In less than a year from now we will meet in Singapore May 1-4 2015. The Educational Committee has planned an exciting one day pre conference that has been accepted by WCPT with Tali Rosenbaum, AASECT Certified Sex Therapist and pelvic floor physiotherapist. The conference entitled "Addressing Sex in Women's Health Physiotherapy Practice: Foundations and Skills" will be held May 1, 2015 at the WCPT Congress.

If you are interested in submitting an abstract to the WCPT Congress, the call for the online submission system will open on 17 March, with a submission deadline of 31 October 2014. The call will be announced in the congress specific e-letter, Congress Update. If you have not already done so, sign up now to receive this newsletter at http://www.wcpt.org/mywcpt.
President’s Message (Continued)

Sometimes we forget to check all the resources that are available to us so I want to highlight some of the things that WCPT has that are readily available to the membership. One is the WCPT policy and Standards, which hold a wealth of information for the subgroups and members. These are available at: WCPT Policy and Standards [http://www.wcpt.org/node/100047](http://www.wcpt.org/node/100047) WCPT also has a glossary of terms, which is helpful in understanding the policies across different subgroups and countries. WCPT Glossary of Terms: [http://www.wcpt.org/sites/wcpt.org/files/files/WCPT_glossary2011_version1_MASTER.pdf](http://www.wcpt.org/sites/wcpt.org/files/files/WCPT_glossary2011_version1_MASTER.pdf) Also there is publicity material that is available to all the members from various countries and regions. These sample materials may give you ideas of publicity that you want to develop in your country. There is an interesting flyer from the Canadian physiotherapy group on women’s health physical therapy that I hope you will check out: Member Organizations Publicity Material [http://www.wcpt.org/node/33199](http://www.wcpt.org/node/33199)

In planning for the future I will be stepping down after our meeting in Singapore in May 2015. It will have been 8 years as secretary and 8 as president and so the baton must go on to the next president. Included later in this newsletter are the positions that will be open for consideration at our General Business Meeting in Singapore. Look and see what the time considerations are and see what the process is for getting on the ballot. It has been such a wonderful time to be involved in women’s health internationally and I am so proud of all the work we have accomplished together.

Best,
Rebecca

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Treasurer’s Report

Ros Thomas
IOPTWH Treasurer 2011
ros.thomas@virgin.net

Our ongoing expenses, such as the website fees, are rising more quickly than our income from dues. May I make plea for all member country dues to be paid on time please, both in 2014 and 2015. We have to plan ahead for our Singapore conference in 2015. I will be sending out reminders to all chief delegates in February 2014 for payment by 31st March 2014.

At Singapore I will have completed two terms of office as Treasurer (8 years) and will not be standing again for re-election. I look forward to hearing that someone has volunteered, in the near future, to take over from me – a job description can be found elsewhere in the newsletter. I would be very happy to discuss the role with anyone who may be interested.

### Summary Accounts Year ending 31 Dec. 2013

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>£12,267.39</td>
</tr>
<tr>
<td>Expenditure</td>
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<tr>
<td>Profit</td>
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</tr>
<tr>
<td>Balance C/F 1.1.13</td>
<td>£744.80</td>
</tr>
<tr>
<td>Cash at Bank 1.1.14</td>
<td>£1361.80</td>
</tr>
<tr>
<td>High Interest Account</td>
<td>£5092.81</td>
</tr>
<tr>
<td>Total Funds 1.1.14</td>
<td>£6454.61</td>
</tr>
</tbody>
</table>
Since I last wrote our thoughts have turned to WCPT Congress 2015 in Singapore; now less than a year away, and fast approaching in terms of organization of our general business and executive committee meetings.

I continue to handle regular enquiries from physiotherapists within our member countries looking for clinicians in non-member countries to which their patients are travelling. Recent examples include a request for information about women’s health or pelvic physiotherapists in France, Romania, Abu Dhabi, Italy, India, Japan and Switzerland. Although none of these countries are members, I do know of women’s health physiotherapists in four of them, so can at least offer some contact information. In addition, enquiries from within the membership include topics such as treatment codes and a policy to propose pelvic floor muscle rehabilitation for every woman post-natally.

**International collaboration**

In the latter part of 2013 I was approached by a Belgium-based journalist who was writing an article on postnatal care, and how it differs across European countries. Via our network, I was able to canvass replies from delegates in the UK, Ireland, Belgium, Portugal and Finland; such a great way to spread the word about women’s health physiotherapy practice in different countries.

**Union of International Associations (UIA)**

In November 2013, I had the opportunity to attend an international roundtable organised by the UIA in Brussels. Representatives from about 100 diverse international groups met to discuss issues of common interest such as financial stability (including fund raising) and meeting the needs of your membership. It was interesting to sit with representatives of such diverse groups as the European Tyre Recycling Association, International Egg Commission and International League of Esperantist Teachers. I left armed with new knowledge and the appreciation that different international groups face many of the same challenges.
I attended WCPT in 1995 in Washington DC and was inspired by the women's health speakers to think about how we could come together and share our knowledge. At the congress I spoke with then WPTA VP, Sally Edelsberg, who happened to be a friend of mine, about the requirements for a subgroup to be formed. She told me we needed 6 member countries to begin the process. So, I went around to as many PTs who were speaking at the congress on women's health about their interest in such an endeavor. I got some favorable responses so decided to pursue the idea.

Over the next 2.5 years I contacted every member organization of the WCPT by letter, asking them to forward my queries to any women’s health subgroups or special interest groups within their organizations. Once I got contact information I sent those contacts a second letter, and so on. It took a couple of years to find people and to confirm status of their subgroups and to find out if they were interested in forming an official subgroup of the WCPT.

In the meantime I had worked with Sally E. to find all the requirements of subgroup formation. I had enough interest to draft a constitution. I crafted this from constitutions of the International Private Physical Therapy Association and from IFOMPT, both of whom were already WCPT subgroups. I began to search out interested subgroup members to run for office in IOPTWH. I worked on the name of the organization by asking for input from member-organizations and their individual members with an eye to what WCPT recommended.

In 1998 we had enough support to consider ourselves an organization and to proceed to work on the necessary documentation to apply for subgroup status with WCPT. We developed a slate of officers and an agenda for the 1999 inaugural IOPTWH member meeting in Yokohama, Japan, in conjunction with the WCPT congress. We applied for subgroup status. We were placed on the agenda for the WCPT General Meeting where WCPT member countries would vote on our subgroup status in 1999, WCPT 13th World Congress and General Meeting; we were voted into existence as an official subgroup of the WCPT. Only the 3rd such subgroup. We held our IOPTWH inaugural business meeting the afternoon before the Congress officially opened.

Jill Boissonnault, the founder and first president of IOPTWH received the WCPT International Service Award in Amsterdam 2011. Jill created the International Organization of Physical Therapists in Women’s Health (IOPTWH), which was recognized as a WCPT subgroup in 1998. Jill served as president of IOPTWH between 1998 and 2007 and has inspired physical therapists in women’s health around the world, helped develop programmes, made international visits, established many key papers and polices and established membership. Jill shares with members the memories of early days of IOPTWH and how it was created.

**Founder’s Message**

**When there’s a will there’s a way**

Jill Boissonnault, the founder and first president of IOPTWH received the WCPT International Service Award in Amsterdam 2011. Jill created the International Organization of Physical Therapists in Women’s Health (IOPTWH), which was recognized as a WCPT subgroup in 1998. Jill served as president of IOPTWH between 1998 and 2007 and has inspired physical therapists in women’s health around the world, helped develop programmes, made international visits, established many key papers and polices and established membership. Jill shares with members the memories of early days of IOPTWH and how it was created.
Physiotherapy and pelvic girdle pain in pregnancy: a four-armed pilot randomized controlled trial


Abstract

Background. Pelvic girdle pain (PGP) is a common problem in pregnancy that affects approximately 20% of women. It can be a very disabling condition, and optimal treatment approaches have yet to be established in the literature. A historical review of a women’s health physiotherapy service for patients with PGP revealed a trend towards seeing patients in groups.

Objectives. The aims of this study were:
• to establish whether physiotherapy relieves PGP;
• to establish whether group or individual treatment is preferable;
• to establish whether multiple or single treatment sessions produce better results;
• to examine the whole pathway of physiotherapy offered to patients with PGP (e.g. advice and education, mobilizations, exercises prescription, and support belts and/or crutches); and
• to explore the effect of PGP on women’s experiences of pregnancy, birth and the post-partum period.

Participants and methods. The study took the form of a four-armed pilot randomized controlled trial (RCT). Sixty-one participants with PGP who had been referred by midwives, general practitioners and obstetricians were recruited between March and December 2012. These women were all between 14 and 32 weeks gestation. The participants were randomized to one of four treatment arms. Prior to randomization, the women were assessed for PGP with validated musculoskeletal tests in 30-min assessment slots. All treatment arms of the study included: advice, education and exercise prescription, mobilizations, and muscle energy techniques, as appropriate; provision of support belt and/or crutches, as appropriate; and also the offer of self-referral of symptoms follow-up treatment. The four treatment arms were:
(1) a one-off group session;
(2) a one-off individual session;
(3) individual sessions for 6 weeks; and
(4) group sessions for 6 weeks.

Outcome measures. All participants completed the Patient-Specific Functional Scale (PSFS), a visual analogue scale (VAS) for pain and the Patient Self-Efficacy Questionnaire (PSEQ) at baseline, 3 weeks, 6 weeks and 3 months post-partum. Each participant was also sent a postnatal mixed methods questionnaire at 3 months post-partum. Descriptive statistics were used to assess the average change scores for each group for each outcome measure.

Results. Whether in a group or not, the participants who underwent one-off treatment sessions exhibited a clinically significant worsening of pain and function on all of the outcome measures used. Six sessions of treatment resulted in improvements in pain and function. This was most noticeable in the six group sessions, which demonstrated a clinically significant improvement on the PSEQ, and were almost at the two data point change level of clinical significance on the VAS and PSFS. Multiple treatment sessions including advice and supervised exercise appear to produce better clinical outcomes, and women with PGP appear to respond better to treatment when they are in a group. The 3-month post-natal questionnaire had a response rate of 35%, but these results have yet to be analysed.

Conclusions. The project has led to changes to the normal management of patients with PGP at this women’s health physiotherapy service. The team continue to use the validated tests during assessment, and the validated outcome measures to evaluate treatment. The results are also helping the service to advertise its management to future patients with PGP. Most importantly, the RCT has widened the team’s knowledge of the research process, and encouraged its members to seek collaboration with other centres in order to conduct a wider, multicentre-funded trial investigating physiotherapy treatment for PGP.

Source: Journal of the Association of Chartered Physiotherapists in Women’s Health, Spring 2014, 114, 72–73
IOPTWH Executives Responsibilities

The responsibilities of President include being the primary liaison to WCPT and networking with the other subgroups. I have helped development of subgroups - how to start a group and the need for a constitution, policies and procedures.

There are requests to help with speaking engagements, suggesting speakers from our member organizations around the world. I am in touch with groups that want to become members and we as an executive committee help get a foundation to these groups so their voice can be heard. I network with the delegates during the year.

There are frequent emails from WCPT and information to pass on to the executive committee and out to the membership. I write a newsletter piece four times a year and two reports a year to WCPT. I coordinate all business matters with the rest of the Executive Committee of IOPTWH and serve as the ex-officio member of all the committees.

The Executive Committee of IOPTWH holds about four Skype calls a year to discuss future and strategic plans for the organization which last one hour each. Additionally, we have in person meetings every two years to coincide with our study day, and when WCPT Congress meets. Those meetings run for 3-4 hours and I create the agenda with the Secretary and Vice-President and preside at the meetings.

I am responsible for creating the agenda for the General Business Meeting (GBM) held at each Congress and for presiding over the GBM and all Executive Committee meetings.

**Time commitment**

On a monthly basis I spend about 5-8 hours of work with calls and emails. During our meeting preparation every two years I spend an additional 10 hours of work.

Rebecca Stephenson
The primary role of the Secretary is to maintain an accurate account of IOPTWH business, minutes of meetings, membership, and official IOPTWH correspondence. This has become simpler in recent years because of email and a move away from paper records to electronic documents.

I deal with most of the day-to-day correspondence addressed to IOPTWH in addition to communications from the President and other executive committee members. In many cases I am able to respond directly to the correspondence received but some matters are forwarded to a more appropriate person, or brought to the attention of the executive committee.

If possible, the Secretary attends all face-to-face and Skype executive committee meetings, in addition to the four-yearly General Business meeting (GBM). As is the case for the rest of the executive committee members, I prepare and present a report of my activities at each meeting. I am also responsible for maintaining all of the Organization’s records including membership details, strategic plan, and meeting minutes.

In keeping with many secretaries I prepare the agenda for all meetings of IOPTWH and the executive committee, and provide copies to those in attendance. In addition, I take the minutes and distribute these afterwards as appropriate.

The months surrounding each four-yearly General Business Meeting are a particularly busy time with regular mailings to the IOPTWH delegates in line with timescales described in the Organization’s constitution. This correspondence includes a call for nominations to the executive committee positions and agenda items; distribution of the agenda and associated papers; and circulation of minutes and other relevant documents after the meeting.

The Secretary also serves as the office liaison to the Program Committee Chair, and has a prominent role in the planning and execution of the Organization’s study days.

Time commitment
The Secretary needs regular, easy access to email to ensure that any correspondence is dealt with in a timely manner. I do not receive IOPTWH-related emails on a daily basis, but there will be some every week. I estimate I spend about 4-6 hours per month (in short spells) on IOPTWH business, but considerably more for short spells in relation to conferences and meetings.

Gill Brook
The vice president (VP) typically chairs a sub-committee such as the education group, in addition to being involved in other executive committee activities. She would stand in for the President at meetings if the President was for some reason unable to.

The VP, as a member of the executive committee, develops and implements the strategic plan of IOPTWH. She also helps complete specific projects with other executive committee members and with member country delegates. Examples include congress programming, biennial subgroup conference, revision of scope of practice document, development of entry-level women’s health curriculum document.

The VP attends all in person, telephone or Skype meetings of the Executive committee and provides updates to the executive committee for meetings as they arise and as needed, as well as an update on any activities for newsletters and General Business Meetings.

Time commitment
The vice-president is busiest when leading development or completion of a project, and before, during and after General Business Meetings, Congress, and biennial meetings.

Meena Sran

Editorial Statement
IOPTWH members and friends are invited to submit contributions directly to the Editor. Contributions may include members’ reports, book reviews, research abstracts, or any reports that members and friends would like to share. Photographs can be included to enrich reports. All submissions are subject to editing. Keep those reports coming!
The IOPTWH Treasurer is responsible for:

- monitoring/managing two accounts (one current, one higher interest)
- keeping simple double entry book-keeping records of income & expenditure
- presenting a summary of activity at the 4-yearly General Business Meeting at Congress
- receiving dues from each member country annually
- paying administrative costs such as the website, as required
- paying Executive expenses as required (by direct international transfer or cheque)
- providing financial support for the 4-yearly conference and interim events as required (usually bi-annually) – paying for venues, dinners, exec and speaker expenses
- forecasting financial status for the year ahead

Administration

- email reminder to countries in January each year, that dues are payable by end of March. Send form to be completed.
- after March, checking progress of the account whilst dues are processed. Follow up late payments.
- balancing books at end of financial year (December)
- preparing books after 4 years for audit.

Executive meetings

- financial summary for bi-annual meetings
- brief summary for Skype calls or other meetings as required
- brief report twice yearly for the newsletter
- liaison with other members of the executive committee regularly via email/Skype

Time commitment

Apart from regular Executive committee business, the time required to fulfil the role varies hugely. The busy times are; after dues are paid (April/May), the end of the year (January), around conferences and intermittently at other times. Almost without exception input is at whatever time suits you, for a short period. I usually go online every month or so to check the account activity and update the books as required.

Ros Thomas
The member at large position is a necessary one that fills duties, which do not fall under the scope of the other executive committee members.

The member at large works closely with the Executive Committee in the development of policies and the design and implementation of programs which accord with the members’ aspirations and enhance the mission and vision of the Organization and WCPT. In addition they:

- bring new initiatives to the Executive Committee for consideration
- update the governance manual and strategic plan as required on the basis of information, needs and desires of the relevant parties
- present a written report of their activities on an annual basis, and prior to the General Business Meeting.
- serve as the officer liaison or chair of any ad-hoc committees created by the Executive Committee.
- provide relevant information for Organization members and the public.
- contact parent organizations in non IOPTWH member countries in order to promote the IOPTWH and recruit new Organization members; to clearly state the aims and cause of the Organization through which the needs of its members or/and the community can be met.
- prepare agenda and discussion topics which they submit to the Secretary.
- prepare for meetings by reviewing the agenda prior to Executive Committee and Organization general business meetings, and review and comment on minutes and reports.
- actively participate in bi-annual self-evaluation and strategic planning by submitting action item updates to the Secretary office by the established deadlines each year.
- maintain regular communication with other members of the board via email/Skype.
- provide a brief report twice a year for the newsletter.

**Time commitment**

A member at large should be able to devote their time to fulfil the responsibilities concerning regular Committee business, conferences and intermittently at other times. The time required varies depending on the amount of current activities, but would not normally be more than 2-4 hours per month.

**Darija Šćepanović**
IOPTWH NEWSLETTER

IOPTWH EXECUTIVES

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Ruth Broom, New Zealand

Program Committee
Gill Brook, UK

Newsletter Editor
Hana Al-Sobayel, Saudi Arabia

Publication and Information Committee
Ros Thomas, UK

Research and Education Committee
Darija Šćepanović, Slovenia

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