



# International Organization of Physical Therapists in Women's Health

A sub-group of WCPT



## PRESIDENT'S REPORT

Dear friends and colleagues,

I hope this newsletter finds you well and that the change of season is welcome and brings exciting times. IOPTWH is embarking on exciting endeavors and I want to make sure you all are aware of them in a timely fashion. First, we are in the midst of planning our first continuing education seminar not associated with a

WCPT congress. Set your sights on attending this seminar in September of 2005 (16th-18<sup>th</sup>) in Lubljana, Slovenia. The course is still coming together, but will feature our own vice president, Dr. Kari Bo of Norway as well as at least one other speaker and will focus on the topic of evidence-based pelvic floor rehabilitation. Look for more information from your country's chief delegate as well as information posted on our web site ([www.ioptwh.org](http://www.ioptwh.org)).

Are you on one of our three list-serves? Publication Committee chairperson, Beth Shelly of the USA spearheaded this effort. The three list-serves are, 1) Obstetrics, 2) Pelvic Pain, and 3) Urinary Incontinence. You can sign up for them on the web page and you will begin receiving e-mails from other subscribers on that particular topic. Congratulations and a hearty thank-you to Beth for seeing this through. It really will help to meet our mission of enhancing communication around the world in the area of women's health PT.

Another really exciting development is the initiation of our outreach efforts in the form of outreach packets being mailed shortly to all non-IOPTWH-members countries of the WCPT. This effort is being coordinated by Member-

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At-Large, Meena Sran of Canada and is another arm of the IOPTWH mission. The executive committee is very pleased to begin this effort. Meena and I will keep you informed of the progress of this outreach. We hope to receive responses requesting consultation and assistance in establishing women's health subgroups, increasing women's health content in physiotherapy schools, and improving PT services to women around the globe. We may be tapping into your subgroup for assistance as these inquiries come in. Stay tuned!

Finally, I want to let you know I have received a great honor and have been chosen to represent the North American-Caribbean region on the International Scientific Committee of the WCPT. The ISC will plan the next WCPT congress to be held in Vancouver, BC, Canada in early June, 2007. I am thrilled to have the opportunity to both represent my Region and to encourage and oversee women's health programming at the congress.

Regards,

Jill Boissonnault  
PT, PhD

### **IOPTWH TREASURER'S REPORT FALL 2004**

Since my last report, we have had confirmation from WCPT that we made a profit of over 1,000 euros on our pre-Congress study day in Barcelona last June. And finally I have received payment from all of our sponsors. As this has all just been completed within recent weeks, I have not yet had an opportunity to produce a final balance sheet but I shall do so in the near future. We did, of course, hold business and executive meetings in Barcelona, and hosted a highly successful reception. We must see if, overall, we ran at a profit or a loss. Such information will help our financial planning for next year's conference in Ljubljana, and WCPT Congress 2007, in Canada.

Thank you to all chief delegates for arranging payment of your organization's 2004 dues. To date, there are only three remaining unpaid, and I am confident that I shall receive these soon.

Outgoings since I last reported have been on maintenance and development of the website, our credit card annual fee, and the cost of our newsletter. Income and expenditure since 31<sup>st</sup> January 2004 are as follows:-

Income	£ 4,027.33
Expenditure	£ 598.72
Funds at 30 <sup>th</sup> July 2004	<u>£ 6,722.42</u>

Gill Brook  
Treasurer



..... "goes to the Bedford Row Hospital to see Mam and Michael. She is in the hospital with the pain in her back and she has the baby".....

McCourt F, Angela's Ashes, 1996, p111

"Dad brings Mam home with the new baby and she has to stay in bed for a few days with the pain in her back"

McCourt F, Angela's Ashes, 1996, p112

## **BACK PAIN DURING PREGNANCY AND THE POST-PARTUM PERIOD**

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This article is a summary of the introduction and a conclusion of the published articles from the thesis "Back pain post-partum - clinical and experimental studies". The whole thesis could be ordered via e-mail: [lena.nilsson-wikmar@neurotec.ki.se](mailto:lena.nilsson-wikmar@neurotec.ki.se)

Back pain during pregnancy has been discussed in the literature already in the Hippocratic period. It was thought that, because of the relaxation of the pelvic joints, the pelvis would expand during the first pregnancy, and thereafter remain permanently enlarged. Since then the problem has been described in the literature at regular intervals both regarding relaxation of the pelvic joints during pregnancy (Cantin, 1899; Young, 1940) and effects of hormonal factors (Hisaw, 1926; Genell, 1949). The symptom (relaxatio symphysis) is very well described already in a textbook from 1839, by the Swedish obstetrician Cederschjöld, (1839).

### **Prevalence and definitions of back pain**

About 80% of the population will suffer from low back pain at some time during life. Among women between 25 and 45 years, about 25% suffer from mild pain from the back and between 5% and 15% of them suffer from severe back pain (Folkhälsorapport, 2001). In a cross-sectional retrospective

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study, among 1,760 38- to 64-year old women, it was found that 86% had been pregnant. Twenty-four percent had suffered from low-back pain during pregnancy and 10-15% stated that their low-back pain had started during pregnancy (Svensson et al., 1990). Forty-three per cent state that they had been on sick leave during pregnancy and the main reason is back pain (Sydsjö & Sydsjö, 2002).

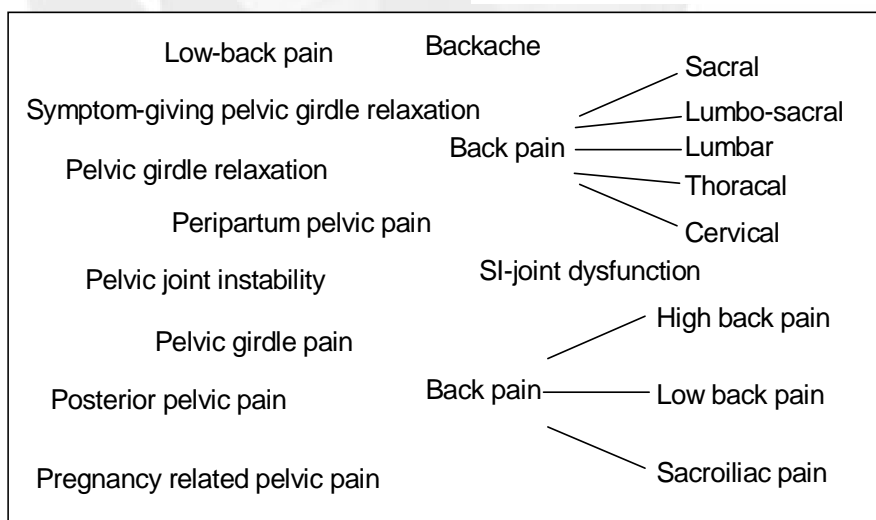
Half or even more women report low back pain during pregnancy (e.g. Mantle et al., 1977; Bullock et al., 1987; Fast et al., 1987; Berg et al., 1988; Östgaard et al., 1991; Orvieto et al., 1994; Kristiansson et al., 1996; Hansen et al., 1999). The frequency vary between 48% (Mantle et al., 1977) and 82% (Bullock et al., 1987). Results are based on questionnaires given shortly after delivery (Mantle et al., 1977), or on interviews 24-36 hours after delivery (Fast et al., 1987). The results are similar whether questionnaires are given several times during pregnancy (Bullock et al., 1987; Berg et al., 1988; Östgaard et al., 1991; Kristiansson et al., 1996), or once during pregnancy (Orvieto et al., 1994). The higher prevalence in the study by Bullock et al. (1987) may be due to the simultaneous clinical examination of the postural change during pregnancy. In-vitro fertilised

women report two times higher prevalence rate of sacral pain in late pregnancy compared with women with spontaneous pregnancy (Kristiansson et al., 1998). Studies from Taiwan report a prevalence of 56% (Fung et al., 1993), from Nigeria 89% (Nwuga, 1982), Tanzania 66% and Zanzibar 81% (Björklund & Bergström, 2000). The causes of back pain are however still unclear. Both biomechanical (Snijders et al., 1976; Bullock et al., 1987; Moore et al. 1990,) and hormonal factors (MacLennan et al., 1986; Kristiansson et al 1996; Albert et al., 1997) has been discussed as the two main causes. The results regarding both causes are inconsistent.

Some studies have been undertaken to determine the prevalence of back pain post-partum. Two to 18 months post-partum the figures vary between 2% - 65% (e.g. Kogstad, 1988; Berg et al., 1988; Kristiansson et al., 1996; Turgot et al., 1998; Larsen et al., 1999). During pregnancy posterior pelvic pain is more intense, and after delivery, back pain is more intense and common (Östgaard et al., 1996).

There is still no consensus on the definition of

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**Figure 1.** Examples of nomenclatures used for definition of back pain during pregnancy and post-partum.

## Welcome to the IOPTWH listserv,

I am very excited to invite you to participate in birthing the IOPTWH listserv. As with all births I expect we will run into some confusion, concerns, and even complications. I have outlined some basics below. Please keep the lines of communication open and email me at [bethshelly@prodigy.net](mailto:bethshelly@prodigy.net) if you have questions, concerns, suggestions, or difficulties of any type. I will do my best to return emails as soon as possible so we all can participate fully in the benefits of the listserv.

Our current family of listservs (there may be more listserv topics added at a later time)  
pelvic pain, urinary incontinence and obstetric back pain.

### What is a listserv?

The listserv is a way for a lot of people to participate in a discussion on a chosen topic. Here's how it works:

1. Someone sends an email to the listserv with a question, comment, or piece of information they wish to share.
2. The email is sent automatically to all who have signed up for that listserv.
3. The email will arrive in your in-box and you have the choice to read it, respond or delete it.
4. If you chose to respond, hit the reply button on the email and your comments will go out to the entire group.

To post an email simply go to the web site [www.ioptwh.org](http://www.ioptwh.org) and click on the listserv tab (it is the last one on the right). Scroll down to the listserv you would like to post on and click the email address next to "to post a message".

It is really simple and can be a great way to share information among professional that are in distant locations. There is no cost to the members.

### How do I join the listserv?

You are receiving this message because you sent an email indicating you wished to be included on the listserv. These listservs are available to all individuals in IOPTWH member countries. Directions for joining are on the IOPTWH web site. Interested individuals should send an email to me at [bethshelly@prodigy.net](mailto:bethshelly@prodigy.net) with their name, member country, and which listserv they wish to join. Please be aware that you will be subscribed to the listserv based on the email from which you send the email. You may cancel your subscription by emailing a message to [stserv@ioptwh.org](mailto:stserv@ioptwh.org). This address can be accessed of the IOPTWH web site also.

### Listserv etiquette

A listserv is like a teleconference. Please be courteous and respectful of others. Our intent is to facilitate professional information sharing. Each listserv will be monitored.

Ideas for appropriate topics include: a clinical or research question, new web site resources, call to participate in research, a new article or book that others might want to read, an administrative question, and more.

Topics that are not appropriate for the listserv: advertisements of any kind (please contact me directly if you would like to place an ad on the IOPTWH web site), personal communications (please email the person directly), arguments (discussions are productive and helpful. Don't burden the group with arguments or details best shared directly with an individual.)

### Clutter

Listsers can become very busy very fast. It is best to post messages with substance, not simply words of encouragement or agreement. This can be seen as clutter for many. It is fine to ask others to email you items (for example: forms, hand-outs, reference lists), please include your email address as it will not be easily seen in the posting. If there is an item of particular interest we can post it on the web for all to down load. Do not include long versions of these types of things in your listserv posting. Postings may become overwhelming; the delete button works quite well. You do not need to respond to every posting (if that happened we would be very busy). You are welcome to just sit back and "listen" to others post.

I will send regular updates and announcements as item come up. I am confident the listservs will be a valued addition to the IOPTWH benefits. Please email me if you have any feedback. See you in cyberspace.

Beth Shelly  
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back pain during pregnancy or post-partum. Many different nomenclatures are used and mostly not clearly described how the identification was performed (Heiberg Endresen, 1995) (Figure 1). In studies where the problem has been identified, a pain drawing (Östgaard et al., 1991; Mens et al., 1996) has mostly been used or a clinical examination including both pain provocation- and functional tests (Berg et al., 1988; Kogstad, 1988; Wormslev et al., 1994; Albert et al., 2000). A combination of both (Östgaard et al., 1994a; Kristiansson & Svärdsudd, 1996) has also been used.

### Intervention

Few studies have evaluated the effect of different treatments in pregnant women with pelvic girdle pain in both a short and a long-term perspective. The interventions evaluated during pregnancy are regular/aerobic exercises (Östgaard et al., 1994b; Dumas et al., 1995; part I and II), water exercises (Kihlstrand et al., 1999), mobilisation (Berg et al., 1988), acupuncture (Wedenberg et al., 2000), massage therapy (Field et al., 1999), use of a wedge-shaped pillow (Thomas et al., 1989), use of a trochanteric belt (Berg et al., 1988; Östgaard et al., 1994b) information and advice on ergonomic issues (Mantle et al., 1981; Norén et al., 1997; Östgaard et al., 1994b). The overall results show reduction in pain intensity, increase in the ability to perform daily activities, and a decrease of number of sick days.

The interventions evaluated during post-partum are graded exercises of the diagonal trunk muscles (Mens et al., 2000) and specific stabilising exercise program (Stuge et al., 2004). Specific stabilising exercise program improved functional status and reduced pain.

### Aims and conclusions of the thesis

One aim was to identify location of back pain in women after pregnancy, its relation to the experience of pain and activity level. The result showed that pain could be provoked from different locations in the back and can thus not be seen as a unitary concept. The most frequent pain area was pain both in the area of the posterior pelvic/sacroiliac

joints and the lumbar spine. The measuring of the spinal sagittal configuration and mobility did not further identify or classify back pain post-partum (Nilsson-Wikmar et al., 1999). Pain is a symptom, but activity limitations seem to be important, since the findings showed limitations in movement related activities (Nilsson-Wikmar et al., 2003).

Another aim was to carry out different treatments in order to find out how they affect pain and activities during pregnancy and in the post-partum period (Nilsson-Wikmar et al., accepted for publication in Spine).

And finally a lifting task was investigated in a laboratory setting in women with and without low back pain in order to identify differences in lifting strategies (Commissaris et al., 2002). Women with low-back and/or pelvic pain after pregnancy showed dissimilar kinematics of lifting in the hip-lumbar-pelvic movement interaction. The differences involve the angular motion pattern around lift-off. The temporal aspects of the lifting movement were not different except for the movement time.

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This is a great opportunity to announce the completion of the *Scope of Practice Position Paper* by the Practice Committee under the supervision of chair, Judy Florendo. It is a fabulous work that can be found on the website in its entirety. It will be used by Meena Sran, Member at Large as part of her outreach project and may be beneficial at the individual or small group level for supporting the breadth and depth of the scope of practice of physiotherapy and women's health.



## UPCOMING EVENTS



**SLOVENIA** The IOPTWH is sponsoring a seminar "An Update on Pelvic Floor Research and Rehabilitation", September 17, 18, 2005 at the Hotel Slon, Ljubljana, Slovenia. Keynote speaker, **Prof. Kari Bo**, PhD,PT, Exercise Scientist, will be complemented by **Chefärztin Priv.-Doz. Dr. Med., Prof. Ursula Peschers**, MD, PhD Obstetrician and Gynecologist, speaking on "Imaging in Urogynaecology", and **Assist. Prof. Simon Podnar**, MD, DSc, Neurologist and Clinical Neurophysiologist

Watch the IOPTWH website for more information but plan on attending and supporting the IOPTWH.

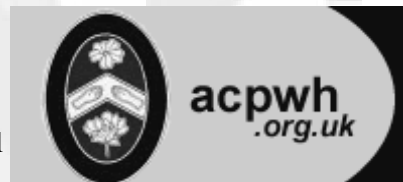
### **Association of Chartered Physiotherapists in Women's Health [ACPWH] Conference 2005, 7<sup>th</sup> – 9<sup>th</sup> October, Nottingham, England, UK**

In recent years IOPTWH members from the Netherlands, Belgium, the Republic of Ireland, Slovenia, Israel and the United States have attended the annual ACPWH conference.

The 2005 Conference will be held from 7<sup>th</sup>-9<sup>th</sup> October at The Hayley Conference Centre, Eastwood Hall, Eastwood, Nottingham. It will run from Friday afternoon to Sunday lunchtime, and the conference fee will include full board [including a conference dinner] at this 150 room centre with its excellent conference and leisure facilities.

The emerging theme for the conference is the pelvic floor, and poster displays on working in new ways in women's health will also be invited.

The organising committee is co-ordinated by Judith Lee <wandjlee@eggconnect.net> and further information is available from her, or via the ACPWH website <www.acpwh.org.uk> in the New Year.



### **Education for Physiotherapists in Women's Health Care-Specialised as Childbirth Educators**

The course will have a Theoretical and a Practical part about "Training for Women during Pregnancy and in the PostPartum Period". The theory will be out of the latest scientific view of Training women in that specific period based on the renewed "Guidelines for exercise during Pregnancy and Postpartum". (January 2002) made by the American College of Obstetricians and Gynaecologists. The practice will be with new Materials for Exercise like Dynabands and Big Balls.

The course will run Monday 11th & Tuesday 12th of October 2004 in Loulé Algarve in Portugal. Instructors will be Mrs. Ellen Aalpoel, Physiotherapist in Women's Health, the Netherlands and Mrs. Christine Van De Putte, Physiotherapist in Women's Health, Belgium  
Contact Mrs. Yvonne van Lijf, YVLO, the Netherlands [yvlo@wanadoo.nl](mailto:yvlo@wanadoo.nl) for more details

The Canadian **WOMEN'S HEALTH DIVISION** is planning a course by Jo Laycock and Pauline Chiarelli in the spring of 2005. Contact Marianne Hladiuk [hladiukm@telusplanet.net](mailto:hladiukm@telusplanet.net) for more information and check the Fall 2004 IOPTWH newsletter for further details.

The American **SECTION ON WOMEN'S HEALTH** has a variety of one to three day courses in many areas of Women's Health. Go to [www.womenshealthapta.org](http://www.womenshealthapta.org) for further details and registration information.