



## **Case-Base Discussion – 23<sup>rd</sup> April 2024 (Ref 364)**

### **Case presented by Osteopath: Claire Short, Maria Porter and Brooke Robinson**

Today's discussion centred around treatment and management of patients with issues related to the pelvic floor.

The first patient discussed was a 35-year-old female with three children, who had been having osteopathic treatment for many years for problems arising from her desk-bound job and sports activities. She had mentioned the fact that she was having urinary stress incontinence, but it wasn't an issue that was addressed, the patient perhaps assuming that manual therapy couldn't help with this. We discussed how sometimes we hear what patients say but somehow that particular problem doesn't become integrated in the treatment plan.

The second patient discussed was a 21-year-old female student with urinary urge incontinence; she had normal menses, no children. The symptoms appear to have worsened after she became sexually active.

Brooke, an osteopath specialising in women's health suggests the following approach to treatment and management of patients with similar presentations:

- Assess the biomechanics of the whole body, including the cause of pressure on the pelvic floor, and hip and pelvic mechanics.
- Ease congestion of the pelvic organs, for example through articulation of the hips and SI joints.
- Assess and treat the diaphragm, again with a view to managing pressure on the pelvic floor.

Other suggestions from participants included techniques to calm an overactive sympathetic nervous system, vagal nerve stimulation, hypopressives, and pelvic floor exercises.

### **Post-operative treatment**

One of the patients discussed today had just had a hysterectomy due to uterine pelvic prolapse. Post-operatively, manual therapists can help to reduce tissue congestion, for example pumping motion, articulation of the surrounding joints, breathing techniques, and once it is safe to do so, manual scar therapy treatment. It also falls within our remit to advise patients if we think they are doing too much

too soon, or we can encourage them if they start to give up on their rehabilitation programme.

## **Communication and consent**

We discussed that pelvic floor issues sometimes get overlooked in the treatment plan. This could be that it is a difficult and sensitive subject area, or that we don't always prioritise these issues when the patient presents with a number of other symptoms to treat. One comment was that, as a male practitioner, he finds it hard to discuss pelvic floor issues with women; the same can also be said for female practitioners with male patients. However, it is a topic that patients often want to discuss in a safe and supportive environment, and they would welcome any treatment and advice we can offer. As today highlights, we have a broad range of therapeutic techniques and knowledge to offer, and we can play a vital role in helping these patients manage their symptoms.

## **Helpful links**

[Core Exercise Solutions](#)  
[The Flower Empowered](#)  
[Squeezy App](#)  
[MASIC Foundation](#)

## **Linking this discussion with the OPS Themes**

### **A – Communication and patient partnership**

A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

A3 You must give patients the information they want or need to know in a way they can understand.

A4 You must receive valid consent for all aspects of examination and treatment and record this as appropriate.

A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing.

### **B - Knowledge, skills and performance**

B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2 You must recognise and work within the limits of your training and competence.

B3 You must keep your professional knowledge and skills up to date.

B4 You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.

### **Linking this discussion with the Chiropractic Code**

#### **Principle C – Provide a good standard of clinical care and practice**

C4 Use the results of your clinical assessment of the patient to arrive at a working diagnosis or rationale for care which you must document. You must keep the patient fully informed.

C6 Select and apply appropriate evidence-based care which meets the preferences of the patient at that time.

#### **Principle E – Obtain informed consent for all aspect of patient care**

E1 Share with the patient accurate, relevant and clear information to enable the patient to make informed decisions about their health needs and relevant care options.

#### **Principle F – Communicate properly and effectively with patients, colleagues and other healthcare professionals**

F1 Explore care options, risks and benefits with patients, encouraging them to ask questions. You must answer fully and honestly, bearing in mind patients are unlikely to possess clinical knowledge.

#### **Principle G – Maintain, develop and work within your professional knowledge and skills**

G1 Keep your knowledge and skills up to date, taking part in relevant and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance and the quality of your work.