Bringing Awareness of the Pelvic Floor into Primary care

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• The Provider perspective
  – CPP is a challenging, multi-factorial diagnosis for providers, which can include but is not limited to:
    • Trauma from sexual abuse
    • Traumatic vaginal delivery
    • Abdominal pain
    • Suprapubic pain
    • Urinary frequency
    • Urinary incontinence
    • Interstitial cystitis
    • Low Back pain
    • Dyspaurenia

  – Chronic pelvic pain (CPP) affects one out of seven women
  – Can have severe impact on quality of life of the woman
  – Poor provider understanding/awareness leads to poor outcomes for our patients
• The patient perspective
  – Challenging to talk about
  – Difficult to understand even if English speaking with adequate level of health literacy
  – MORE challenging for under-resourced Latina, Spanish speaking women with low health literacy
  – Lack of access to knowledgeable provider, gynecologists, pelvic floor physical therapists, etc
  – Difficult to get time off from work to go to specialist
• Objectives of the project
• Raise awareness of the pelvis clinic wide
  – Lead clinician (LC) will provide peer-peer exchange with providers, nurses, medical assistants, community outreach team
• Lead clinician (LC) will complete 3 myofascial release (MFR) trainings with leading expert in field of MFR
• LC will attend weekly biomechanics class with expert body worker
• Develop in house patient education materials
• Chart reviews to identify potential patients
• Translate and edited existing pelvic pain and urgency/frequency patient symptom scale (PUF) into Spanish at appropriate literacy level
• Integrate pelvic floor therapy into existing clinic session
Did we raise awareness of the pelvis clinic wide?

- LC did hands on demos involving staff at monthly departmental staff meetings.
- LC taught a Spanish speaking pelvic awareness class in place of ongoing weekly Zumba class for residents of the Charlesview Apartments.
- LC taught 2 Spanish speaking pelvic awareness classes for existing new mom’s groups.
- LC provided brief explanation of project at provider meetings, and Mt. Auburn Hospital midwifery meeting; encouraging referrals to LC.
Outreach

- Chart review over 15 month period identified 150 women as possible candidates
- Latina outreach workers translated pelvic/pain and urinary/frequency patient symptom scale (PUF) into Spanish at appropriate health literacy level
- Flyers put up in both sites
Do you have pelvic pain?

Do you have any of the following?

- Unexplainable lower abdominal pain?
- Pelvic pain after child birth?
- Pain with sex?
- Lower abdominal pain or ovarian pain?
- Vaginal pain?
- Painful urination with no evidence of infection?
- Low back pain?

*Pelvic Floor Physical Therapy Clinic* available in our **Waltham** site starting January 2016 with Kathy Kates, NP

- If interested, please call for more information and/or to make an appointment with
  - Carmen Mejia 617-208-1637
  - Jennah Jacobs 617-208-1665
¿Tiene dolor en el vientre?

¿Tiene cualquiera de lo siguiente?

• ¿Dolor en el abdomen?
• ¿Dolor pélvico después del parto?
• ¿Dolor cuando tiene relaciones sexuales?
• ¿Dolor en la parte baja del abdomen o dolor en los ovarios?
• ¿Dolor vaginal?
• ¿Dolor al orinar que no sea por una infección?
• ¿Dolor en la espalda baja?

**Clínica de Terapia Física para el Suelo Pélvico**, disponible en nuestra Clínica de **Waltham**, empezando enero 2016 con Kathy Kates, NP

• Si esta interesada, por favor marque para más información y/o para hacer una cita,
• Carmen Mejia **617-208-1637**
  O
• Jennah Jacobs **617-208-1665**
• LC successfully completed
• Myofascial Release I
• The Myofascial Pelvis
• Myofascial unwinding
• LC attends weekly biomechanics classes with expert body worker to increase overall knowledge
• These trainings have had a dramatic impact on LC’s physical exam skills
Integration

Pelvic floor therapy appointments starting January, 2016

• Initially ten, 30 minute slots every week
• Appointments booked for approximately 30 women
• PUF administered
• External and internal MFR performed
• Yoga mats, dilators (if appropriate) and patient education handouts given
Patient Education materials

• Haga este esteremiento por 5 minutos todos los días para relajar los músculos de la pelvis, la espalda y los hombros
• Haga este esteremiento por 5 minutos todos los días para relajar los músculos de la pelvis, la espalda y los hombros.
Patient Education Materials

• Haga este esteremiento por 5 minutos todos los días para relajar los músculos de la pelvis
What did we learn?

• Having ten, 30 minute slots specifically for this treatment created access issues for patients needing primary care appointments
• Challenging for women to come to weekly or bimonthly appointments
• PUF, even when translated into Spanish with appropriate health literacy level, is awkward for patients to complete
• Outreach not always successful as sometimes CPP was no longer issue for patient or was difficult to talk about over the phone
• Patient more likely to keep appointment if referral was internal from CRCH provider or Mt. Auburn OBGYN
• Time not always convenient
• Appointments only available at our Waltham site
What do we continue to learn?

• PUF scores have improved slightly when patients return for follow up appointments
• Subjective improvement reported to LC
  – “I know I came for my pelvic pain, but my back and shoulders feel more relaxed”
• Subjective improvement reported to pcp within the health center
  – “I have been seeing Kathy for a few weeks now and my pelvic pain is getting better; it takes work on my part but it is worth it- it doesn’t hurt to have sex any more!”
Adaptation

- Eliminated specific 30 minute slots, allowed booking for pelvic floor therapy at any time into LC’s schedule
- LC administers PUF questionnaire verbally
- Offered service to all female patients, not only Latina patients aged 18-55
- Have planned pelvic floor session at Brighton site
Clinical and professional impact

• This generous opportunity has given LC broader lens through which to provide healthcare
  – Has increased hands on physical exams with patients
  – Has improved physical exam skills
• MFR is soft, gentle, can easily be taught to patients and caregivers
  – Wonderful alternative when physical therapy is inaccessible
• MFR has implications far beyond treatment for chronic pelvic pain
• MFR has been integrated into LC’s practice to offer additional tool to help with many conditions which include but are not limited to:
  – headaches, musculoskeletal pain, abdominal pain, post surgery scarring, discomfort during pregnancy, discomfort post colposocpy
• MFR provides a few moments of much needed stillness
- **Sustainability**
  - Increased knowledge for women and providers
  - Normalizes the experience of the patient
  - Promotes pride, curiosity in the patient’s own body
  - Increases engagement of woman in her own healthcare
  - And ultimately of healthcare for her family!
• Thank you Mass League of Community Health Centers!!