President’s Message

WCPT Congress around the corner

Just a few more months until we gather in Singapore May 1-4 2015. Kudos to Gill Brook and the Educational Committee planning a pre conference study day that has been arranged with Talli Rosenbaum Friday May 1, 2015. Please see further details in the newsletter.

For the first time we will be having a Subgroup Seminar on Sunday May 3 from 16:00-17:30 on “Trauma Induced Pelvic Floor Disorders: Implications for Physical Therapy” with Gill Brook, Ruth Broom, Tracy Spitznagle, Jovita Daniel and myself.

Rebecca G. Stephenson
IOPTWH President
rstephenson1@partners.org
President’s Message (Continued)

On Monday May 4th we will be having an IOPTWH Networking Session from 7-8:30 AM with a short break to follow so that we can have our General Business Meeting after that. Some of the topics we are likely to discuss in the networking groups are: evidence-based practice in the management of pelvic floor dysfunction and other aspects of women’s health, developing women’s health and pelvic floor specialist services, and the role of the women’s health physical therapist within a multidisciplinary team.

IOPTWH will be awarding prizes for posters in the category of women’s health issues this year in Singapore.

In news from WCPT: the Executive Board has moved that there will be a WCPT meeting every two years in order to provide more member organizations the opportunity to host a congress and for physical therapist to participate at a congress closer to home and for regions and subgroups to contribute to programming. This also makes sense from an organizational, strategic and financial point of view for WCPT.

**New member organizations:** physical therapy associations from Benin, Mongolia, Niger and Congo have recently been approved for WCPT membership and will be presented at the General Meeting. A couple of other applications are in the final stages of review and should hopefully be completed in time for the GM. The association from Togo was approved in 2013.

I am so looking forward to see you all in Singapore and please feel contact me if you have any questions or suggestions

Rebecca

WCPT Congress – register soon!
http://www.wcpt.org/congress/registration

Contributions to the newsletter are welcome, please contact the editor:

Hana Al-Sobayel
Saudi Physical Therapy Association
h.alsobayel@gmail.com
The balance of funds is £7,600.99

One country’s subscription is still outstanding.

CaduceusWebs fees are paid at the end of the 2014, and dues for 2015 should be received by the end of March.

I will be sending reminders for dues in January and February to the chief delegates. Chief delegates should forward the request for dues to their treasurers for immediate attention.

Your country’s co-operation in submitting dues on time would be greatly appreciated. If we do not receive dues on time in March 2015 we will be unable to support the expenses for conference in Singapore in May 2015.

As I approach the end of my second 4 year term as secretary of IOPTWH, I am busy preparing for the WCPT Congress in Singapore, when a new executive committee will be elected. Longstanding officers Rebecca Stephenson (President) and Ros Thomas (Treasurer) will leave the committee completely so there will be new faces within the executive!

In her President’s report, Rebecca has summarised the range of events in which IOPTWH will participate in Singapore. In addition to these, the scientific programme will, I’m sure, contain an extensive range of sessions, which will be of interest to our membership. As I write this report the details are not yet available but are promised shortly, so keep checking the WCPT Congress website.

To benefit from the advanced application rate for the Congress you must apply by 31st March 2015.

General Business Meeting (GBM)
Following my earlier call for executive committee nominations and agenda items, the executive committee is currently preparing the agenda for the Organization’s GBM which will take place on 4th May, Further details and the agenda itself will be circulated to delegates no later than 4th March 2015.

IOPTWH website
As we approach the end of our current contract with our website managers, CaduceusWebs, we shall be reflecting at executive level on our current site, and the best way forward over the next few years, not only in terms of the site itself, but also the role of social media. If you have an opinion, or any innovative ideas, please do let me know

Vaginal pessaries
Israeli delegate Netta Beyar has been asking for the current state of practice in member countries in relation to the role of physiotherapists and the use of pessaries in the management of pelvic organ prolapse. On her behalf I sent a message to our delegates and thank you to those of you who replied. It is not too late to tell us about your experiences; just email me gill.brook@lineone.net and Netta beyarn@netvision.net.il

I hope to see many of you in Singapore in the not too distant future!
Gill Brook, the IOPTWH Secretary and tutor for the UK organisation Pelvic, Obstetric & Gynaecological Physiotherapy, was in Owerri, Nigeria to deliver a 3 day intensive training workshop on Physiotherapy Assessment and Management of Female Urinary Dysfunction from 1st to 3rd April, 2014.

It was a workshop that impacted greatly on the members of Women’s Health Physiotherapists in Nigeria (a member of IOPTWH). The workshop had an attendance of over 20 physiotherapists from across Nigeria, who have an interest in Women’s Health Physiotherapy.

The workshop was organized by Jovys Health Consults in collaboration with The Medical Rehabilitation Therapists Board of Nigeria.

We remain grateful to Gill and look forward to more of the kind gesture. Below are some pictures from the workshop.

Dr Jovita Ada Daniel, IOPTWH Chief Delegate
Physiotherapy Department
Federal Medical Centre
Owerri, Imo State, Nigeria

It was a great privilege to be invited to teach a three day workshop in Owerri. The idea was first discussed when Jovita and I met at the IOPTWH / IPTOP Conference in Boston, USA in April 2013 at which time I offered to visit Nigeria the next time I was undertaking one of my annual visits to the Addis Ababa Fistula Hospital in Ethiopia. Not exactly a short distance from Nigeria, but just one flight so quite convenient.

The Nigerian physiotherapists who attended the workshop were extremely enthusiastic and very welcoming. The intense heat (compared to the UK!) and regular power outages made the experience challenging at times but this did not detract from what was a very rewarding experience for me.

The IOPTWH objectives are:
• To foster cooperation between physical therapists practicing in women’s health throughout the world.
• To encourage improved standards and consistency of practice in women’s health care by physical
To facilitate research in the field of physical therapy/physiotherapy.

Evidence-based practice is necessary especially as in some countries; insurance does not cover the cost if treatment is not evidence-based.

Executive response: The IOPTWH’s strategic plan states that it supports research efforts. IOPTWH has been asked researchers in the past to report on their research. However, due to the proprietary nature of individual research the results are often shared once they are published. The executive is exploring ideas to raise funds/grants to enable help to be given to some member countries’ projects.

To develop clinical guidelines for specific areas of women’s health physical therapy, which should be regularly reviewed and updated. Groups of professionals should be formed to develop specific guidelines. Especially important seem to be guidelines on physical activity in pregnancy and postpartum, and through the lifespan.

Executive response: The Executive will undertake to collate a list of all available guidelines that currently exist, so as to avoid duplication and identify gaps in knowledge base or provision of guidelines. In the future it could be that universal guidelines for a specific condition (for example exercise in pregnancy) may be developed. Links to relevant websites will be included in the list of current available guidelines. Member countries will be asked what guidelines they feel are needed and which ones are already available.

One of the participants pointed out that a Position Statement: Guidelines for physical therapist professional entry level education made by WCPT does not include contents dealing with women's health. The possibility of including the IOPTWH Position Statement on women's health curriculum in the entry level physiotherapy/physical therapy training should be considered by WCPT and serve as a guide for curriculum planning and development.

Executive response: The Executive will contact WCPT to liaise with the group which developed the Position Statement: Guidelines to ensure IOPTWH recommendations are incorporated and there is no conflict of information.

More time and energy should be devoted to the promotion of women’s health physical therapy.
It was suggested promotion materials be placed on the doors of public toilets and included in city maps. Another suggestion was that IOPTWH prepares the promotion materials, which the IOPTWH member countries will translate into their mother tongue targeting the general public as well as health professionals. It is especially important in countries where women’s health physiotherapy associations and education programmes do not currently exist or where the profession is not represented in IOPTWH.

**Executive response:** The Executive will discuss this point at our next meeting. It considers that this is a national rather than an international challenge given differing cultural and religious differences and practices. It may be that a committee led group can collate the most important topics from all member countries. Material, with appropriate wording, which has been successfully promoted, could be shared through IOPTWH, especially to assist countries without promotional materials. This can be added to the agenda for the General Business Meeting and members can vote if this becomes a motion for the membership.

To develop guidelines concerning the appropriate length and content of the courses on women’s health which are organised by IOPTWH member countries.

**Executive response:** Each country needs to identify its particular priorities and feed back to their chief delegates who would bring the information to any of the Executive to submit as an item for the General Business Meeting agenda. There is a page on our website about postgraduate training in member countries. Each country is asked to assist IOPTWH in keeping this information accurate and up to date.

To familiarise WCPT member organizations as well as non-member countries with the mission and the activities of the IOPTWH through pre-recorded DVDs or otherwise.

**Executive response:** Our website and brochure already fulfill this. The Chief delegates need to alert their members to resources, such as these, that are currently available. Non-member countries will soon be contacted with information regarding IOPTWH and be encouraged to join.

To consider the possibility of collaboration with other WCPT subgroups (guidelines, research), especially in the areas where the Scope of Practice overlaps among IOPTWH members in other WCPT subgroups from different physiotherapy fields.

**Executive response:** The recent successful collaboration with Geriatric subgroup of WCPT in Boston for the conference, “International Physical Therapy Conference: Topics on Women’s Health and Aging in Men and Women” is a good example. This could lead the way forward for similar work in the future with ‘paediatric incontinence’ or with ‘neurology with pelvic floor disorders’. Please feel free to bring your ideas to your Chief Delegate and the Executive.

To facilitate the exchange of views and clinical experience among IOPTWH members.

**Executive response:** We will hold our own reception in Singapore 2015 and will continue to do so, wherever possible, in the future. The General Business Meeting and our one-day study days also provide a forum for exchange of views and experience.

Executive Committee, October 2014
Check WCPT News

IOPTWH NEWSLETTER
January 2015

From ACPWH Conference 2013

Fast Assessment, Start Treatment (FAST): a service model for conservative pelvic floor care
S. Sheppard & A. Henderson

Abstract
Fast Assessment, Start Treatment (FAST) is a new service model that has been developed by a team of specialist physiotherapists. The initiative focuses on providing patients with a shortened first assessment, and commencing treatment soon after their referral. From the outset, the interventions take the form of targeted self-help training. The FAST model replaces a 3–5-month wait for a longer, more in-depth assessment. In a pilot study, the team found that half of the patients whom they see are able to manage their conditions with self-care, and recover more quickly by starting self-treatment immediately. As a result, throughput in the pelvic floor clinic increased by approximately 50%. Furthermore, 48.1% of patients required only one appointment. All women are seen by one of five specially trained women’s health physiotherapists. This paper describes the piloting of the FAST service model, and the routine procedures involved in this management initiative.

Keywords: FAST assessment, pelvic floor dysfunction, physiotherapy, self-help training, service model.


From Literature

Should all women with pregnancy-related pelvic girdle pain be treated with exercise?
R. Bromley & P. Bagley

Abstract
This paper presents the main findings of a systematic literature review that was undertaken to investigate whether physiotherapist-guided exercise is effective in reducing the severity of pregnancy-related pelvic girdle pain (PPGP). Seven electronic databases were systematically searched. Studies that met the inclusion criteria were assessed for methodological quality and internal validity. Five primary randomized controlled trials (RCTs) and one post-partum follow-up study were included in the review. The authors of all six studies incorporated advice and physiotherapist-guided exercise, either in a group setting or as part of an individualized exercise programme, into at least one of their intervention groups, with or without the addition of a pelvic support belt, acupuncture or other physiotherapy treatment modality. Two of the primary RCTs found that exercise and advice effectively reduced pre-partum PPGP. One study concluded that exercise had no additional value beyond simply supplying a pelvic support belt and advice. The results of another trial supported the use of physiotherapist-guided stabilization exercises for the treatment of post-partum PPGP. Yet another study did not find any differences between the intervention groups involved. The works included in this review all reported that PPGP reduced over time, regardless of the intervention used to treat it, suggesting that the greatest factor influencing the resolution of PPGP is time rather than exercise. The findings do not support the routine use of physiotherapist-guided exercise in the treatment of all women with PPGP. Advice, information and a non-elastic pelvic support belt should be offered to women with pre-partum PPGP, whereas patients with persistent symptoms of post-partum PPGP should receive individualized physiotherapist-guided exercise aimed at stabilizing the pelvic area as part of a wider package of physiotherapy treatment.

Keywords: exercise, pelvic girdle pain, pregnancy.

Check for updates: http://www.wcpt.org/congress/programme/prelim
World Confederation for Physical Therapy

CONGRESS 2015

Singapore

1-4 May 2015

Join physical therapists from around the world at the 17th International Congress of WCPT.

Suntec Singapore

Convention & Exhibition Centre

The preferred place to meet
IOPTWH EXECUTIVES

President
Rebecca G. Stephenson, USA
rstephenson1@partners.org

Secretary
Gill Brook, UK
gill.brook@lineone.net

Member-At-Large
Darija Šćepanović MSc PT, Slovenia
darija.scepanovic@kclj.si

Vice President
Meena Sran, Canada
meenasran@hotmail.com

Treasurer
Ros Thomas, MCSP, UK
ros.thomas@virgin.net

Committees

Practice Committee
Ruth Broom, New Zealand

Program Committee
Gill Brook, UK

Newsletter Editor
Hana Alsobayel, Saudi Arabia

Publication and Information Committee
Ros Thomas, UK

Research and Education Committee
Darija Scepanovic, Slovenia

IOPTWH Office:

IOPTWH
Gill Brook
Burras Lynd
Burras Lane
Otley, West Yorkshire
LS21 3ET
England
UK