

Titled Women's, Men's and Pelvic Health Physiotherapist

Guidelines for submission of evidence portfolio and clinical examination

This document provides an overview of the skills, competencies and capabilities a physiotherapist should demonstrate to be credentialed as a Titled Women's, Men's, and Pelvic Health (WMPH)¹ Physiotherapist. This will be assessed via submission of a portfolio of evidence and a clinical examination.

The submitted portfolio will need to demonstrate evidence of a physiotherapist operating at Milestone 3 of the Physiotherapy Competence Framework across the seven roles (Physiotherapy Practitioner, Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional).

This document is to be read in conjunction with the *Titling Evidence Portfolio Learning Outcomes* document.

Evidence Portfolio & Clinical Practice Domains

It is within the Physiotherapy Practitioner role that the specific clinical practice domains for Milestone 3 WMPH sit. Overall, WMPH physiotherapy involves promotion of health, prevention and/or minimisation of health risks, and management of conditions related to a person's sex and/or gender, including (but not exclusive to) health related to the pelvis and/or pelvic organs.

A WMPH physiotherapist operating at Milestone 3 will have achieved clinical competence in managing a broad range of complex conditions associated with women's, men's and pelvic health. The WMPH **clinical practice domains are:**

1. Bladder Dysfunction (incontinence/voiding dysfunction)
2. Bowel Dysfunction (incontinence/defaecation dysfunction)
3. Pelvic Pain
4. Pelvic Organ and/or Abdominal Wall Support Dysfunction
5. Sexual Dysfunction
6. Conditions and activities related to the Childbearing Year (peripartum musculoskeletal pain/dysfunction, disorders of the lactating breast, peripartum pelvic floor and PFM dysfunction, preparation for childbirth, exercise/physical activity in pregnancy and the post-partum period)
7. Conditions related to Pelvic/Breast Oncology and its management
8. Bone Health and Physical Activity/Exercise

WMPH Titling Evidence Portfolio candidates must submit evidence demonstrating **knowledge** in *all* clinical practice domains as stated above and demonstrate **clinical skills and practice** in at least 6 of the listed domains with at least one source of evidence related to Domains 1 (Bladder Dysfunction), 2 (Bowel Dysfunction) and 3 (Pelvic Pain) and at least three (3) from Domains 4-8.

Possible combinations of conditions and co-morbidities that add to the complexity of the cases are listed below but should not be taken as prescriptive or restrictive:

- Complex PH cases with more than one concurrent pelvic health condition (e.g. bladder and bowel dysfunction, pelvic organ prolapse and bowel dysfunction, pelvic pain and voiding dysfunction)
- Complex women's and pelvic health (WPH) cases with more than one concurrent WPH condition (e.g. pregnancy-related pelvic girdle pain (PrPGP) and urinary urgency and incontinence (UII), genitourinary syndrome of menopause (GSM) and breast cancer, osteopenia and stress urinary incontinence (SUI))

¹ The title WMPH is used throughout this document. It is possible that this title will change, and the new title will be substituted into this document. There is also the possible option of defining pathways for each of the component pathways within WMPH – Men's Health, Women's Health, Pelvic Health. If or when these decisions are made, this document will be altered to reflect the changes

- Complex men's and pelvic health (MPH) cases with more than one concurrent MPH condition (e.g. pelvic fracture and voiding dysfunction, prostate cancer and persistent pelvic pain, rectal prolapse and constipation)
- Complex PH cases with at least one confounding comorbidity (e.g. PH condition and ano-rectal cancer, PH condition and Type 2 Diabetes, PF dysfunction in an elite gymnast)
- Complex Women's Health cases with at least one confounding comorbidity (e.g. ulvodynia and anxiety, polycystic ovary syndrome (PCOS) and obesity, rectus abdominus diastasis (RAD) in powerlifting enthusiast, lactational mastitis and obstetric anal sphincter injury (OASI), Cervical Cancer and Sexual Dysfunction)
- Complex Men's Health cases with at least one confounding comorbidity (e.g. erectile dysfunction and sacral fracture in aging male, nocturnal polyuria and cardiovascular disease (CVD))
- Complex WMPH cases where a PH condition is associated with indeterminate or transitioning sex and/or gender

Accepted evidence includes submission of case studies, case summaries, reflections, vignettes, and material developed to guide and support their WMPH practice.

Evidence of competency in WMPH Physiotherapy may be related to one-on-one, group, class, and community activities. Clients/cases may come from across the spectrum of age, sex, gender, sexual orientation, and sexual behaviour.

A Titled WMPH Physiotherapist will be able to:

- Apply a comprehensive knowledge of biological, psychological, and social sciences relevant to WMPH physiotherapy practice.
- Conduct a client-centered, trauma-informed assessment to inform diagnosis for a patient with a women's, men's, or pelvic health condition (see above), which has a clear sequence and flow, and can be appropriately adapted for:
 - the type of condition
 - the individual patient based on the patient's gender, values, biases, culture, and psycho-social needs
- As part of the assessment, can identify other health determinants which may affect the patient, their condition, and their clinical outcome, including:
 - Co-morbidities
 - Past medical and surgical history
 - Cultural influences
 - Psycho-social influences, including trauma
- Select appropriate outcome measures from different domains to aid assessment and re-assessment of the patient
- Collaboratively discuss the assessment findings and differential hypotheses with a patient for planning physical assessment, which includes obtaining informed consent for proposed assessment methods
- Select appropriate physical assessment techniques for examining the patient based on the patient history and hypotheses created from the history. For pelvic health (PH) conditions this will include:
 - Being able to perform a safe and thorough vaginal examination (VE) of the pelvic floor (PF) / pelvic floor muscles (PFMs)*
 - Being able to perform a safe and thorough digital rectal examination (DRE) of the PF/PFMs*

*These examinations must demonstrate appropriate informed consent and hygiene procedures

- Demonstrate awareness and appropriate management of safety issues in WMPH clinical practice (e.g. infection control, informed consent, record-keeping, privacy etc.). Accepted evidence includes:
 - Infection Control: completion of Basic Hand Hygiene <https://www.hha.org.au/online-learning/complete-a-module>
 - Informed consent: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/informed-consent-fact-sheet-clinicians>
- Appropriately interpret the results of any imaging or tests to inform differential diagnoses (e.g. urinalysis, urodynamics, pelvic ultrasound scans, ano-rectal manometry, defecating proctograms, colonoscopies, DEXA scans).
- Demonstrate precise clinical reasoning and shared decision making in interpreting findings and formulating an accurate differential diagnosis and tailored holistic management plan.
- Demonstrate knowledge and patient specific application of evidence-informed practice in clinical reasoning and treatment planning, recognising the role of physiotherapy within a multidisciplinary approach to promotion and management of Women's, Men's, and Pelvic Health
- Demonstrate execution of the selected intervention/s in a skillful and safe manner as appropriate, and progresses or modifies the intervention/s based on patient/client's response
- When appropriate, selects and appropriately applies additional adjunctive measures for assessment and treatment, including appropriate hygiene and informed consent. These may include:
 - Transabdominal or trans-perineal real-time ultrasound
 - Electrophysical measures such as EMG or pressure biofeedback, Neuromuscular Electrical Stimulation (NMES) and therapeutic ultrasound
- Prescription, fitting and management of internal and external support devices/garments or aids
- Assess and manage a variety of complex WMPH conditions as per examples outlined earlier in the document

WMPH Physical Skills Assessment

Provide evidence of formal assessment of competency in intimate physical assessment and treatment/management skills which are not taught in entry to practice qualification courses, for the following²:

- Vaginal examination (VE) - evidenced by successful completion of APA Women's Pelvic Health Level 2 course (or equivalent)
- Digital rectal examination (DRE) - evidenced by successful completion of APA Women's Pelvic Health Level 2 course (or equivalent)
- Electrical-stimulation (E-Stim) and/or pressure biofeedback using internal electrodes and/or sensors - evidenced by successful completion of APA Women's Pelvic Health Level 2 course (or equivalent)

² Assessment requirements for WMPH Physical Skills for the APA Level 2 Women's Pelvic Health Course is currently under review. Submission of additional evidence of assessment of VE, DRE and E-Stim and/or pressure biofeedback is highly encouraged

Elective physical skills assessment

- Trans-abdominal and trans-perineal US (Women's and Men's PH)
- Pelvic floor muscle (PFM) electromyographic (EMG) or manometric assessment using internal electrodes/sensors
- Fitting of internal support devices/pessaries for management of incontinence and/or pelvic organ prolapse

Clinical Examination – notes to guide candidate

Before selecting your clinical examination client/case please review the above points re, WMPH Clinical Practice Domains and What a Titled (Milestone 3) WMPH Physiotherapist should demonstrate.

The clinical assessment will provide the candidate the opportunity to demonstrate competence in the practitioner role however the assessment will also incorporate the roles of communicator, professional and collaborator. The candidate selects one client who is able to provide consent or that consent can be obtained from a person who has a formal/legal decision-making role for the client. A video of an initial assessment and follow up is to be submitted. Copies of relevant (and de-identified) clinical assessment forms, clinical notes, investigation/test results, outcome measures, diaries, and multidisciplinary communication, and links to written or audio-visual material used to support management, should be submitted with the video recordings. The video and submitted materials should demonstrate awareness and appropriate management of safety issues in WMPH clinical practice (e.g. infection control, informed consent, record-keeping, privacy etc.). A case study template is provided for candidates to submit a written summary of the case to clarify the clinical reasoning behind the initial and follow up management.

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