

# Pelvic Health Specialized Procedure

## A Practice Resource for Saskatchewan Physical Therapists

January 2023

The purpose of this guide is to provide direction to Saskatchewan Physical Therapists in applying the SCPT Standards of Practice and Bylaws to the Specialized Procedure of Pelvic Health Examination and Treatment Techniques for Urogenital and Rectal Dysfunction including detailed regulatory expectations regarding:

- Post-graduate course approval, certification & rostering
- Clinical practices to support excellence, consent, communication, sensitivity & patient safety



# Contents

<b>Summary</b>	<b>3</b>
<b>Relevant Legislation, Bylaws, Standards, &amp; Ethical Considerations</b>	<b>4</b>
<b>Introduction</b>	<b>5</b>
<b>Legislative and Authorization Considerations</b>	<b>7</b>
Spinal Manipulation Techniques	8
<b>Competent Practice</b>	<b>9</b>
Education and Competence Development	9
Curriculum Requirements	9
Mentorship	10
Multidisciplinary Practice	10
Point-of-Care Ultrasound Imaging	10
Summary of Expectations	11
<b>Safe &amp; Sensitive Practice</b>	<b>12</b>
Infection Prevention and Control	12
Treatment Risks and Adverse Event Management	12
Sensitive Practice is a Routine Practice	13
<b>Communication and Consent Considerations</b>	<b>15</b>
<b>FAQs</b>	<b>17</b>
<b>Glossary of Terms</b>	<b>21</b>
<b>Appendices</b>	<b>22</b>
Appendix 1 Consent Form Example	22
Appendix 2 Patient Information: What to Expect & What to Ask	23
Appendix 3 Communication Tips	25
<b>References</b>	<b>26</b>
<b>Additional Resources</b>	<b>27</b>

## Summary

For the purposes of this guide Pelvic Health will refer to the SCPT Bylaw's **specialized procedure** of invasive techniques for the assessment and treatment of urogenital and rectal dysfunction as described in the [SCPT Bylaws #18 Specialized Procedures and #26 Use of Instruments or Devices](#).

Pelvic Health is considered to have innate patient risks that require specialized training and clinical experience to ensure sensitivity, efficacy, and patient safety. Thorough examination of the pelvic region often requires direct visual observation and manual palpation of the tissues (externally and internally) of the vulva, perineum, and anus. Depending on the patient's particular pelvic health concerns, this can include but is not limited to, physical examination of the external genitalia, vagina, pelvic floor musculature, ligamentous and fascial supports, as well as the pelvic organs (bladder, uterus, cervix, urethra, and rectum). The SCPT Specialized Procedures Bylaw requires physical therapists who wish to perform direct external and internal pelvic health techniques to attain certification in a Council- approved course and be included on the SCPT Pelvic Health Roster.

It is acknowledged through the Bylaws that basic pelvic health intervention, including non-invasive treatment of urogenital or rectal dysfunction, can be an entry-to-practice competency that may be performed members without meeting additional requirements. As with all practice, individual competence, patient needs, and safety dictates physical therapy service provision.

SCPT requires members who perform pelvic health including internal examinations and treatment to:

- Read, understand, and agree to comply with the applicable Bylaws and Standards of Practice related to the specialized procedure of Pelvic Health.
- Complete a program of study approved by the SCPT Council including theory, practical and safety components as detailed in this document. Successful completion of a summative evaluation administered by the course instructor is also required.
- Be rostered with the SCPT as a practitioner authorized to practice the Specialized Procedure of Pelvic Health.
- Practice only those techniques within their individual level of competence and, when indicated, transfer care to others to ensure safe effective patient care.
- Whenever possible, practice within a multidisciplinary environment where consultation and collaboration provide optimal client care.
- Adhere to policies and procedures to mitigate risk, including infection prevention and control, and reduction of adverse events.
- Consider how advanced communication skills, and sensitivity training are required to meet the needs of this patient population and how the level of physical therapy practice experience may affect this.
- Allow time for a detailed consent process to enable the client to make decisions that are right for their care experience.
- Consider opportunities to receive or provide mentorship to ensure ongoing clinical skill development and shared practice knowledge.

## Relevant Legislation, Bylaws, Standards, and Ethical Considerations

*The Saskatchewan College of Physical Therapists (SCPT) developed this practice resource to provide guidance and support for members in the practice of the specialized procedure of pelvic health. This document is a resource only and information may not apply to individual circumstances. Members are expected to be familiar with all regulatory requirements to ensure Saskatchewan residents receive safe, competent, ethical, quality physical therapy care.*

[The Physical Therapists Act, 1998](#)

[SCPT Regulatory Bylaws](#)

- SCPT Bylaw 18 – Specialized Procedures
- SCPT Bylaw 26 – Use of Instruments or Devices
- SCPT Bylaw 19(1-2) – General Standards, including sexual abuse

[Standards of Practice for Physiotherapists in Saskatchewan](#)

- Standard 4 Collaborative Practice
- Standard 5 Communication
- Standard 6 Competence
- Standard 8 Consent
- Standard 12 Infection Control
- Standard 15 Professional Boundaries
- Standard 17 Risk Management
- Standard 18 Safety

Related Standards:

- Standard 2 Client Assessment, Diagnosis, Interventions
- Standard 3 Client Centered Care
- Standard 9 Documentation
- Standard 19 Supervision

[Code of Ethical Conduct for Canadian Physiotherapists](#)

## Introduction

The public are becoming aware of the benefits of pelvic health physical therapy and are expecting availability of safe, high-quality care from qualified providers. Physical therapists recognize the considerable supporting evidence for this care, leading many to consider providing pelvic health services as part of their practice.

Urinary and fecal incontinence, pelvic organ prolapse and pelvic pain, as well as pre- and post-natal care are just some of the many conditions related to the pelvic floor that physical therapists treat utilizing research supported techniques.

Many Canadian entry-to-practice programs include pelvic health content in the curriculum, preparing physical therapists to provide basic assessment, exercises and general patient information about conditions related to the pelvic floor. Although these programs do not typically include education and skill development in internal examination and treatment, physical therapists at this level have the ability to identify patients who may benefit from this care and are encouraged to provide appropriate referrals to physical therapists who are certified in this area of practice.

This document specifically relates to the specialized procedure of Pelvic Health including the performance of internal examination for the purpose of assessment and treatment of pelvic floor disorders. Additionally, it outlines the requirements for Saskatchewan Physical Therapists to have additional post-graduate training, certification, and rostering with the SCPT to provide this care to their clients. The management of pessaries for the conservative treatment of pelvic organ prolapse and stress urinary incontinence is also discussed.

To include pessary fitting and care into their complement of interventions it is expected that pelvic health certified physical therapists have pessary specific training in addition to their pelvic health training. Although Council will not determine specific training programs for pessaries, it is the expectation that the member rostered in pelvic health will have, and maintain currency in, appropriate pessary training. They must also ensure they are aware of, incorporate, and follow [SCPT Bylaws 18 Specialized Procedures and Bylaw 26 Use of Instruments or Devices](#).

Fitting for, insertion, and removal of pessary devices requires advanced skills. The UK Clinical Guideline for Best Practice in the Use of Vaginal Pessaries for Pelvic Organ Prolapse provides recommendations and specific training standards for the safe, effective use of pessaries.<sup>2</sup>

Due to the sensitive nature of pelvic health services and the frequent need to incorporate internal techniques, it is important that physical therapists, health care professionals and members of the public understand how physical therapists develop their competence and skills respecting this area of practice.

Evaluation and treatment of pelvic health conditions requires additional training and certification as outlined in this document. There are also physical therapists who have additional training to provide manual therapy and manipulation techniques related to orthopaedic/musculoskeletal concerns of the spine and pelvis. Orthopaedic physical therapists with appropriate training may use anorectal techniques with insertion of a finger beyond the anal verge for examination and treatment of concerns related to the coccyx (tailbone). This

differentiation needs to be clear for physical therapists and well outlined in discussion with patients.



**Specialized procedure certification & rostering is required to perform internal examinations & techniques related to the pelvic floor.**

## Legislative and Authorization Considerations

To address public safety and the inherent risks, the SCPT Bylaws identify high risk activities as Specialized Procedures. It is essential that physical therapists be aware of and respect all relevant Saskatchewan legislation regarding this area of practice.

### ***SCPT Bylaw - Specialized procedures***

***18(1) In this section, “specialized physical therapy procedure” includes acupuncture, dry needling, spinal manipulation, and invasive techniques for the treatment of urogenital or rectal dysfunction.***

***(2) No member shall perform a specialized physical therapy procedure unless the member has successfully completed an educational program recognized by council and is registered in the roster maintained by the college.***

***(3) The council may recognize a university or post-graduate specialized procedure course that is evidence based and contains at the minimum the following:***

- (a) the theoretical basis of the specialized procedure;***
- (b) safety, including potential medical and legal risks, cautions, contraindications of the specialized procedure;***
- (c) indications and best practices for the specialized procedure;***
- (d) relevant anatomy and physiology;***
- (e) a practical (clinical) component; and***
- (f) an examination component***

Invasive Pelvic Health is considered a specialized procedure activity authorized only to regulated physiotherapists on the SCPT's Pelvic Health Roster.<sup>1</sup> This means that a physical therapist on the Roster may perform internal examination and treatment within their level of competence, provided it is appropriate for the client's condition and with their consent.

It is required that Restricted Licensees who have certification in the specialized procedure of pelvic health only perform activities under the **direct supervision** of a regulated member on the Pelvic Health Roster who has been approved through the supervisory guidelines for restricted licensees.<sup>1</sup>

When considering the use of pelvic health instruments or devices, including pessaries, physical therapists must be aware of SCPT Bylaw 26

### ***SCPT Bylaw - Use of instruments or devices***

***26 No member shall use any instrument or device in the provision of physical therapy services unless:***

- (a) the instrument or device is appropriately maintained and calibrated;***
- (b) the member has successfully completed any necessary training to become familiar with the use of the instrument or device and its clinical application; and***
- (c) the client is informed of the limitations of the results and the steps to be taken based on the results.***

## Spinal manipulation techniques

As introduced previously, it is noted that some spinal manipulation techniques may require the insertion of fingers beyond the anal verge as an internal examination or treatment technique for the coccyx region. These are advanced techniques, taught as part of post-graduate training in the performance of spinal manipulation. **Individuals trained in these techniques must limit their activities to those consistent with their authorization to perform spinal manipulation, their individual competence and training, and must not represent that they provide treatment of pelvic health conditions.** These techniques are considered separately from the considerations discussed in this Practice Resource and are authorized to registrants through their authority to perform the specialized procedure of spinal manipulation.<sup>1</sup>



**Only individuals who are SCPT rostered and possess the competence to perform internal examinations may claim that they provide specialized procedures for pelvic health conditions.**



## Competent Practice

### Education and competence development

SCPT Standards of Practice apply to all aspects of physical therapy practice, including the performance of internal examinations and the treatment of pelvic health conditions, and require that physical therapists:

- Practice within their level of competence, incorporating the required knowledge and skills to deliver quality client-centered care.
- Take appropriate actions (e.g., referral to another physical therapist or health-care provider, courses, mentorship) in situations where they do not have the required competence to deliver quality client-centered care.
- Perform specialized procedures that they are competent, authorized or supervised to perform, and comply with all relevant provincial legislation and regulatory requirements.<sup>1,5</sup>
- Acquire formal pessary training & certification to provide this service due to the complexity of correct fitting, follow-up, and potential complications.

### Curriculum requirements

Members are expected to successfully complete a Council-approved post-graduate program of study that is evidence based and contains as a **minimum** the following curriculum component:

- The theoretical basis of the specialized procedure
- Safety, including potential medical and legal risks, cautions, contraindications of the specialized procedure
- Indications and best practices for the specialized procedure
- Relevant anatomy and physiology
- A practical (clinical) component
- An examination component.

As the list above is the minimum curriculum requirements, physical therapists are encouraged to reflect on the needs of the patient population they serve, as well as their individual learning goals, to ensure the curriculum content meets the requirements of their individual practice situation.

Approved Pelvic Health Courses, required to obtain rostering, are listed on the SCPT website. Further information regarding the course approval process, for courses not listed, may be found on the SCPT website - [Pelvic Health - SCPT | Saskatchewan College of Physical Therapists](#).

A physical therapist's individual competence will be determined in part by the nature and extent of the continuing education undertaken. Although SCPT Council will review and may approve post-graduate courses for initial certification/rostering in Pelvic Health, it is essential that the physical therapist understand that their individual competence may be limited, either by the nature of the education completed or due to limited clinical experience. **In such cases, the physical therapist has a professional obligation to limit their practice to the areas in**

**which they are competent and to refer patients to other providers with more advanced skills or experience when another clinician best serves a patient's needs.**

As diverse clinical experience and robust foundational skills in patient management, communication, treatment planning, and patient education are essential when working with this patient population, practitioners are **strongly encouraged** to develop their general clinical skills before pursuing training or establishing a practice in the area of pelvic health physiotherapy.

## Mentorship

The nature of pelvic health physical therapy necessitates that it is practiced in a private treatment environment. A consequence of the private setting is that opportunities for incidental observation, discussion and learning with colleagues are rarely to arise.<sup>15</sup> This contrasts with other areas of physical therapy practice where it is typical for a new skill to be acquired and used with opportunities for colleagues to observe the physical therapist's technique and facilitate skill development through feedback and discussion.

Considering the benefits, mentorship opportunities and/or supervised practice is encouraged for all pelvic health physical therapy practitioners, especially novice practitioners new to this area of practice.

## Multidisciplinary practice

Although there is currently minimal evidence to support formal clinical guidelines for pelvic health practice, the committee of experts providing the NICE guidelines and the UK Best Practice Group recommends consideration for community-based multidisciplinary teams particularly in the management of pessaries as the range of competencies required for this population is greater than one health care provider alone may manage.<sup>2,3</sup>

The suggestion is that multidisciplinary teams result in improved patient adherence, outcome satisfaction and potential cost savings, however further research into practice guidelines is required.

SCPT members rostered for pelvic health are encouraged to consider practice within a multidisciplinary team where consultation and collaboration is readily available. When this is not feasible, mentorship is encouraged.

## Point-of-Care Ultrasound Imaging

The SCPT supports the use of point-of-care ultrasound imaging for therapeutic assessment and treatment purposes within the individual therapist's scope of practice and competence level.

"Point-of-care ultrasound imaging" means the limited use of ultrasound to create real-time images necessary for immediate direct patient care and which are not transmitted or referred for interpretation or diagnosis by physician or other authorized health care provider.\*

“Point-of-care ultrasound imaging providers” means a person who has acquired the necessary knowledge, skills and training in the specific procedure to be performed and who provides point-of-care ultrasound imaging pursuant to their licensed scope of practice.\*

As per the Code of Ethical Conduct and Standards of Practice, should a physical therapist notice an abnormality or red flag during a treatment, they must refer the patient for appropriate medical assessment and intervention.

\* Society of Diagnostic Medical Sonography. Point-of-Care Ultrasound Imaging Position Statement Background.  
<https://www.sdms.org/>

## A Summary of Expectations:

Clinicians who treat pelvic health conditions must have:

- Current SCPT rostering for pelvic health
- The ability to determine when examination via direct observation and/or palpation of the vulva, perineum, vagina, anus or the pelvic organs is indicated
- The ability to explain the rationale for the assessment and treatment and obtain informed consent
- The knowledge, skills and attitudes required to appropriately perform a comprehensive assessment, to provide treatment techniques to address impairments, or in the event that the client declines internal pelvic assessment/treatment offer alternative options whenever possible.
- **A respect for their professional obligation to limit their practice to the areas in which they are competent and to refer to other providers with skills or experience that best serves a client’s needs.**



**Depending on the patient population, conditions treated, and devices utilized, physical therapists may require additional post-graduate education & mentorship.**

## Safe & Sensitive Practice

### Infection prevention and control

Invasive pelvic health assessment and treatment techniques involve contact with mucous membranes and body fluids, 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.<sup>6</sup> 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.<sup>6</sup>

Equipment and devices such as vaginal probes, cones, and pessaries are classified as semi-critical medical devices according to the Spaulding Classification, due to their contact with intact mucous membranes.<sup>6</sup> Physical therapists 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 devices must be consistent with the Spaulding Classification for the item, the manufacturer's directions, and employer policies and procedures. In cases where there is a discrepancy between the Spaulding Classification of the device and manufacturer's directions for reprocessing, physical therapists are directed to use the higher level of disinfection/sterilization.<sup>6</sup>

Physical therapists are directed to familiarize themselves with the Infection Control Standard of Practice,<sup>5</sup> and the Devices Bylaw.<sup>1</sup> Additional information regarding device reprocessing can be found in the SHA Policies and Clinical Standards Documents - [Spaulding Classification](#).

### Treatment risks and adverse event management

All aspects of physical therapy practice include some risk. Pelvic health physical therapy is no exception. Risks related to physical therapy practice with this client 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 assessment and treatment techniques employed by the physical therapist. Consent conversations must include a discussion of **material** and **special risks** related to the techniques proposed and offer alternative assessment and treatment options.

As in all other areas of practice a critical event management plan is required. This is especially true with specialized procedures such as pelvic health. Practitioners are encouraged to be familiar with regulation around risk management practices including Standards of Practice #17 Risk Management and #18 Safety and their related legislation and standards.

## Sensitive practice is a routine practice

Emotional impact bears special consideration when working in this sensitive area of practice. Individual psychosocial factors, such as but not limited to trauma history (including sexual and non-sexual trauma), psychological and psychiatric functioning, as well as personal experiences, cultural background, gender, community, environmental factors, general health, and well-being may affect a patient's response to assessment and treatment approaches. For this reason, physical therapists are advised to consistently adopt sensitive practice as routine in their patient interactions.

Keeping in mind that trauma in its many forms is highly impactful, physical therapists 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.<sup>10</sup> Physical therapists must be mindful that due to the personal nature of this information, a client may or may not choose to disclose these personal and private details during the course of therapy. Physical therapists working in the area of pelvic health need to be thoughtful and intentional in their interactions with patients, mindful of their personal history and/or circumstance, disclosed or non-disclosed.

Sensitive practice principles may include:

- 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 before you begin and with each step of the assessment or treatment process and obtaining informed consent at each point.
- Remembering that patients with a trauma history may demonstrate non-linear healing, meaning that what they can tolerate one day may be different the next. Physical therapists can demonstrate an awareness of this fact by reaffirming patient consent for different treatment procedures at each appointment, rather than assuming past consent remains valid. This is not only consistent with sensitive practice; it is also an expectation outlined in the Consent Standard of Practice<sup>1</sup> and Informed Consent and Capacity Practice Resource.<sup>7</sup>
- Discussing the option of having a third party/chaperone/support person present for all or any portion of the assessment/treatment.
- 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
- Frequently checking in with the patient to offer an opportunity for questions and to confirm ongoing consent.
- Making it clear to the patient with both words and actions that they can withdraw their consent at any time. Patients with a trauma history (especially a history that includes

sexual abuse) may need to be encouraged to advocate for themselves and may need to be “given permission” to say no.

- Including an explicit statement of your intent to provide a safe environment for all clients, such as:

*XYZ Clinic strives to foster an environment where patients feel safe and supported. We acknowledge that individual circumstances and temperament often influences the patient experience. An internal exam may be difficult and triggering for some people. We invite you to share your concerns with your physical therapist so that we can work with you to find approaches to treatment that feel safer and less challenging for you. Your private information will be kept confidential.*



**Due to the multifactorial nature of pelvic health concerns, the application of sensitive practice in clinical interactions is essential.**

## Communication and Consent Considerations

While all Practice Standards apply in most situations, Communication and Informed Consent are particularly applicable to pelvic health and practitioners are encouraged to review these Standards in detail and consider how to implement best practices to support informed, quality service.

The Informed Consent & Capacity Practice Resource provides an overview of key expectations and principles related to consent. The overarching principle being that consent is not valid unless it is informed.<sup>1,7</sup>

For Physical therapists working in pelvic health, the key consent and communication questions may include:

- How will you educate patients about what to expect and what is entailed in a physical therapy pelvic health internal examination or treatment?
- How can you ensure that communication materials are presented in clear, patient-friendly language, and are written at an appropriate level?
- What processes will you implement to ensure that consent is obtained after patient education is provided and that consent is truly informed?

Due to their nature, pelvic health services and internal examinations in particular demand that physical therapists not only meet these minimum expectations but also implement best practices, consistently striving for excellence in their communication and consent practices. For example:

- The physical therapist needs to tailor the content, format, and manner with which patient education is provided to ensure that the patient understands what to expect and what the physical therapist is planning to do.
- Physical therapists who provide pelvic health services are strongly encouraged to utilize printed materials for education & communication with pelvic health clients.
- Foundational to the consent process is the requirement that the physical therapist clearly and effectively communicate the nature of the assessment, the assessment findings including physical therapy diagnosis, and the treatment recommendations and potential outcomes or consequences of consenting or not.
- Although either written or verbal informed consent are acceptable in general practice, physical therapists who provide pelvic health specialized procedures are encouraged to obtain consent in writing, allowing opportunity for questions and ensuring comprehension.
- Informed consent is required before assessment or treatment and must be ongoing throughout each client interaction.

Physical therapists providing specialized procedures in pelvic health services must consider that some aspects of their practice may differ from general physical therapy practice, including:

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

- How pelvic examination by a physical therapist may differ from those they may have previously experienced when conducted by a member of another health profession and for different clinical purposes.
- How psychosocial factors such as but not limited to; general health and well-being, gender, current or past traumatic and stressful experiences, psychological and psychiatric function, may affect the patient's ability to tolerate an internal examination.

A sample consent form for pelvic health services can be found in Appendix 1. Members are encouraged to modify this form as appropriate for their practice setting and services provided.

Additional recommendations regarding patient education can be found in Appendix 2.

Additional guidance regarding communication considerations can be found in Appendix 3.



**Pelvic health services and internal examinations in particular demand that physical therapists not only meet minimum expectations but also implement best practices, consistently striving for excellence in their communication and consent practices.**



## FAQs

**Q: The pelvic health course I am considering taking is not listed on the Council approved course list. What must I do to seek approval to use this course to become certified and rostered in Pelvic Health with SCPT?**

A: Complete the [Specialized Procedure Educational Course Approval Form](#) following the instructions for completion. You will be notified if the course has been approved by Council.

**Q: I am an internationally educated physical therapist with a Saskatchewan full practicing license and received my pelvic health certification in my home country. Am I able to provide pelvic floor care to my clients as I have been certified for many years and have been providing this care prior to coming to Saskatchewan?**

A: The SCPT Bylaw Specialized procedures (18) indicates that invasive pelvic health falls under the category of specialized procedures and as such requires that ***(2) No member shall perform a specialized physical therapy procedure unless the member has successfully completed an educational program recognized by council and is registered in the roster maintained by the college.***

To provide pelvic health care in Saskatchewan would require that the course you completed for your pelvic health certification is approved by SCPT Council. You are required to complete an application form for Council to consider approval of the course. Information and forms may be found on the SCPT website here [Pelvic Health - SCPT | Saskatchewan College of Physical Therapists](#). If the course is approved, you may then complete the application process to become rostered for the specialized procedure of pelvic health.

**Q: I have completed a Council approved course in pelvic health and am rostered with the College. I have been utilizing the skills gained in the course and am finding my caseload is becoming increasingly filled with clients who have more advanced issues than I experienced in my training. As I am certified, I am proceeding to treat these clients as I feel the experience will gain me further knowledge and skills that I did not receive in the approved course. Is there an issue with treating more advanced pelvic health conditions, as after all I am certified and rostered as a pelvic health physical therapist and am confident I can learn on the job?**

A: As with all aspects of practice, physical therapists have a professional obligation to limit their practice to the areas in which they are competent, to pursue further advanced training and/or mentorship and when required refer to other providers with skills or experience that best serves a client's needs. This is especially important with more specialized skills, and with consideration for the level of risk. To find a physical therapist with advanced skills in pelvic health you may wish to consult your peers for suggestions, refer to the additional Saskatchewan resources in this document or contact the Saskatchewan Physiotherapy Association or SCPT for assistance in accessing pelvic floor certified physical therapists.

**Q: I am currently practicing under a restricted license in Saskatchewan and am working under the supervision of a pelvic floor certified physical therapist. I would like to take my pelvic floor certification and become rostered with the SCPT and provide pelvic floor care to my clients. Under my supervision agreement may I perform the specialized procedure of invasive pelvic health once I successfully complete the approved course?**

A: As your supervisor is rostered for pelvic health you may perform this specialized procedure once you attain certification and are rostered with SCPT and if your supervisor agrees. It is required that Restricted Licensees who have certification in the specialized procedure of pelvic health only perform activities under the **direct supervision** of a regulated member on the Pelvic Health Roster who has been approved through the supervisory guidelines for restricted licensees. You may only use the skills that both you and your supervisor have the competence to perform.

Due to the sensitive nature of pelvic health and the need for robust foundational skills in client management, practitioners are encouraged to develop their general clinical skills before pursuing training or establishing a practice in the area of pelvic health physical therapy.

**Q: I have recently become certified and rostered in pelvic health. I work in a remote area of the province and there is limited opportunity for me to receive in-house mentorship from a more experienced pelvic floor certified physical therapist. Am I required to be mentored when I first start to practice pelvic health skills?**

A: Considering the benefits, mentorship, although not mandatory, is encouraged, especially for practitioners new to this area of practice. You may wish to consider the opportunity for remote mentorship either through provincial physical therapists who agree to provide mentoring or by participating in groups of therapists with special interest in pelvic health who regularly meet to discuss skill advancement and challenging practice needs. Refer to the additional resources at the end of this document for contact information.

At all times and particularly due to the need for advanced skills to provide safe and effective pelvic health care, it is required that clinicians respect their professional obligation to limit their practice to the areas in which they are competent and to refer to other providers with skills or experience that best services the client's needs.

**Q: Do I need to get written consent for pelvic health assessment and treatment?**

A: It is recommended that members obtain written consent when the intervention risks are more significant, generally occur more frequently, and/or the treatment is complex. Written consent should be obtained after having an informed consent discussion with the patient, ensuring their comprehension, and having documented the nature and content of that discussion. Documentation of ongoing consent is also important.

**Q: My patient reports a history of trauma and is reluctant to have an internal examination to assess their pelvic floor dysfunction. I feel the internal examination must be done to allow a full assessment of their condition, develop a physical therapy diagnosis and proceed with appropriate treatment. How can I convince them this is in their best interest and if they continue to decline, can I refuse to provide treatment?**

A: Trauma in its many forms is highly impactful, and physical therapists working in pelvic health need to keep in mind that examinations and procedures that health-care providers might consider innocuous, or routine can be distressing for survivors of trauma. Physical therapists working in pelvic health need to be thoughtful and intentional in their interactions with patients, mindful of their personal history and/or circumstance, disclosed or non-disclosed.

The physical therapist needs to ensure they are following sensitive practice principles, as discussed in this document, and provide the client with the opportunity to consent or not and to withdraw their consent at any time. Even with providing possible modifications to the internal exam or offering to have a 3<sup>rd</sup> party present during the exam, clients may still decline, and alternatives may be required. All clients have the right to consent or not and encouraging a client to consent to an internal examination when they have voiced their discomfort with it or denying them access to care is considered unprofessional and may be harmful to the client.

If you are unable to provide care under your services, it is suggested that you discuss options and assist the client to access alternatives for care with another provider who may have expertise or experience that would allow for an alternative to internal pelvic health.

**Q: I have my pelvic floor certification and am rostered with the SCPT. I am interested in providing pessary care to my clients and would like to know if I require certification in a Council approved course and if there are any other regulations I need to be aware of.**

A: To include pessary fitting and care into your complement of interventions it is expected that pelvic health certified physical therapists have pessary specific training in addition to their pelvic health training. Although Council will not determine specific training programs for pessaries, it is the expectation that the member rostered in pelvic health will have, and maintain currency in, appropriate pessary training. They must also ensure they are aware of, incorporate, and follow [SCPT Bylaws 18 Specialized Procedures and Bylaw 26 Use of Instruments or Devices](#) and all other applicable regulation.

Fitting for and insertion and removal of pessary devices requires advanced skills and the UK Clinical Guideline for Best Practice in the Use of Vaginal Pessaries for Pelvic Organ Prolapse provides recommendations and specific training standards for the safe, effective use of pessaries.<sup>2</sup>

**Q: I have a client with diastasis recti who I feel would benefit from the use of imaging ultrasound and I would like to know if point of care ultrasound is within my scope of practice?**

A: Point-of-care ultrasound imaging means the limited use of ultrasound to create real-time images necessary for immediate direct patient care and which are not transmitted or referred for interpretation or diagnosis by a physician or other authorized health care provider.\*

The SCPT supports the use of point-of-care ultrasound imaging for therapeutic assessment and treatment purposes only where images are used to answer a specific clinical question and/or guide treatment. Specific training is required, though not monitored by the SCPT and the physical therapist must practice within their scope and competence level. Using these images to provide a medical diagnosis is not within the scope of practice of Saskatchewan Physical Therapists.

\* Society of Diagnostic Medical Sonography. Point-of-Care Ultrasound Imaging Position Statement Background. <https://www.sdms.org/>

**Q: In my pelvic health physical therapy practice I met a patient who identifies as a member of the LGBTQ+ community and they had questions for me regarding sexual practices that are outside of my personal religious beliefs, experience, and comfort. I did not know how to reply and was not comfortable discussing this question/concern and moved on to another topic. How could I manage this better in the future?**

A: As a certified and rostered pelvic health physical therapist it is not required that you have an in-depth knowledge of all aspects of gender identity and sexual orientation. It is also not expected that all pelvic health physical therapists have detailed cultural understanding of specific traditions/faith systems with regards to intimacy and sexual expression. It is critical, however, to be able to set aside personal experience, preference, and conscious bias during client interactions and to become educated to be able to identify unconscious bias. It is also critical to set aside time and energy to learn and become aware of gender identity, sexual orientation, and cultural considerations as discussion of intimacy, sexuality and sexual function will be present regularly in pelvic health practice. All clinical interactions require a high degree of professionalism and sensitivity and must be free of personal bias and judgement. All persons deserve, and are entitled to, the highest standard of care without judgement. There are many resources and learning opportunities regarding cultural and gender sensitivity and awareness available in the physical therapy, pelvic health, health care and psychology realms and it is highly recommended that pelvic health physical therapists engage in this learning to be able to provide appropriate care for all their patients.

## Glossary

**Material Risks:** those risks that are known to be associated with the treatment or can commonly occur.<sup>16</sup>

**Specialized Procedures:** physical therapy assessment and treatment techniques that are considered to have innate patient risks that require specialized training and experience to ensure sensitivity, efficacy, and patient safety. The Specialized Procedures Bylaw requires physical therapists to attain approved Council course certification, receive SCPT authorization and be included on the Specialized Procedure Roster.

**Special Risks:** those risks that may be highly unlikely but have severe consequences or may have special relevance to that particular patient.<sup>16</sup>

## Appendix 1: Consent Form Example

- I authorize the Physical Therapist, \_\_\_\_\_, to perform or assist in performing the following special procedures:
  - Direct observation and manual techniques for the evaluation and treatment of incontinence, pelvic organ prolapse or pelvic pain. This may involve the insertion of a gloved finger(s) or specialized instrument beyond the vulva or anal verge (into the vagina or anus).
  - The Physical Therapist has given me an explanation of the assessment or treatment, I have had the opportunity to ask and have my questions answered, and I understand the nature, risks, probable effects, and alternative options of the proposed evaluation &/or treatment.
  - I have been advised that I can have another person accompany me to the assessment and/or treatment sessions.
  - I understand that I can ask questions and/or withdraw my consent at any time.

Date: \_\_\_\_\_

Client Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Physical Therapist Printed Name: \_\_\_\_\_

Physical Therapist Signature: \_\_\_\_\_

## Appendix 2 Patient Information: What to Expect and What to Ask

The pelvic floor consists of a group of muscles and connective tissues that support the bladder, urethra, and pelvic organs. Like other areas of the body, the pelvic floor can be affected by illness or injury, physical or emotional, real or perceived. Physical therapists treat pelvic health conditions such as incontinence, pelvic organ prolapse and pain by addressing muscle strength, tone, and function in that region. It is not uncommon to address other contributing musculoskeletal concerns such as lumbopelvic, hip or coccyx dysfunction to optimize outcomes.

### **What does a physical therapy pelvic health internal examination look like?**

Before treating any condition, a physical therapist must first determine what the health concern is and its cause. This requires a thorough assessment of the client's health that will vary depending on their individual health concern.

An assessment will begin by gathering information from the client about their general medical history, symptoms, and concerns. After this discussion, the physical therapist will evaluate the client's condition. This typically begins by ruling out any underlying problems that the physical therapist is not able to treat and becomes more specific to the client's concern as the assessment continues.

Depending on the nature of the concern and the patient's ability to tolerate the assessment techniques, the physical therapy assessment includes direct observation, palpation, and physical examination of the pelvic region.

Clients can expect that physical therapists will explain the assessment procedures they are using and their rationale. Clients can also expect that the physical therapist will obtain their consent to proceed before completing any part of the examination.

### **Why/when is an internal exam needed?**

An internal examination is often beneficial when a physical therapist is assessing or treating a condition of the pelvic floor. The internal examination is needed to assess pelvic floor muscle tone and strength, and the presence or absence of pelvic organ prolapse.

This assessment provides the physical therapist with clear and accurate information that allows the physical therapist to determine an appropriate, effective plan of care to address the client's individual needs. Clients may not always be comfortable with the idea of having an internal examination and in these instances their physical therapist will work with them to build rapport and find approaches to assessment and treatment that they feel comfortable with.

### **What education and training must a physical therapist have to provide pelvic health assessment and treatment?**

Physical therapists are required to have post-graduate training to provide internal examinations and treatment as part of pelvic health care. Some may have also had the

opportunity to work under mentorship of physical therapists experienced in this area of practice and it is also important that they regularly use their skills to maintain them.

There are a wide range of courses available to physical therapists who wish to develop their skills in this area. The Saskatchewan College of Physical Therapists requires minimum curriculum expectations for courses and physical therapists are required to evaluate and choose courses that best meet their skill requirements and needs of their clientele.

In addition to education and experience, developing rapport and a therapeutic relationship is very important. The client should feel safe, respected, and listened to when in the physical therapist's care.

Physical therapists should be prepared to provide patients with information about the course work or training they have undergone to develop their skills and abilities and their authorization to provide these services. They should also be prepared to provide information about how they maintain their skills. The client must be able to make an informed choice of providers (balancing considerations of education, experience, and rapport) to find a physical therapist who can address their individual needs.



## Appendix 3 Communication Tips

Condensing years of experience, expertise and knowledge into patient-friendly information can be a challenge. The following strategies may help to present essential information in an accessible manner.

### Plain language

Written materials should be presented at a grade 6-8 reading level. Some strategies include:

- Using bullet points, or short phrases.
- Using simple words to define complex terms early on in documents.
- Replacing multi-syllabic words with shorter, simple words.
- Breaking long sentences into 2 or 3 separate sentences.
- Field testing documents with individuals of different backgrounds, interests and reading levels (if possible), checking for understanding of the document and any sections in need of revision.
- Hiring a professional writer with no knowledge of the technical aspects of the topic to help simplify and clarify the content.

### Diagrams and models

Consider including scale models or diagrams in teaching materials, presentations, and one on one education sessions to facilitate patient understanding.

### Teach back

The Physical therapist asks the patient to tell them what they will say to their spouse/friend/other family member when they are asked about their physical therapy appointment. By listening to what the patient says, the physical therapist can assess comprehension of the information they have provided, identify any misunderstandings, and clarify or reinforce important information that the patient may not have retained.

### Health Equity and Anti-Discrimination

Physical therapists should also reflect on measures they can take to support physical therapy access for diverse populations. This may include such measures as:

- Partnering with individuals from different communities to ensure that education materials are sensitive to cultural differences, either by soliciting members of the community to review and provide feedback on education materials or engaging with stakeholders to better understand cultural differences and how to address these differences in practice.
- Considering translation of education materials (by a qualified interpreter) into other languages common within the community served. Adopting the use of plain language and diagrams or models in patient education materials also promotes understanding among individuals with English as a second language and English language learners.
- Developing policies, practices, and resources to support safety and inclusion of individuals belonging to gender and sexual minorities, including use of signage to denote inclusive spaces and gender-neutral washrooms.

## References

1. Saskatchewan College of Physical Therapists. Regulatory Bylaws. Available at: <https://scpt.in1touch.org/uploaded/web/website/Legislation%20and%20Bylaws/SCPT%20Regulatory%20Bylaw%20Consolidated%202022.pdf> Accessed May 2022.
2. International Urogynecological Association. UK Clinical Guideline for Best Practice in the Use of Vaginal Pessaries for Pelvic Organ Prolapse, March 2021. Available at: [Guideline on Best Practice in the Use of Vaginal Pessaries \(iuga.org\)](https://iuga.org/uk-clinical-guideline-for-best-practice-in-the-use-of-vaginal-pessaries-for-pelvic-organ-prolapse). Accessed May 2021.
3. National Institute for Health & Care Excellence. Pelvic floor Dysfunction: prevention and non-surgical management, NICE guideline [NG210]Published: 09-December 2021. Available at: [Overview | Pelvic floor dysfunction: prevention and non-surgical management | Guidance | NICE](https://www.nice.org.uk/guidance/ng210). Accessed 03-Jan-2022.
4. College of Physiotherapists of Alberta. Pelvic Health Guide. Available at: [Pelvic Health Guide — College of Physiotherapists of Alberta \(cpta.ab.ca\)](https://cpta.ab.ca/pelvic-health-guide) Accessed May 2021.
5. Saskatchewan College of Physical Therapists. Standards of Practice. Available at: [SCPT Standards of Practice - September 1, 2022\(web\).pdf \(in1touch.org\)](https://scpt.in1touch.org/uploaded/web/website/Standards%20of%20Practice%20September%201%202022.pdf)
6. Saskatchewan Health Authority Policies and Clinical Standards Documents. Spaulding Classification. Available at: [Spaulding Classification found 7 records | Policy and Clinical Standards Document Finder | Saskatchewan Health Authority \(saskhealthauthority.ca\)](https://saskhealthauthority.ca/policies-and-standards/spaulding-classification) Accessed April 2022.
7. Saskatchewan College of Physical Therapists. Informed Consent & Capacity Practice Resource. Available at: <https://www.scpt.org/site/practiceguidelines?nav=sidebar>
8. College of Physiotherapists of Alberta. Patient Safety and Risk Management Guidelines. Available at: [Patient Safety and Risk Management Guideline — College of Physiotherapists of Alberta \(cpta.ab.ca\)](https://cpta.ab.ca/patient-safety-and-risk-management-guidelines) Accessed June 2022.
9. University of Alberta. Understanding Sexual Assault. Available at: [Understanding Sexual Assault | University of Alberta \(ualberta.ca\)](https://ualberta.ca/understanding-sexual-assault) Accessed February 18, 2019.
10. Schachter CL, Stalker CA, Teram E, Lasiuk GC, Danilkewich A. Handbook on Sensitive Practice for Health Care Practitioners: Lessons from adult survivors of childhood sexual abuse. 2008. Ottawa: Public Health Agency of Canada.
11. Government of Quebec. Consequences of Adult Sexual Assault. Available at: [Consequences | Sexual Assault | INSPO](https://inspq.qc.ca/consequences-of-adult-sexual-assault). Accessed February 15, 2019.
12. RAINN. Effects of Sexual Violence. Available at: <https://www.rainn.org/effects-sexual-violence> Accessed February 15, 2019.
13. Centers for Disease Control and Prevention. Sexual Violence: Fast Facts. Available at: [Fast Facts: Preventing Sexual Violence | Violence Prevention | Injury Center | CDC](https://www.cdc.gov/violenceprevention/fastfacts/) Accessed February 15, 2019.
14. The College of Physiotherapists of Alberta. Infection Prevention and Control Resource Guide for Alberta Physiotherapists. Available at: [IPC\\_Guide.pdf \(cpta.ab.ca\)](https://cpta.ab.ca/infection-prevention-and-control-resource-guide) Accessed February 6, 2020.

15. Frawley HC, Neumann P, Delany C. An Argument for Competency-Based Training in Pelvic Floor Physiotherapy Practice. Physiotherapy Theory and Practice. DOI: 10.1080/09593985.2018.1470706
16. Physiotherapy Alberta – College + Association. Disclosure of treatment risks. Available at: [Patient\\_Safety\\_and\\_Risk\\_Management\\_Guideline.pdf \(cpta.ab.ca\)](#) Accessed July 3, 2018.

## **Additional Resources**

### **Saskatchewan Resources**

- The Saskatchewan Pelvic Health Mentorship Program provides additional support for pelvic health physiotherapy practice particularly for sole practitioners or those expanding into a new area of pelvic health work. Mentees will benefit from shadowing and mentoring to enhance knowledge, integrate new education strategies and develop communications skills. Contact Christine Epp at [christine@wwphysiotherapy.ca](mailto:christine@wwphysiotherapy.ca) for more information or to apply to participate in the mentorship program.
- The Saskatchewan Pelvic Health Physiotherapy Interest group is an informal group interested in or actively practicing pelvic health who connect via email, virtually and an annual in-person event for group learning, networking, and discussion. Contact Leslie Beck at [leslie.beck@sasktel.net](mailto:leslie.beck@sasktel.net) for more information.

### **The College of Physiotherapists of Alberta Resources**

- [Infection Prevention and Control Resource Guide for Alberta Physiotherapists.](#)
- [Practice Guideline – Patient Safety and Risk Management Guideline](#)

### **College of Physical Therapists of British Columbia Resources**

- [Infection Prevention and Control Resource.](#)



The SCPT acknowledges the pelvic floor rostered physical therapists Leslie Beck, Christine Epp, and Suzanne Funk for their contributions towards this practice resource. Their feedback has ensured the resource reflects current best practice and represents the pelvic health practice environment in Saskatchewan.

The SCPT gratefully acknowledges the College of Physiotherapists of Alberta for their contributions toward this resource.

Saskatchewan College of Physical Therapists  
105A-701 Cynthia Street, Saskatoon Saskatchewan S7L 6B7  
T 877.967-7278 F 306. 931-7333  
[practiceadvisor@scpt.org](mailto:practiceadvisor@scpt.org)

Review date: 2025