Occupational Therapy's Role in Pelvic Floor Rehabilitation

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BACKGROUND & PURPOSE

Background

- Pelvic floor dysfunctions (PFDs) encompass conditions affecting the pelvic floor muscles and structures.
- Pelvic floor dysfunctions affect between 25-66% of women and 25% of men worldwide (Kendirci et al., 2013; Kepenekci et al., 2011; Nygaard et al., 2008).
- By 2050, approximately 44 million women will have at least one pelvic floor dysfunction (Wu et al., 2009).
- Pelvic floor rehabilitation is a conservative treatment option for various pelvic floor dysfunctions (Kashanian et al., 2011; Nishigori et al., 2018).
- No research is available describing the role of occupational therapy in pelvic floor rehabilitation.

Purpose

- The purpose of this capstone experience was to explore occupational therapy's role in pelvic floor rehabilitation (PFR).
- Project objectives incorporated the themes of advanced clinical practice, education, and advocacy.

METHODS

Advanced Clinical Practice

- Completion of online continuing education courses on pelvic floor rehabilitation via Medbridge
- Completion of in-person continuing education course on pelvic floor rehabilitation through the Herman and Wallace Institute.
- Observation and participation in evaluations and treatments of clients with PFDs

Education

- Development and delivery of presentations to educate various disciplines on pelvic floor rehabilitation.
- Development of educational materials to educate women and mothers on PFDs.
- Creation of continuing education series on pelvic floor rehabilitation for occupational therapists and occupational therapy students.

Advocacy

- Development and delivery of advocacy presentation and handout detailing pelvic floor rehabilitation and when to refer to pelvic floor rehabilitation.

THEORETICAL FOUNDATION

Model of Human Occupation (MOHO)

- MOHO details how the environment, the human, and the task/occupation work together to produce occupational performance. The environment is composed of physical structures as well as social and cultural aspects. The human is composed of three subsystems including volition (motivation to participate in occupations), habituation (formation of habits/patterns), and performance capacity (abilities and experiences necessary to complete an occupation). The subsystems will interact to influence behavior within the human system (Kielhofner, 2008 as cited in Ramafikeng, 2011).

Biomechanical

- The biomechanical frame of reference is a bottom-up approach that details how interventions should focus on improving strength, endurance, range of motion, and pain (McMillian, 2011).

Motor Learning and Task Oriented Approach

- The motor learning frame of reference details how timing and amount of practice, feedback from the therapist, and transferability to personal environment and everyday situations can influence an individual's learning or relearning of a skill (Mathiowetz & Haugen, 1994).
- The task oriented approach focuses on remediating functional and performance deficits that may be present when the client interacts with the environment when performing a task (Mathiowetz & Haugen, 1994).

Model of Health-Related Quality of Life

- This theory details how quality of life is influenced by multiple factors and in a hierarchical manner (Ferrans et al., 2005).
- This theory would allow an occupational therapist to utilize interventions that address clients' quality of life as it pertains to their pelvic floor dysfunction.

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RESULTS / CONCLUSIONS

- A paired-samples t-test and analysis of descriptive statistics were conducted on the data from the pre- and post-presentation surveys for 19 known participants.
- The results from the paired-samples t-test were $t(18) = -6.718$, $p = .001$; the mean at posttest ($m = 24.00$, $sd = 3.1447$) is higher than the mean at pretest ($m = 18.6316$, $sd = 2.81288$).
- The results from the descriptive statistics displayed an increase in the participants' comfort in accurately describing the functions and structures of the pelvic floor as well as the occupational therapy's role in pelvic floor rehabilitation.
- Student obtained knowledge and skills related to occupational therapy's role in pelvic floor rehabilitation and beyond that of an entry-level practitioner.
- Occupational therapy is a healthcare profession that should be included in the plan of care for individuals with pelvic floor dysfunctions because of its diverse skillset and holistic, client-centered approach.

IMPLICATIONS FOR OCCUPATIONAL THERAPY

Revision to Theory

- The MOHO, biomechanical, and motor learning and task oriented approach are the best theories to guide practice in pelvic floor rehabilitation.
- Removal of the model of health-related quality of life as the root cause of decreased quality of life can be addressed with the other three theories.

Implications

Practice

- Occupational therapists have a role in the plan of care for clients with pelvic floor dysfunctions. Occupational therapists need to increase their presence in pelvic floor rehabilitation.

Teaching

- Education on occupational therapy's role in pelvic floor rehabilitation needs to be provided to occupational therapy students and current occupational therapists.

Research

- Research needs to be conducted on occupational therapy's role in pelvic floor rehabilitation and how occupational therapy services can be beneficial to this population.