Pelvic Health (Internal Examinations) Resource Guide for Manitoba Physiotherapists

February 2024

In 2020 the College of Physiotherapists of Alberta, the College of Physiotherapists of Manitoba and the College of Physical Therapists of British Columbia collaborated to generate this guide. In 2024, the guide was updated to reflect changes to the regulatory framework governing Physiotherapy practice.

The purpose of this guide is to provide direction to physiotherapists regarding pelvic health physiotherapy services. It also details regulatory expectations regarding post-graduate education. Regardless of the shared approach to regulation of this area of physiotherapy practice, legislative differences exist between the three provinces, and this may result in some variation in the regulatory requirements for practice. For further information, physiotherapists are advised to contact their provincial physiotherapy regulator.

Table of Contents

Background 3
Legislative Considerations 3
Roster Requirements 4
Competent Practice 5
Competence Development 6
Curriculum requirements: 7
Selection of Continuing Education Courses 8
Mentorship 8
Safe practice 9
Treatment risks and adverse event management 9
Infection prevention and control 9
Sensitive Practice is a Routine Practice 10
Communication and consent considerations 11
Appendix 1 – Pessaries 13
Legislation and Authorization: 13
Competence: 13
Clinical Practice Considerations: 13
Practice scenarios: 14
Appendix 2 – Passive Modalities in Physiotherapy Pelvic Health Services 16
Appendix 3 – Erectile Dysfunction 17
Legislation and Regulatory Considerations 17
Competence 17
References: 20

Background

Many physiotherapists provide pelvic health (internal examinations) services, and there is good evidence to support many of the interventions applied by physiotherapists in the treatment of pelvic health conditions. However, physiotherapy entry-to-practice education currently provides limited instruction in this area. Due to the nature of pelvic health services delivered by physiotherapists and the frequent need to incorporate internal examinations in the assessment of pelvic health conditions, it is important that both physiotherapists and members of the public understand how physiotherapists develop their competence and skills and the other considerations that need to be addressed when physiotherapists work in this area of practice.

Similarly, there is a need for clarity among patients and physiotherapists alike regarding the conditions that fit within the category of pelvic health (internal examinations) services and a need for common terminology to differentiate services related to conditions of the pelvic floor from services related to orthopedic conditions of the spine and pelvis.

Urinary incontinence, fecal incontinence, pelvic pain and disorders, and pre- and post-natal care are just some of the many conditions related to the pelvic floor that are treated by physiotherapists. The variety of terms used to describe this area of practice does not facilitate patient understanding of the services provided or the breadth of conditions treated.

The term **Pelvic Health (Internal Examinations)** is used in the regulatory context to indicate the performance of an internal pelvic examination by a physiotherapist for the purpose of assessment or treatment of conditions related to the pelvic floor.

The purpose of this guide is to clarify and elaborate on the regulatory expectations regarding competence development, communication, consent, and sensitive practice when working with individuals requiring pelvic health services.

Legislative Considerations

Physiotherapists engaged in the provision of pelvic health services must be aware of the relevant Manitoba legislation governing this area of practice.
Currently Physiotherapists in Manitoba are governed by their own separate legislation entitled ***The Physiotherapists Act (Act)***.[1] The *Act* defines the practice of physiotherapy by setting the general boundaries of practice and also by listing some of the included practices.

According to our current *Act*, pelvic health internal examinations are an activity authorized to regulated physiotherapists on the Active Practicing register. This means that in Manitoba, a physiotherapist on the Active Practicing Register and who has the necessary competencies may perform an internal examination, provided it is appropriate for the patient's condition.

Under the RHPA the ability to perform internal examinations of the pelvic floor is a reserved act and will be rostered.

The College does not permit members on the Exam Candidate Register or the student register to practice pelvic health internal examinations. For the purpose of this condition on the Examination Candidate's license, the term "practice" would include any practical/lab sessions in coursework in addition to clinical practice.

The College is in the process of moving under the Regulated Health Professions Act (the RHPA) with the Manitoba government. The RHPA is the umbrella legislation in Manitoba that identifies those activities, that when carried out in relation to a health service, are reserved acts.[2] These activities may only be performed by a member of a regulated health profession authorized to perform the activity by a regulation of the RHPA. The RHPA identifies reserved activities to address public health and safety concerns and the inherent risks associated with the activities. According to the RHPA, the Reserved Acts relevant to the practice of pelvic health are:

4. Inserting or removing an instrument or a device, hand or finger

    (e) beyond the labia majora;

    (f) beyond the anal verge; or

    (g) into an artificial opening in the body.

The College has applied for and is awaiting approval for the relevant Reserved Acts to enable physiotherapists to practice in this area when the profession falls under the *RHPA.*

This will mean that a physiotherapist who has been rostered (by the College) and has the required competencies may perform an internal examination, provided the pelvic health internal examination is appropriate for the patient's condition, is performed in the context of providing a physiotherapy service, and is conducted in a manner consistent with the Practice Directions for Physiotherapists in Manitoba. Please note that Pelvic Health care involving artificial openings will be an additional separate roster requiring submission of education and competencies in this area.

Currently, application for the roster is not required under the *Physiotherapist Act* for Pelvic Health. More information will be shared regarding the requirements for rostering once a timeline for transition under the RHPA is known.

Roster Requirements

The communication sent to registrants in October 2023 regarding Pelvic Health identified the education and supervision requirements related to the performance of pelvic health internal examinations in preparation for the move under the *RHPA*. The communication outlined the requirement that physiotherapists who wish to perform pelvic health internal examinations or provide/advertise pelvic health services must apply for and receive approval to be placed on the roster from the College of Physiotherapists of Manitoba.[3]

Competent Practice

Many Canadian physiotherapy entry-to-practice programs outside of Manitoba include pelvic health content in the curriculum, preparing physiotherapists to screen for and provide basic patient education about conditions related to the pelvic floor. This education is designed to provide physiotherapists with the ability to identify patients with pelvic health conditions and provide appropriate referrals to physiotherapists who work in this area of practice. However, the entry-to-practice education is not extensive and typically does not include instruction in the comprehensive assessment and physical examination of pelvic health conditions, including the performance of internal examinations which are required to enable physiotherapists to deliver quality, safe, effective, client-centered assessment, and treatment.

Fundamentally, physiotherapists do not provide treatment of any condition without performing an assessment appropriate to the patient complaint.

Post-graduate education programs related to this area of practice routinely begin with instruction in pelvic health internal examination skills. An internal examination may not be indicated in every patient case, and in some cases, patients may be reluctant to undergo an internal examination. However, clinicians who treat pelvic health conditions must have:

- The ability to determine when an internal examination is indicated and to determine when ongoing care is not appropriate in the absence of an internal examination.
- The ability to explain the rationale for the pelvic health internal examination to the patient.
- The knowledge, skills and attitudes required to appropriately perform a comprehensive pelvic health assessment, including an internal examination.

As with all physiotherapy services, a physiotherapist must

- Provide those services that are clinically indicated, and that the physiotherapist is competently able to provide.
- Provide services within the context of physiotherapy practice and in accordance with the Practice Directions and related legislation.
- Apply professional judgment to select and apply appropriate assessment procedures to evaluate clients' health status. Appropriate assessment includes taking a history and completing a physical examination relevant to presenting symptoms.

Specific to the assessment and treatment of pelvic health conditions, the Practice Directions specify that physiotherapists:

- Perform restricted activities that they are competent and authorized to perform, within the context of physiotherapy practice, and when client assessment findings support their use.
- Practice within their level of competence and actively pursue continuous lifelong learning to maintain competence in existing and emerging areas of their practice.
- Refer to an appropriate health-care provider when the client's interests and aspects of the client's goals are best addressed by another provider.[4]

With the increasing use of virtual service provision by physiotherapists, there have been innovations in the delivery of pelvic health services. However, clinical practice guidelines clearly reinforce the importance of performing a physical examination for the purpose of diagnosing various types of pelvic floor dysfunctions and providing interventions which are tailored for the client:

- *A careful history and comprehensive physical examination should constitute the foundation of evaluation related to uncomplicated urinary incontinence.*
- *Patient history alone should not be used as the sole determinate for diagnosing or treating urinary incontinence (UI).*
- *Pelvic floor muscle training should not be implemented without an appropriate evaluation and adequate patient training. Providing the patient with verbal instructions and written handouts alone does not constitute evidence-based pelvic floor muscle training.*[18]

The forgoing requirements for rostering do not preclude the ability of a physiotherapist to provide general information to patients and the public about pelvic health concerns such as incontinence or pelvic pain and to inform patients of the treatment options available to address these concerns.

Competence Development

In addition to the completion of post-graduate training in the assessment and treatment of pelvic health conditions, diverse clinical experience and robust foundational skills in patient management, communication, treatment planning, and patient education are essential when working with this patient population. Recent graduates that have transferred to the Active register are **strongly encouraged** to develop their general clinical skills before pursuing training or establishing a practice in pelvic health physiotherapy.

Individuals who do not possess the competence to perform internal examinations may not claim that they provide treatment of pelvic health conditions.

Curriculum requirements:

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[17]:

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.

Note: These curriculum requirements constitute the minimum requirements that a physiotherapist must meet to apply for authorization to perform pelvic health internal examinations.

Depending on the patient population considered and conditions treated, physiotherapists may require additional post-graduate education.

Selection of Continuing Education Courses

The College of Physiotherapists of Manitoba does not approve, endorse, or accredit continuing education courses. It is the physiotherapist's sole responsibility 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.

A physiotherapist's individual competence will be determined in part by the nature and extent of the continuing education undertaken. Therefore, physiotherapists are instructed to carefully review the syllabus of potential course offerings to determine if a course will provide the necessary knowledge and skills to enable authorization of the provision of pelvic health (internal examinations) services to the patient population they serve.

Mentorship

The nature of pelvic health physiotherapy necessitates that it is practiced in a private treatment environment. A consequence of the private treatment environment is that opportunities for incidental observation, discussion and learning with colleagues are unlikely to arise.[5] This is in contrast to other areas of physiotherapy practice where it is typical for a new skill to be acquired and used in practice with opportunities for colleagues to observe the physiotherapist's technique and facilitate skill development through feedback and discussion.

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 novice pelvic health physiotherapy practitioners under out current legislation. Mentorship will be mandatory for some practitioners as outlined in the Pelvic Health Communication to be rostered to perform pelvic health internal examinations from the College of Physiotherapists of Manitoba.[3]

Safe practice

Treatment risks and patient incident management

All aspects of physiotherapy practice include some risk. Pelvic health physiotherapy is no exception. Risks related to physiotherapy practice with this patient population include, but are not limited to:

- Skin irritation or allergic reactions
- Bleeding
- Infection
- Psychological trauma

Risks may vary depending on the patient population served and the specific treatment techniques employed by the physiotherapist. Consent conversations must include a discussion of material and special risks related to the assessment and treatment techniques proposed.

Physiotherapists must identify potential risks to client safety relevant to their practice, method of service delivery, and client population, and develop policies, procedures, and mitigation strategies to address each of the identified risks.[6] Physiotherapists are advised to develop Patient Safety Incident Management Plans relevant to their practice setting and resources available within the practice environment.[21]

This Plan documents:

- The patient safety risk considered.
- The appropriate response to a critical event or near miss occurring at the physiotherapy site.
- The respective roles and responsibilities of all individuals (physiotherapists, non-physiotherapist staff, patients and families) in responding to a critical event.
- The type and location of resources to be used in response to a critical event.
- Education provided to patients and families about treatment risks and how to respond to a critical event occurring after the patient leaves the physiotherapy site.

More information about Patient Safety Incident Management can be found in Practice Direction 4.36 Risk Management and Safety and in the Patient Safety Incident Resource found.[6,21]

Infection prevention and control

Assessment and treatment techniques used when performing pelvic health internal examinations or treatments involve contact with mucous membranes and, therefore, necessitate the use of clean technique. Clean technique reduces the risk of infection and includes the use of hand hygiene; non-sterile, clean gloves and clean work surfaces.[7] Hand hygiene may be performed using either soap and water or alcohol-based hand sanitizer (60% alcohol content) and should be performed within the treatment room, immediately prior to donning gloves.[8]

Spaulding developed a system to classify the cleaning, disinfection and sterilization requirements for equipment used in patient care. This system divides medical devices, equipment and surgical materials into three categories (i.e., non-critical, semi-critical and critical) based on the potential risk of infection involved in their use. Health care workers need to be able to identify semi-critical and critical items that

require reprocessing by high level disinfection or sterilization. Health care workers also need to be able to identify non-critical equipment and ensure it has been appropriately cleaned before use.[9] Equipment and devices such as vaginal probes, cones, and pessary fitting rings are classified as semi-critical items according to the Spaulding Classification, due to their contact with mucous membranes (see Appendix A). Physiotherapists employing these devices must be aware of and compliant with manufacturer directions regarding device use (e.g. single use, single patient use or reusable). Reprocessing of reusable pelvic health physiotherapy devices must be consistent with the Spaulding Classification for the item, the manufacturer's directions, and employer policies and procedures (when such procedures exist). In cases where there is a discrepancy between the Spaulding Classification of the device and manufacturer's directions for reprocessing, physiotherapists are directed to use the higher level of disinfection/sterilization.[8]

Physiotherapists are directed to familiarize themselves with Practice Direction 4.5 Routine Practices, and can also find additional information in the *Infection Prevention and Control Resource Guide for Alberta Physiotherapists* Information regarding device reprocessing can be found in this Guide.[8,10]

Sensitive Practice is a Routine Practice

Psychological trauma bears special consideration when working with this patient population. It is estimated that 33% of females and 16% of males will experience sexual assault within their lifetime. Other estimates indicate that 50% of girls and 33% of boys will experience sexual abuse by the time they are 16 years old.[11] With these statistics in mind, there is a high probability that all physiotherapists will encounter adult survivors of interpersonal or sexual violence within their practice settings.[11] Physiotherapists working in pelvic health may be even more likely to encounter survivors of sexual abuse as pelvic pain and acute gynecological injury are common consequences of sexual abuse.

A significant proportion of individuals who have been sexually abused exhibit symptoms of PTSD, even years after the abuse occurred.[13,14,15] This may affect the individual's response to seemingly innocuous procedures or interventions. Physiotherapists working in the area of pelvic health must also keep in mind that "examinations and procedures that health-care providers might consider innocuous or routine can be distressing for survivors of sexual abuse, because they may be reminiscent of the original trauma."[12] Physiotherapists working in the area of pelvic health need to be thoughtful and intentional in their interactions with patients, giving consideration to how their actions or comments could be misinterpreted or misunderstood.

Applying Sensitive practice in Pelvic Health Interactions

Applying the principles of sensitive practice as a routine practice means assuming every patient you encounter may have a history of sexual abuse and then acting accordingly. Some ways that physiotherapists can exhibit this include: [12]

- Slowing down, and taking the time to listen to the patient, to engage with them and develop a therapeutic relationship by being present and attentive to their concerns.
- Explaining what you are planning to do and why it is important. Obtaining informed consent before you begin and with each step of the assessment of treatment process.
- Remembering that patients with a history of sexual abuse demonstrate non-linear healing, meaning that what they can tolerate one day may be different the next. Physiotherapists must demonstrate an awareness of this fact by reaffirming patient consent for treatment procedures

at each appointment. This is not only consistent with sensitive practice; it is also an expectation outlined in Practice Direction 4.3 Informed Consent.[15]

- Including an explicit statement of your intent to provide a safe environment for survivors of sexual abuse such as the one below:

  XYZ Clinic strives to foster an environment where patients feel safe and supported. Survivors of past trauma should be aware that experiencing an internal exam may be difficult and triggering for some people. In order to help you feel safe and avoid possible triggers, we ask that you tell your physiotherapist about any history that may make the assessment or treatment hard for you. This information helps your physiotherapist to work with you to find approaches to treatment that feel safer and less challenging for you. Your private information will be kept confidential.

- Discussing the option of having a third party/chaperone/support person present for the assessment/treatment or any portion thereof.
  - Sharing control with the patient, by being alert and sensitive to non-verbal signs that the patient may no longer be comfortable with the assessment or treatment procedures, such as:
    - Physically withdrawing
    - Tensing hands or body
    - Shallow breathing
    - Decreased responses to questions.
  - Checking in with the patient to confirm ongoing consent to assessment and treatment.
  - Making it clear to the patient with both words and actions that they can withdraw their consent at any time. Patients with a history of sexual abuse may need to be encouraged to advocate for themselves.

Communication and consent considerations

Consent considerations, including the requirements to obtain informed consent before commencing an assessment or treatment and to ensure ongoing consent to assessment and treatment are articulated in Practice Direction 4.3 Informed Consent and are well-established principles within physiotherapy practice.[4, 16]

Foundational to the consent process is the requirement that the physiotherapist clearly and effectively communicate the nature of the assessment techniques proposed, the assessment findings, and the treatment recommendations and what they will entail for the patient. The physiotherapist needs to tailor the content, format, and manner of patient education to ensure that the patient understands what to expect and what the physiotherapist is planning to do.

Physiotherapists providing pelvic health (internal examinations) services must consider that some aspects of their practice may differ from general physiotherapy practice, including:

- Patient awareness and expectations regarding what pelvic health services include.

- How an internal examination by a physiotherapist may differ from those conducted by a member of another health profession, for different clinical purposes.
- How a history of sexual assault or interpersonal violence may affect the patient's ability to tolerate an internal examination, particularly if that examination is of a longer duration than anticipated or is uncomfortable.

Practice Direction 4.3 Informed Consent provides an overview of key expectations and principles related to consent. The overarching principle being that consent is not valid unless it is informed.[4, 16]

Physiotherapists working in pelvic health are encouraged to consider:

- How they will educate patients about what to expect and what is entailed by a physiotherapy pelvic health (internal examinations) assessment or treatment.
- How they will ensure that communication materials are presented in clear, patient-friendly language, and are written at an appropriate level.
- What processes they will implement to ensure that consent is obtained **after** patient education is provided and that informed consent has been provided by the patient.

The expectations regarding communication and consent specified in the Practice Directions represent the minimum expectations that physiotherapists must meet. However, due to their nature, pelvic health services and internal examinations in particular demand that physiotherapists implement best practices and strive for excellence in their communication and consent practices.

Physiotherapists are encouraged to review the Practice Directions in detail and consider how to implement best practices to support quality practice.

Appendix 1 – Pessaries

This appendix summarizes the College's perspective on the physiotherapist's role in pessary fitting. In accordance with the Practice Directions, when performing high risk activities, physiotherapists are required to:

- Perform restricted activities that they are competent to perform
- Perform high risk activities within the context of physiotherapy practice and in accordance with the Practice Directions

Legislation and Authorization:

Under the current legislation, the *Physiotherapists Act*, there are no specific restrictions to including pelvic health in physiotherapy practice if the physiotherapist has the knowledge, skill and judgement to practice in this area. The Practice Direction 4.22 Internal Pelvic Interventions outlines the expectations of the College for physiotherapists performing internal pelvic assessment or treatment in their practice.[17]

When the College moves under the Regulated Health Professions Act, the act of inserting a hand, fingers or devices beyond the labia majora or anal verge, is a reserved act. Under the RHPA Physiotherapists will be required to apply for the associated roster through the College of Physiotherapists of Manitoba to perform pelvic health internal examinations and interventions.

Competence:

Physiotherapists can apply for the roster after meeting the requirements as set out for the roster and indicated in PD 4.22 Internal Pelvic Interventions and the Pelvic Health Communication. [3,17]

Pessary fitting is not commonly a component of basic pelvic health continuing education. As such, a basic course sufficient for the purpose of rostering for pelvic health internal examination would not address the competence requirements for pessary fitting. The College expects that a physiotherapist considering engaging in pessary fitting will complete continuing education specific to this aspect of pelvic health practice to develop their competence prior to engaging in the activity. The course should include discussion of all types of pelvic organ prolapse and would typically include didactic instruction in grading the severity of a prolapse, symptoms, prevalence, and possible treatment techniques; and practical instruction in internal assessment including grading of prolapse.

The College also expects that a physiotherapist engaging in pessary fitting be a part of a multidisciplinary group or have direct access to another regulated member who can prescribe antibiotics should the patient have an infection related to the pessary.

Clinical Practice Considerations:

Physiotherapists are direct access, primary care providers. As such, they are accountable for their practice and for the interventions they engage in, including appropriate assessment and treatment selection. The College of Physiotherapists of Manitoba's perspective is that physiotherapists only treat that which they assess. As with any patient care activity they engage in, the physiotherapist is required to be competent in the:

- Condition, including pathophysiology and appropriate assessment/reassessment techniques

- Treatment options and related evidence
- Indications, contraindications, and precautions of the treatments proposed

Regardless of whether a patient is referred to the physiotherapist or seeks the physiotherapist's services without referral, the physiotherapist is required to conduct a comprehensive assessment, identify underlying pathophysiology, develop a treatment plan, identify indications, and rule out any cautions or contraindications to the treatment proposed, all within physiotherapy scope of practice.
If a physiotherapist engages in pessary fitting, it is expected that:

- The physiotherapist would engage in a comprehensive assessment of the patient's presenting complaint and consider all the treatment options available.
- The physiotherapist has the knowledge and skills required to communicate assessment findings to patients and other health professionals using the appropriate assessment tools and terminology to facilitate collaborative practice and client-centered care.
- The physiotherapist critically appraise evidence related to short and long-term clinical outcomes related to pessary use before implementing the treatment into clinical practice.
- Pessary fitting would be one treatment option available, not the sole intervention a physiotherapist offers within the practice setting.

The physiotherapist must recognize their own limits and the limits of scope for the profession. They must reflect on whether they were the best person within a practice setting or geographic location to provide the patient with the necessary care.

Consistent with the ethical requirements to provide client-centered care and work collaboratively with other health professionals, the physiotherapist must communicate effectively with other health professionals involved in the management of the patient's condition. It would be inappropriate, for example, for a family physician or gynecologist to discover that a patient had been fitted with a pessary by a physiotherapist during a medical examination and not through communication from the physiotherapist.
In addition to training in pessary fitting the physiotherapist would:

- have accumulated practical experience working with pelvic health patients and be working in a multidisciplinary practice or at minimum working collaboratively with physicians and other health professionals in their local community.

Practice scenarios:

If a physiotherapist were to provide pessaries as the sole intervention they perform, the College would question whether the services constitute physiotherapy. The physiotherapist must demonstrate that the patient is either receiving the necessary pelvic health physiotherapy treatment from another qualified physiotherapist or that the patient has refused consent for the other treatment options offered. The physiotherapist performing the pessary fitting must determine that it is still in the best interest of the patient to fit for a pessary as the only intervention required.

If a physiotherapist is providing pessaries at the direction of a physician, it is an expectation that the physiotherapist will complete a physiotherapy assessment and only provide this service if supported by the assessment findings and part of a physiotherapy treatment plan. Under the new legislation, the RHPA, the physiotherapist will be required to be rostered with the College of Physiotherapists of

Manitoba to perform pelvic health internal examinations and the services must meet the requirements established in the Practice Directions. A physician's referral does not alter these requirements.

If a physiotherapist were to employ another regulated health professional (who is duly authorized by their regulatory body to insert a hand, finger or device beyond the labia majora or beyond the anal verge), to provide pessaries, those services delivered by the other health professional would constitute the services of the other health profession and would not be considered physiotherapy services and could not be billed as such.

Appendix 2 – Passive Modalities in Physiotherapy Pelvic Health Services

Historically, the provision of pelvic health physiotherapy services has been dominated by one-on-one, direct, in-person service provision by a physiotherapist to a patient and has focused on patient education, exercise prescription and direct monitoring by the physiotherapist.

The College has received questions regarding the use of passive modalities to treat patients, at times using support personnel to deliver the services in question.

The College reminds all physiotherapists providing pelvic health physiotherapy services of the following:

- no modality, used in isolation constitutes physiotherapy services. For a service to be considered physiotherapy it must include
    - a comprehensive assessment of the client's underlying condition, their signs and symptoms
    - identification of a physiotherapy diagnosis and prognosis and client goals
    - development of an individualized, comprehensive treatment plan to address the client's concern that is within the scope of practice of the profession
    - client informed consent to the treatment methods proposed
- physiotherapists must critically appraise evidence related to available treatment options before implementing them into clinical practice
- physiotherapists must maintain their familiarity with clinical practice guidelines, such as those of the Society of Obstetricians and Gynaecologists of Canada (SOGC) (2020) which state that "*…currently there does not appear to be any clear added benefit of using adjunctive therapies (biofeedback, electrical stimulation, or vaginal cones)"* [in the management urinary incontinence].[18]
    - biofeedback and e-stim may have a place in clinical care if provided by competent practitioners that can determine who the modality is appropriate for and who it would less likely be effective with
- use of supervisees/mentees in the provision of physiotherapy services must occur with the client's consent
- the physiotherapist must only assign those services which are appropriate for the supervisee's/mentee's skills and competence
- the physiotherapist must not assign any services which involve any aspect of a restricted activity or any treatment which would require the supervisee/mentee to employ clinical reasoning, analysis and decision making to change the established plan of care without the input of the supervising physiotherapist
- the physiotherapist must re-evaluate and monitor the client response to treatment provided and adjust or discontinue services no longer required or effective
- the physiotherapist is responsible for all services billed using their registration number
- the physiotherapist must avoid activities or situations where their professional judgment could be compromised or is for personal gain

While the use of passive modalities in the provision of pelvic health services may be appropriate for some clients, registrants are advised to be aware of the requirements articulated in the Standards or Practice and to be alert to models of service provision which may otherwise impair the physiotherapist's ability to meet the expectations articulated in the Standards.

Appendix 3 – Erectile Dysfunction

This appendix summarizes the College's perspective on the physiotherapist's role in Erectile Dysfunction. In accordance with the Practice Directions, when performing high risk acts, physiotherapists are required to:

- Perform reserved acts that they individually are competent to perform
- Perform reserved acts within the context of physiotherapy practice and in accordance with the Practice Directions

Erectile Dysfunction is not commonly a component of basic pelvic health continuing education. As such, a basic course sufficient for the purpose of being rostered under the RHPA or to meet the requirements of Practice Direction 4.22 Internal Pelvic Interventions to perform pelvic health internal examination would not address the competence requirements for treatment of erectile dysfunction.[17] The College expects that a physiotherapist considering engaging with this patient population will complete continuing education specific to this aspect of pelvic health practice to develop their competence prior to engaging in the activity.

Legislation and Regulatory Considerations

The College categorizes erectile dysfunction as a pelvic health condition. Physiotherapists do not provide treatment of any condition without performing an assessment appropriate to the patient complaint. Individuals wishing to provide services to this patient population must possess the individual competence to assess and treat the condition.

All physiotherapists are subject to Practice Direction 4.35 Sexual Abuse and Sexual Misconduct which defines sexual abuse as "touching of a sexual nature of a client's genitals." The Standard specifically identifies that the definition of a sexual nature "does not include conduct, behavior, or remarks that are appropriate to the service provided."[19]

Given the provisions of legislation, it is essential that a physiotherapist's training and actions be in accordance with Practice Direction requirements, appropriate to address the patient's condition and presenting concern, and grounded in evidence if the physiotherapist is treating patients with erectile dysfunction.

Competence

As autonomous health professionals, physiotherapist must have the knowledge, skills and competence required to conduct an assessment appropriate to the patient's presenting complaint, determine the underlying impairment related to that complaint, and develop a treatment plan appropriate to address the underlying condition.

This is an area of practice that is not currently addressed in entry to practice physiotherapy education therefore, a physiotherapist must be able to explain how they developed their skills and competence to assess erectile dysfunction, form a differential diagnosis, and develop a treatment plan through post-graduate continuing professional development.

Physiotherapists who are considering providing pelvic health services to address erectile dysfunction must:

- Be attentive to the risks inherent in providing these services.
- Take steps to effectively mitigate risks.

- Critically appraise evidence relevant to the patient population, condition and treatments available, incorporating critically appraised evidence into practice.
- Clearly communicate the nature and limits of available evidence related to proposed treatments to patients.
- Be prepared to explain how they developed their knowledge and skills to provide services to this patient population.

Appendix A – Spaulding Classification[20]

Classification	Definition	Level of Processing/Engineering	Examples
CRITICAL Equipment/Device	Equipment/device that enters sterile tissues, including the vascular system	**Cleaning followed by Sterilization**	**• Surgical instruments • Implants • Biopsy instruments • Foot care equipment • Eye and dental equipment**
SEMICRITICAL Equipment/Device	Equipment/device that comes in contact with non-intact skin or mucous membranes but does not penetrate them	**Cleaning followed by High- Level Disinfection (as a minimum)** **Sterilization is preferred**	**• Respiratory therapy equipment • Anaesthesia equipment • Tonometer**
NONCRITICAL Equipment/Device	Equipment/device that touches only intact skin and not mucous membranes, or does not directly touch the client/patient/resident	**Cleaning followed by Low- Level Disinfection (in some cases, cleaning alone is acceptable)**	**• ECG machines • Oximeters • Bedpans, urinals, commodes**

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