



PRACTICE STATEMENT

Practice Statement
Number: 4.22

Approved by Council: June 9, 1999
Issued:
Updated: February 13, 2003
Replaced:

TOPIC: PHYSIOTHERAPY TREATMENT OF PELVIC FLOOR DYSFUNCTION

PREAMBLE:

It is within the physiotherapy scope of practice to treat pelvic floor dysfunction. Treatment of the pelvic floor may include:

- pelvic floor muscle exercises
- electrical muscle stimulation
- biofeedback
- ultrasound with an internal applicator
- manual techniques
- acupuncture
- thermo and cryotherapy
- education and lifestyle modification

The College of Physiotherapists of Manitoba expects that all physiotherapists practice within the scope of physiotherapy practice and within their individual knowledge, skills and abilities.

The College of Physiotherapists of Manitoba does not condone training programs sponsored solely by a manufacturer/vendor of urogenital/rectal products such as electrical stimulators or biofeedback equipment. This would be considered a conflict of interest.

The College of Physiotherapists of Manitoba expects that physiotherapists will inform clients if probes are multi-user and give the client the option to purchase their own probes.

A Practice Statement is a formal position of the College with which members shall comply.

POLICY:**1.0 Education:**

Physiotherapists must have completed appropriate, verifiable, education and training in the assessment and treatment of pelvic floor dysfunction. To perform an internal assessment or treatment this education must include internal pelvic assessment and treatment components on live models.

Education program must provide the physiotherapist with the following, specific to the pelvic floor region:

1. a detailed knowledge of the anatomy and physiology
2. an awareness of conditions that are amenable to this treatment
3. a working knowledge of the theory and practice of manual muscle testing, exercise physiology, massage/manual techniques and education and lifestyle modification
4. an understanding of proper posture and treatment of postural problems
5. an understanding of electrical stimulation, biofeedback and ultrasound as well as the indications and contra-indications for their use
6. knowledge of applicable infection control techniques

2.0 Guidelines for Risk Management and Infection Control:

The potential for the development of infection exists with the introduction of a physiotherapist's finger(s) and/or the assessment/treatment device(s).

The observance of Routine Practices and clean technique by the physiotherapist will minimize the risk of infection.

Each facility must set up an infection control program in consultation with a recognized Infection Control Professional.

Each facility must have a policy in place outlining the use and discard procedures for their chemical sterilization solutions.

Electrotherapy contra-indications and precautions apply.

3.0 Guidelines for use with Personal (single user) Electrical Stimulation/EMG Probes:

Prior to treatment, the physiotherapist must clean his/her hands with soap, and rinse under running water for a minimum of 15 seconds or other recognized procedures must be used. (E.g. 60% alcohol based waterless hand cleaners)

Once the patient is in position, and any external monitors have been applied, the physiotherapist should glove both hands, prior to the insertion of a probe. At the time of use the probe may be lubricated with appropriate conducting/lubricating gel. The physiotherapist must ensure that the nozzle of the gel container does not touch the probe as the gel is being applied. It is recommended that only non-refillable “single use” gel containers be used to minimize gel contamination. On completion of treatment the gloves are removed and the physiotherapist must clean their hands following a recognized procedure as previously stated. Non-latex gloves are recommended due to latent latex sensitivities.

If the physiotherapist is cleaning the probe he/she must wear gloves. If the client is cleaning their own probe no precautions are necessary. The probe is washed using a basin of warm tap water and dishwashing liquid. The probe should be scrubbed (under water to minimize aerosolisation) for a minimum of 15 seconds, then rinsed in clear water and thoroughly dried with a freshly laundered towel. The basin must be cleaned in the same manner or replaced with a new one. The cleaned probe is stored in a closed container (a denture cup or sealable plastic bag), identified as the client's. Probes should be carefully stored in a specific controlled location or returned to the client for safekeeping between treatments. The leads to the probe must also be cleaned and disinfected according to manufacturer's recommendations.

The treatment table should be properly disinfected i.e. sheeting removed and washed and the plinth wiped down with an appropriate disinfectant.

4.0 Guidelines for Use of Multi-User Probes:

4.1. Pressure Probes

The above procedures continue to apply, with the addition of the following precautions: Prior to lubricating the probe, a condom is 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 cleaned as in the previously described manner above.

4.2. Electrical Stimulation/EMG Probes

The above procedures continue to apply without the use of a condom.

The client should be informed if the probe is multi-user and given the option to purchase their own personal probe.

4.3. Disinfecting multi-user probes, perinometers and vaginal cones:

The cleaning methods listed under single-user probes are adequate for all these items, provided that it is used by one client only throughout their course of treatment.

Prior to use by another client, mid to high level disinfection is required. These items are considered to be semicritical items, under the Spaulding Classification system. The disinfecting procedures should be carried out by trained staff, in a well-ventilated area. The staff should be wearing gloves, mask, and goggles to protect against splashes. The equipment should first be cleaned with warm water, for a minimum of 15 seconds, and dried as previously described to ensure removal of all extraneous material (blood and/or body fluids) so that the disinfectant can come in contact with all parts of the equipment. It also prevents deactivation of the disinfectant. Afterward, the item should be soaked in a mid to high level disinfectant (see Appendix A) in a small container, with a lid. Always follow the manufacturer's recommendations for dilution and soaking times. Following this disinfection technique, the item **must be rinsed thoroughly** in water and then dried. The leads to the probe must also be cleaned and disinfected according to manufacturer's recommendations.

4.4 Instructions for cleaning staff/garbage disposal:

The used disposable products are placed in a garbage can, which is lined with a plastic garbage bag. Cleaning staff are to wear gloves, tie the garbage bags off and remove to the disposal area on a daily basis.

5. Guideline for Mid to High Level Disinfectants

1. Check with Equipment Manufacturer for recommended disinfectants.
2. Chemical Manufacturer's Directions **MUST** be followed!
3. The following is a alphabetical list of recommended disinfectants

CHLORINE (Zochlor Tablets, Javex, etc.)

- concentration of 200 ppm or greater recommended
- the solution is toxic and may be irritating to non-intact skin and mucous membranes as well as equipment.

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GLUTERALDEHYDE 2% (Cidex, Glutarex, Metricide, etc.)

- must be used with care, the solution is toxic and may be irritating to respiratory tract and mucous membranes
- proper room ventilation required with adequate air exchange
- neutralizing solution prior to disposal recommended

HYDROGEN PEROXIDE 6% (stabilized)

- must be specially ordered, retail product only 3%

IODOPHORS (Betadine, Providine, Wescodyne, etc.)

- concentration of 450 ppm recommended
- solution no longer effective when it loses its colour

SODIUM HYPOCHLORITE, CHLORINE DIOXIDE AND PERACETIC ACID

- see manufacturer's representative for further information

ACKNOWLEDGEMENTS

The Position Statements produced by the College of Physical Therapists of Alberta, the Saskatchewan College of Physical Therapists, the College of Physical Therapists of British Columbia and the College of Physiotherapists of Ontario were reviewed in the development of this paper.

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**The information contained in this Position Statement may be time limited.
Persons referring to this information more than two (2) years from the date of publication
should contact the College of Physiotherapists of Manitoba
to confirm that the information is current.**

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