

PELVIC FLOOR ASSESSMENT and TREATMENT

Preamble

The Nova Scotia College of Physiotherapists recognizes that internal pelvic floor assessment and treatments fall within the scope of physiotherapy¹ practice.

Physiotherapists must have completed a post graduate education and training session in order to carry out pelvic floor assessment and treatments for urogenital and rectal dysfunction. The training must include a practical component and a certificate indicating successful completion of the training through demonstration of knowledge and techniques.

Treatment

1. Pelvic floor treatments that fall within the scope of this practice standard include:
 - a. Education and lifestyle modification
 - b. Pelvic floor muscle re-education, including exercises
 - c. Electrical muscle stimulation using internal/external electrodes
 - d. Biofeedback using cones, internal/external treatment devices electrical or pressure
 - e. Modalities – ultrasound/SWD/IFC/TENS/acupuncture
 - f. Manual techniques for relaxation/myofascial release/massage/fascilitation
 - g. Stretching with insertion devices
 - h. Acupuncture
 - i. Thermo and cryotherapy

¹ The terms physical therapist, physiotherapist, physiotherapy, physiotherapy, physiothérapie, physiothérapeute, PT and pht are official marks used with permission. The terms physical therapist and physical therapy are synonyms for physiotherapist and physiotherapy respectively.

PRACTICE STANDARD

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Training

- 2 In the interest of public safety, physiotherapists must have completed appropriate post graduate education and training in the assessment and treatment of urogenital and rectal dysfunctions in order to carry out internal pelvic assessments and treatments. They should be able to demonstrate:
 - a. Knowledge of detailed anatomy and physiology of the pelvic region
 - b. Awareness of conditions that are amenable to treatment
 - c. Practice of muscle testing, exercises, and manual technique massage specific to pelvic floor region
 - d. Understanding of posture and treatment of postural problems
 - e. Understanding of ultrasound, electrical stimulation and biofeedback techniques as well as the indication and contra-indications of each
 - f. Knowledge of infection control techniques.

Intrapelvic Assessment and Treatment

- 3 The physical therapist must obtain informed consent from their patient:
 - a. Informed consent must be obtained prior to proceeding with intrapelvic assessment and treatment. See the Policy titled, Informed Consent, 2000.
 - b. The clinical record must document that informed consent for intrapelvic assessment and treatment was obtained and must include what the patient has been told and the patient's response.

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- c. Informed consent must be obtained prior to each intrapelvic assessment and treatment.
- d. Consent may be withdrawn by the patient at any time and must be documented accordingly.
- e. The physical therapist must advise the patient that the patient may have a third party of their choice present during their assessment and treatment.
- f. During intrapelvic assessment and treatment, the dignity of the patient must be maintained and the physical therapist must exercise utmost discretion.
- g. A private secure treatment area must be used when providing intrapelvic assessment and treatment.

Guidelines for Risk Management and Infection Control

- 4. The potential for the development of infection exists with the introduction of a physiotherapist's finger(s) and/or assessment/treatment device(s):
 - a. The physical therapist must adhere to World Health Organization Standard Precautions (www.wpro.who.int/sars/docs/practicalguidelines/dec2004/chapter3.pdf) and use current infection control procedures
 - b. Each facility must set up an infection control program in consultation with a recognized infection control professional.
 - c. Each facility must have a policy in place outlining the use and discard procedures for their chemical sterilization solutions.
 - d. Electrotherapy contraindications apply.

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- e. Physiotherapists must inform clients if probes are multi-user and give the client the option to purchase their own probes.
 - i. If probes are multi-user, a condom is to be placed over the probe. Beware of clients with latex sensitivity when using condoms and other latex products. When the probe is removed, the condom is removed and disposed of in a garbage receptacle. The probe and leads are to be cleaned.

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REPLACES: Position Statement, Pelvic Floor Assessment and Treatment, July 2009; and Practice Standards, Pelvic Floor Assessment and Treatment, June 2009.
