.

**Action:** Office to change Physiotherapy Roundtable to Physiotherapy Forum on 2018 programme.

Group discussed whether the workshops should change or stay the same. It was



agreed that they would change their name to discussion groups.

*Postscript Note: Following a discussion after the meeting it was agreed to change next year's title to the 17<sup>th</sup> Physiotherapy Forum.*

#### 9. Discussion on Round table and finalizing timetable

There have been a few last minutes issues- we lost 2 workshop chairs and due to this had to close workshops and offer alternatives for the delegates. All 12 workshops are now fully booked with 10 people per table.

The committee discussed how to deal with last minute cancellations. It was suggested that we have back up chairs in place for future events.

**Action:** RT co-ordinator to arrange for back up chairs for future events.

HM suggested that we ask the chairs to sign a contract when they confirm their position. This contract would include key dates that they need to be aware of and when responses are required.

**Action:** PV to get speakers and chairs of the RT to sign an informed consent

PV asked whether any committee members would like to co-chair the sessions? We have 3 rooms booked for the workshops and need a co-ordinator in each room. DM, NF and PM volunteered.

DM thanked PV for all her hard work, the organisation has been amazing! Round of applause from members for PV.

DM advised that we will need volunteers for next year. NF, HM and RK volunteered to help PV.

**Action:** Office to update the RT subcommittee to include NF, HM and RK.

The group advised that they will need a call to discuss further.

**Action:** Office to arrange a call between PV, NF, HM and RK.

The committee discussed the merits of holding a drinks reception for PT's- timings, location etc. The group were concerned about value for money, enjoyment of delegates etc. JE advised if the committee wanted to explore this further then it is possible to send PT delegates a post meeting evaluation, in addition to the standard evaluation, to obtain more valuable feedback. DM advised this was a possibility.



**Action:** DM to let office know if a post meeting evaluation for PTs was required.

#### **10. AOB**

DM asked whether there was a need for a workshop at 2018? This year's workshop is dual translated and run by MS, who is now retiring. Group discussed and felt a workshop would be beneficial but it would need CME accreditation to encourage people to attend. DM to look into this further.

**Action:** DM to look at possible workshops for ICS 2018 and accreditation for PTs.

CC advised she would draft a news schedule and email it around to committee members.

**Action:** CC to draft a committee news schedule and email it to committee members.

**ENDS**



**ICS Physiotherapy Committee meeting Agenda**

**Tuesday 12<sup>th</sup> September 2017**

**Venue: Fortezza da Basso**

**Room: n5 Palazzina Lorenese**

**Time: 08:00-10:00**

**Known Attending:** Doreen McClurg (Chair), Cristiane Carboni, Heather Moky, Melanie Morin, Nelly Faghani, Paula Iguarada-Martinez, Peter Meyers, Petra Voorham - van der Zalm, Rebekah Das, Rhonda Kotarinos, Gill Brook

**Known Apologies:** Adelia Lucio,

**Also in attendance:** Jenny Ellis, Cristina Naranjo Ortiz,

1. Committee picture to be taken
2. Approval of Tokyo meeting minutes (Attached)
3. Terms of Office (Attached)
4. Terms of Reference (Attached)
5. Outstanding Actions:  
Action: Committee to sign off Montreal and teleconference minutes at the next quorate teleconference/meeting.
6. Discussion on on-going work
  - a. Rebecca Das survey (Attached)
  - b. Gill Brook's Fistula work (short report attached or to be given)
  - c. Heather Moky's Conservative Management of Male Pelvic Floor Muscle Function and Dysfunction working group (short report attached or to be given)
  - d. Feedback from ICS education committee on our application re our proposal re article and filming etc (Proposal attached) Doreen. Discussion on events around this and moving forward.
7. ICS Institutes (See attached info from Dan)
8. Change of name for Roundtables at annual meeting- discussion
9. Discussion on Round table and finalizing timetable
10. AOB



**ICS Physiotherapy Committee meeting minutes**

**Tuesday 13<sup>TH</sup> September,  
Venue: Tokyo International Forum  
Room: G405  
Time: 11:00-13:00**

**Known Attending:** Doreen McClurg (Chair), Cristina Naranjo Ortiz, Heather Moky,

**Known Apologies:** Rhonda Kotarinos, Rebekah Das, Peter Meyers, Adelia Lucio, Cristiane Carboni, Jacqueline de Jong, Melanie Morin, Paula Iguualada-Martinez, Petra Voorham - van der Zalm,

**Also in attendance:** Nelly Faghani (New), Marijke Slieker-ten Hove (MS), Myung-Soo Choo,

**1. Committee picture to be taken**

Picture taken and available on the ICS website.

DM thanked everyone for attending, Marijke is here as the PT rep on the education committee.

**2. Approval of Montreal meeting minutes (Attached)**

As the meeting is not quorate these cannot be signed off- this will need to take place after the meeting.

**Action: Committee to sign off Montreal and teleconference minutes at the next quorate teleconference/meeting.**

**3. Approval of teleconference minutes- January & February 2016 (Attached)**

As above.

**4. Terms of Office and**

**a. Alignment to Committees within the Physiotherapy Committee.**

MS will step down from the Education Committee in Florence, we need a PT to take over position to keep the link between the 2 committees.

**Action: All to encourage PT members to apply for the PT role on the education committee.**

**b. Feedback from these committees**

Frankie Bates is on the education committee, she has suggested that we create a joint nurse-PT workshop on over active pelvic floor. Committee discussed this and had some concerns regarding content and alignment to roles. A lot of nurses taken on PT role without having the specialised knowledge that a PT learns. Group discussed the PT roles within different countries- variations on how much they do do. Members agreed that there





needs to be a flow of information between nurses and PTs but not just PTs training nurses within their role. NF suggested a collaborative approach to bio cycle social processes- everyone agreed. JE suggested a forum discussion to discuss this further.

**Action: Committee to discuss joint nursing-PT workshop on forum.**

CNO would like to discuss the project further with Frankie, JE suggested a conference call.

**Action: Office to arrange a conference call between CNO and Frankie Bates.**

c. **Feedback from members on any other ICS committees**

See 4a.

**Action: JE to email committee members whose terms are up for renewal to see if they would like to renew.**

5. **Terms of Reference**

No changes requested.

6. **Outstanding Actions:**

Peter was sent a copy of the draft document, just waiting for comments and revised version.

**Action: Peter to email DM revised document.**

7. **Update on publication of Educational Guideline**

DM confirmed that she had been approached to produce an e-learning module. MS confirmed from the education committee, vaginal assessment on the way but we need more PT videos. DM confirmed that no workshops were being recorded at the meeting. DM suggested possible module on pelvic floor assessment, have approached Melanie to do this. MS suggested Bary Berghman be involved in the video. Need to review Bary's video prior to producing.

MS suggested case studies for e-learning, all agreed that would be a good idea but the content needs to be accessible to doctors and PTs. DM advised that she would email the committee as a whole to discuss possible case studies which would be of interest for an e-learning course.

**Action: DM to email committee regarding case studies for e-learning.**

The committee will need to select 3 case studies for e-learning. Committee discussed the possibility of a workshop on case studies. To be discussed once all case studies received.



8. **Update on project re how pelvic floor examinations are taught**  
Rebecca is working on this, the project is moving forward from last year's update.

**Action: Rebecca to provide an update on the pelvic floor examinations project.**

9. **The physiotherapist's role on the treatment of Fistula, co-option of Gill Brook, working with RK**

DM asked that Gill Brook be added to this group as a co-opted member.

**Action: Office to co-opt Gill Brook to committee.**

10. **New Standard Operational Documents discussion from the ICS office (Attached)**

JE advised that the education committee have created an SOP to be used by all committees when creating ICS content e.g. modules, papers, reports, videos, news article etc. Please refer to the document and follow these guidelines prior to producing content.

11. **Update on Physio Roundtable**

DM asked if anyone would be interested in taking over the RT project? CNO advised that due to other commitments she is unable to take this over. HM volunteered.

**Action: HM to take over 2017 RT project.**

DM asked whether the evaluation survey questions had been updated? HM confirmed that they had been updated. DM asked whether there was an issue with ICS having special speakers for the RT? JE confirmed this was not an issue just need to ensure that people state they have spoken to the PT roundtable at ICS rather than as an ICS speaker.

MS felt that we need to encourage younger members to attend, all agreed. JE suggested alignment to the early career session hosted by the education committee. We could do more marketing to PT's, DM thought this was a good idea and would look into this for next year.

**Action: DM to contact Education Committee regarding Early Career session.**

**Action: DM to work with office on targeted advertising to junior PT's next year.**

MS asked whether the committee was able to locate a local PT, aware of the issue in this area. DM confirmed 1 local speaker at tomorrow's session. DM confirmed that the RT numbers are down this year but this is due to the location and we were expecting this, limited PT numbers in Japan, nurses cover PT here.

Group discussed problems in finding local PTs in and around Japan. HM felt that ICS



needed to increase membership from these areas. Should we be concerned about next year? All felt 2017 would be easier as this is based in Europe. CNO has some contacts in Italy, will send these to HM.

**Action: CNO to send Italian contacts to HM.**

## **12. AOB**

CNO asked how to improve PT and nursing numbers in ICS? Group discussed 1 year free membership and rates for the meeting. Group discussed having different levels for the roundtable- 1 basic and 1 SOA. MS felt that younger PT members were not aware of ICS, need to advertise and get more recognition from this area.

MS suggested that the role of the committee could be recruitment- all PT members need to be ICS ambassadors. HM felt that in America there was limited knowledge we therefore need to show all of the benefits of being an ICS member, suggested reducing the price to €20. DM suggested aligning with special interest groups, HM suggested IOPTWH. DM thought this would be a good idea, their meeting is in Liverpool this year. Also suggested ACA, JE suggested affiliation with the group.

JE highlighted that the most popular content on ICS social media is the PT content. This is a good way in which to engage with junior members and those not currently an ICS member. JE suggested videos were a good way in which to engage with prospective members, suggested the committee look at producing a video with the office. All agreed this was a good idea.

**Action: DM to contact the office regarding promotional PT video.**

**Meeting Ends**

**Physiotherapy Committee Terms of Office**

Member	Committee Role	Term Start	Term End	Term Yrs	Elected	Term details	Additional Information
Doreen McClurg	Chair	23-Oct-14	03-Sep-20	6	Y	6 year term will finish in 2020- CANNOT BE RE-ELECTED	
Cristiane Carboni	Committee Member	23-Oct-14	14-Sep-20	6	N	6 year term will finish in 2020- cannot renew	Confirmed would like to renew, updated website
Rhonda Kotarinos	Committee Member	23-Oct-14	14-Sep-20	6	N	6 year term will finish in 2020- cannot renew	Emailed 12/10/16 Confirmed would like to renew 20/10/16
Rebekah Das	Committee Member	23-Oct-14	14-Sep-17	3	N	3 year term will finish in 2017- can renew once	Emailed 12/10/16 Confirmed stepping down
Peter Meyers	Committee Member	23-Oct-14	14-Sep-20	6	N	6 year term will finish in 2020- cannot renew	Emailed 12/10/16, chased 20/10/16 Confirmed will renew 23/11/16
Melanie Morin	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Adelia Lucio	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Petra Voorham-van der Zalm	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Heather Moky	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Paula Igualada-Martinez	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Cristina Naranjo Ortiz	Committee Member	29-Aug-13	05-Sep-19	6	N	6 year term will finish in 2019- cannot renew	
Nelly Faghani	Committee Member	15-Sep-16	05-Sep-19	3	N	3 year term will finish in 2019- can renew once	
Gill Brook	Co-opted	15-Sep-16	14-Sep-17	1	N		
Cristina Naranjo Ortiz	Ex-officio	17-Oct-16	25-Aug-18	2	N	Ex-officio	

Quorate No=5

**Nominations 2018**

Key	
Colour	Meaning
	Stepping down in Florence
	Stepping down in Philadelphia
	Elect position- will need to re-apply
	Will need to confirm if renewing/ positions will need to be advertised after Florence
	New member/position
	No action

## **ICS Physiotherapy Committee Terms of Reference**

**1. PURPOSE:** The Physiotherapy Committee represents and supports ICS physiotherapy members and the physiotherapy contribution to various ICS committees in order to encourage and maintain the multidisciplinary strength of the ICS. It acts as a liaison body between the Chair of ICS, ICS Board of Trustees and its physiotherapy members regarding matters of mutual concern.

### **2. FUNCTIONS:**

The Physiotherapy Committee has 3 functions: communication, research and education.

#### **a) Membership and communication**

- Organise the annual Round-Table meeting
- Create and manage the Physiotherapy Website
- Seek out and encourage PT members to run for key ICS committees.
- Maintain and archive information of the history of the physiotherapy committee on the ICS physiotherapy web site.

#### **b) Scientific and Research**

- Foster PT involvement in workshops and courses
- Encourage research
- Keep ICS member physiotherapists informed of new, international research opportunities, developments and outcomes
- Facilitate an International scientific study group

#### **c) Education and Professional development**

- Foster physiotherapy education under the auspices of ICS that is of the highest quality, including but not limited to, courses and workshops at Annual Meeting and Educational Activities in developing countries.
- Create and market a competence profile of a pelvic floor physical therapy
- Produce educational material specific to physiotherapy

**3. RESPONSIBLE TO:** ICS Board of Trustees and ICS General Secretary

### **4. COMPOSITION:**

<b>Total Members</b>	<b>Method of Appointment</b>	<b>Name</b>	<b>Term of Office</b>
ICS General Secretary	Ex officio		3 Years
Chair:	Elected. A member must sign his/her agreement to stand. This nomination is signed by nominator and seconder, all being current ICS members. The nominee for Chair would be a current or recent	<a href="#">See Membership Page</a>	Term of office: 3 years, but renewable after notification to the members at an AGM. ICS Bylaw #3.

	member (past 5 years) of the Physiotherapy Committee. If no one is nominated the ICS Nominations committee may suggest a suitable candidate. Nominations received by 1st March for current members all other applications by 1st April. Voting regulations as stated.		
Membership	<p>All members of the ICS Physiotherapy Committee must:</p> <ul style="list-style-type: none"> <li>- be an active ICS members (paid for current membership year) as per by-law 2.3.2*</li> <li>- have completed a disclosure form</li> <li>- have been a member of ICS for at least 1 year and / or attended at least 1 Annual Meeting, to have first-hand experience of the workings of the Society</li> <li>- be active physiotherapy representative members on various ICS committees and subcommittees, and / or active on physiotherapy committee working parties or sub-committees as per by-law 2.3.6^</li> <li>-</li> <li>- attend at least 2 out of 3 ICS Annual Meetings. Members are also required to join teleconferences.</li> </ul> <p>The committee is made up of between 10 and 12 members</p>	<a href="#">See membership page</a>	3 years, but renewable once by Chair/Committee approval.
Subcommittees	<p>The physiotherapy committee will convene the following subcommittees:</p> <ul style="list-style-type: none"> <li>• Physiotherapy Membership and Communication Subcommittee</li> <li>• Physiotherapy Round Table Subcommittee</li> <li>• Physiotherapy Scientific and Research Subcommittee</li> <li>• Physiotherapy Professional Development Sub-committee</li> <li>• Others as deemed appropriate from time to time</li> </ul>		

\*2.3.2. All members of ICS committees must be active ICS members as defined under membership in these bylaws.

^2.3.6. The performance of committee members will be reviewed annually by the committee to determine their contribution based on attendance at meetings, responsiveness to projects etc. Non-active members will then be asked to resign.

**5. MEETINGS:**

- One face-to-face meeting during the Annual Scientific meeting.
- One teleconference, normally in January.
- Other communications by email.

**6. QUORUM:** One third of committee membership plus one. For example, a committee of ten will have a quorum of four members.

**7. MINUTES:** As per the 2009 ICS Bylaws:

**6. Minutes**

**6.1.** *Minutes of all General Meeting, Board of Trustee meetings, Executive Committee meetings, any formal meetings of ICS officials and ICS committee meetings must be recorded, and kept at the ICS office and published on the ICS website in the member's only section.*

**6.2.** *Draft minutes of the meetings shall be sent to all those who attended for correction and subsequently made available to all ICS members via the website within six weeks of the date of that meeting.*

**6.3.** *Only a member attending the meeting in question may comment on the accuracy of the draft minutes. Any ICS member can comment on the subject discussed or the issues raised.*

**6.4.** *Sensitive issues will be recorded in the published minutes by the subject only.*

**8. MEMBERSHIP ROLES AND REPORTING FUNCTIONS:**

**1. Physiotherapy Committee Chair**

**a. Reports to:**

- i. Trustees
- ii. Responsible for submitting an interim report to the Board of Trustees' mid-term meeting - date given in advance each year.
- iii. Prepare an annual report to the Board of Trustees outlining achieved goals/budget requests and future objectives and strategies.

**b. Roles:**

- i. Coordinate the activities of the physiotherapy committee
- ii. Be present at the Annual General Meeting should the membership have any questions about committee activities.
- iii. Lead all committee members in active participation in committee activities

- iv. Review committee member performance annually as per by-law 2.3.6.

## 2. Physiotherapy Membership and Communication Subcommittee / Team

- a. Reports to:
  - i. Physiotherapy Chair
  - ii. Report to be given at the Physiotherapy Round Table Meeting each year.
- b. Roles:
  - i. Create and manage the Physiotherapy Website
  - ii. Maintain and archive information of the history of the physiotherapy committee on the ICS physiotherapy web site.
  - iii. Develop and implement strategies to help ICS physiotherapy members connect / network / become involved in ICS Physiotherapy activities
  - iv. Seek out and encourage PT members to run for key ICS committees. (See below for specifics)
    - Board of Trustees
    - ICS Education Committee
    - ICS Scientific Committee
      - Such representative members will be expected to provide a written report prior to each physiotherapy committee meeting, and be able to discuss relevant issues to their portfolio during the committee meetings.
- c. Composition:
  - i. Lead and team members

## 3. Physiotherapy Round Table Subcommittee / Team

- a. Reports to:
  - i. Physiotherapy Membership and Communications Subcommittee lead
  - ii. Report to be given at the Physiotherapy Round Table each year and as requested.
- b. Roles:
  - i. Plan and coordinate the Physiotherapy Round Table at Annual ICS Meeting each year
  - ii. Determine structure of Round Table to possibly include
    - 1. Report of physiotherapy subcommittee leads
    - 2. Presentation for research of good quality not accepted for the annual meeting
- c. Composition
  - i. Physiotherapy Round Table Subcommittee lead – an experienced Round Table Subcommittee member
  - ii. Member of the Physiotherapy Scientific and Research Subcommittee – responsible (with the help of other round table subcommittee members) to plan the scientific component of the meeting
  - iii. Member of the Physiotherapy Membership and Communication Subcommittee



- iv. Site liaison – from the country elected for the subsequent annual meeting, In situations where there is no site physiotherapist available, the site liaison member would be elected from the current committee or from the general membership
  - v. Other members as needed
- 4. Physiotherapy Scientific and Research Subcommittee / Team
  - a. Reports to
    - i. Physiotherapy chair
    - ii. Report to be given at the Physiotherapy Round Table each year.
  - b. Roles:
    - i. Works with ICS Scientific committee physiotherapy representative to foster PT involvement in workshops and courses
    - ii. Keep ICS member physiotherapists informed of new, international research opportunities, developments and outcomes
    - iii. Encourage research – possibly including an international scientific study group.
  - c. Composition
    - i. Lead and team members
- 5. ICS Scientific Committee Physiotherapy representative
  - a. Reports to
    - i. ICS Scientific committee chair
    - ii. Physiotherapy Chair and Committee, activities related to role as Physiotherapy Representative on ICS Scientific Committee
  - b. Roles
    - i. Be an active contributing member to the ICS Scientific Committee: Represent physiotherapy members and their contribution to ICS research activities
    - ii. Act as liaison between the Physiotherapy Scientific and Research Subcommittee / team and ICS Scientific Committees
- 6. Physiotherapy Education and Professional Development Subcommittee / Team
  - a. Reports to
    - i. Physiotherapy chair
    - ii. Report to be given at the Physiotherapy Round Table each year.
  - b. Roles:
    - i. Create and manage a list of interested physiotherapy speakers for educational courses
    - ii. Create and market the competency profile of Pelvic Physical Therapists
    - iii. Produce educational materials specific to physiotherapy
  - c. Composition
    - i. Lead and team members
- 7. ICS Education Committee Physiotherapy representative:
  - a. Reports to:

- i. ICS Education Committee Chair
  - ii. ICS Workshops and Course Sub-committee (WACS) Chair
  - iii. Physiotherapy Chair and Committee, activities related to role as Physiotherapy Representative on ICS Education Committee
- b. Roles:
  - i. Be an active contributing member to the ICS Education Committee and WACS:
    - 1. Represent physiotherapy members and their contribution to ICS Educational Activities
    - 2. Attend 2 Education Committee meetings per year (Annual Scientific Meeting, and January committee meeting in London)
    - 3. Read and score workshop applications submitted to Education Committee (Dec – Jan each year)
  - ii. Act as liaison between the Physiotherapy Professional development Subcommittee / team and ICS Education Committees
    - 1. Propose, design and co-ordinate submission of workshops representing (but not limited to) high quality physiotherapy contribution to the ICS, for submission each year by Dec 1<sup>st</sup>, with assistance from the Physiotherapy Professional Development Subcommittee
    - 2. Co-ordinate the physiotherapy contribution to ICS external Educational Activities (speakers, topics, content), in conjunction with the Physiotherapy Professional Development Subcommittee

#### 8. ICS Trustee Physiotherapy Representative

- a. Reports to
  - iii. ICS Board of Trustees
  - iv. Physiotherapy Chair and Committee, activities related to role as Physiotherapy Representative on ICS Board of Trustees
- b. Roles
  - v. Be an active contributing member to the ICS Board of Trustees: Represent physiotherapy members and their contribution to ICS
  - vi. Act as liaison between the Physiotherapy committee and ICS Board of Trustees
- c. If no Physiotherapy Trustee Representative at any one time, the Chair of the Physiotherapy Committee will liaise with the Board Allied Health Representative

To view the Terms of Office Information please [click here to view membership page](#)

## International Continence Society Physiotherapy Committee

Scoping review of University level teaching of vaginal examination of pelvic floor function: moving forward.

1. Summary of the method of the project so far.
2. Completeness: following up contacts from WPCT including their own summary of where training occurs.
3. Context: comparison of post graduate versus undergraduate level training and development of recommendations for where the content is best suited.
4. Comparison of content taught across Universities and development of minimum recommendations for **content** and **mode** of teaching (considering a starting point of treating urinary incontinence).
5. Feed in to Committee Activity to develop educational materials including video of how to conduct a vaginal examination of pelvic floor function.
6. Coordination with project by Beth Shelley investigating how physiotherapists in the US (and expanding to other countries) have gained their training in this field.
7. Coordination with terminology committees regarding terminology relevant to the conduct of vaginal assessments of pelvic floor function.

## Physiotherapy Assessment of Urinary Incontinence (Female)

In the UK, Physiotherapy is a well-established, evidenced-based and autonomous profession that is used first line in the assessment and management of women with Urinary Incontinence (UI). However there are substantial variations in physiotherapy practice from country to country across the world. Pelvic floor or continence physiotherapy involving vaginal or anal assessment of pelvic floor structure and function is generally taught at a postgraduate level. Typically physiotherapists either attend privately run professional development courses to learn the pre-requisite skills or enroll in postgraduate courses at tertiary institutions. The physiotherapy committee has recognized the differences between countries in terms of training and practice and is doing a scoping exercise regarding the similarities and differences of pelvic floor muscle assessment training around the world. The current focus of this scoping exercise is to collate and compare what is taught regarding vaginal assessment of pelvic floor function at tertiary education institutions globally.

Considering the findings of the scoping exercise and the ICS strategy to increase scientific and educational output at global level, the Physiotherapy Committee would like to develop an educational module that can potentially set up the standards and competencies of physiotherapists that assess urinary incontinence across the world.

### 1. Aims and Objectives-Learning Outcomes

#### Aim:

The aim of this Educational Module is to learn the physiotherapeutic assessment process of females with urinary incontinence.

#### Objectives:

At the end of the Educational Module the participant should be able to:

- Understand the pathophysiology of Urinary Incontinence (UI) and recognize and sub classify types of UI
- Take a patient's history that includes urinary as well as other pelvic floor symptoms that may interfere and/or aggravate UI as well as a general medical history
- Learn how to communicate and gather patients consent for examination
- Learn the importance and practical application of infection control in the clinical setting
- Understand the use of quality of life and symptom questionnaires as part of the assessment and continuous monitoring of the patient with UI
- Learn how to interpret bladder diaries/frequency and volume charts
- Understand the results of Urinalysis in clinical practice and what to do next
- Learn how to do a vaginal and a pelvic floor muscle assessment
- Recognize the different pelvic floor muscle assessment methods and understand their benefits and limitations in assessment of pelvic floor structure and function
  - Digital palpation, electromyography, dynamometry and manometry
- Understand the role of the bladder scanning
- Understand the role and limitations of pelvic floor ultrasound imaging in the assessment of UI
- Understand the investigations of the lower urinary tract and the correlation with the physical examination and patient's symptoms
- Learn the process of clinical reasoning in order to plan for the physiotherapy treatment of UI
- Understand the importance of using the ICS Standardisation reports when assessing

the female patient with UI

- Understand the use of proformas in the assessment of UI
- Learn how to set goals with the patient
- Understand the principles of maximizing patient adherence to treatment programs and importance of motivation skills as part of the patients assessment and treatment

## 2. Educational Value

Urinary Incontinence (UI) is 'the complaint of any involuntary loss of urine'<sup>1</sup>. It has been estimated that UI affects 20.4% of people aged 40 years and over, equivalent to 5 million people in the UK. In women this figure increases to 35.6% at age 80 and over<sup>2</sup>. Physiotherapy is often first line management of UI as it is a cost-effective intervention<sup>3</sup>. An initial assessment of the patient is one of the core standards of the physiotherapy practice and should be done before embarking on a rehabilitation program.

This Educational Module will provide an overview of the published literature with strong focus on level I evidence, on the pathophysiology and types of UI, the use of quality of life and symptom questionnaires and the importance of taking a good medical history from the patient including information about problems during bladder filling, storage and emptying, and the character, onset and duration of urinary symptoms. This module will also aim to cover a physical examination including the abdomen, external genitalia and pelvic floor muscles (PFM) through a video presentation. This module will also recognize the importance of the clinical reasoning process as well as setting patient goals and using motivation skills. Due to the variation of physiotherapy practice and ethnicity of the physiotherapists across the world is important to discuss all methods of assessing the patient with UI so the clinicians can choose the most appropriate assessment tool to their patient population and practice.

1. Haylen B, de Ridder D, Freeman R, et al. An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. *Neurourol Urodyn*. 2010; 29(1): 4-20.
2. McGrother C, Donaldson M, Shaw C, and et al. Storage symptoms of the bladder: prevalence, incidence and need for services in the UK. *BJU International*. 2004; 93(6): 763-9.
3. Imamura M, Abrams P, Bain C, et al. Systematic review and economic modelling of the effectiveness and cost-effectiveness of non-surgical treatments for women with stress urinary incontinence. *Health Technol Assess*. 2010 Aug;14(40):1-188, iii-iv. URL: <http://www.journalslibrary.nihr.ac.uk/hta/volume-12/issue-26>

## 4. Target Audience

The audience proposed for this educational module would be physiotherapists who wish to learn about pelvic floor muscle and physiotherapy assessment skills in patients with urinary incontinence. This educational module would also be for those doing a physiotherapy assessment in the absence of a specialist physiotherapist.

## 5. Special requirements/Plans-Budget

The physiotherapy committee will create a working group in accordance with the ICS standard operational procedure. Following this, the members of the committee will complete the systematic review and a power point presentation will be developed outlining subjective and physical examination processes with concurrent clinical reasoning..A video outlining the subjective assessment (including the informed consent process) The pelvic floor muscle assessment video will be prepared at the same time however the committee is aware that

such video already exists within the ICS library. The committee will discuss if this video is used or a new one is developed. The committee will decide upon this and liaise with the ICS office regarding budget.

Dear ICS committee chairs,

I am writing to you to provide an update on the plans for the new “ICS Institute”. The Institute will house all ICS educational activities and will provide a single access point for users to access the full range of ICS educational material. This directly links to the ICS strategic aim **“to be the global home of science and clinical education for LUTS, Incontinence and Pelvic Floor Disorders”**. The Institute will be a crucial factor in the ICS reaching this goal by, or before, 2022.

You can view the starting version of the Institute on the ICS website [here](#). This is the opening framework which will be developed and populated with content prior to ICS 2017. We plan to officially launch the Institute at ICS 2017.

The role of the ICS committees will be vital in ensuring there is high quality educational content on the Institute and that we fully cater for the multidisciplinary nature of the ICS. We will be writing to you and your committee members again soon to tell you more and to invite your full participation. Where applicable, committees will also be asked to put forward a candidate or candidates to act as interim Director for the relevant School. The Director’s role will continue to mid-2018 in an interim capacity, with an official call for applications to be announced at the 2017 AGM.

You can view the current list of Schools and interim Directors below. We would welcome your committee’s comments on the range of Schools and if you feel that the current titles are appropriate.

School	Interim Directors	Url
School of Male LUTS and Urethra	Carlos D’Ancona	<a href="https://www.ics.org/institute/male">https://www.ics.org/institute/male</a>
School of Female Pelvic Medicine and Reconstructive Surgery	Mauro Cervigni	<a href="https://www.ics.org/institute/female">https://www.ics.org/institute/female</a>
School of Urodynamics	Urodynamics Committee to appoint	<a href="https://www.ics.org/institute/urodynamics">https://www.ics.org/institute/urodynamics</a>
School of Neurourology	Rizwan Hamid	<a href="https://www.ics.org/institute/neurourology">https://www.ics.org/institute/neurourology</a>
School of Physiotherapy	Physio Committee to appoint	<a href="https://www.ics.org/institute/physiotherapy">https://www.ics.org/institute/physiotherapy</a>
School of Nursing	Nursing Committee to appoint	<a href="https://www.ics.org/institute/nursing">https://www.ics.org/institute/nursing</a>
School of Anorectal Dysfunction	Board of Trustees/Steering Group to appoint	<a href="https://www.ics.org/institute/anorectaldysfunction">https://www.ics.org/institute/anorectaldysfunction</a>
School of Paediatric Voiding Dysfunction and Transitional Urology	Children’s committee to appoint	<a href="https://www.ics.org/institute/paediatric">https://www.ics.org/institute/paediatric</a>

School of Translational Research in Pelvic Health	Board of Trustees/Steering Group to appoint	<a href="https://www.ics.org/institute/translationalresearch">https://www.ics.org/institute/translationalresearch</a>
School of Pelvic Pain	Board of Trustees/Steering Group to appoint	<a href="https://www.ics.org/institute/pelvicpain">https://www.ics.org/institute/pelvicpain</a>

Best regards  
Dan