

Sharing the care: getting to know your team



AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION

Women's, men's and pelvic health physiotherapy

Women's, men's and pelvic health physiotherapy is an area of physiotherapy that aims to address issues relating to bladder and bowel health in adults and children, sexual dysfunction, pelvic pain and to support patients across life events such as pregnancy, menopause and before and after surgery.

Physiotherapy is not just a treatment choice for incontinence but a specialised area that involves assessment of internal pelvic organs, muscles and support structures, and consideration for the interplay between the musculoskeletal system, hormonal, neuroimmune and endocrine systems.

There are many conditions that a physiotherapist working in this area can assess and provide evidenced-based intervention for, including bladder dysfunction, bowel dysfunction, prolapse, and pregnancy.

About physiotherapy

Physiotherapists are practitioners who are highly trained in treating and preventing a wide range of health conditions to help improve quality of life and encourage a healthy lifestyle. They provide tailored exercise and treatment programs for all members of the community—young or old, fit or challenged.

Physiotherapy can help improve general health and wellbeing in many ways. Beyond the more commonly known treatments for sports and muscular injuries, there are many different areas of physiotherapy.



Referral information

Early referral for bladder and bowel dysfunction, prolapse and pelvic pain conditions, including those related to pregnancy such as pelvic girdle pain, prevents or limits the significant burden to quality of life.

Pathways for referral include:

- MBS chronic disease team care arrangement (*Up to 5 allied health services per calendar year*)
- Private health cover (including for equipment and exercise classes)
- Public hospital services; visit SpotOnHealth HealthPathways for localised pathways in Brisbane South <https://spotonhealth.healthpathwayscommunity.org>

Find a private practice physiotherapist and patient information about how physiotherapy can help them manage a range of conditions: www.choose.physio



This activity is supported by funding from the Australian Government under the PHN Program

Costs

Patients with complex chronic conditions can access a Team Care Arrangement that may include an out of pocket expense if seeing this skilled group of practitioners (Medicare rebate is \$52.95 as at June 2018).

It is important to talk to your patient about possible gap fees and that they may not receive 'five free allied health visits' through their team care arrangement. Out of pocket costs will vary depending on the provider, so explaining this when formulating the team care arrangement and making the referral will avoid any unexpected costs for the patient.

Private health can also be utilised by patients to cover costs of consultations and in some cases the use of equipment and attendance at classes.

First line conservative treatment is recommended for:

- All types of urinary incontinence in both men and women
- Bowel dysfunction: constipation, urgency and incontinence
- Pelvic pain and sexual dysfunction
- Pregnancy related pelvic girdle pain
- Exercise advice and prescription during pregnancy and beyond
- Breast conditions including mastitis and post breast cancer surgery
- Improved outcomes prior to and following prostate surgery
- Improved outcomes prior to and following gynaecological surgery

Bladder dysfunction can include:

- Leaking urine when you cough, sneeze or exercise
- Rushing to the toilet with an overwhelming urge to go
- Leaking urine on the way to the toilet
- Going to the toilet frequently
- Having your sleep interrupted by the need to urinate
- Feeling like you haven't emptied your bladder properly
- Having to return to the toilet soon after urinating
- Difficulty getting started or having to strain to empty your bladder

No leakage at any age is normal. Physiotherapists are able to assess bladder habits, voiding volumes and residuals, the role of pelvic floor muscle control, and if structural elements such as prolapse are involved. Evidence shows that supervised and individually tailored pelvic floor muscle training has grade A recommendations for all types of urinary incontinence in women and has been shown to reduce urinary leakage after prostate surgery in men. Research has also shown that when this training is commenced before prostate surgery or during pregnancy, it can prevent or reduce the severity of bladder leakage.



Bowel dysfunction can include:

- Faecal soiling with activity or on the way to the toilet
- Rushing to the toilet with an overwhelming urge to pass a bowel motion
- Accidentally passing wind
- Having to strain and/or pain with emptying your bowel
- Having to return to the toilet soon after a bowel motion to go again

Symptoms of bowel dysfunction have a significant impact on quality of life and are a common reason for early admission to residential care. Chronic constipation is linked with many conditions including faecal incontinence and urgency, bloating, rectal pain, and can be a precipitating factor for pelvic organ prolapse.

Bowel dysfunction is not just a concern of the elderly - it can affect people of any age. Early intervention is often minimally invasive and can be managed with dietary and stool modification, correct toileting postures and coordinating muscle function.

Prolapse, pregnancy and pain symptoms:

- Heaviness, dragging or sensation of a bulge in the vagina
- Pain in the pelvis during pregnancy
- Tail bone or coccyx pain
- Difficulty walking, pain with activity or getting in and out of the car during pregnancy
- Pain with vaginal penetration, a pap smear or using a tampon
- Vulval pain with sitting or activity
- Pain associated with a full bladder

The role of physiotherapy in providing pre-delivery pelvic floor muscle training can reduce the risk of incontinence, and there is good evidence for the role of rehabilitation of the pelvic floor muscles in managing faecal incontinence post-delivery.

Physiotherapists can also provide advice and management for returning to exercise after delivery or surgery, and for managing painful conditions of the lactating breast or after surgery for breast cancer, including lymphoedema management.

There is strong evidence that indicates that education, lifestyle modification and pelvic floor muscle training can improve both the subjective symptoms and graded level of prolapse.

When you refer a patient for women's, men's and pelvic health physiotherapy you can expect that your patients will receive a thorough assessment of the musculoskeletal and pelvic floor system, manual techniques to relieve pain, rehabilitation of their pelvic floor system, and practical lifestyle advice that can have a significant impact on symptoms. Physiotherapists work with GPs, urologists, gynaecologists, continence nurses, dietitians and gastroenterologists to complete the cycle of care that is needed.



Further information

- Australian Physiotherapy Association www.choose.physio
Visit the website to find a physio and for patient information about how physiotherapy can help them manage a range of conditions, injuries and life stages.
- Australian pelvic floor questionnaire (a quick way to screen for issues)
<https://www.ncbi.nlm.nih.gov/m/pubmed/18958382/>
- Continence Foundation of Australia <https://www.continence.org.au>
- International Urogynecological Association <https://new.iuga.org/>
- National Vulvodynia Association <https://www.nva.org/>
- Pelvic Pain Foundation Australia <http://www.pelvicpain.org.au/>

Scientific recommendations

- Du Moulin et al. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. *Cochrane Database of Systematic Reviews 2014*. Issue 5. Art. No.: CD005654. DOI: 10.1002/14651858.CD005654.pub3.
- Harvey M et al. Obstetrical Anal Spincter Injuries (OASIS): Prevention, Recognition and Repair. *SOGC Clinical Practice Guideline*. No 330, December 2015.
- McClurg Det al. Conservative interventions for urinary incontinence in women: an Overview of Cochrane systematic reviews. *Cochrane Database of Systematic Reviews 2016*, Issue 9. Art. No.: CD012337. DOI: 10.1002/14651858.CD012337.
- Hagen S, Stark D. Conservative prevention and management of pelvic organ prolapse in women. *Cochrane Database of Systematic Reviews 2011*, Issue 12. Art. No.: CD003882. DOI: 10.1002/14651858.CD003882.pub4.
- Anderson et al. Conservative management for postprostatectomy urinary incontinence. *Cochrane Database of Systematic Reviews 2015*, Issue 1. Art. No.: CD001843. DOI: 10.1002/14651858.CD001843.pub5.
- Woodley SJ, Boyle R, Cody JD, Mørkved S, Hay-Smith EJC. Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women. *Cochrane Database of Systematic Reviews 2017*, Issue 12. Art. No.: CD007471. DOI: 10.1002/14651858.CD007471.pub3.

Your feedback

The video series that accompanies this fact sheet has been developed to assist health professionals to increase their knowledge and awareness of the many diverse allied health disciplines, sub-specialties, and referral pathways in primary care to improve patient outcomes in our community.

If you have any questions or feedback please email: alliedhealth@bsphn.org.au



This activity is supported by funding from the Australian Government under the PHN Program