



Case-Base Discussion – 10th July 2024 (Ref 379)

Case presented by Toosie Bawden

The topic of this week's CBD was women's health and the pelvic floor. The first case discussed was a 28-year-old female, who presented with a feeling of heaviness of the vagina and sharp, tearing pain on any form of vaginal penetration. She had been suffering with vaginismus from the age of eight, although she could not recall the exact moment when the symptoms first began. She had fled from a country where female genital mutilation (FGM) was prevalent, married seven years ago but this was unconsummated. Prior to booking in with the women's health specialist, she had seen several doctors and physiotherapists, all to no avail.

The first challenge for the practitioner was to calm the patient down and start to gain her trust. She saw the patient weekly for a period of four weeks, starting with external work only, with the aim of releasing the anterior pelvic floor, using peroneal massage, trigger points and breathing exercises. She then progressed to internal assessment and treatment, including tampon insertion education. The patient was able to become sexually active and within four months she was pregnant. She had a vaginal delivery, with no tearing or scarring. Ongoing care for the patient has included exercises, and an annual check-up to monitor her progress and check her well-being.

The second patient was a post-menopausal amateur elite iron man athlete, concerned about urinary leakage and bowel control when training and competing. She had an elevated, high-toned pelvic floor, rather than vaginismus, but essentially her pelvic floor was under-functioning and could not cope with extremes of activity. The practitioner gave her six weekly treatments in preparation for a cross country skiing race, including trigger point release, dry needling of levator ani and Proprioceptive Neuromuscular Facilitation (PNF). She was able to compete without losing control of bladder and bowel movements. Her care plan involved input from a dietician and sports psychologist, as well as self-help, in the form of exercises with a TheraWand.

The importance of communication and consent was discussed in relation to these cases, particularly as both patients were extremely anxious about their symptoms and the impact they were having on their lives. Since they required internal assessment and treatment, it was essential that written consent was obtained. It was also suggested that patients should be given a 'cooling-off

period' before consenting to any internal procedure; the practitioner in this instance was happy that patients had a prior understanding that this would form part of the examination process, and therefore did not follow this protocol as a routine.

Linking this discussion with the OPS Themes

A – Communication and patient partnership

A1 You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.

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.

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

A6 You must respect your patients' dignity and modesty.

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.

C – Safety and quality in practice

C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.

D – Professionalism

D10 You must consider the contributions of other health and care professionals, to optimise patient care.

Linking this discussion with the Chiropractic Code

Principle A – Put the health interests of patients first

A2 Respect patients' privacy, dignity and cultural differences and their rights prescribed by law.

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

C1 Obtain and document the case history of each patient, using suitable methods to draw out the necessary information.

C2 When carrying out a physical examination of a patient use diagnostic methods and tools that give due regard to patient health and dignity.

C3 You must document the results of the examination in the patient's records and fully explain these to the patient.

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

E2 Obtain and record consent from a patient prior to starting their care and for the plan of care.

E6 Always obtain a patient's consent if it becomes necessary for the purposes of examination and treatment during care, for you to adjust and/or remove items of the patient's clothing.

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.