

# **Certification in Pelvic Floor Rehabilitation: A Guide for Occupational Therapists**

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## Introduction to: *The Guide*

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Occupational therapists (OTs) can be involved in numerous aspects of pelvic floor rehabilitation that impact activities of daily living such as toileting, rest, sleep, and sexual activity according to the *Occupational Therapy Practice Framework: Domain and Process, 3rd ed.*, ([*Framework-III*], AOTA, 2014). Over the last ten years, the American medical guidelines have moved away from advising surgical and pharmacological intervention for pelvic floor dysfunction to behavioral techniques such as habit training, regular toileting, bladder and bowel retraining, diet and fluid regulations, and pelvic floor muscle training (Neumann, Tries & Plummer, 2009). Interdisciplinary urinary incontinence (UI) management programs that focus on pelvic strength, behavior modification, and focused rehabilitation are more effective than conventional treatment (Neumann, Tries & Plummer, 2009). The purpose of this guide is to provide adequate prerequisite information necessary to make informed decisions concerning the pursuit of continuing education and certifications in pelvic floor rehabilitation.

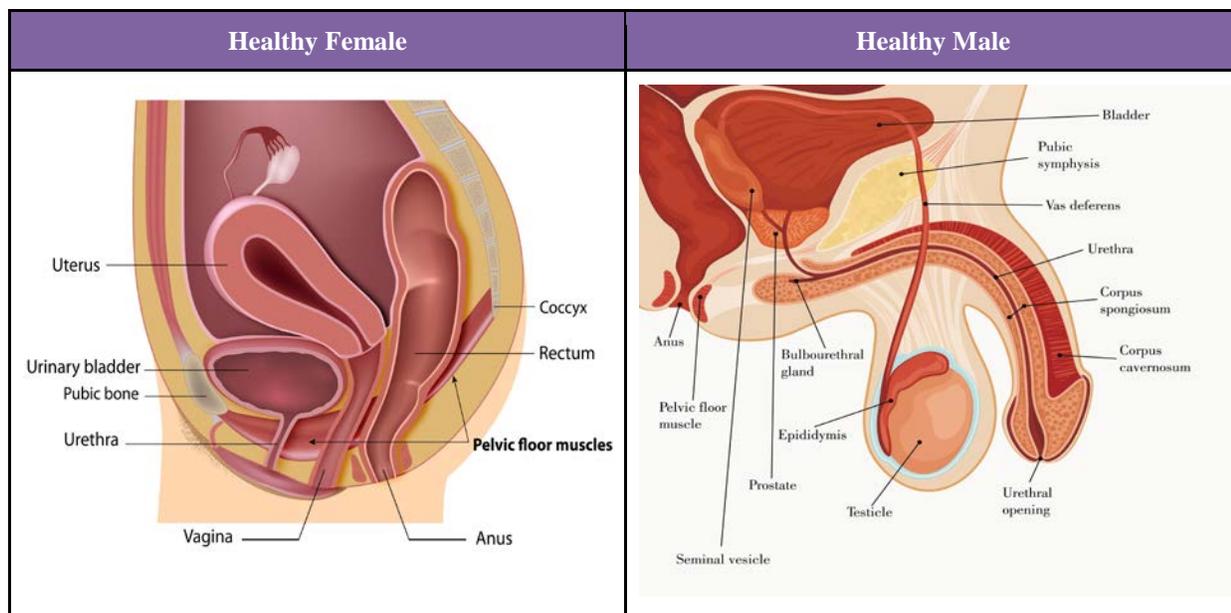
According to the National Institute of Health ([NIH] 2016, p.1), “25 to 45 percent of women have some degree of UI. In women ages 20 to 39, 7 to 37 percent report some degree of UI. Nine to 39 percent of women older than 60 report daily UI. Women experience UI twice as often as men. Pregnancy, childbirth, menopause, and the structure of the female urinary tract account for this difference.” OTs are currently underrepresented in the field of pelvic floor rehabilitation, yet other health professionals do not address the occupationally relevant psychosocial factors and environmental barriers. This guide provides a description of the pelvic floor, OT's role in pelvic floor rehabilitation, and opportunities for OTs to become certified or receive additional education in pelvic floor rehabilitation.

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# Description of the Pelvic Floor

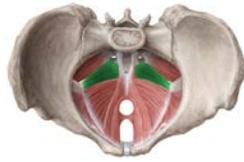
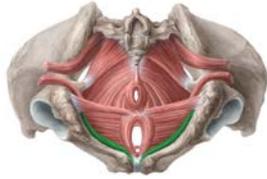
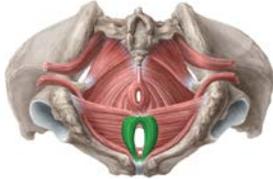
Pelvic floor dysfunction is a global term for a multitude of disorders and dysfunctions relating to the lumbopelvic myofascial and visceral structures located in and around the pelvic region (Messelink et al., 2005). The pelvic floor muscles' (PFMs) main functions are supportive, sexual, and sphincteric (Pool-Goudzwaard, Van Dijke, Van Gurp, Mulder, Snijders, & Stoeckart, 2004). Pelvic floor dysfunction refers to a group of clinical conditions that include sexual dysfunction (dyspareunia and vaginismus in women and erectile dysfunction in men), voiding problems, urinary incontinence, fecal incontinence, pelvic organ prolapse, and defecatory dysfunction (Sapsforda, 2004).



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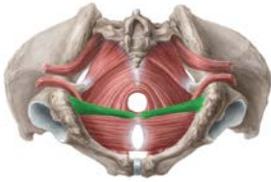
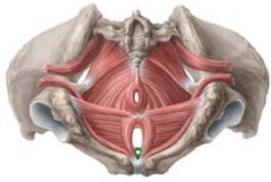
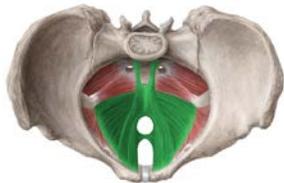
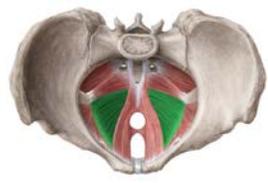
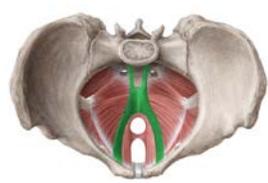
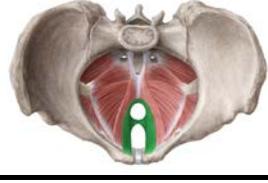
## Pelvic Floor Primary Muscle Chart

The pelvic floor muscles (PFMs) are a group of muscles that act as one of the primary support systems to stabilize the pelvic region (Pool-Goudzwaard, et al., 2004). Although various literature may categorize the levator ani muscle group differently, universally these are all the muscles encompassed within the pelvic floor.

| Muscle & Innervation  | Inferior or Superior View   | Origin  | Insertion  | Function   |
|---|---|---|--|--|
| <b>Coccygeus</b><br>S4, S5, or S3-S4  |    | <b>Both sexes:</b><br>Spine of ischium, sacrospinous ligament                     | <b>Both sexes:</b><br>Coccyx bone, sacrum  | <b>Both sexes:</b><br>Elevates the pelvic floor, pulls posteriorly after defecation, and closes the posterior part of the outlet of the pelvis   |
| <b>Ischiocavernosus</b><br>Perineal nerve   |   | <b>Males:</b><br>Tuberosity of ischium<br><br><b>Females:</b><br>Ramus of ischium | <b>Males:</b><br>Crus of penis<br><br><b>Females:</b><br>Corpus Cavernosum of clitoris | <b>Both sexes:</b><br>Contracts the anus<br><br><b>Males:</b><br>Stabilizes erect penis, compresses the crus penis, delays the return of the blood through the veins, and serves to maintain the organ erect<br><br><b>Females:</b><br>Compresses crus of clitoris and contracts vagina during orgasm        |
| <b>Bulbospongiosus</b><br>(bulbocavernosus in older texts)<br><br>Deep branch of pudendal nerve |  | <b>Both sexes:</b><br>Central tendon of perineum, median raphe                    | <b>Both sexes:</b><br>Inferior fascia of the urogenital diaphragm                      | <b>Males:</b><br>Contracts to expel the last drops of urine or semen, assists in erection, facilitates ejaculation, and controls feelings of orgasm<br><br><b>Females:</b><br>Contracts to expel the last drops of urine, constricts the vagina, promotes clitoral erection, and controls feelings of orgasm |
| <b>Deep Transverse Perineal</b><br><br>Pudendal nerve   |  | <b>Both sexes:</b><br>Ramus of ischium  | <b>Both sexes:</b><br>Deep transverse perineal muscle of the opposite side             | <b>Both sexes:</b><br>Supports fixation of the central tendon of the perineum, promotes pelvic floor function, and expels last drops of urine  |

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|  |   |  |  |   |
|--|---|--|--|---|
|  |   |  |  | <b>Males:</b><br>Expulses semen   |
| <b>Superficial Transverse Perineal</b><br><br>Perineal nerve   |    | <b>Both sexes:</b><br>Tuberosity of ischium  | <b>Both sexes:</b><br>Central tendon of perineum                                     | <b>Both sexes:</b><br>Supports fixation of central tendon of perineum and promotes pelvic floor functions |
| <b>Sphincter Urethrae</b><br><br>Deep branch of perineal nerve   |    | <b>Both sexes:</b><br>Junction of inferior rami of pubis & Ischium and the neighboring fasciae             | <b>Both sexes:</b><br>ischiopubic  | <b>Both sexes:</b><br>Constricts urethra and maintains urinary continence                                 |
| <b>Levator Ani</b><br><br>Divided into 3 layers:<br>1. Iliococcygeus<br>2. pubococcygeu<br>3. puborectalis (see below) |    | NA   | N/A  | <b>Both sexes:</b><br>Elevates the pelvic floor, mid urethral vagina vault and anus                       |
| <b>1. Iliococcygeus</b><br><br>Pudendal nerve  |   | <b>Both sexes:</b><br>Inner side of ischium & posterior part of the tendinous arch of the obturator fascia | <b>Both sexes:</b><br>Coccyx bone & anococcygeal body                                | <b>Both sexes:</b><br>Elevates the pelvic floor, elevates and closes anus                                 |
| <b>2. pubococcygeus</b><br><br>S3, S4  |  | <b>Both sexes:</b><br>Pubic bone   | <b>Both sexes:</b><br>Central tendon of perineum, anococcygeal body, and coccyx bone | <b>Both sexes:</b><br>Elevates the pelvic floor, controls urine flow, and contracts during orgasm         |
| <b>3. Puborectalis</b><br><br>S3, S4   |  | <b>Both sexes:</b><br>Lateral from pubis symphysis   | <b>Both sexes:</b><br>Anorectal junction   | <b>Both sexes:</b><br>Pulls the distal rectum forward and superiorly, and inhibits defecation             |

Adapted from Britannica (2016), Corton (2009), Kenhub (2016), & Newman (2014).

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# Occupational Therapy's Role

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Occupational therapists (OTs) are uniquely suited to address environmental barriers and psychosocial factors in addition to neuromuscular concerns in all patients. This holistic approach is especially helpful in treating pelvic floor dysfunction, as no other profession in this field has extensive training in these combined areas. The physiological effects of pelvic floor dysfunction can lead to increased depression and anxiety levels which can be detrimental to making progress in pelvic floor intervention (Khan, Whittal, Mansol, Osborne, Reed & Emery, 2013). OTs can offer conservative solutions by promoting occupational engagement before surgical considerations (Neumann, Tries, & Plummer, 2009). Occupational therapy (OT) is a holistic profession that focuses on promoting independence in functional activities by removing barriers to help the client achieve optimal performance (Hajjar & Twiss, 2013).

The number of individuals in the United States with pelvic floor dysfunction is on the rise. OTs may come across clients with pelvic floor dysfunction regardless of practice area. Pelvic floor dysfunctions do not discriminate by age, gender, or health status. Primarily, pelvic floor dysfunctions affect urinary, bowel, sexual, and physiological structures. The variety of pelvic floor dysfunctions have similar effects on client's occupations. Impacted occupations include toileting, sexual relationships, social engagement, and psychological and physical wellbeing. The *Occupational Therapy Practice Framework: Domain and Process, 3rd ed.*, ([*Framework-III*], AOTA, 2014), addresses OT's domain in rehabilitating people from these conditions (*See occupations*). The *Framework-III* acknowledges that OTs are equipped to address activities of daily living (ADLs) such as toileting and sexual activity. OTs can additionally address health management, maintenance, and education. These skills are essential to ensure clients with a pelvic floor dysfunction are able to improve their quality of life by

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eliminating symptoms of the dysfunction. The *Occupational Therapy Practice Framework: Domain and Process, 3rd ed.*, recognizes that occupational therapists address client factors, including “structures related to the digestive, metabolic, and endocrine system”, in addition to “structures related to the genitourinary and reproductive system”, ([*Framework-III*], AOTA, 2014). With pursuit of advanced education in pelvic floor rehabilitation, OTs are one of the few branches of allied health care services recognized as equipped to treat pelvic floor disorders (Herman & Wallace, 2016). The chart below directly links occupational therapy’s role in pelvic floor rehabilitation as defined by the *Framework-III*, in addition to various OT models and evidence-based interventions.

## Occupational Therapy Practice and Domain

| Pelvic Floor Conditions  | Occupational Therapy Practice Framework-III<br><br>Occupations   | Frame of References and Models  | Pelvic Floor Rehabilitation Interventions  |
|--|--|---|--|
| <p><b>Urinary Concerns</b></p> <ul style="list-style-type: none"> <li>● Urinary Incontinence (UI)</li> <li>● Stress Urinary Incontinence (SUI)</li> <li>● Mixed Urinary Incontinence (MUI)</li> <li>● Interstitial Cystitis (IC)</li> <li>● Bladder Pain Syndrome (BPS)</li> </ul> <p><b>Bowel Concerns</b></p> <ul style="list-style-type: none"> <li>● Fecal Incontinence</li> <li>● Irritable Bowel Syndrome (IBS)</li> </ul> <p><b>Sexual Dysfunction</b></p> <ul style="list-style-type: none"> <li>● Female</li> <li>● Male</li> <li>● Nonbinary</li> </ul> <p><b>Pelvic Pain</b></p> <ul style="list-style-type: none"> <li>● Chronic Prostatitis</li> <li>● Urological Chronic Pelvic Pain Syndrome (UCPPS)</li> </ul> <p><b>Structural Integrity</b></p> <ul style="list-style-type: none"> <li>● Prolapse</li> <li>● Congenital Urologic Disorders</li> </ul> <p><b>Physical/Psychological Trauma</b></p> <ul style="list-style-type: none"> <li>● Rape</li> <li>● Physical Injury</li> <li>● Battle Wounds</li> </ul> <p><b>Postmenopausal</b></p> <ul style="list-style-type: none"> <li>● Low Estrogen</li> </ul> <p><b>Surgical Complications</b></p> <ul style="list-style-type: none"> <li>● Hysterectomy</li> <li>● Gender Change Surgery</li> <li>● Genitourinary Cancer</li> <li>● Cancer Surgery and Scarring</li> </ul> <p><b>Neurological Trauma</b></p> <ul style="list-style-type: none"> <li>● Spinal Cord Injury (SCI)</li> <li>● Cerebrovascular Accident (CVA)</li> </ul> <p><b>Sensual Wellness</b></p> | <p><b>Activities of Daily Living (ADLs)</b></p> <ul style="list-style-type: none"> <li>● Toileting</li> <li>● Toilet Hygiene</li> <li>● Functional Mobility</li> <li>● Personal Device Care</li> <li>● Sexual Activity</li> <li>● Personal Hygiene and Grooming</li> </ul> <p><b>Instrumental Activities of Daily Living (iADLs)</b></p> <ul style="list-style-type: none"> <li>● Community Mobility</li> <li>● Health Management and Maintenance</li> </ul> <p><b>Rest and Sleep</b></p> <ul style="list-style-type: none"> <li>● Rest</li> <li>● Sleep Preparation/ Participation</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>● Informal Personal Educational Needs or Interest Exploration</li> </ul> <p><b>Work</b></p> <ul style="list-style-type: none"> <li>● Job Performance</li> </ul> <p><b>Play</b></p> <ul style="list-style-type: none"> <li>● Play Participation</li> </ul> <p><b>Leisure</b></p> <ul style="list-style-type: none"> <li>● Leisure Participation</li> </ul> <p><b>Social Participation</b></p> <ul style="list-style-type: none"> <li>● Community</li> <li>● Family</li> <li>● Peer, Friend</li> </ul> | <p><b>Cognitive Behavioral Therapy (CBT)</b></p> <p><b>Ecology of Human Performance (EHP)</b></p> <p><b>Behavioral</b></p> <p><b>Model of Human Occupation (MOHO)</b></p> <p><b>Person-Environment-Occupation Model (PEO)</b></p> <p><b>Person-Environment-Occupation- Performance Model (PEOP)</b></p> <p><b>Permission, Limited Information, Specific Suggestion, Intensive Therapy (PLISSIT)</b></p> <p><b>Biomechanical</b></p> <p><b>Psychosocial</b></p> <p><b>Quadraphonic</b></p> | <p><b>Environmental Modifications</b></p> <p><b>Behavioral Training</b></p> <p><b>Biofeedback</b></p> <p><b>Neuromuscular Re-education</b></p> <p><b>Dietary Modification</b></p> <p><b>Education on Proper Bowel Mechanics</b></p> <p><b>Healthy Sexual Functioning</b></p> <p><b>Vaginal Renewal Program</b></p> <p><b>Visceral Manipulation</b></p> <p><b>Manual Therapy</b></p> <p><b>Mindfulness</b></p> <p><b>Medication Management</b></p> <p><b>Pain Management</b></p> <p><b>Habit Training</b></p> |

## Interventions

| OT Practitioner Intervention                            | Purpose   | Resource  |
|---|---|---|
| Diaphragmatic Breathing & Progressive Muscle Relaxation | <ul style="list-style-type: none"> <li>Strengthen pelvic floor muscles</li> <li>Stress management</li> </ul>                              | <a href="http://www.psychology.uga.edu/sites/default/files/CVs/Clinic_Diaphragmatic_Breathing.pdf">http://www.psychology.uga.edu/sites/default/files/CVs/Clinic_Diaphragmatic_Breathing.pdf</a>   |
| Kegel Exercises   | <ul style="list-style-type: none"> <li>Strengthen pelvic floor muscles</li> </ul>   | <a href="https://www.niddk.nih.gov/health-information/health-topics/urologic-disease/urinary-incontinence-women/pages/insertc.aspx">https://www.niddk.nih.gov/health-information/health-topics/urologic-disease/urinary-incontinence-women/pages/insertc.aspx</a> |
| Self-Regulation Techniques                              | <ul style="list-style-type: none"> <li>Biofeedback</li> <li>Increase proprioception of pelvic floor muscles</li> </ul>                    | <a href="http://learninginaction.com/PDF/SRS.pdf">http://learninginaction.com/PDF/SRS.pdf</a>   |
| Behavioral Modification                                 | <ul style="list-style-type: none"> <li>Habit training</li> </ul>  | <a href="#">Habit Training Worksheet</a>  |
| Cognitive Behavioral Therapy                            | <ul style="list-style-type: none"> <li>Eliminate irrational thoughts</li> <li>Improve self-esteem and meaningful participation</li> </ul> | <a href="http://www.abct.org/Information/?m=mInformation&amp;fa= Videos">http://www.abct.org/Information/?m=mInformation&amp;fa= Videos</a>   |
| Environmental Modification                              | <ul style="list-style-type: none"> <li>Easier, quicker, and safer bathroom use</li> </ul>   | <a href="https://www.squattypotty.com">https://www.squattypotty.com</a>   |
| Mindfulness Techniques & Relaxation Techniques          | <ul style="list-style-type: none"> <li>Stress management</li> <li>Self-awareness</li> </ul>   | <a href="http://www.therapistaid.com/therapy-worksheet/relaxation-techniques/none/none">http://www.therapistaid.com/therapy-worksheet/relaxation-techniques/none/none</a>   |
| Client Education  | <ul style="list-style-type: none"> <li>Inform client about condition and environmental equipment available</li> </ul>                     | <a href="http://femaniwellness.com/sex-education-downloads/">http://femaniwellness.com/sex-education-downloads/</a>   |

| Pelvic Floor Practitioner Intervention | Purpose   | Resources   |
|--|---|---|
| Biofeedback with Pelvic Floor Exercise | <ul style="list-style-type: none"> <li>Decrease urinary incontinence, strengthen pelvic floor muscles, and decrease constipation</li> </ul>   | <a href="http://www.bcia.org/i4a/pages/index.cfm?pageid=3690">http://www.bcia.org/i4a/pages/index.cfm?pageid=3690</a> |
| Visceral Manipulation (VM)             | <ul style="list-style-type: none"> <li>Address musculoskeletal, vascular, nervous, urogenital, respiratory, digestive, and lymphatic dysfunction</li> <li>Address structural and functional imbalances, and treat dynamics of motion</li> </ul> | <a href="http://www.barralinstitute.com">www.barralinstitute.com</a>  |
| Pelvic Floor Manual Therapy (PFMT)     | <ul style="list-style-type: none"> <li>Internal and external soft tissue massage</li> <li>Trigger point release and decrease pain</li> </ul>  | <a href="http://www.pelvicphysiotherapy.com/manual-therapy/">http://www.pelvicphysiotherapy.com/manual-therapy/</a>   |

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## **Best Evidence**

*Clinical scenario: A therapist walks into work at a rehabilitation hospital. To her surprise, a man is hospitalized after radical prostatectomy and experiencing urinary incontinence. The therapist does not typically work with clients who have a pelvic floor dysfunction, so she begins to panic because she is unaware of the most effective interventions. The therapist asks, “What is the most effective treatment method for treating the multitude of pelvic floor dysfunctions?”*

Current evidence states that the use of biofeedback in conjunction with traditional pelvic floor rehabilitation is the most effective treatment in treating a multitude of pelvic floor disorders (Koh, Young, Young, & Solomon, 2008; Hsu, Liao, Lai, & Tsai, 2016). Additionally, research has shown that an approach called Mindfulness-Based Cognitive Therapy (MBCT), a combination of Cognitive-Based Therapy (CBT) and mindfulness, may be more effective in treating pelvic pain than CBT or mindfulness alone. Both types of therapy address the anxiety associated with the pain which is an essential step in decreasing and eliminating the pain (Basson, 2012). Furthermore, Mindfulness-Based Stress Reduction (MBSR) is an intervention that targets the biopsychosocial aspect of a person using a combination of meditation, hatha yoga stretches, and breathing techniques. MBSR is an effective intervention used to relieve chronic pain, stress, mood, and depression for patients with irritable bowel syndrome (IBS) and irritable bowel disease (IBD) (Zernicke, Campbell, Blustein, Fung, Johnson, Bacon, & Carlson 2013).

## Certifications and Additional Education

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At this time, no single certification is required to treat pelvic floor dysfunction; however, to be a competent pelvic floor therapist, further education is recommended. Based on anecdotal evidence, Herman and Wallace and Biofeedback Certification International Alliance (BCIA) are the two most recognized certifications available to support competency in treating pelvic floor dysfunction; however, new certifications, such as Evidence in Motion are on the rise.

Evidence in Motion has created a new certification program in pelvic floor rehabilitation as of 2016. They have created a one-year certification program for pelvic health. EIM's Pelvic Health Certification is designed so that you will:

- Become a certified, highly skilled, autonomous practitioner with advanced clinical competency in pelvic floor physical or occupational therapy.
- Be trained and equipped to incorporate the pelvic floor into treatment for orthopedic dysfunction such as hip, low back, and pelvic girdle pain.
- Be equipped to incorporate the full musculoskeletal system into treatment for patients with primary pelvic floor dysfunction
- Make evidence-based practice an immediate reality in your clinical practice.
- Enhance your critical thinking and psychomotor skills to improve decision-making and outcomes of care.
- Have the opportunity to use your Certification credit towards other EIM Post professional Training, should you decide to do so down the road.”

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Biofeedback Certification International Alliance (BCIA) course, requires 18 mentoring hours in addition to their courses. Evidence in Motion is offering a program to obtain certification in pelvic floor rehabilitation geared towards occupational therapists. This one-year program offers a pelvic health certification course for interested practitioners. Therapists can take individual courses for Herman and Wallace, BCIA, and Evidence in Motion without pursuing a certification. Herman and Wallace offers a comprehensive course series addressing assessing and treating pelvic floor dysfunction and pelvic pain. Herman & Wallace also offers an exam-based certification, The Pelvic Rehabilitation Practitioner Certification, for which therapists are eligible to apply if they can provide documentation of 2,000 patient contact hours related to pelvic patients. The exam is multiple choice and is offered twice per year, and a passing score allows the therapist to use the credential PRPC after their name.

The purpose of this section is to provide the facts, so that occupational therapists can choose further education that best fits their needs. The certifications and additional education options are broken up into three sections: certification in pelvic floor rehabilitation, certifications related to pelvic floor, and educational courses that do not have a certification, yet offer essential knowledge in the field.

## Certification in Pelvic Floor Rehabilitation

|                            | Herman & Wallace   | Biofeedback Certification International Alliance (BCIA)  | Evidence in Motion   |
|----------------------------|--|--|--|
| <b>Certification Title</b> | Pelvic Rehabilitation Practitioner Certification (PRPC)  | Pelvic Muscle Dysfunction Biofeedback Certification (BCB-PMD)  | Pelvic Health Certification (PHC)/ Post-Professional Doctorate of Occupational Therapy (OTD)   |
| <b>Purpose</b>             | <p>“To recognize expertise in the treatment of patients of any gender and age experiencing pelvic pain, pelvic girdle dysfunction, conditions of bowel, bladder, and sexual dysfunction that relate, in whole or in part, to the health and function of pelvic structures and the pelvic floor.”</p> <p>2000 hrs and Test PRPC</p>   | <p>“BCIA is recognized as the certification body for the clinical practice of biofeedback by the Association of Applied Psychophysiology and Biofeedback (AAPB), the Biofeedback Federation of Europe (BFE), and the International Society for Neurofeedback and Research (ISNR).”</p>   | <p>“Evidence In Motion’s new Pelvic Health Certification (PHC) will enable you to understand the structure and function of the pelvic floor and prepare you to incorporate it into practice. You will learn how to incorporate the pelvic floor into your treatment for your hip, back, and SI joint patients, and you will also receive valuable instruction on a variety of topics related to the pelvic floor in men and women.”</p>  |
| <b>Type of Learning</b>    | <p><b><u>COURSES</u></b> (Education Only)</p> <ul style="list-style-type: none"> <li>● <b>Pelvic Floor Level 1</b><br/>Introductory course on female pelvic floor function, dysfunction, and treatment interventions</li> <li>● <b>Pelvic Floor Level 2A</b><br/>Intermediate-level seminar on comprehensive evaluation and treatment of female and male pelvic floor dysfunction. Overview of 3 bowel dysfunctions</li> <li>● <b>Pelvic Floor Level 2B</b><br/>Intermediate-level that further defines skills and knowledge and provides advanced examination techniques in urogynecologic conditions with a specific focus on prolapse and pelvic organ descent, and various pelvic pain diagnoses.</li> <li>● <b>Capstone Project</b><br/>3-day extensive course designed to build on the skills learned in Pelvic Floor Levels 1, 2A, and 2B and covers advanced topics in women’s health including endometriosis, infertility, and polycystic ovarian syndrome (PCOS),</li> </ul> | <p><b><u>COURSES</u></b></p> <ul style="list-style-type: none"> <li>● <b>24-hour didactic</b> <ol style="list-style-type: none"> <li>1. Applied Psychophysiology &amp; Biofeedback</li> <li>2. Pelvic Floor Anatomy, Surface EMG Assessment, Treatment Planning &amp; Ethics</li> <li>3. Clinical Disorders I Bladder Dysfunction</li> <li>4. Clinical Disorders II Bowel Dysfunction</li> <li>5. Clinical Disorders III Chronic Pelvic Pain</li> </ol> </li> <li>● <b>4-hour practicum</b><br/>EMG pelvic floor muscle assessment, surface EMG pelvic floor biofeedback training, and a relaxation exercise</li> </ul> <p><b><u>MENTORING</u></b></p> <ul style="list-style-type: none"> <li>● 12 contact hours spent with a BCIA-approved mentor to learn to apply the clinical biofeedback skills through 30 patient/client sessions and case conference presentations, with an additional 6 hours spent with your mentor to enhance the clinical skills</li> </ul> | <p><b><u>COURSES</u></b></p> <ul style="list-style-type: none"> <li>● EBP 6100 – Evidence Based Practice I</li> <li>● Therapeutic Neuroscience Education (TNE)</li> <li>● PHPT 6510 – Pelvic Floor 1 – Applications for Orthopaedic Physical Therapists**</li> <li>● PFHPT 6520 – Pelvic Floor 2 – Advanced Topics and Internal Techniques**</li> </ul> <p><b><u>TOPIC COURSES/ ELECTIVES (PT &amp; OT)</u></b></p> <p>Elective Courses: student must take 2 of the 5 electives provided</p> <ul style="list-style-type: none"> <li>● PHPT 6110 – Lifestyle Considerations</li> <li>● PHPT 6120 – Sexuality Considerations</li> <li>● PHPT 6130 – Pelvic Floor Post-op/Pharmacology</li> <li>● PHPT 6140 – Special Populations</li> <li>● ORPT 6110 – Diagnosis and Management of Chronic Spinal Pain</li> </ul> |

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|  | <p><b><u>CONTACT HOURS</u></b></p> <ul style="list-style-type: none"> <li>• <b>Full PRPC Certification</b><br/>Requires an additional 2000 patient contact hours</li> </ul> <p><b><u>EXAM</u></b></p> <ul style="list-style-type: none"> <li>• A comprehensive exam covering both internal and external treatments for pelvic floor dysfunction.</li> </ul> | <p>designed as needed for each candidate.<br/>(Check BCIA website for certified mentor near you)</p> <p><b><u>EXAM</u></b></p> <ul style="list-style-type: none"> <li>• Covering 5 core topics</li> </ul>   | <p><b><u>CAPSTONE COURSE &amp; EXAM</u></b></p> <ul style="list-style-type: none"> <li>• PHPT 7170 – Certification Virtual Rounds &amp; Case Presentations</li> <li>• PHPT 7080 – PFPTC</li> </ul> <p>** Capstone Examinations:<br/>Includes a 2-day onsite lab intensive hosted at various locations nationwide</p> |
| <b>Length</b>  | <p>Time is dependent upon course times available</p> <p><b>Level 1:</b> 3-day seminar<br/><b>Level 2A:</b> 3-day seminar<br/><b>Level 2B:</b> 3-day seminar<br/><b>Capstone:</b> 3-day seminar</p>  | <p>3-4 day didactic courses are only offered a few times/yr<br/>Time is dependent upon course time available and 12 additional mentor contact hours (18 mentor hours if not taken with courses)</p>   | <p>A 12-month cohort setting that builds lasting professional relationships with fellow students</p> <p>2 on-site trainings that are 2 days each</p>   |
| <p><b>+Cost</b></p> <p>* These are the costs per the website as of 1/24/17</p> | <p><b>Course:</b></p> <p><b>Level 1:</b> \$695<br/><b>Level 2A:</b> \$695<br/><b>Level 2B:</b> \$695<br/><b>Capstone :</b> \$695</p> <p><b>All Courses:</b> \$2,780</p> <p><b>Exam:</b> \$950<br/><b>Application Fee:</b> \$250<br/><b>Mail-in Fee:</b> \$100</p> <p style="text-align: center;"><b><u>TOTAL COST</u></b><br/><b>\$4,080</b></p>            | <p><b>Course:</b> \$500-\$1,000</p> <p><b>Mentoring:</b><br/>Averages 75 an hr</p> <p><b>Exam:</b></p> <p><b>Special Exam Online:</b> \$50<br/><b>Special Paper/Pencil:</b> \$100<br/><b>CPE Special Online:</b> \$25</p> <p><b>Application Fee:</b><br/>\$245- affiliated professional (member of AAPB, SUNA, APTA, AOTA, etc.)<br/>\$295 for a non-affiliated professional,<br/>\$195 if this is your second BCIA certification.</p> <p style="text-align: center;"><b><u>TOTAL COST</u></b><br/><b>\$1,080-\$1,827</b></p> | <p style="text-align: center;"><b><u>TOTAL COST</u></b></p> <p><b>OT Cert:</b> \$6,400<br/><b>PT Cert:</b> \$6,700<br/><b>Cert+DPT:</b> \$9,425<br/><b>Cert+OTD:</b> \$11,625</p>  |
| <b>Websites</b>  | <a href="https://hermanwallace.com/continuing-education-courses">https://hermanwallace.com/continuing-education-courses</a>   | <a href="http://bcia.org/i4a/pages/index.cfm?pageid=1">http://bcia.org/i4a/pages/index.cfm?pageid=1</a>   | <a href="http://www.evidenceinmotion.com/educational-offerings/course/pelvic-health-certification/">http://www.evidenceinmotion.com/educational-offerings/course/pelvic-health-certification/</a>  |

*Adapted from Herman and Wallace (2016), BCIA (2016) & Evidence in Motion (2016)*

## Certifications Related to Pelvic Floor Rehabilitation

|   |                  |
|---|------------------|
| Phoenix Core Solutions<br>& Pelvic Rotator Cuff Institute | Barral Institute |
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| <p><b>PRC Institute Certification Includes:</b></p> <p><b>4 Webinar Courses</b> (PPT and kit included)</p> <ul style="list-style-type: none"> <li>• Pelvic Muscle, Bladder &amp; Bowel Dysfunction</li> <li>• Pelvic Rotator Cuff: Low back, SI, Hip, Knee &amp; Ankle</li> <li>• 2 Elective Courses</li> </ul> <p><b>4 Course Exams</b></p> <p><b>Post-Exam</b></p> <p><b>2 Written Case Studies</b></p> <p><b>Website:</b> <a href="http://www.phoenixpub.com/index.php?page=webinar-information">http://www.phoenixpub.com/index.php?page=webinar-information</a></p> | <p><b>Techniques Certification Level (CVTP) Includes:</b></p> <p><b>Seminar Courses</b></p> <ul style="list-style-type: none"> <li>• Visceral Manipulation: Abdomen 1 (VM1)</li> <li>• Visceral Manipulation: Abdomen 2 (VM2)</li> <li>• Visceral Manipulation: The Pelvis (VM3)</li> <li>• Visceral Manipulation: The Thorax (VM4)</li> </ul> <p><b>At-home objective exam:</b> covers VM1-VM4.</p> <p><b>10 Written Case Analyses</b></p> <p><b>Website:</b> <a href="http://www.barralinstitute.com">http://www.barralinstitute.com</a></p> |
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## Additional Education and CEU Courses

| Company   | Contact Info   | Website   |
|---|--|---|
| Maitland Australian Physiotherapy Seminars (MAPS) | 1(800) 828-0738 USA<br>meghan@ozpt.com   | <a href="https://www.ozpt.com/">https://www.ozpt.com/</a>   |
| Pelvic Floor First                                | 03 9347 2522 AU<br>fitness@continence.org.au   | <a href="https://members.fitnessnetwork.com.au/pages/eshop/products/pre-and-post-natal">https://members.fitnessnetwork.com.au/pages/eshop/products/pre-and-post-natal</a> |
| Cross Country Education                           | 1(800) 397-0180 USA<br>customerservice@CrossCountryEducation.com                             | <a href="https://www.crosscountryeducation.com/cee/continuing-education/index.jsp">https://www.crosscountryeducation.com/cee/continuing-education/index.jsp</a>           |
| The Prometheus Group                              | 1(800) 442-2325 USA<br>info@theprogrp.com  | <a href="http://theprogrp.com/continuing-education/">http://theprogrp.com/continuing-education/</a>   |
| Medbridge   | 1(206) 216-5003 USA<br>support@medbridgeed.com   | <a href="https://www.medbridgeeducation.com/courses - /">https://www.medbridgeeducation.com/courses - /</a>   |
| Biofeedback Training & Incontinence Solutions     | <a href="mailto:tiffanylee@tiffanyleeot.com">tiffanylee@tiffanyleeot.com</a><br>512-557-6310 | <a href="http://www.pelvicfloorbiofeedback.com/courses.html">http://www.pelvicfloorbiofeedback.com/courses.html</a>   |
| Marquette University                              | 1(414) 288-5053 USA  | <a href="http://www.marquette.edu/health-sciences/continuing-ed.php">http://www.marquette.edu/health-sciences/continuing-ed.php</a>                                       |
| Herman & Wallace                                  | 1(646) 355-8777 USA  | <a href="https://hermanwallace.com/continuing-education-courses">https://hermanwallace.com/continuing-education-courses</a>   |

## Final Note

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We hope that after digesting this manual, occupational therapists (OTs) feel more knowledgeable about the connections between OT, pelvic floor rehabilitation, and the options available to explore this exciting field. It is our hope that OTs take action to increase the quality of life of each patient experiencing a pelvic floor dysfunction. Whether you are an OT student or have been practicing for many years, there is a need for continued occupational therapy education to provide evidence-based interventions for patients who have been impacted by pelvic floor dysfunction.

We recommend that our readers consider joining related social media groups that address pelvic floor concerns. For example, “WomensHealth4OT” is a Facebook group with 2000+ members working or interested in the education of healthcare for women. The topics covered deal with evidence-based research interventions, upcoming events, and an opportunity to ask questions about the subject.

Our group would like to thank our contributors Dr. Desiree Pabin (PT, DPT), Donnamarie Krause (MS, OTR/L) and Dr. Brenda Neumann (OTR/L, BCB-PMD) for their time, knowledge, and professional advice to help us make this guide. Each contributor shaped our passion and interest in pelvic floor rehabilitation throughout this journey. Thank you to our audience who took the time to read our guide. If you have any questions, concerns, or additional information regarding the guide, please contact us at: [pelvicfloorot@gmail.com](mailto:pelvicfloorot@gmail.com).

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| <p><b>Creators of THE GUIDE:</b></p> <p>Angie Baker, PhD, OTD, MA, OTR/L, CTRS<br/> Whitney Boetel, OT/S<br/> Kathryn Powell, MPhil, MFT, OT/S<br/> Tiffani Washburn, OT/S</p> | <p><b>Specialist in the field of PFR:</b></p> <p>Brenda Neumann, OTR/L, BCB-PMD<br/> brenda.neumann@marquette.edu</p> |
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**PRESENTATIONS**

Baker, A., Powell, K., & Washburn, T. (2017, March). Certification in pelvic floor rehabilitation; A guide for occupational therapist. Speaker session presented at the Spring Symposium of the Occupational Therapy Association of California (OTAC), San Diego, CA.

Baker, A., Boetel, W., Powell, K., & Washburn, T. (2016, December). Certification in pelvic floor rehabilitation; A guide for occupational therapist. Poster session presented at the Chronic Conditions Specialty Conference of the American Occupational Therapy Association (AOTA), Orlando, FL.

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