

4.22 Internal Pelvic Interventions

Purpose:

The College of Physiotherapists of Manitoba (CPM) requires that all members practice within their individual knowledge, skills, and abilities. Physiotherapists (PTs) are expected to show judgment in their practice which protects public safety and professional standards.

This Practice Direction provides direction to physiotherapists when performing internal pelvic interventions.

The CPM recognizes that various physiotherapy practice techniques (e.g., electrophysical agents, massage, manual therapy, lifestyle modification education, exercise prescription, etc.) are part of a comprehensive approach for individuals living with pelvic floor dysfunction. Reference to, and instruction in comprehensive care is not specifically addressed in this document; the focus is on the practice of internal pelvic interventions.

Definitions/terminology:

Intervention:

A physiotherapy intervention must:

- be based on examination, evaluation, physiotherapy diagnosis, and include a plan of care;
- be altered in accordance with changes in patient response or status or to patient feedback and concerns; and
- be interdisciplinary, when necessary, to meet the needs of the patient.

Pelvic floor dysfunction: this term may include, but is not limited to, dysfunctions of the pelvic organs such as the bladder, bowel, uterus and prostate, sexual dysfunction, pelvic organ prolapse, and vaginal/penile/rectal/pelvic pain.

Practice:

Professionalism and Patient Centered Care

Physiotherapists must:

- Demonstrate sensitivity toward individual patients respecting and taking into consideration their unique rights, needs, beliefs, values, culture, and goals for treatment.
- Clearly communicate applicable fees to patients prior to the provision of physiotherapy services. The fee schedule should be posted and clearly visible to the patients. Obtain and document informed consent.
 - Discuss potential treatment options with the patient, including an explanation of the interventions, benefits, risks, and side effects. To help patients clearly understand and provide informed consent about an intervention, physiotherapists must provide appropriate information about the proposed intervention in a way that the patient can understand
 - Disclose potential side effects and potential adverse physical or psychological responses including those that may occur during and/or after the interventions and describe the proper management of these side effects or adverse events
- Provide a secure, private treatment room for internal pelvic interventions and ensure dignity during treatment.
- Establish and maintain professional boundaries that honour and respect the therapeutic relationship with patients.
- Support comprehensive patient care through interprofessional collaboration.
- Practice only within their competence and take appropriate actions by referring to another physiotherapist or health care provider, complete additional education courses and/or seek mentorship in situations when they do not have the required competence to deliver quality patient-centered care.

Interventions

Physiotherapists must:

- Monitor, clarify, and respond to the patient’s verbal and non-verbal communication and cease interventions if deemed necessary.
- Address side effects and adverse physical or psychological responses including those that may occur during and/or after the interventions and describe the proper management of these side effects or adverse events.
- Provide patient education to enable and optimize patients’ transition to self-management. Facilitating self-management may include education on lifestyle modification and/or recommendations on product purchases (Refer to PD 5.1 Conflict of Interest in Practice.)

Facility Health and Safety

Physiotherapists must:

- Follow the standards for infection prevention and control at the facility in which they practice. Physiotherapists must also follow the health and safety standards of their national/provincial/local health departments or health authorities.

- Ensure that any equipment used for interventions meets all applicable standards, legislation, regulations, and manufacturer's recommendations.
- Ensure the safe disposal of devices and materials according to best practices, established protocols and all applicable standards, legislation, regulations, and manufacturer's recommendations.

Other considerations

Physiotherapists must:

- Have a written plan in place and be prepared to manage any critical or unexpected side effects or adverse events during or associated with treatment. Review the plan regularly and ensure that it is well understood by all staff in the practice, including non-PT staff members.
- Discuss with the patient the option of having a third party or support person present for the interventions, or any portion thereof.
- Establish the role of the third party at the beginning of the appointment, when all are present, so that the patient, support person, and physiotherapist are in clear agreement.
- Document the request for a third party, their presence/absence for any part of the intervention, and any discussion or information provided while the third party is present.
- Provide written information, or have written information available, so that the patient or their advocates/caregivers are prepared and able to respond if issues arise after/outside the treatment setting.
- Document physiotherapy interventions and patient response.
- Follow all relevant legislation when dealing with personal health information and sharing of patient information.

Educational Requirements:

Specific course programs are not stipulated in this Practice Direction. It is understood that many courses build on previous course work and clinical experience or are based on a level system.

Under the Regulated Health Professions Act (RHPA) physiotherapists will be required to provide evidence of their education to practice internal pelvic interventions and to demonstrate their ongoing competence.

Physiotherapists working in pelvic health internal interventions must be able to demonstrate additional training specific to artificial openings, prior to offering assessment and/or treatment within or affecting the artificial opening.

Selection of Continuing Education Courses:

The CPM does not approve, endorse, or accredit specific continuing education courses. It is the sole responsibility of the physiotherapist to reflect on their individual learning needs, the needs of the patient population they serve, and the curriculum content of courses offered when selecting continuing education courses.

Physiotherapists who perform internal pelvic interventions are expected to pass a post-graduate program of study that must include, but is not limited to, the following components as part of the curriculum:

Theory:

- Anatomy, physiology, and pathophysiology of pelvic health conditions;
- Common conditions relevant to the pelvic floor including the perineum and internal pelvic musculature;
- Incidence and prevalence of common conditions;
- Common comorbidities associated with the conditions;
- Health system and societal impacts relating to development and chronic nature of the conditions;
- Assessment of common pelvic health conditions, including subjective and objective examination techniques and relevant history. This must include instruction in managing potential triggering concerns for those having experienced related trauma;
- Treatment techniques for common pelvic health conditions
- Indications, contraindications and cautions in assessment and treatment procedures;
- Differential diagnosis and assimilation of comprehensive assessment findings;
- Different treatment approaches relevant for the pelvic health patient population;
- Reliability and validity of outcome measures; and
- Research evidence regarding treatment methods.

Practical:

- Patient communication and management skills such as patient education and consent practices; and
- Performance of an internal pelvic examination and treatment techniques involving the insertion or removal of instruments, devices, fingers or hands beyond the labia majora, or beyond the anal verge – including supervised performance and feedback from course instructors and model patients.

Safety:

- Infection prevention and control;
- Adverse event management, including an overview of common risks in pelvic health physiotherapy; and
- Trauma-informed or sensitive practice. Physiotherapists practicing internal pelvic interventions must familiarize themselves with the principles of sensitive practice.

Evaluation:

- Summative evaluation of theory, practical and safety components of the curriculum.

Mentorship:

Considering the limited opportunity for incidental observation and peer feedback, or for clinical skill development through observation, a period of mentorship or supervised practice is strongly recommended for physiotherapists that are novice to pelvic floor physiotherapy.

Competency:

Only physiotherapists who have met the CPM requirements and plan to practice internal pelvic interventions may do so keeping within the limits and scope of their practice and skill level.

Physiotherapists must:

- Maintain ongoing competence. The Continuing Competency Program will require members to demonstrate evidence of ongoing competency in internal pelvic interventions.
- Show all documentation related to adverse event(s) action plans when requested during participation in clinical audits.