

Advancing Scope of Women's Health Physical Therapy: Navigating Challenging and Expanding Horizons in Pakistan

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Women's health demands a holistic approach in healthcare, as shaped by a set of distinctive biological and gender-related factors. This approach is reflected in the field of women's health physical therapy, which encompasses a wide range of specialized areas and interventions that address the unique needs of women across the lifespan. Women's health is an under-investigated and under-focused area of healthcare, as most diagnostic and interventional norms and normal values are established based on research conducted on men. As per the World Health Organization (WHO): "The health of Women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors".2 Considering the unique and diverse biopsychosocial challenges and opportunities, this editorial delves into the multifaceted dimension of women's health physical therapy (WHPT), expanding from its pivotal role in reproductive health to diverse musculoskeletal and chronic conditions.

The speciality of WHPT has evolved over the years. In 1951, Dr.Arnold Kegel developed the therapeutic exercises termed Kegel exercises, a crucial component of physical therapy for women's health, to strengthen the pelvic floor muscles, which provide support to the uterus, bladder, and intestine.³ To advance women's health research, education, and advocacy, the American Physical Therapy Association (APTA) founded the Section on Women's Health (SOWH) in 1976.⁴ The International Continence Society (ICS) initiated conferences focused on pelvic floor dysfunction, inviting experts to share evidence-based results.³ In 1998, the International Organization of Physical Therapists in Women's Health (IOPTWH), was founded which initially united 14 member nations. In 2003, The American Board of Physical Therapy Specialties established board certification for WHPT.

This editorial has traced back the historical perspective of this speciality and founded its roots in the clinical areas of obstetrics and gynecology. The development milestones and the pioneers who led the foundation have initially limited its narrative to reproductive health.3 This included prenatal, perinatal, and postnatal care of women, encompassing educational antenatal classes, intervention for pain relief during labor, management of postnatal incontinence, and post-surgical care for women undergoing gynecological surgery. However, the contemporary scope encompasses a broad spectrum of unique conditions, which are prevalent across the lifespan, ranging from the developmental phases of puberty, childbearing age, menopause, and elderly women.4 The multifaceted dimensions of women's health include but are not limited to musculoskeletal conditions which are unique. more prevalent, carry different risk factors, and need distinct investigations and interventions for women across their lifespan. Adolescent idiopathic scoliosis in girls reaching puberty, unique musculoskeletal challenges of pregnancy as pregnancy-related lumbopelvic and pelvic girdle pain, diastasis recti and pelvic floor muscle dysfunction in the antenatal and postnatal period, stress fractures in female athletes due to potential hormonal influences and musculoskeletal pain syndromes like fibromyalgia and chronic pain syndromes are few sets of examples.

The expanding scope of women's health encompasses a broad range of pelvic health conditions. Women health physical therapists are specialized experts, with training in pelvic floor rehabilitation, who offer evidenced-based therapeutic pelvic floor exercises to improve strength, endurance, power, and/or relaxation of hypo or hypertonic pelvic floor dysfunction. Additionally, electrical stimulation,

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biofeedback, and perineometers with vaginal/anal electrodes are the electrotherapeutic modalities applied to train the pelvic floor muscles. Manual therapy, behavioral modifications, and a home-based set of exercises are additional measures practiced by specialized pelvic floor therapists.⁵

Women's bone health including Postmenopausal osteoporosis is another primary area of practice in the scope of WHPT. The post surgical breast and urogynecological cancer rehabilitation and lymphedema management are other windows of practice.⁴ Furthermore, the prescription of tailored exercises for the fitness and wellness of women considering hormonal fluctuations, bone and joint health and cardiovascular fitness reduces the risk of chronic conditions in women.

The knowledge pool in the speciality of WHPT is enormously growing, as research in the physical therapy intervention of women's health conditions has a potent history. Most clinical trials in this area are categorized as high quality on PEDro (Physiotherapy Evidence Database).6 From the perspective of global scope enhancement, healthcare in Pakistan is progressing gradually to follow international women's health clinical practice guidelines. Educational initiatives in terms of integrating women's health curricula at undergrad programs, master's degree specialized programs, and continuous professional development courses have been taken at a few higher education institutes. However limited awareness among community and healthcare professionals, healthcare disparities in access to WHPT, and professional recognition as a specialized field within the broader healthcare system are some of the challenges in its practice and scope expansion.

This editorial aims to follow the mission of IOPWH, by focusing on women's health issues, promoting and facilitating

best-practice WHPT nationally and internationally. It is recommended to initiate public awareness campaigns to educate women and healthcare professionals about the benefits of specialized practice. There is a need to advocate more on the integration of WHPT content into undergrad and postgrad curricula nationwide. Specialized training programs should be organized to upskill physical therapists in women's health. Professional associations and collaboration should be established between physical therapy bodies, healthcare institutes and the government to advance women's health. Research studies specific to the Pakistani population should be conducted and published. To conclude, the editorial underscores the expanding and diverse scope of WHPT from its historic roots in obstetrics and gynecology to its contemporary scope encompassing conditions across the women's lifespan.

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