



The Role of Physiotherapy Expertise in Women's Health

A Submission to the Federal Standing Committee on Health for the Women's Health Study

(October 5, 2023)

The Role of Physiotherapy Expertise in Supporting Women's Health & Well-Being:

Ensuring that women receive access to physiotherapy care in Canada is essential as it provides numerous health benefits including improved health outcomes, reduced healthcare costs, increased equality, empowerment, and self-autonomy.

Physiotherapy professionals are highly skilled at addressing specific women's health issues such as pelvic floor dysfunction, pregnancy-related musculoskeletal conditions, postpartum recovery, menstrual pain management, pre-and post-surgical rehabilitation, management of chronic pain conditions, osteoporosis management, breast health, and lymphedema.

Recommendation 1: Ensure that women in Canada have equitable, publicly funded access to pelvic health physiotherapy.

Physiotherapists play a crucial role in supporting women with a variety of needs, but access to pelvic health physiotherapy is limited despite being established as a first-line treatment for a variety of issues¹. Pelvic health physiotherapy is well-established in many countries globally but continues to be an area of growth for the Canadian healthcare system.

France, for example, has prioritized this care with a publicly funded pelvic floor rehabilitation program that provides post-natal patients with 10, and up to 20 pelvic health physiotherapy sessions. This unique program allows women to re-educate their pelvic floor following pregnancy and to resolve common issues such as urinary or fecal incontinence, pelvic organ prolapse, and pelvic pain conditions^{2 3}.

Providing equitable access to pelvic health physiotherapy remains challenging in Canada however as practitioners with expertise in this area are limited and unavailable in rural and remote areas. This results in Canadians needing to travel longer distances to access this important pelvic health care⁴.

To improve access to pelvic health physiotherapy care, we recommend that the federal government:

- Allocate funding for additional research and educational initiatives to promote the benefits of pelvic health physiotherapy. This could include explorative studies on the effectiveness of pelvic health physiotherapy services.
- Invest in telehealth programs or virtual care services to improve access to pelvic health physiotherapy in rural, remote, or underserved areas.
- Expand the eligibility of the existing Canada Student Loan forgiveness measure to include additional health professionals – like physiotherapists, who work in designated rural and remote communities⁵.

Recommendation 2: Integrate physiotherapists into primary care teams to support Canadians with chronic pelvic pain care.

Patients diagnosed with pelvic pain conditions such as endometriosis, adenomyosis, irritable bowel syndrome, and vaginismus are typically managed by their primary care physician through medication and specialist referral. Patients who experience pelvic pain without a medical diagnosis, often have pelvic floor dysfunction⁶, which affects the biomechanics of the rest of the body and the regulation of its neurological system, making it challenging to treat this complex population within the current healthcare model.

There is significant evidence that shows that physiotherapy care for pelvic pain is effective⁷. Therefore, it would be beneficial to immediately integrate physiotherapists into primary care teams as they can assist women right away while alleviating the strain on our health care system. This model would also decrease the demands on primary care physicians, reduce the need for specialist referrals, and ensure that those with chronic pelvic pain can access timely physiotherapy care.

Recommendation 3: Increase access to perinatal and postnatal physiotherapy care for Canadians

Physiotherapists with pelvic health training have the competency⁸ to perform internal examinations and can therefore help during pregnancy by providing exercises and techniques that help strengthen pelvic floor muscles that sustain substantial changes during pregnancy⁹. This can help reduce the risk of pelvic floor dysfunction and assists with improved labour and delivery¹⁰.

In addition, women who have undergone a cesarean section are often given weight-carrying restrictions. Access to physiotherapy care following a cesarean section will equip women with movement guidance and strategies to support their function and maternal demands^{11 12}.

As such, we recommend that the federal government take these actions to support access to perinatal and postnatal physiotherapy care for Canadians by:

- Increasing funding for perinatal and postnatal physiotherapy services. The federal government can allocate additional funding to support the availability and accessibility of perinatal and postnatal services nationwide. This could be funding for clinics, training programs, and research initiatives.

Recommendation 4: Increase access to physiotherapy to support improved outcomes for gynecological cancer treatments.

Gynecological cancers account for over 11% of all cancer diagnoses in Canada, with over 12,000 new individuals diagnosed each year^{13 14}. As survival rates have increased for gynecological cancers, there has been a correlated increase in urinary incontinence, sexual dysfunction, and fecal incontinence^{15 16}. These dysfunctions are known to lead to feelings of distress in women who have survived cancer, to reduce participation in activities of daily living and social activities, and to consequently lower overall quality of life^{17 18}.

With a pelvic health physiotherapy intervention, using various treatments such as pelvic floor muscle exercises and bladder training, recent evidence indicates that urinary continence and pelvic floor muscle strength was preserved or significantly improved^{19 20}. Further, pelvic floor muscle relaxation exercises and dilation therapy has been found to benefit gynecological cancer survivors experiencing pain during sexual intercourse^{21 22}.

Unfortunately, access to pelvic health physiotherapy services in the public health care system remains limited and uneven across communities.

We recommend that the federal government:

- Consider mechanisms to support improved access to the full spectrum of gynecological cancer care by including physiotherapy care for gynecological cancer treatments.

Recommendation 5: Promote physiotherapy expertise for breast cancer and osteoporosis care.

Physiotherapy care in women's health extends beyond pelvic health - it also supports women with post-surgical breast cancer care and osteoporosis.

Over 26,000 women are diagnosed with breast cancer each year²³. Patients undergoing cancer treatment suffer from many additional health complications including chemotherapy-related peripheral neuropathy (loss of or decreased sensation in the extremities), lymphedema (tissue swelling resulting from fluid accumulation) after breast cancer surgery, fatigue, and cachexia (disease-related muscle loss). Exercise has been demonstrated to improve treatment-related side effects and decrease cancer recurrence^{24 25 26}.

Osteoporosis is more common in women than in men. The 2010 Clinical Practice Guidelines recommend weight-bearing aerobic exercise, resistance and core training, and balance training for individuals with osteoporosis to help improve quality of life, physical function, pain reduction, muscular strength, and balance²⁷.

As movement experts, physiotherapists are well-positioned to support caring for women with either of these conditions and should be the natural choice to provide exercise guidance that improves patient outcomes and reduces pressure on the current system.

Conclusion

For women's health, physiotherapy professionals provide specialized care in pelvic health, pre- and post-natal care, chronic pain, and musculoskeletal issues specific to women. As such, we strongly recommend that the federal government engage physiotherapy professionals when designing federal programs that impact and or support women's pelvic health, pregnancy and postpartum care, and postoperative care, as our expertise can contribute to improved healthcare outcomes, greater access to specialized care, and better overall well-being for women across Canada.

Who We Are - The Canadian Physiotherapy Association Women's Health Division

The Women's Health Division (WHD) is a not-for-profit Canadian Physiotherapy Association (CPA) division managed, operated, and advanced by volunteers passionate about women's health and pelvic health. We are national in scope and facilitate the communication, education, and service delivery for physiotherapy practitioners on topics specific to women's health and pelvic health.

The Canadian Physiotherapy Association (CPA) represents physiotherapy professionals, including registered physiotherapists, physiotherapist assistants, physiotherapy technologists, and students across Canada. Physiotherapy professionals provide essential rehabilitative care and treatment, enabling Canadians to live well and actively participate in all facets of their lives.

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¹ The Canadian Physiotherapy Association. (2022, April). *Submission to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities - Responding to the Study of Labour Shortages, Working Conditions, and the Care Economy*. Retrieved online: <https://www.ourcommons.ca/Content/Committee/441/HUMA/Brief/BR11705109/br-external/CanadianPhysiotherapyAssociation-e.pdf>, p. 4.

² INESS. (2020). *Remboursement incontinence urinaire par la sécurité sociale*. Site Web Disponible à : <https://www.mdm-france.com/prise-en-charge-secu.html>

³ Pearson, C. (June 17, 2017). What the French Get So Right About Taking Care of New Moms. Retrieved online: https://www.huffpost.com/entry/what-the-french-get-so-right-about-taking-care-of-new-moms_n_587d27b4e4b086022ca939c4

⁴ Government of Canada. (2022). *Job Bank: Physiotherapist in Canada*. Retrieved online: <https://www.jobbank.gc.ca/marketreport/outlook-occupation/18214/ca>

⁵ CPA. 2023. Pre-Budget Submission to the Standing Committee on Finance. Retrieved online: [Feb-3-2023-CPA-Finance-Canada-pre-Budget-Submission.pdf \(physiotherapy.ca\)](https://www.cpa.ca/2023-CPA-Finance-Canada-pre-Budget-Submission.pdf). See pp. 2 & 7.

⁶ Dydyk AM, Gupta N. Chronic Pelvic Pain. [Updated 2023 Apr 1]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK554585/>

⁷ Dufour, S., Hondronicols, A., & Flanigan, K. (2019). Enhancing Pelvic Health: Optimizing the Services Provided by Primary Health Care Teams in Ontario by Integrating Physiotherapists. *Physiotherapy Canada. Physiotherapie Canada*, 71(2), 168–175. <https://doi.org/10.3138/ptc.2017-81.pc>

⁸ Frawley et al. (May 10, 2018). “An argument for competency-based training in pelvic floor physiotherapy practice”. In *Physiother Theory Pract*. 2019 Dec;35(12):1117-1130. doi: 10.1080/09593985.2018.1470706. Epub 2018 May 10. PMID: 29746185.

⁹ Woodley SJ et al. (2020). “Pelvic floor muscle training for preventing and treating urinary and faecal incontinence in antenatal and postnatal women”. In *Cochrane Database Syst Rev*. 2020 May 6;5(5):CD007471. doi: 10.1002/14651858.CD007471.pub4. PMID: 32378735; PMCID: PMC7203602.

¹⁰ Ibid.

¹¹ Weerasinghe K, et al. (2022). “Effectiveness of face-to-face physiotherapy training and education for women who are undergoing elective caesarean section: a randomized controlled trial”. In *Arch Physiother*. 2022 Feb 3;12(1):4. doi: 10.1186/s40945-021-00128-9. PMID: 35109917; PMCID: PMC8812015.

¹² Bergmark K et al.(2022). “Patient-rating of distressful symptoms after treatment for early cervical cancer”. In *Acta Obstet Gynecol Scand*. 2002 May;81(5):443-50. doi: 10.1034/j.1600-0412.2002.810512.x. PMID: 12027819

¹³ Canadian Cancer Statistics Advisory Committee. Canadian cancer statistics 2021. Toronto, ON: Canadian Cancer Society, 2021. Available: cancer.ca/Canadian-Cancer-Statistics-2021-EN.pdf

¹⁴ Bray et al. (2018). Global cancer statistics 2018. In *CA Cancer J Clin*. Nov; 68 (6), 394-424

¹⁵ Donovan KA, Boyington AR, Judson PL, et al. Bladder and bowel symptoms in cervical and endometrial cancer survivors. *Psychooncology* 2014;23:672–8.

¹⁶ Ramaseshan AS, Felton J, Roque D, et al. Pelvic floor disorders in women with gynecologic malignancies: a systematic review. *Int Urogynecol J* 2018;29:459–76.

¹⁷ Bergmark K, Avall-Lundqvist E, Dickman PW, Henningsohn L, Steineck G. Patient-rating of distressful symptoms after treatment for early cervical cancer. *Acta Obstet Gynecol Scand*. 2002 May;81(5):443-50. doi: 10.1034/j.1600-0412.2002.810512.x. PMID: 12027819.

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- ¹⁸ de Boer SM, Nout RA, Jürgenliemk-Schulz IM, *et al.* (2015). “Long-term impact of endometrial cancer diagnosis and treatment on health-related quality of life and cancer survivorship: results from the randomized PORTEC-2 trial”. In *Int J Radiat Oncol Biol Phys* 2015;93:797–809.
- ¹⁹ Bernard S, McLean L, Boucher S, *et al.* (2021). “An in-home rehabilitation program for the treatment of urinary incontinence symptoms in endometrial cancer survivors: a single-case experimental design study.” *Int Urogynecol J* 2021;32:2947–57.
- ²⁰ Rutledge TL, Rogers R, Lee S-J, *et al.* A pilot randomized control trial to evaluate pelvic floor muscle training for urinary incontinence among gynecologic cancer survivors. *Gynecol Oncol* 2014;132:154–8.
- ²¹ Cyr M-P, Dumoulin C, Bessette P, *et al.* Feasibility, acceptability, and effects of multimodal pelvic floor physical therapy for gynecological cancer survivors suffering from painful sexual intercourse: a multicenter prospective interventional study. *Gynecol Oncol* 2020;159:778–84.
- ²² Cyr M-P, Dumoulin C, Bessette P, *et al.* A prospective single-arm study evaluating the effects of A multimodal physical therapy intervention on psychosexual outcomes in women with dyspareunia after gynecologic cancer. *J Sex Med* 2021;18:946–54.
- ²³ Government of Canada. *Breast Cancer*. Retrieved online: [Breast Cancer - Canada.ca](https://www.breastcancer.ca)
- ²⁴ Brownson-Smith R *et al.* (2023). “Effect of exercise before and/or during taxane-containing chemotherapy treatment on chemotherapy-induced peripheral neuropathy symptoms in women with breast cancer: systematic review and meta-analysis”. In *J Cancer Surviv*. 2023 Aug 24. doi: 10.1007/s11764-023-01450-w. Epub ahead of print. PMID: 37615928.
- ²⁵ Xiong Q, *et al.* (2022). “Effect of manual lymphatic drainage combined with targeted rehabilitation therapies on the recovery of upper limb function in patients with modified radical mastectomy: A randomized controlled trial”. In *Turk J Phys Med Rehabil*. 2022 Dec 8;69(2):161-170. doi: 10.5606/tftrd.2023.11221. PMID: 37671384; PMCID: PMC10475909.
- ²⁶ Tsitkanou S *et al.* (2022). “Exercise Counteracts the Deleterious Effects of Cancer Cachexia.” *Cancers* (Basel). 2022 May 19;14(10):2512. doi: 10.3390/cancers14102512. PMID: 35626116; PMCID: PMC9139714.
- ²⁷ Papaioannou, A, *et al.* (2010). “2010 clinical practice guidelines for the diagnosis and management of osteoporosis in Canada: summary”. In *CMAJ*, Nov 23, 2010, 182 (17) 1864-1873, doi: <https://doi.org/10.1503/cmaj.100771>