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Branching Out Address a growing need by adding women's health services.

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Although there are no guarantees in private practice, launching a women's health subspecialty can be a sound business decision. Women make up more than half of the population, and are the primary caregivers of spouses, children and parents.

Today, women lead demanding lives with ever-expanding responsibilities. And they tend to be more proactive in their health decisions. These factors add up to a winning formula.

However, while the numbers are on your side, women's health care is a challenging specialty. You must understand the needs and demands of this dynamic patient group, from the reproductive cycle, childbearing and sexuality to body image and aging issues.

What Women Want

If you want to add a women's health subspecialty to your current practice, you have to hire or train qualified practitioners to provide high-quality care that's geared toward female patients.

Consider seminars, competency exams, certifications and clinical residencies for staff clinicians. Many transitional DPT programs are now offering elective women's health classes.

You also need to decide on the patient subgroups you'd like to reach. You have plenty of options, and complications surrounding pregnancy and the pelvic floor make up a large percentage of at-risk groups. Choose from the following:

- **Prenatal women.** Working with the prenatal population involves knowledge of the demands of the expectant mother's body during different phases of pregnancy. For instance, increases in blood volume and hormonal changes impact soft tissue structures.

The most common complaint is low back pain, which can be caused by postural changes and sacroiliac dysfunction. Other ailments include edema of the extremities, carpal tunnel symptoms, neck pain, headaches, incontinence and lower extremity pain.

You should invest in larger gowns and a treatment table with a removable belly piece or a pregnancy body cushion system. Also, stock extra pillows, sacroiliac support belts and maternity support garments for comfort.

Be aware of positional precautions and modality contraindications with expectant mothers. Treating with

manual therapy is effective. Structure treatments to include spinal strengthening, core stabilization, posterior scapula and upper back strengthening, pelvic floor exercises, posture and body mechanics, stretching exercises and positioning education. Use therapy balls and foam rollers to incorporate core stabilization into an exercise plan.

• **Postpartum women.** Carrying and delivering a child is hard on a woman's body. Incontinence, low back and pelvic pain, scar pain from a C-section or episiotomy, pain with intercourse, weak abdominals and pelvic floor dysfunction are common issues that accompany this major body transformation.

You should understand delivery and aftercare, since many complications arise from the positioning, pushing and medical interventions associated with the birthing process. Obtain clearance from a physician before you begin an exercise program with these women.

Postpartum women often face body changes, fatigue and postpartum depression. Part of treatment involves teaching women the proper mechanics of bending, lifting, carrying and activities of daily living. Also, wound care from birthing trauma may be indicated.

In addition, screen postpartum and last-trimester patients for diastasis rectia stretching of the linea alba between the rectus abdominus muscles that creates a gap. Use abdominal binders and strengthening exercises for the core and rectus. You can also evaluate and treat prolapses and hemorrhoids.

• **Pelvic floor dysfunction.** Pelvic floor dysfunction is a broad term that encompasses levator ani pain, hypertonicity, disuse, weakness and lack of coordination. Common complaints are dyspareunia (pain with intercourse), vulvodynia, pudendal nerve entrapment, coccygodynia, interstitial cystitis, urinary or fecal incontinence, and urinary or fecal retention.

Set aside at least one private exam room for this population. Make sure you have gowns that provide full coverage, protective table covers, non-latex gloves, personal lubricant, a biofeedback system, ultrasound, electrical stimulation for external and internal use, internal vaginal and rectal sensor probes, vaginal weights or cones, and dilators. Consider a real-time ultrasound unit if it's within your start-up budget.

While it's advisable for your staff to become skilled in internal vaginal and rectal pelvic floor assessment and treatment, some clinicians only treat this population externally. Male therapists can become skilled with the proper training. But patients should sign a consent form that's been reviewed by the treating clinician. Let the patient know that she can bring a family member or friend to ensure comfort. And this measure allows you to prevent liability issues.

• **Incontinence.** Women of all ages suffer from urinary incontinence, whether it's stress, urge or mixed types. Female gymnasts, basketball and volleyball players, and track and field athletes are also prone to stress incontinence from repetitive jumps and landings.

Many women don't realize that by strengthening the pelvic floor, trunk and hips, you can cure or relieve symptoms. Biofeedback, electrical stimulation and real-time ultrasound are modalities that facilitate re-education of the pelvic floor, transversus abdominus and multifidus.

Other skilled services include instructing patients in proper breathing while avoiding the Valsalva maneuver, altering a diet to minimize bladder irritants, behavioral modification and maintaining a bladder diary.

• **Pelvic pain.** Treating pelvic pain may be the most challenging component of any women's health practice, but it's also one of the most important community needs. Though the reproductive age is the most problematic, women of all ages are at risk for developing pelvic pain, which can result in disability, job loss and relationship conflicts.

Diseases that cause pelvic pain can be gynecologic, urologic, musculoskeletal or gastrointestinal in nature. You should conduct a thorough history and evaluation, and understand differential diagnoses, referred pain patterns and nerve innervations to arrive at a proper diagnosis.

Also, a thorough understanding of the viscera and organ systems ensures proper evaluation and treatment. Visceral manipulation skills may prove useful, although they're not considered evidence-based interventions.

Other important skills include neural tissue mobilization, spinal and pelvic mobilization and manipulation techniques.

Addressing Special Groups

Pelvic floor and pregnancy issues make up a large component of women's health needs. However, the list doesn't stop there. Consider these other subgroups as well.

- **Lymphedema.** Patients with impaired lymphatic drainage, primarily from cancer treatment, trauma or vascular insufficiency, are susceptible to a buildup of lymph in the soft tissues of limbs.

To treat this group, you must obtain certification in manual lymph drainage and become skilled in applying medical compression bandaging. The current standard of care recommends specialized lymphedema exercises after bandages are applied. You also need to educate patients about skin care, self bandaging and proper positioning. Longer sessions of 2 hours or more may be necessary to complete treatment. You should stock compression garments, bandages and compression pumps.

- **Women's sports rehab.** If you already offer a sports medicine specialty, then expanding to women's sports rehab is easy. The phrase "women's sports rehab" will catch the eye of female athletes who're comparing rehab facilities.

Recreational female athletes and "weekend warriors" of all ages are fast-growing groups. In addition, young athletes may present with the female athlete triad: disordered eating, amenorrhea and osteoporosis which requires skilled rehab to overcome.

Also, anterior cruciate ligament injuries are more common among female athletes, which may be linked to hormonal changes during the menstrual cycle. To address this group, you can provide preventive training programs for muscular control.

- **Weight loss.** Striving for difficult, and frequently unattainable, beauty standards can cause health problems. Changing a woman's appearance can involve diet, exercise or cosmetic surgery. However, for obese clients who have underlying health issues, the best option is a supervised and structured exercise program.

Also, patients with obesity have many associated problems, such as hypertension, heart disease, painful joints, low endurance and core weakness. You need to monitor vital signs, adapt an exercise program to meet individual needs and measure body composition during a program.

Marketing to pre- and post-gastric bypass surgical patients is another option. One way to market the program is to create rehab protocols with the input of surgeons. Consider staffing an exercise physiologist to oversee the program.

- **Osteoporosis.** Osteoporosis can strike at any age, though post-menopausal women are most prone. Predisposing factors include smoking, eating disorders, alcoholism, a sedentary lifestyle, amenorrhea, calcium deficiency, thyroid conditions, use of corticosteroids and genetic disorders.

For this patient population, weight-bearing exercises help decrease bone loss. Also, you can add specific stretching and strengthening exercises for the spine and upper and lower extremities, and discuss proper posture and fall prevention.

Strategies for Success

If you don't get the word out to the community, you're sabotaging your success. One way is to market your service directly to physicians, such as obstetricians, gynecologists, urologists, urogynecologists, breast surgeons and orthopedists. You should also target midwives, pain management centers, high school and college coaches, and athletic trainers.

Connect with a prenatal yoga center. Offer free informational lectures to women in your community. Building an attractive, informative Web site can also draw patients.

Women like to share information with each other, and potential clients may learn about the practice by speaking with their friends. Women can also have a great influence over where their immediate and extended family seeks health care. So providing good quality care is your best marketing tool. And make sure your clinic has a proper policy and procedure manual specifically designed for the women's health specialty.

Once your women's health practice is up and running, you can add adjunctive services, such as acupuncture, psychological counseling, nutritional counseling, pain management centers and support groups. This is a growing area that provides the opportunity to branch out and address an array of women's health care needs.

For a list of resources, go to www.advanceweb.com/REHAB and click on the resources tool bar.

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