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Objectives

- History of Women’s Health in United States
- Path to Specialization
- Challenges, responsibilities
- International Physical Therapists in Women’s Health
  - IOPTWH
Background on Women’s Health Specialty Practice in USA

- Section on Women’s Health SOWH founded in 1977
  - Elizabeth Noble
- Residency
- Work toward clinical specialization

- 2000-2009
Milestones to Certification

- 2000 Advanced practice analysis Delphi Technique
- 30 member panel of experts
- 286 Educational Objectives in 19 practice areas of practice expectation as described in the Normative Model – APTA
- The 19 practice expectations divided into 3 groups
  - professional practice expectations
  - patient and client management expectations
  - practice management expectations
Milestones to Certification

- 2002 Task Force on Residency education – Advanced Practice Analysis of Women’s Health PT
- 2003 Petition to ABPTS (American Board of Physical Therapy Specialists)
- 2004 ABPTS requests a revision to the survey
  - Focus group, revised Practice Analysis Survey
- 2005 Revised Practice Analysis formatted
  - Members participate in on-line survey
  - ABPTS granted preliminary approval for SOWH petition
Milestones

- 2006- ABPTS held a public comment forum at CSM
  - APTA House of Delegates approved SOWH Specialist Certification Proposal- Specialty Council chosen
- 2006-2008 Development of Exam
- 2009- First exam given- 61 passed
2010 CSM-First Women’s Health Certified Specialists will receive their certification in front of their colleagues, teachers and mentors.
Challenges- Core Values

- Doctor of Physical Therapy
- Evidenced-based practice
- Autonomous Practice
- Direct Access
- Practitioner of Choice
- Professionalism
Challenges

• WE must be willing to be held accountable and support activities that foster the privilege of advanced practice
• CAN our process for advanced certification meet this need just through didactic testing?
• WILL residencies and fellowships be the completion of our advanced practice and specialization?
Physician Model

- Intern
- Resident
- Chief Resident
- Fellowship Training
Physical Therapy Development

- The entry level professional can not be all things to all conditions
- Do we need to evolve to a tiered level of privileges
  - ABPTS tests our didactic knowledge
  - Clinical Fellowships/residency in addition
Physician Oversight

- Constraint of physicians that feel they need to supervise
  - Financial Gain
  - Critical of us and our independent practice

We need to be judged internally and externally to give veracity to our profession
Tenets of Our Profession

- Education
- Research
- Practice
Consequences

- Professional Role
  - Understand that thinking that all therapists could do all areas of advanced practice undermines our credibility
  - Clear definition between entry level and advanced skill
  - Clearly delineate what a minimally competent therapist can do
  - Define what advanced skill is required
  - Commit to accept responsibilities in areas that are beyond skill level
  - Held responsible for our unique competencies and skill
  - Supporting the concept of specialization and achievement of advanced knowledge and skill for best tx and to protect the public
  - Support the need for advanced credentialing
Consequences

- May need to refer to other PT’s for additional problems
  - Shoulder and pelvic floor dysfunction
  - Insurance issue does not recognize or pay for two PT tx in the same day even if treating different problems
  - Scheduling needs to be creative or see PT’s in different settings but same day
Internal Struggles

- Resistant to change
- Anxiety about autonomous practice
- Doing the outcomes
- Doing the research
Roles and Responsibilities
Responsibilities

- Work with regulatory agencies
- Practice
  - Excellent Documentation that objectifies what we do with clinical findings
  - Demonstrate the medical necessity of physical therapy
  - Bill so that ICD and CPT codes are support correctly
Internationally- What is Women’s Health

- World Health Organization 1997 (WHO)
- Women’s health is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

- A disease must be unique, more prevalent, more serious, have different risk factors, or require interventions that are different for women or a sub-group of women-1985 United States Department of Health and Human Services (DHHS)
Brigham and Women’s Hospital
Boston, Ma
Women’s Health Internationally

IOPTWH

- 17 Member countries,
- 2 Application- voted on in Amsterdam June 20—23 2011
- 16 Friends
Member Countries IOPTWH

http://www.ioptwh.org/graphics FLAGS- MAPS/ MAP/WOUTLINE.GIF
The mission of the International Organization of Physical Therapists in Women's Health is to improve health care for women internationally through facilitation and promotion of best-practice women's health physical therapy.
Advanced Practice - International

- IOPTWH Objectives:
  - 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 therapists.
  - To advance practice by communication and exchange of information.
  - To encourage scientific research and promote opportunities for the spread of knowledge of new developments in the field of women's health.
  - To assist WCPT member countries in the development of recognized Sub-sections in women's health.
Thank You

- Jill Boissonnault
- Leigh DeChaves
- Linda Arslanian
- Pat Wolfe
References

Discover your own discontent, and be grateful, for without divine discontent there would be no creative force.

Chopra