EDITORIAL

Role of physical therapy in women's health

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Women's health indicates an intimate health of a woman that is different from that of a man in many peculiar terms. The way a woman manifests her health and disease is quite different than that of a man with respect to her unique biological, behavioural and social perspectives. Although the biological differences are associated with high risk of developing ill health, the gender-differentiated access to medical interventions and basic education along with other socioeconomic factors play an important role in women's primary health care.[1,2] In the whole world, woman's health is directly related to her reproductive health i.e. menstruation, birth control and menopause while ignoring all other health related issues.[2,3] The WHO states that an undue focus on reproductive health deprives all women from getting good quality health care.[4] So, the replacement of "Women's Health" with "The Health of Women" is a pressing need of time as women require health care and health care system more than that of men not just due to their reproductive and sexual health needs but also they have more chronic conditions like Diabetes, Osteoporosis, Cardiovascular diseases, mental illness and malignancies.[5]

Women's health includes a number of health events that produce multiple changes in the woman's body from pregnancy to aging.[6] The scope of Physical therapy in women's health includes all the musculoskeletal conditions, pelvic health, antenatal, perinatal or postnatal conditions, bony health, breast cancers and lymphoedema etc. In 2006, board certification in women's health physical therapy was approved by the APTA.[7] Since then many rehabilitation programmes were arranged for women's health ranging from reproductive to degenerative conditions. In Pakistan, even though the percentage of women population is higher than that of men and the birth rate is high,[1] there is not enough health awareness about the various problems women face. Recently, Physical therapy has got attention in managing women's health issues in Pakistan. Although the role of Physical therapy is quite effective in managing women's health issues during the span of life, like dysmenorrhoea, dyspareunia, urinary incontinence, chronic pelvic pain, pelvic organ prolapse and genitourinary syndrome of menopause,[8] but the most encountered conditions by Physical Therapists are pregnancy related back ache, urinary incontinence, osteoporosis and osteoarthritis. It should be noted that "pelvic physical therapy" is sometimes used in the same context as "women's health physical therapy."[8] Physical therapy decreases or resolves urinary leakage, identifies bladder irritants, strengthens the pelvic floor muscles, improves body posture and strength, prevents falls and decreases risk for fractures through an individualized exercise and rehabilitation programme (pelvic floor muscle training, biofeedback, hip/pelvis/thigh stretches, breathing/ relaxation exercises, connective tissue manipulation, vaginal dilation and pain management modalities etc.).[8,9] Physical therapy has been proven effective in chronic pain conditions i.e. endometriosis, vestibulitis, vulvodynia, painful bladder syndrome and irritable bowel syndrome through small randomized clinical trials in pain reduction and sensitivity as well as in sexual functions.[10,11]

In conclusion, Physical therapy helps women throughout their lives during adolescence, childbearing years and menopausal years, the elderly through a wide range of interventions. In various spans of normal female development, there may be a high risk of producing neuromusculoskeletal, reproductive and degenerative disorders that can negatively affect her daily functional activities and quality of life. The screening and an identification of these risk factors and symptoms can bring about an early intervention. A future research is required to produce an awareness about specific health promotion Physical Therapy interventions and their beneficial effects on women's health on a larger scale.

References

1. NLM. "Women's Health". Medical Subject Headings (MeSH). Retrieved 6 July 2018.
2. Ferreira CHJ, Driusso P, Bø K. Special Issue on Women's Health Physical Therapy. Braz J Phys Ther. 2019; 23:77-78.
3. Gronowski AM, Schindler E. Women's Health. Scand J Clin Lab Invest Suppl. 2019; 244: 2-7.
4. Gopal K. Singh GP. Daus MA, Ramey CT, Martin EK, Perry C, et al.

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Social Determinants of Health in the United States: Addressing Major Health Inequality Trends for the Nation, 1935-2016. Int J MCH AIDS. 2017; 6:139-164.
5. D. Richard. Washington DC: George Washington University, School of Public Health and Health Services, Jacobs Institute of Women's Health. Retrieved 17 July 2016.
6. Alwin DF. It takes more than one to tango: Life course epidemiology and related approaches. Int J Epidemiol. 2016; 45:988-93.
7. American Board of Physical Therapy Specialties. "Specialist Certification: Women's Health." Retrieved 2/27/2020 from http://www.abpts.org/Certification/WomensHealth/
8. Nygaard I, Barber MD, Burgio KL, Kenton K, Meikle S, Schaffer J, et al. Prevalence of symptomatic pelvic floor disorders in US women. JAMA. 2018; 300:1311-6.
9. Ozgul S, Üzelpasaci E, Orhan C, Baran E, Beksaç MS, Akbayrak T. Short term effects of connective tissue manipulation in women with primary dysmenorrhea: a randomized controlled trial. Complement Ther Clin Pract. 2018; 33:1-6.
10. FitzGerald MP, Anderson RU, Potts J, Payne CK, Kenneth MP, Klemens JQ, et.al. Randomized multicenter feasibility trial of myofascial physical therapy for the treatment of urological chronic pelvic pain syndromes. J Urol. 2019; 189: S75-85.
11. Zoorob D, South M, Karram M, Sroga J, Maxwell R, Shah A, et al. A pilot randomized trial of levator injections versus physical therapy for treatment of pelvic floor myalgia and sexual pain. Int Urogyncol J. 2019; 26: 845-52.