On Tuesday 4th July 2017 the International Organization of Physical Therapists in Women’s Health (IOPTWH), an official subgroup of the World Confederation for Physical Therapy (WCPT), hosted a networking session as part of the WCPT Congress in Cape Town, South Africa.

Despite it being one of the final sessions on the last day, 61 delegates from 42 countries attended a very interactive 75 minute meeting, during which attendees had the opportunity to discuss topics which had been advertised on the Congress website. Those present were encouraged to rotate through all 4 discussion groups, notes were taken by the group facilitators, and there was an opportunity for each group to feedback pertinent points from their discussions during a short plenary session at the end.

Thank you to all concerned, particularly those who facilitated discussions, took notes, gave feedback within the session, and subsequently provided the following information. Please note: these are thoughts and comments from those present, as noted during the discussions. Apologies for any omissions, and it is accepted that practice and opinion may vary within a country or organization so the following is not intended to represent the view of any group, nation or IOPTWH.

Notes of this meeting will be circulated to all who attended, and made available to IOPTWH members via the Organization’s website and newsletter. They will also be presented to the executive committee of IOPTWH for further consideration.

Women's health - the challenges in different countries
Facilitated & recorded by Darija Šćepanović

The issue was largely discussed. The participants accentuated especially the following priority action items:

1. To facilitate research in the field of physical therapy/physiotherapy. Evidence based practice is necessary.
2. To consider the possibility of collaboration with other WCPT subgroups (guidelines, research), especially in the areas where the Scope of Practice overlaps between IOPTWH and other WCPT subgroups from different physiotherapy fields.
3. To develop consistency in assessment, treatment and outcome measures.
4. 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.
5. To provide enough capacity of physiotherapists and enough postgraduate education.
6. To encourage health seeking behaviour in the community and to overcome cultural and religious barriers.
7. To determine which patient can be referred to a physiotherapist directly and which to a specialist first.
8. More time and energy should be devoted to the promotion of women’s health physical therapy.
9. To raise the awareness of women’s health physical therapy among public and health professionals.
10. To communicate with policy makers; physiotherapists need more power.
11. To develop guidelines concerning the appropriate length and contents of the courses on women’s health which are organised by IOPTWH member groups in their own countries.
12. To familiarise WCPT member organizations as well as non-member countries with the mission and the activities of the IOPTWH.

**Women's health and beyond - pelvic physiotherapy for men and children**
Facilitated & recorded by Robyn Willcock

**Male:**
- Anger/sadness that men are now encroaching into the area
- Negative effect on advocacy for women
- Decreases the funding available to treat women
- Pelvic health is a global issue and there is a shortage of skilled physiotherapists.
- Training needs to recognise the differences between men and women
- More research
- Many countries are seeing an increased demand for services
- Some therapists see demand across men/women/children as leading to a greater recognition of our work in this field and resulting in a net increase in services.

**Paediatric:**
- At what age do children transition to adulthood (and treatment as an adult)?
- How do we manage consent?
- What screening tools are appropriate? When sexually active/not sexually active
- Need for training in general paediatrics to understand physiological/neurological development of children
- More courses and resources to be made available; International Children’s Continence Society (I-C-C-S.org) and Medbridge (medbridgeeducation.com) offer some online
- Need for more therapists due to being unable to meet demand
Postgraduate education; what is good and where are the gaps?
Facilitated & recorded by Melissa Davidson

During this networking session, we gathered information about what pelvic health post graduate training is available in each participant’s country, and what general rules there are in order for pelvic health physiotherapists to work there.

Around the world there is a considerable difference, ranging from no post graduate training at all to extensive residential programmes or clinical masters in the subject. This is also the case with rules around working in the field of pelvic health; some countries have no rules, while others limit physiotherapists who can perform internal examinations to only those graduates from their country’s universities.

Melissa Davidson, IOPTWH Secretary, is compiling a document to share with all members over the next few months. It will contain information obtained from the networking session; a survey sent out to IOPTWH delegates last year about post graduate training opportunities; and information given to Melissa previously. Once she has compiled this document, she will ask each country to confirm the information is correct before finalising it and placing it on the web page.

Social media - does it work well for you?
Facilitated & recorded by Gerard Greene

Facebook
Lots of people use Facebook for various reasons including clinic & pelvic health promotion, interacting with other pelvic health physios & professionals, sharing resources, discussing clinical scenarios. Lots of countries are using closed Facebook groups that are member focused. Facebook was deemed great for new people to pelvic health and a great way to encourage students and early professionals to take an interest in pelvic health (See American Physical Therapy Association student group example). It was suggested that countries with existing professional member Facebook groups could act as a template for groups that are new to this. A great example is the United Kingdom Pelvic Obstetrics Gynaecological Physiotherapy group.
Some of the key international physiotherapy Facebook groups being used are Women’s Health Physiotherapy, Men’s Health Physiotherapy, Paediatric Pelvic Health, and Oncology Physiotherapy.

Twitter
Twitter was found to be great for easy access to people, instant communication and being a relatively open forum. Networking is much easier on Twitter as people don’t
need to access personal friend accounts (like Facebook). People were using Twitter in a range of ways from being very active in posting to lurking (watching conversations without engaging). Lurking is a great way to get comfortable with how Twitter works.

**Instagram**
A relatively new social media platform in pelvic health physiotherapy but being used by more and more clinics to promote to the public what they do. Ideal for sharing images and videos and gaining a lot of traction with the public. Also links well with Facebook.

**Snapchat**
Possibly a surprise platform that was highlighted by some members from Saudi Arabia, USA and other member organisations. Individuals and some professional bodies were using Snapchat to engage more younger members of the public and professional groups about campaigns and events they were running.

**Linkedin & Research Gate**
Lots of people using Linkedin and Research Gate; in particular to access research findings and papers and to reach people less active on Twitter.

**Summary**
Pelvic health physios and their organisations are using multiple platforms on social media to engage with fellow professionals and the public. Multiple benefits were highlighted. It was suggested that as all of these platforms need resources and support that it may be preferable to establish one successful platform and then progress to a second one. It was also suggested that it’s useful to source people within an organisation who have an interest and experience in social media to support its use.

Reports collated by Gill Brook, IOPTWH President (gill.brook@lineone.net)
July 2017