

# WOMEN'S PELVIC HEALTH – LEVEL 2



## OVERVIEW

*Note: This document is created by WHTA for WHTA Members. It is neither written by nor endorsed by the Australian Physiotherapy Association. Official APA documents take precedence over this document.*

The Level 2 of the Women's Pelvic Health Learning Pathway has been written and created by Women's Health Training Associates, and provided by the **Australian Physiotherapy Association** at

<https://enrol.apacpdguide.com.au/courses/womens-pelvic-health-physiotherapy-level-2-part-a>

It consists of online pre-recorded lectures followed by a 2.5 day face-to-face course. It is compulsory to complete the online learning prior to attending the face-to-face course.

### ONLINE LEARNING:

TOTAL 18 HOURS LECTURES + 1 HOUR MCQ

The online learning includes 13 separate lectures each with 4-5 multiple choice questions at the end.

#### PROLAPSE

WPH2.1: Advanced Terminology and Assessment 1hr 50min

WPH2.2: Advanced Management of POP 1hr 12min

#### URINARY

WPH2.3: Advanced Anatomy and Physiology 50min

WPH2.4: Advanced Assessment of Urinary Function 1hr 43min

WPH2.5: Advanced Diagnosis and Management part 1 1hr 43min

WPH2.6: Advanced Diagnosis and Management part 2 1hr 19min

#### BOWEL

WPH2.7: Advanced Anatomy and Assessment 1hr 26min

WPH2.8: Advanced Diagnosis and Management part 1 1hr 9min

WPH2.9: Advanced Diagnosis and Management part 2 48min

#### SEXUAL

WPH2.10: Introduction to Female Sexual Dysfunction 1hr 7min

#### CLINICAL SKILLS

WPH2.11: Initial Subjective History 2hr 8min

WPH2.12: Vaginal Examination 1hr 47min

WPH2.13: Digital Rectal Examination 55min

### FACE TO FACE

TOTAL 2.5 DAYS FACE-TO-FACE

The Face-to-Face is a 2.5 day course made up of 5 sessions

Session 1 (4hrs): DETAILED CLINICAL CASE STUDY #1: POP and URINARY

Session 2 (4hrs): Vaginal Examination Practical

Session 3 (4hrs): DETAILED CLINICAL CASE STUDY #2: BOWEL DYSFUNCTION

Session 4 (4hrs): Digital Rectal Examination Practical

Session 5 (4hrs): DETAILED CLINICAL CASE STUDY #3: GYNAE SURGERY / URINARY

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## ONLINE LEARNING - DETAILED OUTLINE

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The online learning includes **13 separate lectures** across 5 topics areas, each with 4-5 multiple choice questions at the end of the lecture to test participant knowledge.

The total time to complete the online component is **19 hours**, and is a pre-requisite to attending the Women's Level 2 Pelvic Health Face to Face Course.

### ENROLMENT via the Australian Physiotherapy Association at

<https://enrol.apacpdguide.com.au/courses/womens-pelvic-health-physiotherapy-level-2-part-a>

### WHTA MEMBER CASHBACK

WHTA Members can receive a cashback rebate from WHTA. The minimum rebate is 10%, increasing to as high as 50% for WHTA members who have completed all four of the following WHTA courses (Introductory Women's Health 5 Day Course; Adv PF – POP/SUI; Adv PF – OAB; Adv PF – Bowel).

## TOPIC 1: PROLAPSE

TOTAL: 3HRS

### WPH2.1: Advanced Terminology and Assessment

1hr 50min

- understanding appropriate use of terminology (eg anterior / posterior wall prolapse vs cystocele, rectocele, enterocele) depending on which assessment is used for diagnosis ie vaginal examination, trans-perineal ultrasound, defecation proctogram
- detailed explanation of POP-Q including Aa, Ba, Ap, Bp, GH, PB, TVL plus:
  - importance of total vaginal length in distinguishing stage 0 vs I and stage III vs IV POP
  - importance of the D point in differentiating uterine prolapse from cervical elongation
  - importance of GH and GH+PB in determining risk of prolapse
- detailed understanding of what constitutes anatomical prolapse vs clinical prolapse
- influence of levator and genital hiatus size on risk of prolapse
- understanding the Pelvic Organ Prolapse Symptom Score (POP-SS) as a validated measure of symptomatic prolapse

### WPH2.2: Advanced Management

1hr 12min

- review of first line conservative management options discussed in level 1
- detailed understanding of the role and limitation of pelvic floor muscle training for anatomical and symptomatic prolapse
- introduction to Genitourinary Syndrome of Menopause and implication on POP symptoms
- introduction to multidisciplinary management of POP including
  - the role of local vaginal oestrogen therapy in the management of POP symptoms
  - pelvic organ support pessaries
  - surgery - brief overview of:
    - uterine prolapse procedures (hysterectomy, hysteropexy, Manchester repair)
    - vault prolapse procedures (sacrospinous colpopexy, sacrohysteropexy)
    - vaginal wall repairs (anterior and posterior)
    - mesh procedures and possible complications

# WPH L2 ONLINE continued...

TOPIC 2: URINARY

TOTAL: 5.5HRS

## WPH2.3: Advanced Lower Urinary Tract Anatomy and Physiology

50min

### BLADDER

- advanced bladder anatomy including trigone, bladder dome, and layers of the bladder wall (urothelium, lamina propria, submucosa and detrusor layer)
- role of the urothelium as a functional layer of the bladder wall
- detailed understanding of bladder sensation

### URETHRA

- regions of the urethra from bladder neck to external urethral meatus
- subcomponents of both the internal and external urethral sphincter
- role of urethral vasculature and mucosal glands in urethral closure

### NEURAL

- components of the micturition reflex including autonomic and somatic nerve supply, the sacral micturition centre, role of the peri-aqueductal grey area and pre-frontal cortex
- role of various neurotransmitters (ATP, noradrenaline/norepinephrine and acetylcholine) and neuroreceptors (alpha, beta and muscarinic) on lower urinary tract function

## WPH2.4: Advanced Assessment of Urinary Function

1hr 43min

### URODYNAMICS

Detailed explanation of

- Uroflowmetry
- Post-Void Residual (taught in Level 1 – review given)
- Cystometry
- Urethral Pressure Profilometry

Interpretation of urodynamics to diagnose:

- Low Compliance Bladder
- Detrusor Overactivity
- Altered Bladder Sensation
- Voiding Dysfunction

### SENSATION RELATED BLADDER DIARIES (SR-BD)

- Review of bladder diary calculations from level 1
- General Bladder Sensation vs Urgency Scales in Bladder Diaries
- Use of General Bladder Sensation Scale to determine reduced bladder sensation, increased bladder sensation, normal bladder sensation etc.
- Advantages / Disadvantages of Sensation Related Bladder Diaries vs Cystometry

**WPH2.5: Advanced Diagnosis and Management part 1 - OAB FOCUS****1hr 43min****OVERACTIVE BLADDER**

Advanced Understanding of OAB including:

- detrusor overactivity vs OAB; correlation and lack of correlation in women
- alternate causes of urgency in women (urothelial, urethral, extrinsic, central etc)
- identifying urgency / OAB on SR-BD

Advanced Management of OAB including:

- brief review of first line conservative management taught in level 1 including bladder retraining, scheduled voiding, urgency suppression, dietary / lifestyle
- second line conservative management options including transcutaneous tibial nerve stimulation (TTNS), intravaginal and sacral neuromodulation
- second line medical management options including anticholinergics / antimuscarinics, B3 adrenoreceptor agonists, intravaginal oestrogen, percutaneous tibial nerve stimulation

**IMPORTANT DIFFERENTIAL DIAGNOSES**

- Bladder Pain Syndrome / Interstitial Cystitis
- Underactive Bladder Syndrome (with and without detrusor underactivity)
  - co-existence of OAB and UAB in a single person

**WPH2.6: Advanced Diagnosis and Management part 2 – SUI FOCUS****1hr 19m****STRESS URINARY INCONTINENCE**

Advanced Understanding of SUI including:

- intrinsic urethral closure vs extrinsic augmentation of urethral closure pressure during ↑IAP
- intrinsic sphincter deficiency vs urethral hypermobility as causes of SUI
- role of levator ani, pubocervical fascia and external urethral sphincter in SUI

Advanced Conservative Management of SUI including:

- brief review of level 1 content on Pelvic Floor Muscle Training (PFMT) for SUI
- PFMT focusing on levator ani vs urethral sphincter for SUI
- impact of fascial dysfunction on success of PFMT for SUI due to urethral hypermobility

Second Line Conservative and Surgical Management of SUI

- intravaginal support devices for SUI
- intravaginal neuromuscular electrical stimulation
- surgery: mid-urethral slings; fascial slings, colposuspension

**IMPORTANT DIFFERENTIAL DIAGNOSES**

- stress / cough induced detrusor overactivity

**WPH2.7: Advanced Anatomy and Assessment****1hr 26min****ADVANCED ANATOMY**

- detailed anatomy of the anorectum including anorectal smooth muscle (circular and longitudinal smooth muscle, anal length, and anorectal junction)
- detailed anatomy of the anal canal including mucosa, dentate line, IAS, EAS, and conjoint longitudinal muscle of the anus
- introduction to the enteric nervous system and its role in peristalsis and RAIR
  - brief explanation of Hirschsprung's Disease
- detailed understanding of the pudendal nerve pathway

**ADVANCED ASSESSMENTS (IMAGING STUDIES & ANORECTAL PHYSIOLOGY)**

- Transit Studies
- Endoanal Ultrasound
- Defecation Proctogram
- Anorectal Manometry
- Pudendal Nerve Terminal Motor Latency

**WPH2.8: Advanced Diagnosis and Management part 1 - CONSTIPATION FOCUS****1hr 9min****CONSTIPATION****Advanced Understanding of Constipation including**

- organic causes vs functional causes of constipation
- criteria for the diagnosis of functional defecation disorder
- advanced assessments to differentiate slow transit constipation (STC), structural outlet obstruction and functional defecation disorders (FDD).
- sub-types of FDD including inadequate defecatory propulsion (rectal pressure issue) vs dyssynergic defecation (anal pressure issue)

**Advanced Management of Constipation including:**

- Dietary, Medication, Lifestyle and Behaviour Modification
- Biofeedback assisted Pelvic Floor Re-Education
- Laxative Supplementation

**Validated Questionnaires**

- Patient Assessment of Constipation – Quality of Life (PAC-QOL)
- Patient Assessment of Constipation – Symptoms (PAC-SYM)
- Cleveland Clinic Constipation Score
- Bowel Diaries

**IMPORTANT DIFFERENTIAL DIAGNOSES**

- Colorectal Cancer: definition, risk factors and screening in primary care
- Irritable Bowel Syndrome: definition, symptoms, and screening in primary care

**WPH2.9: Advanced Diagnosis and Management part 2 - FI and ANORECTAL PAIN****48min****FAECAL INCONTINENCE**

Advanced Understanding of Faecal Incontinence including

- official definitions including sub-types of faecal incontinence
- the role of the anal sphincters and levator ani in the sub-types of faecal incontinence
- non-sphincteric causes of faecal incontinence

Advanced Management of Faecal Incontinence including:

- Management of stool type, Dietary, Medication, Lifestyle and Behaviour Modification
- Biofeedback assisted Pelvic Floor Re-Education
- Functional Retraining
- Conservative Neuromodulation

Validated Questionnaires

- Cleveland Clinic / Wexner Score
- St Mark's Incontinence Score

**ANORECTAL PAIN**

Introduction to Functional Anorectal Pain including

- Levator Ani Syndrome and Unspecified Functional Anorectal Pain (Chronic Proctalgia)
- Proctalgia Fugax

**TOPIC 4: SEXUAL****TOTAL: 1.1HRS****WPH2.10: Introduction to Female Sexual Dysfunction****1hr 7min**

- Definition of Female Sexual Health
- Importance of Sexual Health Literacy in Health Professionals
- Heterosexism, Heteronormativity and other discriminatory practices in sexual health settings
- Concept of 'Open-Mindedness' in Health Professionals working in sexual health
- Sexual Function and Sexual Activity amongst Australian Adults
- Introduction to three main sub-types of sexual dysfunction
  - Gento-Pelvic Pain Penetrations Disorder
    - including discussion of vulvodynia, vaginismus and obstructed intercourse)
  - Female Orgasmic Disorder
  - Female Sexual Interest / Arousal Disorder
- Validated Questionnaires
  - Pelvic Floor Specific (ICIQ-FLUTSsex; CICQ-VS; PISQ; PISQ-IR; PISQ-12)
  - Female Sexual Function Index (FSFI)

**WPH2.11: Initial Subjective History****2hr 8min****CONSIDERATIONS WHEN PREPARING FOR AND INITIALLY MEETING A PELVIC HEALTH PATIENT**

- set up of the clinical environment
- initial documentation, clinic information and administrative considerations

**COMMUNICATION SKILLS**

- specific communication techniques that can be useful when undertaking a patient history on sensitive topics such as bladder, bowel and sexual function

**THE INITIAL FEMALE PELVIC HEALTH INTERVIEW**

- important topics to be covered / detailed list of questions
- order and clinical relevance of questions asked
- record keeping / documentation

**WPH2.12: Vaginal Examination****1hr 47min****CONSIDERATIONS PRIOR TO PERFORMING A VAGINAL EXAMINATION**

- considerations regarding the clinical environment
- considerations regarding informed consent
- contra-indications and precautions

**VAGINAL EXAMINATION OF THE PELVIC FLOOR**

- patient positioning and autonomy throughout the examination
- initial observation of the perineum and pelvic floor function
- digital vaginal assessment of pelvic floor muscle function
- simplified pelvic organ prolapse assessment

**WPH2.13: Digital Rectal Examination****55min****ANOPERINEAL OBSERVATIONAL ASSESSMENT (review of Level 1)**

- patient positioning for an anoperineal / anorectal examination
- initial observation to assess for anal conditions and anal sphincter function

**DIGITAL RECTAL EXAMINATION OF THE PELVIC FLOOR**

- internal assessment of anal sphincter function
- internal assessment of puborectalis / levator ani function
- combined anorectal / vaginal assessment of rectocele