



INTERNATIONAL ORGANIZATION OF PHYSICAL THERAPISTS IN WOMEN'S HEALTH

Scope of practice

Throughout the world, specialists in women's health physical therapy are committed to providing their patients and clients with evidence-based, professional and comprehensive care in a respectful and caring environment. Women's health has commonly been defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization [WHO], 1997). A disease or condition must meet the following five criteria in order to be considered a women's health condition: The disease must be unique, more prevalent, more serious, have different risk factors, or require interventions that are different for women or a sub-group of women (United States Department of Health and Human Services [DHHS], 1985).

It is the position of the International Organization of Physical Therapists in Women's Health (IOPTWH) that the scope of practice in women's health physical therapy shall subscribe with the WHO definition of women's health and the five DHHS criteria and include the following:

- The role of the physical therapist in women's health
- Evaluation, treatment, and education of women throughout the life stages
- Education of students of physical therapy
- Education of health professionals or providers
- Education of the community at large
- The scope of knowledge for physical therapy practice in women's health
- Promotion of research efforts in women's health and women's health physical therapy

The role of the physical therapist in women's health

- Expertise is demonstrated in the roles of educator, clinical practitioner, consultant, researcher, and administrator.

Evaluation, treatment, and education of women throughout the life stages.

Childbearing year

- Prevention of musculoskeletal dysfunction via education in posture, body mechanics, and appropriate fitness routines and exercise
- Assessment and treatment of musculoskeletal or orthopedic dysfunction related to pregnancy, childbirth, and infant care
 - Sacroiliac joint dysfunction, pubic symphysis separation, low back pain, etc.
- Management during high risk pregnancy, including bedrest/activity restrictions
- Post-Cesarean section rehabilitation
- Pre-natal and postpartum exercise programs
- Prevention or management of pelvic floor dysfunction
- Training the patient and, when appropriate, labor and delivery partner in pain management strategies which might include relaxation techniques, breathing awareness, positioning, massage
- Consideration of the individual needs of other patient populations: women who have disabilities, those with specific cultural needs, the pregnant athlete, the adolescent or older mother-to-be

Gynecology/urology/gastroenterology

- Pelvic floor dysfunction – urinary and fecal incontinence, pelvic organ prolapse, sexual dysfunction related to muscle weakness, “overactivity”, and/or pain syndromes, related bowel elimination dysfunction
- Bladder and/or urethral pain and dysfunction
- Chronic pelvic pain including, but not limited to: interstitial cystitis, irritable bowel, constipation, endometriosis, dysmenorrhea, pre-menstrual syndrome, dyspareunia, vulvodinia
- Post-gynecologic surgery rehabilitation
- Post-abdominal surgery rehabilitation

Other

- Bone health – prevention and/or physical therapy management of osteopenia, osteoporosis, and related health risks
- Post breast surgery - musculoskeletal dysfunction, lymphedema management
- Management of fibromyalgia and chronic pain syndromes
- Eating disorders – education, activities of daily living, development of reasonable and safe exercise programs
- Preparing for and managing the changes that occur during the menopause
- Healthy ageing and other geriatric considerations
- Special considerations for the adolescent
- Sports medicine issues unique to women
- Cardiovascular issues unique to women or more prevalent in women; prevention and rehabilitation
- Treatment of female survivors of torture and/or abuse (domestic violence, sexual abuse, emotional abuse and other physical abuse)

Education of students of physical therapy

- Contribute to curriculum development and teaching
- Clinical education

Education of health care professionals or providers on the role of women’s health physical therapists

- Nurses, midwives, physical therapists who are not specialized in women’s health, physicians, childbirth educators, doulas, health visitors, psychologists, chiropractors, other health professional students, and fitness or exercise instructors.
- Mentoring physical therapists interested in specializing in women’s health, etc.

Education of the community at large – for the purpose of increasing awareness and understanding of women’s health issues, information resources, evaluation and treatment options, as well as elucidating the role physical therapists play in maintaining and optimizing the health of the female patient/client through the life stages

The scope of knowledge for physical therapy practice in women’s health

- Basic sciences: anatomy, neurology, physiology, kinesiology, biomechanics, pathology, histology, embryology, genetics
- Clinical sciences: obstetrics, gynecology, urology, gastroenterology, surgery, neonatology, neurophysiology, pharmacology, anesthesiology, endocrinology, nutrition, orthopedics, rheumatology, exercise physiology
- Social sciences: psychology, sociology, statistics, research methodology, communications, ethics, multicultural issues
- Clinical and academic teaching