

# International Organization of Physical Therapists in Pelvic and Women's Health (IOPTPWH)

## Recommendations for Education in Pelvic and Women's Health fields

**Dated:** May 2022

### **Objective:**

The objective of these recommendations is to provide a framework for global unity to physiotherapists practicing in pelvic and women's health. The objectives focus on the needs and conditions of the patient, and the physiotherapy training required to meet those needs.

IOPTPWH recognises that countries have differing political landscapes, cultural practices, and economic resources, therefore the needs and resources available to provide education and training in the field of pelvic and women's health physiotherapy will also differ.

These recommendations are offered to assist countries develop and enhance education in the fields of pelvic and women's health. The framework provides an overarching approach of the possibilities of different training levels to assist countries in their development of programmes to enhance patient care and practice in their regions. It is recognised that education is a continuum of life-long learning.

Each country will have professional regulatory bodies that will assist in defining the scope of practice that physiotherapists can work within, and therefore what standard is required for their physiotherapists.

### **Definitions of Terms and concepts:**

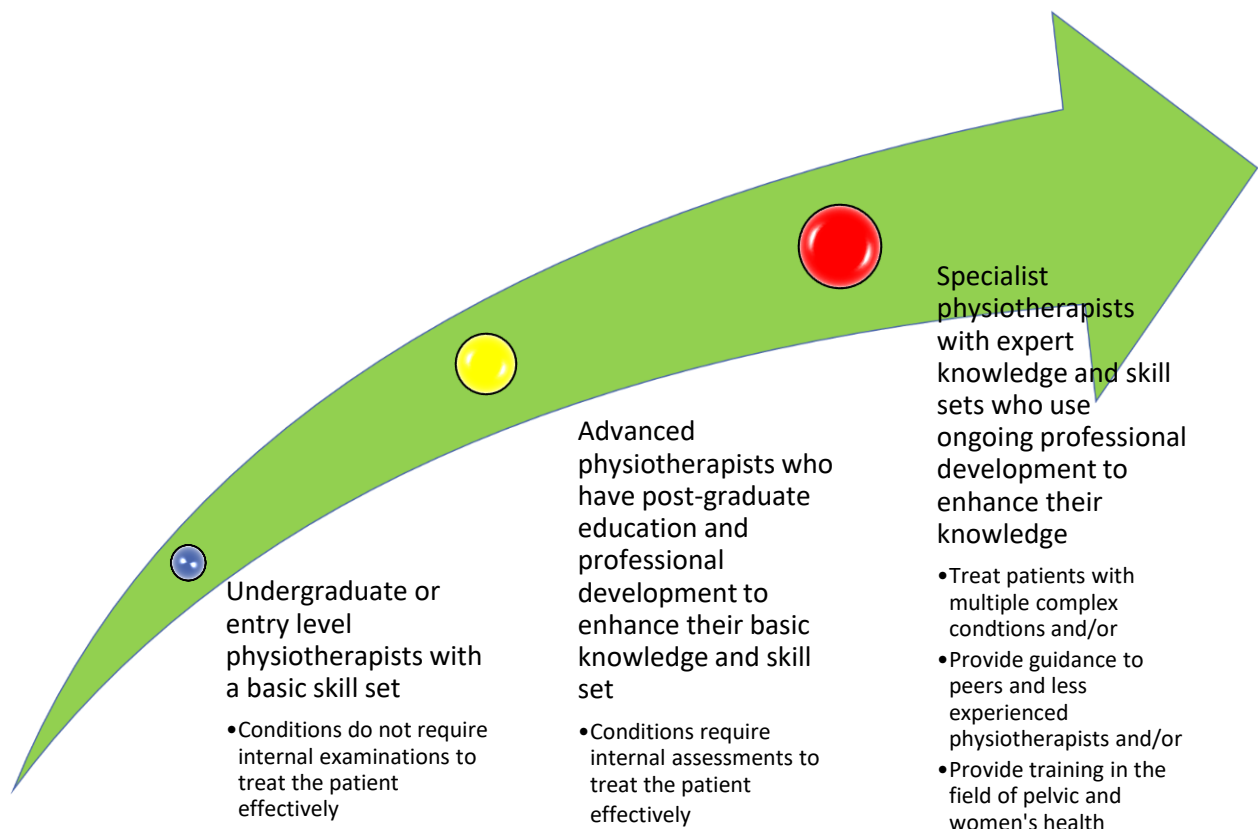
Pelvic and women's health; physical therapists; physiotherapists; pelvic, women's and men's health physiotherapists; entry level education or undergraduate education; advanced, specialist, or post-graduate education; and evidence informed practice are according to *World Physiotherapy Document Physiotherapist-education-framework-FINAL* [located on Figure 2, page 10 of the document].

### **Method:**

The preparation of this document was based on expert opinion in two stages after IOPTPWH called for volunteers from all member countries in early 2021.

In the first stage, an Appointed Project Group was formed that included delegates representing seven member countries of IOPTPWH. They met as a full group five times online to discuss the recommendations. Additional meetings were held in two sub-groups of three participants each, where discussions generated suggestions of content to be taught in the areas covered. The suggestions were compiled into a single document that underwent further editing and the approval of the executive committee of IOPTPWH.

In the second stage, a draft version was shared with delegates from member countries for further input. The final version was approved by the executive committee of IOPTPWH and disseminated.



Undergraduate or entry level training of physiotherapists will depend on each country's ability to provide training for their physiotherapists to meet their country's needs. Qualifications will range from certificate, diploma, degree, masters, or doctoral programmes. Evidence informed practice should be used to guide development of the professional development of the physiotherapists in each country at each level.

It is recommended that every physiotherapist should have the skills to properly identify and give instructions to prevent, treat and contribute with the rehabilitation of the most prevalent conditions that have high levels of evidence related to pelvic and women's health.

Physiotherapists should be prepared to deal with ethical, privacy, cultural, gender diversity, mental health, and communication matters specifically related to the pelvic and women's health field.

Physiotherapists working in these fields should have awareness of their scope of practice when providing assessment and treatments for patients. Physiotherapists should be trained to identify when referral of patients is required to appropriately skilled physiotherapists, to facilitate optimal patient care.

As education is a continuum of lifelong learning, division of education and treatment intervention cannot be divided into clear divisions of basic, advanced, and specialist. Rather it should be viewed as a whole, with levels of training based on patient conditions and presentations. Countries are

encouraged to ensure that the provision of training enables physiotherapists meet patient needs specific to their country, within the resources, knowledge, culture, and training available to them.

**The following content is recommended to be included in pelvic and women’s health education:**

Pelvic anatomy of females and males including pelvic floor muscles, pelvic bones, pelvic organs, urinary, reproductive, and digestive systems. Lumbo-pelvic, abdominal, and breast anatomy should also be included.

Normal pelvic floor function, physiology (including exercise physiology in women), and structures in females and males.

Pelvic health dysfunctions in females and males including (but not limited to): Bladder and bowel dysfunction, pelvic pain, cancer in the pelvic region, and sexual health.

Surgical interventions related to pelvic dysfunctions in female and males.

Normal functional and physiological changes that occur during pregnancy and the post-partum period in females.

Women’s health specific issues including pregnancy and postpartum-related conditions, pelvic organ prolapse, hormonal stages related to age of the patient, breast dysfunction, cancer in the breast region, fertility, neurological conditions, sporting injuries, osteoporosis, contraceptive methods, female genital mutilation, social determinants of health, and family violence. Lifestyle-related diseases and comorbidity as related to women’s health and sex differences.

Men’s health specific issues including prostate health.

Gender diverse health conditions including surgical reassignment/gender affirmation surgery.

Assessment techniques can include external examinations of the pelvic, lumbo-pelvic, abdominal and breast regions, and internal examination – vaginal and/or rectal.

Precautions and contraindications for treatment of patient conditions.

A range of treatment interventions that are evidence informed for all patient conditions, for example: education, advice on physical activity and activities on daily living, manual therapy, electrotherapy, strengthening and stretching programmes.

**Reference Files or Appendix:**

ICS definition of terms related to pelvic and women’s health assessment:

Frawley, H., Shelly, B., Morin, M., Bernard, S., Bø, K., Digesu, G. A., . . . Voelkl Guevara, J. (2021). An International Continence Society (ICS) report on the terminology for pelvic floor muscle assessment. *Neurourology and Urodynamics*, 40(5), 1217-1260. doi: <https://doi.org/10.1002/nau.24658>

World Physiotherapy Document

Physiotherapist-education-framework-FINAL <https://world.physio/news/world-physiotherapy-publishes-framework-physiotherapist-education>

## **Authors:**

### Appointed Project Group – Education (2022)

Annelie Gutke (Chairperson, Sweden)  
Cristine Homsí Jorge Ferreira (Brazil)  
Valpuri Seikkula (Finland)  
Gifty Akushia Koomson (Ghana)  
Netta Beyar (Israel)  
Signe Bekere (Latvia)  
Corlia Brandt (South Africa)

### Executive Committee IOPTPWH (2022)

Melissa Davidson (President, New Zealand)  
Sonia Roa Alcaíno (Vice President, Chile)  
Heather Pierce (Secretary, Australia)  
Meena Sran (Treasurer, Canada)  
Annelie Gutke (Member at Large, Sweden)