



Women's Health

A DIVISION OF THE CANADIAN PHYSIOTHERAPY ASSOCIATION

SUMMER 2022 NEWSLETTER

WORD FROM THE CHAIR

Dear Members,

I am so glad to be connecting with all of you through my first Chair's address in our Summer newsletter! I hope you have all been enjoying the warmth and sun after a cold and challenging winter. Since I am new to the role of Chair, I will take a moment to properly introduce myself. My name is Alison Gordon and I have been working with the executive team of the Women's Health Division for the past 4 years, mostly in the role of Social Media Chair. I work in private practice in Winnipeg, Manitoba and am passionate about the role that women's and pelvic health play within the larger scope of physiotherapy. I have been inspired by the team that volunteers for the Women's Health Division executive as well as the amazing work of our members and am excited to step into a leadership role and continue to watch our team achieve goals and make change.

Over the past several years, our now Past-Chair, Devonna Truong, has been an inspirational and driving force in reorganizing and restructuring the Women's Health Division. As our division has continued to experience rapid growth, this work has been instrumental in allowing us to expand our reach and pursue larger projects with more efficiency. Over the next years, I believe this work will continue to flourish as we explore more exciting projects outlined in our strategic plan. I would like to say an enormous thank you to Devonna for her passion, dedication, never-ending energy, and drive.

As our team takes a break and recharges over the summer, we have already started planning for a busy and productive fall with several exciting projects getting started – if you're interested in getting involved with this work on a large or small scale don't hesitate to reach out to our Secretary, Linnea, at contact@womenshealthcpa.com.

Thank you all for your continued membership and support. I wish you all a warm, restful, and rejuvenating summer. I can't wait for us all to get to work in the fall. Happy Summer!

Alison Gordon

Chair, Women's Health Division, Canadian Physiotherapy Association
Physiotherapist

IN THIS ISSUE

WORD FROM THE CHAIR	1
NOTE FROM THE EDITOR	2
YOUR WHD TEAM AND COMMITTEES	5
KT CORNER	6
REFRAMING RETURN-TO-SPORT POSTPARTUM: THE 6 RS FRAMEWORK	9
SUMMER Q&A WITH CLINICIANS/RESEARCHERS	11
IN SUPPORT OF UKRAINE	15
ARTICLE SUMMARY: A SCOPING STUDY OF PSYCHOSOCIAL FACTORS IN WOMEN DIAGNOSED WITH AND/OR TREATED FOR PELVIC ORGAN PROLAPSE, TOUZA ET AL (2020)	17
NEWSLETTER ADVERTISING RATES 2022-23	21

NOTE FROM THE EDITOR

Dear readers,

Happy Summer! I hope you all have found time for some rest and recuperation during these warmer months. Unfortunately, my role as Acting Newsletter Editor has come to an end. However, I am absolutely thrilled to congratulate and welcome Stephanie Boone to the role of Newsletter Editor starting this Autumn! I have no doubts that she will provide you with fantastic reading and learning material.

This edition of the WHD Newsletter will explore various topics, from social media and research to recent worldwide events. Enjoy!

Nicole Ivaniv, PT (Resident)

WHD Newsletter Editor

CALL FOR APPLICANTS

Are you interested in volunteering with the Women's Health Division? Please visit the following link (<https://www.womenshealthcpa.com/news>) for further details on each available role.

WHD Operational Subcommittee Lead Roles Available

- Communications Lead (2 year term)

WHD Operational Subcommittee Team Roles Available

- Advertising Manager (2 year term)
- Website, E-blast Manager (2 year term)

If you are interested in applying, please email with the subject of your email in the following format: "APPLICATION: [INSERT POSITION]" and send your application to contact@womenshealthcpa.com with your Letter of Intent and CV.



by SZIO+



Tired of Recurrent UTIs?

It's time to let your patients
know about Utiva!

- ✓ Helps reduce the need for antibiotics
- ✓ Helps to naturally improve quality of life
- ✓ Cranberry PACs, D-Mannose, Probiotics in 1 spot
- ✓ First month free for patients!

Use discount code **FREEMONTH at checkout*

Now on:
 **Fullscript**™

For samples, materials, or to learn more,
please contact us at: hcp@utivahealth.com
[1-888-622-3613](tel:1-888-622-3613) | www.utivahcp.com

*Only available at utivahealth.ca until October 31, 2022. \$40.00 value, one time use per patient.

PELVIC HEALTH PHYSIOTHERAPY COURSES

SOME UPCOMING 2022 COURSES

HYBRID & ONLINE



WWW.PHYSIOUROSANTE.COM

*Courses offered to physiotherapists only

Perinatal : Fundamental Concepts in Perinatal Physiotherapy, Through Pregnancy, Delivery & Beyond (3 day course)

3 days Live-Online - Sept. 10, 16, 24 2022
In English with: Alana Devlin & Juliana Schulze Burti

The Physical Therapy Approach to Female Urinary Incontinence (4 day course)

Hybrid version (2 days Live-Online + 2 in person days) Sept. 11, 17, 18, 24 2022
In English with: Claudia Brown & Marie-Josée Lord

Physiotherapy for Ano-Rectal Disorders AND Pelvic Floor Physiotherapy in Paediatrics (4 day COMBO course)

LIVE-ONLINE - Oct. 1-2 & Oct. 28-29 2022
in English with: Claudia Brown & Marie-Josée Lord
Register for the Combo in order to benefit from the discount, (see website for options)

Sexual Health and Counselling Skills for Physiotherapists (9 hours course)

(2 days Live-Online) - Oct. 23 & 30 2022
In English with: Talli Rosenbaum

The Physiotherapy Assessment of Breastfeeding Related Conditions (4 section course)

Live-Online sessions with some Asynchronous learning - Oct. 26, Nov.5 & 26, Dec.3 2022
In English with: Mercedes Eustergerling

The Physical Therapy Approach for Dyspareunia (3 day course)

Hybrid version (1 day Live-Online + 2 in person days) -Nov. 11, 19, 20 2022
In English with: Claudia Brown & Marie-Josée Lord

The Physiotherapy Approach to Male Pelvic Health (1.5 day course)

Live-Online - Dec. 9 - 10 2022
In English with: Claudia Brown & Marie-Josée Lord

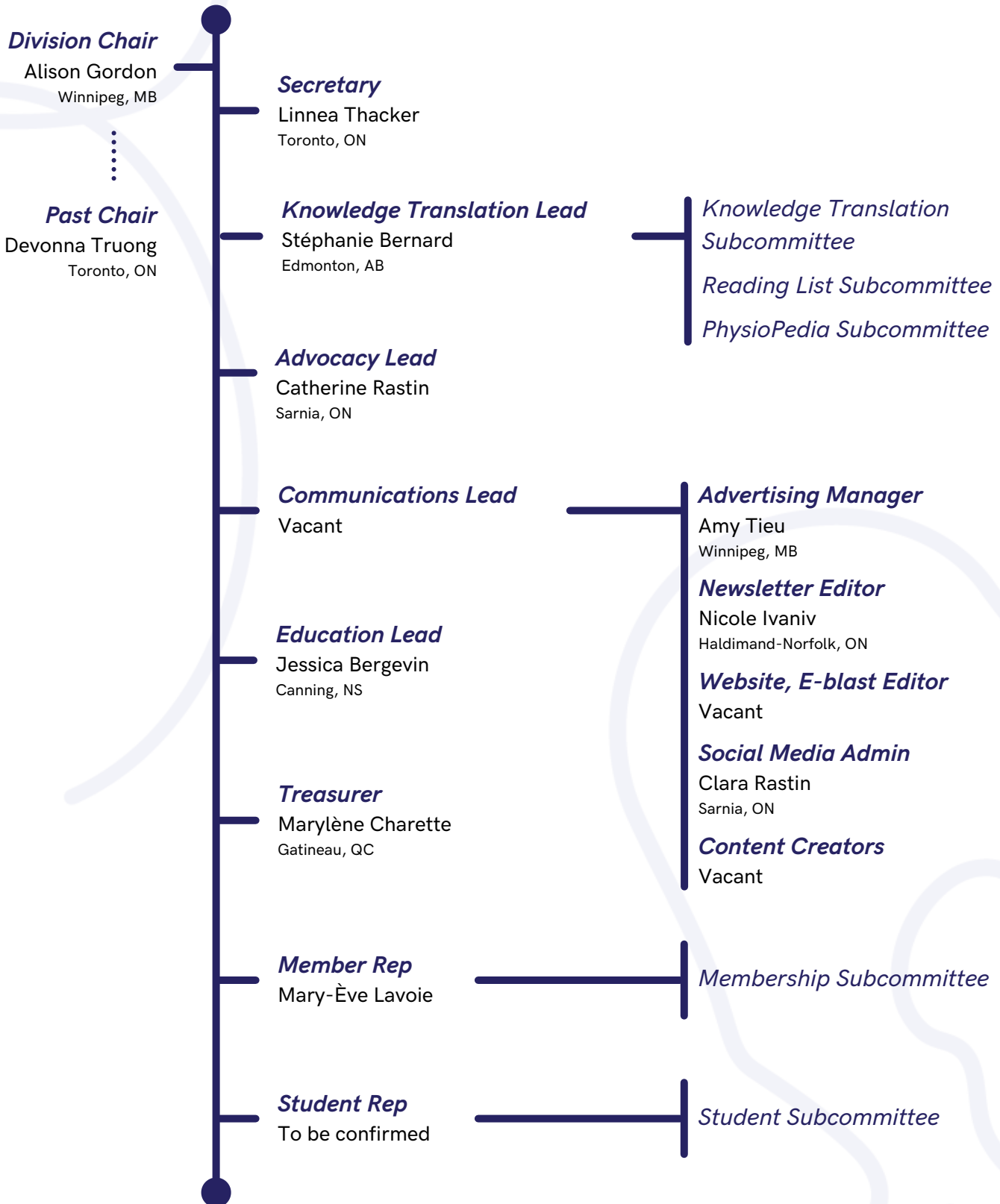
*And many more courses...
For course details, registration and course calendar go to:*

www.physiourosante.com/courses/

info@physiourosante.com



WOMEN'S HEALTH DIVISION TEAM



KT CORNER

*By Stephanie Bernard, PhD, MSc, PT
Postdoctoral Fellow at the University of Alberta*

Greetings to all! For this summer newsletter, I thought it would be interesting to present two summaries of articles that I have recently enjoyed reading. The first is about integrating a biopsychosocial approach into physical therapy practice and the perceived difficulties of doing so. Using a systematic review type of research design, this study lists the reasons and techniques that may facilitate (facilitators) or hinder (barriers) the integration of biopsychosocial approaches into clinical practice. This review may be useful in helping you identify your own barriers to integrating a biopsychosocial approach into your practice, as well as guiding you in identifying the best strategies to overcome these challenges. This article is not open access, but I recommend that you contact the authors directly (via Researchgate or Google Scholar) to receive a copy. The second study is a longitudinal study that aimed to track urinary, vaginal, and bowel symptoms in a large cohort of nulliparous pregnant individuals up to 8 years after that first pregnancy. What is clinically interesting about the results of this study is that some of the differences observed immediately after delivery between those who delivered vaginally and those who delivered by cesarean section can still be observed 8 years later, highlighting the importance of rehabilitation in the recovery from obstetric pelvic floor injury.

STUDY ONE

CITATION

Gervais-Hupé J, Filleul A, Perreault K, Hudon A. Implementation of a biopsychosocial approach into physiotherapists' practice: a review of systematic reviews to map barriers and facilitators and identify specific behavior change techniques. *Disabil Rehabil.* 2022 Jul 5:1-10. (Epub ahead of print; PMID: 35790490)

LINK

<https://doi.org/10.1080/09638288.2022.2094479>

PURPOSE

Our first objective was to map the barriers and facilitators to the implementation of a biopsychosocial approach into physiotherapists' practice within the Theoretical Domains Framework (TDF). Our second objective was to identify the specific behavior change techniques (BCT) that could facilitate this implementation.

MATERIALS AND METHODS

We conducted a review of systematic reviews to identify barriers and facilitators to the use of a biopsychosocial approach by physiotherapists and we mapped them within the TDF domains. We then analyzed these domains using the Theory and Techniques tool (TaTT) to identify the most appropriate BCTs for the implementation of a biopsychosocial approach into physiotherapists' practice.

RESULTS

The barriers and facilitators to the use of a biopsychosocial approach by physiotherapists were mapped to 10 domains of the TDF (Knowledge; skills; professional role; beliefs about capabilities; beliefs about consequences; intentions; memory, attention and decision processes; environmental context; social influences; emotion). The inclusion of these domains within the TaTT resulted in the identification of 33 BCTs that could foster the use of this approach by physiotherapists.

CONCLUSIONS

Investigating the implementation of a biopsychosocial approach into physiotherapists' practice from a behavior change perspective provides new strategies that can contribute to successfully implement this approach.

IMPLICATIONS FOR REHABILITATION

The implementation of a biopsychosocial approach into physiotherapists' practice is a complex process which involves behavior changes influenced by several barriers and facilitators. Barriers and facilitators reported by physiotherapists when implementing a biopsychosocial approach can be mapped within 10 domains of the Theoretical Domain Framework. Thirty-three behavior change techniques (e.g., verbal persuasion about capability, problem solving, restructuring the physical environment, etc.) were identified to foster the implementation of a biopsychosocial approach and specifically target barriers and facilitators. By using a behavior change perspective, this study highlights new strategies and avenues that can support current efforts to successfully implement the use of a biopsychosocial approach into physiotherapists' practice.

STUDY TWO

CITATION

Siafarikas F, Halle TK, Benth JŠ, Stær-Jensen J, Reimers C, Bø K, Engh ME. Pelvic floor symptoms from first pregnancy up to 8 years after the first delivery: a longitudinal study. *Am J Obstet Gynecol.* 2022 Jun 17:S0002-9378(22)00467-7. (Epub ahead of print. PMID: 35724758)

LINK

<https://doi.org/10.1016/j.ajog.2022.06.020>

BACKGROUND

Despite the strong association between vaginal childbirth and pelvic floor dysfunction, genetic factors, pregnancy, advancing age, and lifestyle also play a role. The pelvic floor undergoes substantial changes during pregnancy, which may contribute to pelvic floor dysfunction. Conversely, these changes may be favorable for vaginal delivery. However, there is a lack of studies assessing pelvic floor symptoms over time according to delivery mode and including predelivery assessment.

OBJECTIVE

This study aimed to describe urinary incontinence, vaginal symptoms, and bowel control symptoms from 21 weeks of gestation in the first pregnancy up to 8 years after the first delivery, stratified by delivery mode.

STUDY DESIGN

This was a longitudinal observational cohort study. A total of 300 nulliparous women were recruited during their first pregnancy. Pelvic floor symptoms were assessed at 21 and 37 weeks of gestation, and at 6 weeks, 6 months, 12 months, and 8 years after first delivery using the International Consultation on Incontinence Questionnaire modules: the urinary incontinence sum score, the weighted vaginal symptom sum score, the vaginal-associated quality of life score, the bowel control sum score, and the bowel-associated quality of life sum score. Delivery mode at first delivery defined delivery groups as: normal vaginal, operative vaginal, and cesarean delivery. A linear mixed-model analysis was used to assess symptom scores over time and differences in symptom scores between the delivery groups.

RESULTS

Of the 300 women included in the study, 193 attended the 8-year follow-up. Pelvic floor symptoms differed between women who had vaginal delivery and those who had cesarean delivery. The symptom scores showed a nonlinear statistically significant trend. In women who delivered vaginally, there was an increase of urinary incontinence and vaginal symptom scores already during pregnancy. In women who later delivered by cesarean, there was a decrease of symptom scores during pregnancy, and overall lower symptom scores relative to women who had vaginal delivery at 12 months after the first delivery. Pelvic floor symptom scores increased from 12 months to 8 years after the first delivery and exceeded pregnancy levels in all delivery groups; however, overall symptom scores were low. Differences between delivery groups were not statistically significant.

CONCLUSIONS

Pelvic floor symptoms differed between women who had vaginal delivery and those who had cesarean delivery from the first pregnancy up to 8 years after the first delivery. These differences were already recognizable before the first delivery.

8

Featured ONLINE Courses with Reframe Rehab

Name: Reframe Pelvic Girdle Pain: A 21st Century Approach

Instructor: Dr Sinéad Dufour

Dates: September 16th & 23rd

Name: Exercise Reframed: Exercises for a Sensitive Nervous System

Instructor: Jodie Pulsifer

Dates: September 22nd, 29th & Oct 6th

Name: Reframe Endometriosis in Rehabilitation

Instructor: Jill Mueller

Dates: October 2nd & 16th

Name: Reframe Yin Yoga: An Exercise Prescription for the Connective Tissue

Instructor: Amber Morphy

Dates: October 4th, 11th, 18th, 25th

Name: Reframing MSK Health: Beyond Local Inflammation to Systemic Inflammation

Instructor: Dr Sinéad Dufour

Dates: October 21st

Name: Elevating Pregnancy, Birth, and The 4th Trimester - A Biopsychosocial Approach for Pelvic, Ortho and Perinatal Physiotherapists

Instructor: Ibukun Afolabi

Dates: November 2nd, 9th, 16th, & 23rd

Name: Biopsychosocial Reframed: Using Questionnaires to Create a Psychologically Informed Practice

Instructor: Carolyn Vandyken

Dates: November 4th, 11th, 18th & 25th

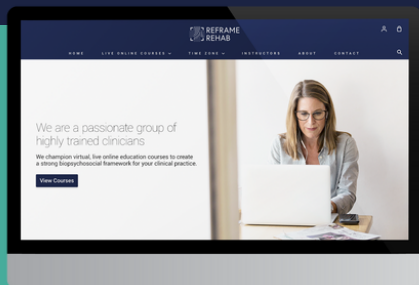
Name: Pain Neuroscience Applied to Childbirth: Exploring Theory, Integration and Outcomes

Instructor: Ibukun Afolabi

Dates: November 30th

Can't make it LIVE to the class? We have you covered!
You will have **access** to the recording after the class is done!

Have questions? Join in a **live Q and A** session monthly with your instructor **FREE** of CHARGE!
Office Hours.....Priceless!



Visit us online to take your pelvic health career to the next level.



reframerehab.com



@reframerehab

REFRAMING RETURN-TO-SPORT POSTPARTUM: THE 6 RS FRAMEWORK

A Research Review by Alyssa Brunt, PT

In order to address the current lack of support for return-to-sport in perinatal athletes, Gráinne Donnelly, Isabel Moore, Emma Brockwell, Alan Rankin, and Rosalyn Cooke have developed a whole-systems, biopsychosocial framework to guide multidisciplinary teams in facilitating and optimizing postpartum sport performance. The authors also believe that multidisciplinary teams managing these athletes should include sports medicine clinicians as well as pelvic health physiotherapists, midwives, obstetricians and gynecologists.

Participation and professionalization of female athletes continues to increase. More women are participating in sport and competing both during and after pregnancy. Olympic luge champion, Natalie Geisenberger, who is considered to be the most dominant athlete within her sport, announced her second pregnancy earlier this month. Brittany Lincicome recently competed in the Canadian Open and Shoprite LPGA in June while 7 months pregnant with her second child. Team Canada hockey star, Natalie Spooner, also recently announced that she is pregnant with her first child. All of these women intend to return to sport and have no desire of ending their competitive careers postpartum.

It is well known that pelvic floor dysfunction like urinary incontinence and pelvic organ prolapse can negatively affect participation in daily activities. As females are at a greater disposition for pelvic floor dysfunction postpartum, it comes as no surprise that this may also impact performance in perinatal athletes. The physiological changes that occur to the body throughout pregnancy are also well documented in the literature. As a result, multidisciplinary teams should plan ahead and proactively prepare perinatal athletes for the impending physical and psychological changes that coincide with pregnancy.

Unfortunately, there are no current standardized guidelines or frameworks that support health professionals working specifically with perinatal athletes who wish to return to sport postpartum. The Strategic Assessment of Risk and Risk

Tolerance (StARRT)² framework and the biopsychosocial approach for return-to-sport³ focus mostly on musculoskeletal injuries. It is only recently that guidelines, specifically the Guidelines for Returning to Running Postpartum,⁴ have begun to acknowledge the importance of perinatal health in return-to-sport.

The 6 Rs framework focuses specifically on the perinatal athlete as a means of enabling women to continue competing in sport beyond the transition to motherhood. However, this framework has only recently been proposed as a guide for healthcare professionals in “preparing, returning and optimising perinatal athletes for their sport”.¹ Its validity has not yet been tested and overall the framework has only an evidence level of 5. The methods and research process behind the development of the 6 Rs framework are not discussed in the paper, although the authors have provided relevant articles that informed the development of each phase. Ultimately, there is still a need for evidence-based and standardized guidelines for return-to-sport in perinatal athletes but the 6 Rs framework provides a starting point that can assist healthcare professionals and guide clinical reasoning when working with this specific population.

THE 6 RS FRAMEWORK

The 6 Rs framework is meant to build off of existing return-to-sport frameworks, while acknowledging and integrating the importance of perinatal health and more specifically, pelvic health. It is designed around a whole-systems, biopsychosocial model of care and includes 6 phases that are individualized, evidence-based, systematic and planned. Each phase includes a general timescale and is intended to serve as a guide for multidisciplinary teams managing perinatal athletes. As with all return-to-sport frameworks, the return of postpartum athletes to sport should not be rushed. These phases can be applied and modified as needed and athletes may move forward and backward across phases depending on their rehabilitation needs.

Multidisciplinary care providers should consider the following factors in each phase:

- Childbirth-related trauma (such as abdominal wall dysfunction, pelvic floor dysfunction or post-traumatic stress)
- Menstrual health
- Breast health
- Energy balance
- Psychological well-being
- Fear of movement
- Sleep
- *Women should also be supported in their decision to breastfeed when returning to sport

The authors highlight that the health of the mother and baby must be the highest consideration when using this framework and ongoing consultation with a multidisciplinary team that includes an obstetric care provider is recommended.

THE PHASES

PHASE 1: READY

Prenatal-early postpartum

Ready the athlete for anticipated whole-systems, biopsychosocial changes* by proactively educating them about perinatal health considerations during the transition into pregnancy and motherhood (eg, weight gain, pelvic floor function, perinatal mental health). Aim to maintain exercise throughout pregnancy (where it is safe to do so for the mother and baby), limit deconditioning and optimize postpartum recovery with forward planning.¹

PHASE 2: REVIEW

6-8 weeks

Review and evaluate the postpartum athlete and address acute musculoskeletal and pelvic health rehabilitation needs. Screen for whole-systems, biopsychosocial considerations*¹

PHASE 3: RESTORE

8-16 weeks

Restore physical and psychological well-being depending on individual needs and prepare the perinatal athlete for returning to structured training environments. Include pelvic floor rehabilitation and other relevant whole-systems, biopsychosocial considerations.*¹

PHASE 4: RECONDITION

16+ weeks

Recondition the perinatal athlete for their required physical and psychological sporting demands. Commence graded exposure towards individual-specific training load requirements. Revisit whole-systems, biopsychosocial considerations* and monitor symptoms as training increases.¹

PHASE 5: RETURN

Return-to-sport through an individualised, evidence-informed and guided exposure to the competitive environment and re-evaluate regularly.¹

PHASE 6: REFINE

Refine whole-systems, biopsychosocial strategies* (eg, optimise sleep quality, monitor for signs of relative energy deficiency syndrome) to enhance athlete training and competition availability, retaining the athlete in their sport and optimising performance.¹

References

1. Donnelly GM, Moore IS, Brockwell E, Rankin A, Cooke R. Reframing return-to-sport postpartum: the 6 Rs framework. *British Journal of Sports Medicine*. 2022.
2. Ardern CL, Glasgow P, Schneiders A, et al. 2016 consensus statement on return to sport from the first world Congress in sports physical therapy, Bern. *Br J Sports Med* 2016;50:853-64.
3. Moore IS, James ML, Brockwell E, et al. Multidisciplinary, biopsychosocial factors contributing to return to running and running related stress urinary incontinence in postpartum women. *Br J Sports Med* 2021;55:1286-92.
4. Donnelly GM, Rankin A, Mills H, et al. Infographic. Guidance for medical, health and fitness professionals to support women in returning to running postnatally. *British Journal of Sports Medicine* 2020;54:1114-1115.





SUMMER Q&A WITH CLINICIANS/RESEARCHERS

By Katie Kelly

PT & Newsletter Subcommittee Member



About Lori Forner

Lori Forner is a private practice physiotherapist with degrees in exercise science and physiotherapy. She is currently working on her PhD at The University of Queensland in Brisbane, Australia, where she is using 3D/4D transperineal ultrasound to investigate the effects of heavy weight lifting on female pelvic organ support. She also produces and hosts The Pelvic Health Podcast, which interviews

academics and experts from all over the globe on issues related to pelvic health, is an invited conference speaker, and a casual lecturer at UQ.

Instagram and Twitter: @LoriForner

Podcast: thepelvichealthpodcast.podbean.com



About Rachel Worman, PT, DPT, MPT

Rachel is a licensed physical therapist (PT) in the United States who has extensive dual training, clinical and teaching experience in both musculoskeletal and pelvic health physiotherapy. She has worked as a musculoskeletal and pelvic health provider in the private outpatient setting and most recently held a senior physical therapy position as a pelvic health provider in the Women's Health

and Urology clinics of a large medical foundation in Northern California. She has held part-time and adjunct faculty positions at both the California State University (CSU) at Fresno and Sacramento, as well as a clinical lecturer position at the University of California (UC) at Davis School of Medicine, Division of Pain Medicine. She received her BS in biopsychology with an emphasis in visual neuroscience and minor in exercise and health science from UC Santa Barbara in 2002, her Master of Physical Therapy (MPT) from CSU Fresno in 2007, and Doctorate in Physical Therapy (DPT) from the joint program at UC San Francisco and CSU Fresno in 2008. She is currently a PhD candidate at the University of Queensland with a focus on pelvic health outcome measures and male pelvic health.

We thought it would be fun to speak to some industry experts about how they learn and relax! It can be very insightful to learn how others in our field balance their lifelong learning with rest and relaxation. We nabbed Lori Forner and Rachel Worman and asked them 4 questions. I added my 2 cents as well!

FROM WHERE DO YOU ACCESS RESEARCH ON PELVIC FLOOR TOPICS?

LF: I have university access to a research database so I find all my full-text articles here.

RW: My top three sources are a combination of my University's library, Google Scholar and searches in PubMed. I have a ResearchGate and Google Scholar account that fills my inbox with new articles by researchers I follow, which keeps me quite busy.

KK: Google Scholar, University Database access, or contacting the author directly if needed.

WHAT IS YOUR FAVOURITE SOURCE OF PHYSIO RELATED READING MATERIAL?

LF: Reputable journal articles are my fav source - AJOG, BJOG, BMJ, IUGA, Obstetrics & Gynecology, Neurourology and Urodynamics, and Ultrasound in Obstetrics & Gynecology are probably my top right now.

RW: I have taken to collecting specialty textbooks outside of, but important to, physiotherapy, for instance Interventional Management of Chronic Visceral Pain Syndromes. I also really enjoy the content put out by the National Institute of Diabetes and Digestive and Kidney Disease (NIDDK) and Collaborating

for the Advancement of Interdisciplinary Research in Benign Urology (CAIRIBU).

KK: Journal articles and textbooks are my favourite.

YOUR FAVOURITE PODCAST(S)?

LF: The Imperfects and anything with Brene Brown or Ben Crowe. Small Audible addiction to non-fiction, narrated by the authors, often learning to stay present, be a better mom, and look at the beautiful things in life.

RW: There are too many podcasts to choose from and I find the extra amount of information overwhelming. I see podcasts as something I need to sneak in outside of my work hours, so I don't listen to too many podcasts, as I think it is important to "turn off" outside of work. If I do listen, for work-related topics, I enjoy hearing from researchers and have found The International Continence Society podcast and The Pelvic Health podcast to be a great resource. I also think the NutritionFacts Video Podcast is brilliant.

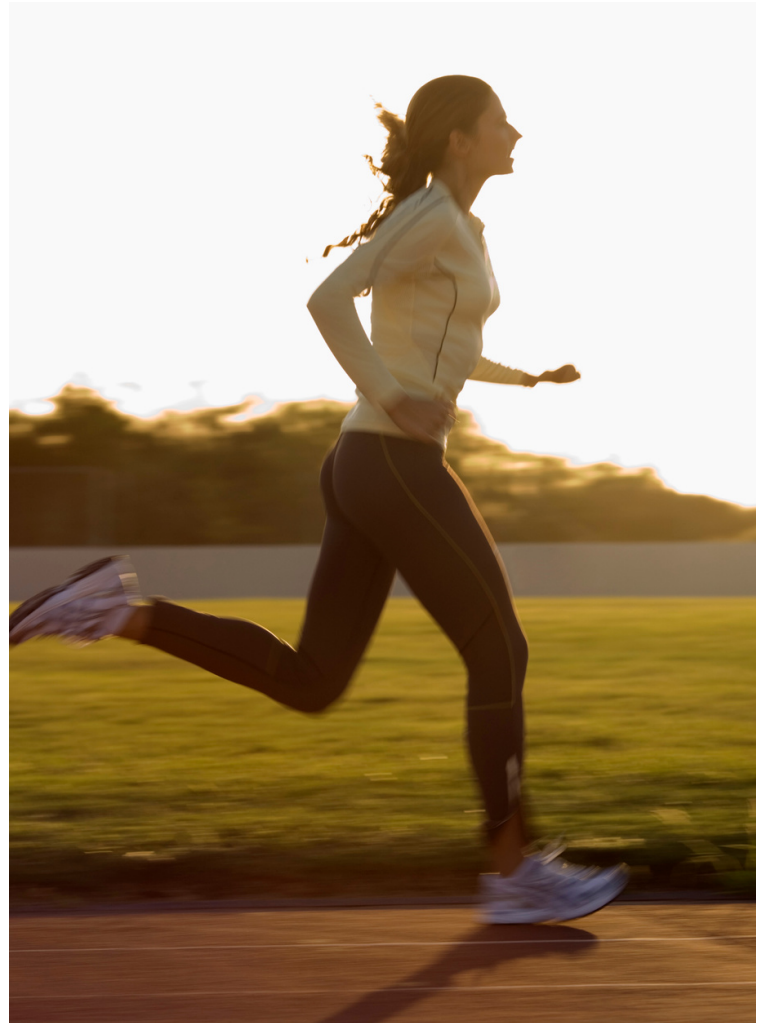
KK: The Pelvic Health Podcast, ICS Podcast, The Jordan Harbinger Show and I listen to them on my commute.

YOUR FAVOURITE SELF CARE STRATEGIES?

LF: Gin in a bathtub (like the set up on Instagram) weekly and at least 3 times/week I need to do CrossFit or I seem to have angry energy (so my family tells me). I am also the biggest stickler for 8 hours of sleep! And always read fiction before bed to turn my mind off for sleep.

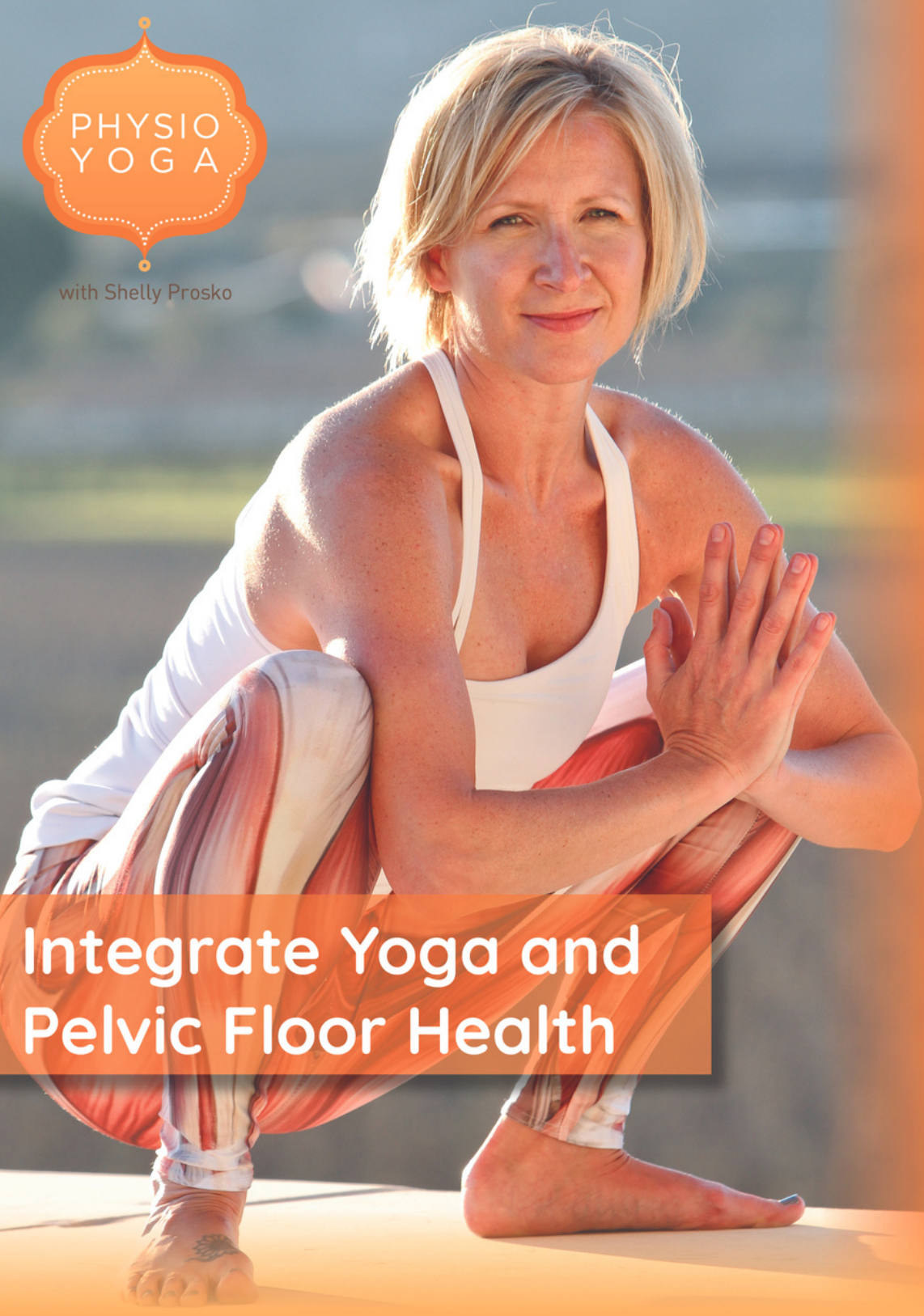
RW: Shinrin yoku, Down Dog Yoga/Meditation/HIIT/Barre/7 min workout app, hiking, running, swimming, sound meditation, art docent tours and any new art installation, cooking a meal and plating it with fresh herbs and enjoying it with family, foraged flora and Ikebana, hot stone massage, playing the piano and guitar, live music and scuba diving as I find being under water is one of the most meditative and mindful places to be.

KK: I nap for 20 minutes almost every day. I really try to make sure that I get 10,000 steps in each day. I use the Calm App all the time for its sleep stories to quiet my brain before bed, and I use their nature soundtracks while charting.





with Shelly Prosko



Integrate Yoga and Pelvic Floor Health

Explore online options for integrating yoga into pelvic health and rehab.

For Professionals:

- Pelvic Health PhysioYoga Courses
- Webinars
- Library of Practices

For Patient use:

Downloadable video practices:

Creating Pelvic Floor Health with PhysioYoga



10% off code:

ClientDiscount10

visit me [online](https://www.physioyoga.ca) to find out more about:

- Virtual Mentorship for health professionals
- **Upcoming Events**
- **Courses & Resources** about: Yoga Therapy, Pain Care, Pelvic Health, Compassion, Practitioner Burnout
- **Book:** Yoga and Science in Pain Care: Treating the Person in Pain

Shelly Prosko, PT, C-IAYT
physiotherapist, yoga therapist

www.physioyoga.ca

WHAT'S NEW AT BIA?

SHORT COURSES (< 90 MINUTES)

EVIDENCE BASED STRATEGIES FOR DYSMENORRHEA, ENDOMETRIOSIS, BLADDER PAIN/INTERSTITIAL CYSTITIS

By Mychelle Lyons PT

C-SECTION REHAB

By Katie Kelly M.Sc PT

A BIOPSYCHOSOCIAL FRAMEWORK FOR CHANGING PAIN, PELVIC HEALTH CONCERNS AND ATHLETIC PERFORMANCE: TIIPPSS-FC

By Teresa Waser M.Sc PT

INTRODUCTION TO REHABILITATION OF THE HIP WITH PELVIC FLOOR IMPLICATIONS

By Amanda Olson DPT

LONG COURSES (< 3 HOURS)

Did you know that we have 2 courses on DRA?

DIASTASIS RECTI ABDOMINIS (DRA) - LEVEL 1 AND 2

- Dr. Sinead Dufour and Dr. Stéphanie Bernard cover in detail what happens to the DRA through pregnancy and how the structure and the function change.
- You will take a deep dive into rebated physiology: endocrinology, autoimmunity and emerging microbiome science.
- You will discover many new exercises, their benefits and their progressions.
- These courses are the most comprehensive and integrate so much more than DRA.

CLICK HERE !

IN SUPPORT OF UKRAINE

By Laura Powers, Registered Physiotherapist

In February 2022, the long term conflict between Russia and Ukraine culminated and war broke out in Ukraine. Shocking and terrifying images have since flooded our news streams and we continue to see the impacts of war - death, injuries, displacement and destruction. Sadly, we are not just hearing of military casualties, but also civilian deaths as bombings have hit hospitals, homes, and schools to name a few. Those who have survived and have decided to stay are living in the rubble of the attacks, whereas others have decided to flee. The exact number of people that have been displaced from Ukraine seems to vary, but undoubtedly it is in the millions.^{1,2}

HOW IS CANADA HELPING?

The humanitarian efforts for Ukraine are far reaching and Canada has been quick to offer support in the forms of financial support/loans,³ military aid and immigration status. Data as of March 2022 indicates that since January 1, 2022, over 6,100 Ukrainians have arrived in Canada with the number growing daily as more temporary visas continue to be issued.

In our physiotherapy community, the Canadian Physiotherapy Association provided a notice for physiotherapy professionals who are fluent in English and Ukrainian to provide support with resource translation ([view here](#)). This was in conjunction with support and statements from the World Physiotherapy Association ([view here](#)). The WPA provide some excellent information on how they are working with other INGO's (international non-government organizations) to provide support and additional resources for how people can help locally.

ON A PERSONAL NOTE

Living in the safety of Canada, many of us can hardly begin to relate to what the people of Ukraine are experiencing. But for

many Canadians who still have roots in Ukraine the impact hits deep. Two Ontario based physiotherapists, who still have family in Ukraine, shared their stories of how the war is impacting them and their families, and also how they are helping.

Nadia is a Physiotherapist Ontario, who has a private orthopedic and pelvic health practice. She immigrated to Canada during high school and has been here since. She left much of her family and close friends behind when she made the move here. It has been incredibly hard for her, her husband, and her parents to witness what is happening in Ukraine and so they decided to take action and help in whatever way they could.

She reports, "[My] husband spent the first two months of this war basically working two jobs - his regular job, and then he would get up at 2 am and spend many hours on the phone. He was needed to coordinate transportation and accommodations for all the people who were fleeing in real time on the other side of the world. We were on the phone helping drivers decide which route to take, arranging a place for them to sleep, and then cancelling and re-arranging another place to spend the night, as check stops and bombed roads made for unpredictable driving conditions. Nightly curfew meant that people had to have food and lodging by a certain time of the day."

As the situation in Ukraine has evolved, Nadia and her husband have changed their focus and are helping locals to restore some balance and normalcy after the destruction. Nadia says, "we are helping my grandparents source water. Browsing WhatsApp chats to find a person to fix the destruction done to their apartment....And assisting people who are living temporarily outside of Ukraine in finding options to rebuild their lives." She also finds that sourcing help is challenging as

many do not want to repair the damage since they believe further destruction is imminent.

Although Nadia humbly reported feeling like she cannot offer much more in support locally or abroad, she still continues to provide consultations to families arriving from Ukraine and has considered offering pro-bono pelvic health physiotherapy to those arriving in need. It is a bonus that she can speak their language and understand the cultural differences which would enhance her care.

The other physiotherapist interviewed is based out of Hamilton ON., and she has a slightly different story. Her parents were born in Ukraine and immigrated to Canada in the early 90's before Ukraine became an independent state. Her father had served in the Soviet army and hence still has a strong allegiance to Ukraine. All of her extended family (cousins, uncle, and grandmother) are still there and are thankfully slightly removed from the heart of the impact zones of the war.

Her and her parents have been in constant contact with her Ukrainian family and can hear the warning sirens during their calls. The unsettling feeling of what is coming must be hard to handle at times.

The Hamilton-based physiotherapist and her family have been trying to provide support to those in need in Ukraine by fundraising through their local church and gathering supplies to send over. She reports that there is a strong need for surgical gloves, masks, basic medications and menstrual hygiene products. Four months later her father continues to go to the church regularly to deliver supplies and fundraise.

Undoubtedly, there are many other Canadians who are helping in their own ways, but it is heartwarming and inspiring to hear how these two Physiotherapists are making an impact.

HOW YOU CAN HELP

1. FUNDRAISE

Two organizations that were suggested from the two physiotherapists include: Buduchnist Credit Union (for monetary donations) and Meest Foundation (for sending packages/supplies over to Ukraine). There are many organizations out there so be sure to investigate which ones you feel comfortable supporting.

2. SUPPORT A FAMILY

Contact your local churches or charity groups. They are often looking for clothing, food, jobs, etc.

3. SPEAK UKRAINIAN? VOLUNTEER!

Volunteer your time to translate for the CPA/WPA as mentioned previously.

4. PROVIDE PRO-BONO/REDUCED RATE SERVICES

immigrating patients will still be in need of care but funds may be limited.

References

1. United Nations [Internet]. 2022, May 5. Ukraine: Millions of displaced traumatized and urgently need help, say experts. Available from: <https://www.ohchr.org/en/press-releases/2022/05/ukraine-millions-displaced-traumatized-and-urgently-need-help-say-experts#:~:text=%E2%80%9CSince%202024%20February%2C%20nearly%2012.8,percent%20of%20the%20entire%20populati%20on.>
2. BBC News [Internet]. 2022. How many Ukrainian Refugees are There and Where Have They Gone? Available from: <https://www.bbc.com/news/world-60555472>.
3. Government of Canada [Internet]. Canada Provides Additional Financial Support to Ukraine. Adrienne Vaupshas 2022 [Cited 2022, May 20]. Available from: <https://www.canada.ca/en/departement-finance/news/2022/05/canada-provides-additional-financial-support-to-ukraine.html>.
4. Government of Canada [Internet]. Canada Announces Artillery and Additional Military Aid for Ukraine. Daniel Minden, 2022 [cited 2022, April 22]. Available from: <https://www.canada.ca/en/departement-national-defence/news/2022/04/canada-announces-artillery-and-other-additional-military-aid-for-ukraine.html>.
5. Government of Canada [Internet]. Canada to Welcome Those Fleeing the War in Ukraine. Aidan Strickland; 2022 [Updated 2022, March 14; Cited 2022, March 3]. Available from: <https://www.canada.ca/en/immigration-refugees-citizenship/news/2022/03/canada-to-welcome-those-fleeing-the-war-in-ukraine.html>.

We were on the phone helping drivers decide which route to take, arranging a place for them to sleep, and then cancelling and re-arranging another place to spend the night, as check stops and bombed roads made for unpredictable driving conditions. Nightly curfew meant that people had to have food and lodging by a certain time of the day.

ARTICLE SUMMARY: A SCOPING STUDY OF PSYCHOSOCIAL FACTORS IN WOMEN DIAGNOSED WITH AND/OR TREATED FOR PELVIC ORGAN PROLAPSE, TOUZA ET AL (2020)

By Kaeleigh Brown, PT, MScPT, BSc, PhD Student

Scoping reviews are a method of systematically searching the literature, and used to capture comprehensive information from a wide variety of sources. Touza et al¹ sought to understand what is currently known about psychosocial factors associated with pelvic organ prolapse (POP) to help inform intervention development. They chose to follow the scoping review methods outlined in Arksey & O'Malley.² If you are interested in more about scoping reviews, I recommend the following resources: Levac et al.,³ Bradbury-Jones et al.,⁴ [JBI Scoping Review Network](#), and Bassett & McGibbon.⁵

METHODS

Per Arksey & O'Malley,² the authors progressed through the following stages:

1. IDENTIFYING THE RESEARCH QUESTION

Research questions are intentionally non-specific, to allow for broad search coverage. Touza et al¹ asked: "what is the current state of knowledge of the psychosocial experience of women with POP?".

2. IDENTIFYING RELEVANT STUDIES

Search terms were developed based on medical terminology used to describe POP, and previously used terms developed for psychosocial factors. These terms were used to search PsycINFO, PubMed, EMBASE, and CINAHL.

3. STUDY SELECTION

Inclusion and exclusion criteria were developed, and applied to the articles. The authors included peer reviewed articles, published in English. They also selected articles addressing POP, and relating to Quality of Life (QOL), patient report, functional outcomes, or psychosocial factors associated with POP diagnosis, and/or interventions.

4. CHARTING THE DATA

This stage is where information from included articles is extracted into table format. Details about the articles themselves (e.g., publication date, author), study participants, variables reported, stage of disease, and intervention-specific data were pulled from the articles.

RESULTS

Touza et al¹ chose to organise and report on the results based on disease period (e.g., pre-diagnosis, diagnosis, intervention, etc.). Based on their results, there were a few trends that emerged. Women, whether they were in a pre-diagnosis stage, had a current POP diagnosis, or experienced recurrent POP, demonstrated limited knowledge of the condition. Quality of life was shown to be impacted by POP: low QOL scores (general health-related and POP-specific) were associated with higher POP grades and symptom severity, and QOL scores improved after treatment (surgical or conservative treatments). Impaired sexual function was associated with higher POP grades, however, change in function with treatment was less clear due to variability in study results. Depression featured in some studies. Of note, one study found that one third of women with POP symptoms also reported symptoms of depression. The emotional and social toll of POP was reported by women as well, and included reports of shame, hopelessness, guilt, reduced self-image, and social isolation.

DISCUSSION

The authors highlight three main findings from the review: the outcomes used and length of follow-up in the various studies was highly variable; there is a need for more research looking at the relationship between psychosocial factors and treatment outcomes; and that considerable gaps exist in the literature. As such, they suggest five areas of research focus: understanding

the relationship between psychological distress, body image, and sexual function; how treatment impacts sexual function; what factors predict treatment outcomes; increase POP knowledge in patients; and determine how follow-up length influences outcomes.

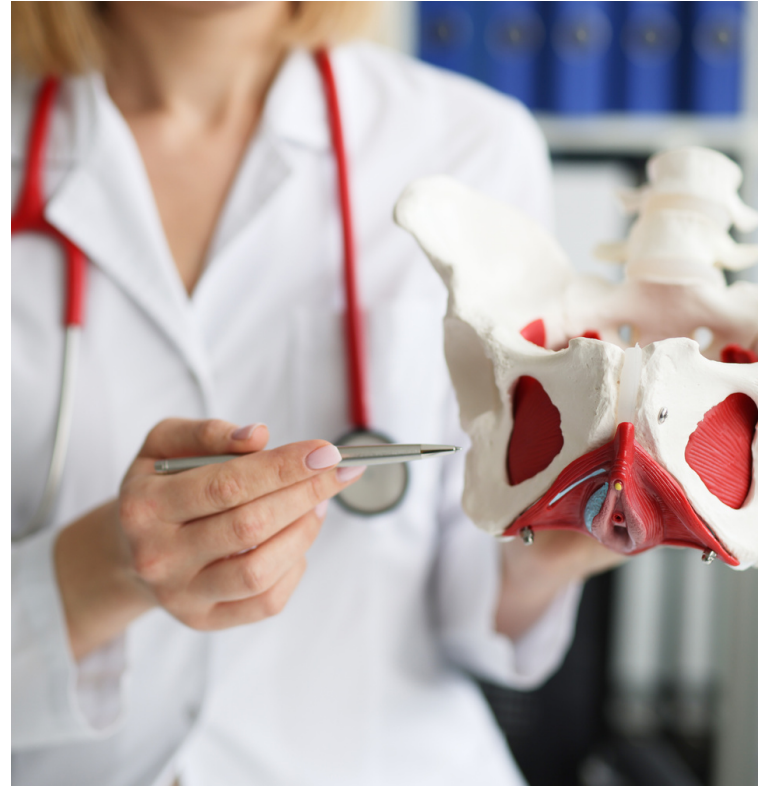
COMMENTS

This review attempted to summarise what is currently known about psychosocial factors experienced by women living with POP. However, there were two considerable limitations that stood out. A scoping review is intentionally kept broad, so as to include as many sources of information as possible.² This includes searching the grey literature. As mentioned above, the authors chose to search electronic databases for peer-reviewed articles.¹ As such, they potentially missed out on information from dissertations, theses, organisational documents, and conference presentations, to name a few. The authors noted that by only using electronic databases, they may have missed other peer-reviewed articles. Typically this gap is ameliorated by hand searching key journals.¹

Arksey & O'Malley² include a sixth optional step of a scoping review, consultation. Levac et al,³ argue that this step should be mandatory, as it contributes to the rigour of the review. It is up to researchers to develop a clear purpose for consultation (e.g., knowledge translation to key stakeholders, validation of the findings, etc.), identify consultation participants, and be clear about data collection, analysis, and reporting.³ Touza et al¹ could have expanded upon the findings of the literature review by consulting with other researchers, clinicians, and women with lived experience.

References

1. Touza, K. K., Rand, K. L., Carpenter, J. S., Chen, C. X., & Heit, M. H. (2020). A scoping study of psychosocial factors in women diagnosed with and/or treated for pelvic organ prolapse. *Female Pelvic Medicine and Reconstructive Surgery*, 26(5), 327-348. <https://doi.org/10.1097/SPV.0000000000000578>.
2. Arksey, H. & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19-32. <https://doi.org/10.1080/1364557032000119616>.
3. Levac, D., Colquhoun, H., O'Brien, K.K. (2010). Scoping studies: advancing the methodology. *Implementation Sci*, 5, 69. <https://doi.org/10.1186/1748-5908-5-69>.
4. Bradbury-Jones, C., Aveyard, H., Herber, O.R., Isham, L., Taylor, J., O'Malley, L. (2021). Scoping reviews: the PAGER framework for improving the quality of reporting. *International Journal of Social Research Methodology*. <https://doi.org/10.1080/13645579.2021.1899596>.
5. Bassett, R., & McGibbon, E. (2013). A critical participatory and collaborative method for scoping the literature. *Quality and Quantity*, 47(6), 3249-3259. <https://doi.org/10.1007/s11135-012-9715-2>.



Did you know that over 60% of women's and pelvic health physiotherapists read less than 5 scientific articles per year?

Clearly, that is insufficient to keep up with the latest research and #stayuptodate. Whether it is because you lack time or access to these articles, **The Funnel** can help you maintain a practice inspired by the latest evidence. **The Funnel** is a new online knowledge-translation service that brings you each week:

- Summaries of recently published research related to women's and pelvic health, where the clinical aspects are highlighted for you.
- **The Funnel** builds on the funnel of the "Knowledge-to-Action" framework as a means of applying theory to enhance efforts of implementing science into clinical practice.

Visit <https://the-funnel.co/>
and #stayuptodate !



PELVIC HEALTH SOLUTIONS

www.pelvichealthsolutions.ca

Pelvic Health Solutions offers continuing education courses for a variety of healthcare professionals, including clinical resources for therapists to utilize with their patients.

We offer fantastic courses, both in a live-online and in-person format!

Course topics include, but are not limited to:

- Women's Health
- Men's Health
- Trans Health
- Pediatric Incontinence
- Visceral Mobilization
- Oncology
- Gastrointestinal System
- Trauma
- Labour & Delivery
- DRA
- Breastfeeding
- Pessaries
- Pregnancy
- Pelvic Girdle Pain
- Running
- Yoga
- Electrical Stimulation
- Neurologic Dysfunction
- Cognitive Behaviour Therapy
- Motivational Interviewing
- & more!



Online Courses Through Embodia

Can't make it to a course? Pelvic Health Solutions has online courses where you can learn at your own pace, on your own time and earn a professional development certificate.

Some of the courses available are:

The Nuts and Bolts of Penile Rehabilitation & Sexual Health in Men's Health Physiotherapy

The Nuts & Bolts of Peyronie's Disease in Men's Health Physiotherapy

The Nuts & Bolts of Pelvic Floor Muscle Training & Exercise in Prostate Cancer

Cultural Competencies in Pelvic Health

Let's Talk About Sex: Addressing Sexual Function With Your Patients

Visit www.embodiaacademy.com to view more courses and learn more!



Stay up to date with course information on our Instagram page:
<https://www.instagram.com/pelvichealthsolutions>



Your Pathway to Success Just Got Easier...

Discover Our NEW Online Learning Workshops and Products!

We are pleased to offer educational opportunities in the comfort of your own personal space. Below is a sampling of our current offerings.

Online Learning Workshops:

Check website for your local time zone.

D'Ambrogio's Total Body Balancing 1: Fundamentals (TBB1-V) – Sep 29 - Oct 2, 2022

D'Ambrogio's Lymphatic Balancing: Upper Quadrant (LBUQ-V) – Nov 17 - 20, 2022

Upledger's Beyond the Dura 2023 – Virtual Conference
Apr 22 - 23, 2023

For more online learning workshops, please visit us at iahe.com/virtual/

In-Person Workshops:

Upledger's CranioSacral Therapy 1: Assessment of Central Nervous System and Fascia for Full Body Treatment Protocol (CS1)

Ottawa, ON	Sep 15 - 18, 2022
Edmonton, AB	Sep 22 - 25, 2022
Moncton, NB	Oct 20 - 23, 2022
Winnipeg, MB	Oct 27 - 30, 2022

Barral's Visceral Manipulation 1; The Abdomen (VM1)

Edmonton, AB	Sep 22 - 25, 2022
Toronto, ON	Nov 24 - 27, 2022
Seattle, WA	Dec 1 - 4, 2022
Vancouver, BC	Dec 8 - 11, 2022

Barral's Neural Manipulation 1; An Integrative Approach to Trauma (NM1)

Vancouver, BC	Oct 14 - 16, 2022
Seattle, WA	Oct 28 - 30, 2022
Calgary, AB	Oct 28 - 30, 2022

All classes subject to change. For updates due to COVID-19, please check our website for the most updated information.

Check Out Our NEW Online Streaming Video Programs and eBooks!

No matter where you are on your education path, we are proud to offer a variety of learning tools for entry-level to advanced students.



- Convenient to watch, review, and... watch again from anywhere!
- Lighten your load. No physical discs or tapes, and no shipping fees!
- Accessible through all browsers, platforms and devices!

Visit: shop.iahe.com/Product-List/Online-Videos

eBooks AVAILABLE!

Get yours now!
easy-ebooks.com

Many of our books are available as digital eBooks. We use secure PDFs that offer content identical to the print version.

Visit: easy-ebooks.com

U Upledger
Institute
International

B THE
BARRAL
INSTITUTE

D D'AMBROGIO
Institute



To Register, Visit or Call 800-233-5880, Ext. 2
Upledger.com • Barralinstitute.com • DAmbrogioInstitute.com

ORDER TODAY!
Call 800-233-5880, Ext. 2

NEWSLETTER ADVERTISING RATES 2022-23

The Women's Health Division has an ever-growing membership of over 700 physiotherapists.
Our quarterly publication is national, reaching physiotherapists from coast to coast.

DEADLINES FOR ADVERTISING SUBMISSIONS

NEWSLETTER ISSUE	DEADLINE	PUBLICATION DATES
Summer 2022	July 8, 2022	Between August 1 and 15, 2022
Fall 2022	October 8, 2022	Between November 1 and 15, 2022
Winter 2023	January 8, 2022	Between February 1 and 15, 2022

If you are interested in advertising in the WHD Newsletter, please contact:

Nicole Ivaniv at whdnewsletter@gmail.com and CC **Marylène Charette** at treasurer@womenshealthcpa.com.

If you are interested in writing an article to be featured in the WHD Newsletter, please contact:

Victoria Co at whdcommunications@gmail.com.

ADVERTISING RATES 2022-23*

SIZE	PER ISSUE	PER YEAR
	SINGLE ISSUE PRICE	FULL YEAR PRICE (4 ISSUES)
1/4 page	\$50	\$175
1/2 page	\$100	\$350
3/4 page	\$125	\$450
Full page	\$150	\$525
2 pages	\$250	\$875

*Please note that these prices are subject to GST/HST according to location of advertiser.