

SPOTLIGHT

PLACING
THE FOCUS
ON THE
FUTURE OF
WOMEN'S
HEALTH
PHYSICAL
THERAPY

Left to Right: Caroline Varriale, Samantha Peabody, Erika Grace



The Skinny from Annual Conference and Capital Hill Day, 2011

By Erika Grace, SPT, MPH, MSW; Director of the SOWH SSIG, Duke University DPT 2013

I had the great fortune to attend Capitol Hill Day and the APTA Annual Conference this June as the student representative for the Section on Women's Health. The first event of the week was the House of Delegates. If you have never witnessed this in action, I encourage you to try to do so! Delegations from each state meet in an enormous room and make policy decisions for the APTA and PT as a profession (a lot like the US Congress!).

Next up was Capitol Hill Day, our profession's day to lobby for our legislative priorities in Washington, DC with our nation's Senators and Representatives. Approximately 1,000 PTs, PTAs, and SPTs from all around the country attended Capitol Hill Day this year, one third of whom were students! The APTA selected three primary policy goals for this year's Capitol Hill Day effort: (1) repealing the Medicare therapy cap, (2) the Student Loan Repayment Act, and (3) the Protecting Student Athletes from Concussions Act. The APTA held a briefing session to ensure that all Capitol Hill Day participants felt comfortable speaking with members of Congress and their staff about these issues. This was a particularly exciting year to be a student member of a delegation since one of the legislative

priorities directly affects students. While students are always encouraged to participate in the meetings on the Hill, most students were asked to actually take the lead in discussing the Student Loan Repayment Act with our representatives!

The week ended with Annual Conference. There was lots of fantastic programming on all areas of PT, which included educational sessions and even skills training offered by the SOWH. During a break in the programming, the SOWH SSIG hosted a 'meet and greet' for students interested in WH PT. This event was a great success! We had excellent turnout, and several Section members also joined us to answer student questions about becoming specialized in WH PT. We plan to continue to do this at each conference, so come join us next time!

I am grateful to the Section for sponsoring me for these events. I was already interested in leadership and activism, and this experience really cemented my desire to work on behalf of our professional organization to improve patient care and access to care. In addition to being a remarkable opportunity to meet professionals and both state and national leaders, I got the chance to network and

form friendships with tons of involved and motivated students from around the country. I encourage all of you to attend as many conferences as possible and hope to see you at NSC 2011!

Save the Date!

Just a reminder, NSC 2011 in Minneapolis, MN is right around the corner! This is a remarkable conference geared toward specifically to you...students!

In addition to all the seminars & fabulous programming, our SSIG will have a meet & greet for students & WH PTs so all your questions about getting into this field after graduation can be answered!

The new BoD for the APTA student assembly is elected at NSC so make sure your voice is heard! Our very own Erika Grace, director of the SOWH SSIG is a candidate this year! How great would it be to have an advocate for WH PT at that level?!

Mark your calendar for October 21-23 and come support Erika & the SOWH SSIG!

How to Exercise When Your Doctor Tells You Not to...

By Amber Chewning, SPT; Southeast Representative SOWH SSIG, Duke University DPT 2013

"How to exercise when your doctor tells you not to..." That's the approach Dr. Nancy Zucker, PhD, uses when reaching out to exercise-addicted patients that step into her office. Many patients who suffer from eating disorders and exercise addiction seek help and are often encouraged to abstain from exercise.

To the contrary, Dr. Zucker, the director of the Duke Center for Eating Disorders, feels that exercise can be beneficial, however, there is a lack of expert guidance.

"Exercise recommendations [for patients with eating disorders] is largely unknown. According to current literature, there are no clear guidelines for type, duration, or frequency of exercise."

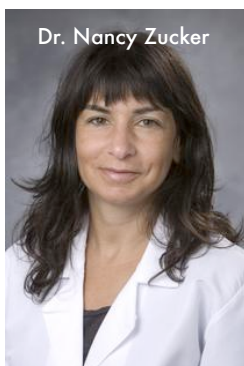
Traditionally, exercise prescription serves "two core functions" for increasing quality of life in patients with eating disorders. The first function being that exercise promotes bone health and combats the damage done by years of poor nutrition. The second function being that exercise aids in stress reduction and acts as a "release" for many patients. This is of particular importance for those with eating disorders.

The Duke Center for Eating Disorders has helped to develop a third core function of exercise: proprioceptive rehabilitation. Zucker's laboratory studies individuals who

struggle detecting, interpreting, and using signals from their own body. Physical therapy intervention could provide more clear exercise guidelines, thus, promoting bone health and stress reduction, but also help to prevent injury and falls by improving one's proprioceptive sense.

Dr. Zucker is currently working with Duke DPT students to determine the best physical therapy practice for patients with eating disorders. By developing best practice guidelines, physical therapy services could be a realistic and healthy alternative to exercise abstinence.

For more information, please visit http://www.dukehealth.org/services/eating_disorders/about/.



Dr. Nancy Zucker

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A Resource for Treating Pelvic Pain

By Monica Rose Gross, SPT; Southwest Representative SOWH SSIG, Northern Arizona University DPT 2012

Recently I was shadowing a women's health therapist and she recommended a book to me that she presents to her pelvic pain patients: Isa Herrera's, Ending Female Pain A woman's manual. While this book was written for patients not physical therapists it is a good reference for students.

After the introduction which provides an overview of different causes of pelvic pain and how to do a self exam the book goes through a series of exercises. First relaxation exercises ranging from instruction in a direct vaginal release to incorporating pelvic floor tension reduction into a dead bug exercise. Following the relaxation exercises, there is a pilates routine aimed at strengthening the musculature directly and indirectly supporting the pelvic floor. With each exercise it states the treatment rationale and the typical compensatory strategies.

For example ball inner thigh squeezes, that help strengthen both the pelvic floor and the inner thigh muscles to help create balance between the hip and pelvic floor musculature. The pilates regimen is followed by a series of yoga exercises such as the Z stretch and prayer squat that have been shown to reduce resting pelvic floor muscular tension via EMG. This is particularly helpful for women with chronic pelvic pain as they typically have a hyperactive pelvic floor at rest. Following the exercise section there are step by step instructions on both internal manual trigger point release and external via a foam roller/massage prior to the conclusion which gives general advice to patients with pelvic pain.

This book provides an invaluable resource for anyone interested in or who is going to work with patients with chronic pelvic pain as a foundation/starting point. It is

particularly useful for students who typically have little to no women's health exposure in their primary PT education. The book even provides a couple of exercises for correcting abdominal diastasis recti separation that instructs patients in the use of their hands and breath to approximate their rectus abdominis in order to return it to its normal position.

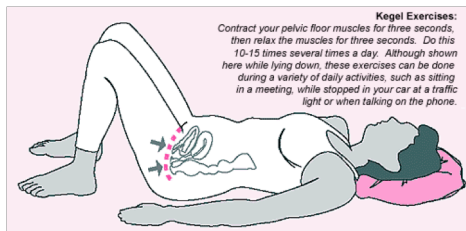
All in all, this book provides a good foundation for working with patients who have chronic pelvic pain particularly when as students we are often not exposed to many of these concepts during our didactic curriculum. Not to mention that since this book was written for the public it utilizes patient friendly terminology and cues that allow us to have a guide for teaching these concepts. In addition to providing us with a resource for our patients.

Section on Women's Health Level One Course as a Student?

*By Nicole Baldrige, SPT;
Northwest Representative SOWH
SSIG, Touro University Nevada
DPT 2012*

All students in their last year of PT school are eligible, and I strongly encourage all who are interested to attend the Section on Women's Health (SoWH) level 1 Courses. Last year while attending CSM 2011 in New Orleans, a fellow student assembly member, Michelle Howze, filled me in on this interesting detail. Michelle encouraged me to take the course as she shared with me how much she learned and was able to use in her clinical rotations.

If you are a PT student interested in specializing in women's health, then the Pelvic Floor Level 1 course offered by organizations such as the APTA's SoWH or Herman & Wallace is for you. Taking this course will be especially beneficial if you know that you are going to have a women's health clinical rotation. Topics discussed in this class are: Abdominopelvic anatomy, pelvic organ prolapse, urinary incontinence definitions, pelvic floor muscle (PFM) dysfunction, and PFM exercise programs. The lab portion consisted of: external perineal palpation, vaginal exam, EMG/Electrical stimulation, and a complete pelvic floor evaluation. It is an intense three-day course but I had such a great experience and learned so much. It is definitely a manageable course for a student in their last year, and I highly recommend it.



I decided to take the SoWH Pelvic Floor Level 1 course in Indianapolis this August. It was such an amazing experience. Being the only student there, I felt a little intimidated at first. The nervousness only lasted about 5 minutes until had the chance to speak with all of the wonderful women that attended the course. They were very encouraging and reassuringly calmed my nerves. I'm not going to lie, I was really anxious at first when we first broke into the lab portion to perform pelvic exams. However, we were all professionals and we were all there, taking the same class, and going through the same experience. By the last day of the course I couldn't believe that

I was so nervous the first day, there was nothing to be anxious about.

I also opted to take the Level 1 Certificate of Achievement in Pelvic PT (CAPP) exam at the end of the class. I highly encourage all students to consider this opportunity and to take the CAPP if you attend the course. It consisted of a lab practical and an exam at the end of the course and was comprised of clinical decision making with material covered in the course. I can't wait to apply all the knowledge I have acquired from this class to future women's health clinical rotations and my future PT practice. I highly encourage all students to consider taking this course if you are interested in women's health physical therapy.

SUI, Education, Synergy: The Need

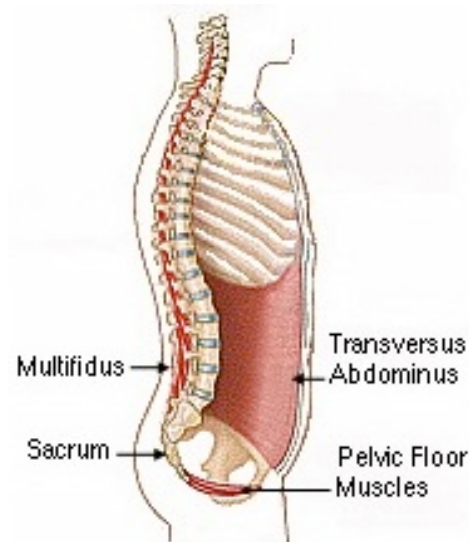
*By Samantha Peabody, SPT;
Northeast Representative SOWH
SSIG, Simmons College DPT
2012*

Stress urinary incontinence (SUI) is defined as leakage of urine secondary to a physical stress (i.e. coughing, sneezing, and laughing) and is one of the most common side effects of pelvic floor dysfunction. In an article written by Diane Lee and Linda-Joy Lee the connection between low back pain, pelvic girdle pain, and pelvic floor dysfunction was discussed. Though these three categories of dysfunction/pain that are commonly treated by physical therapists as individual pathologies, they are really one system and by treating one you invariably are treating them all. If a female (or male) patient comes to a physical therapist with a complaint of low back pain, pelvic floor dysfunction should not be discounted. Stability and strength training needs to target all of the muscles that support the pelvis, low back, and the organs housed within this region to promote a fully healthy pelvic-low back region.

Pelvic floor dysfunction is a general term that houses many types of pathologies relating to the pelvic floor (SUI included). Another cause of pelvic floor dysfunction and SUI is vaginal deliveries in women. In a study published in Journal of Women's Health Physical Therapy (2011) the main objective was to uncover the statistics relating to pelvic health knowledge among women who have undergone vaginal childbirth and the associated risks. The study also looked at the difference in knowledge and

understanding states between women with private health insurance and those without. There were vast differences between the insured and uninsured groups of women when asked if they had "knowledge of kegel exercises" (85% insured vs. 33% uninsured). The overall percentage of women who were surveyed in the study who had no knowledge of pelvic floor health and exercises was significant (71%). This study overall raises a great concern for the lack of general information being conveyed to women. The information is available but opportunities for women to learn this information is not standardized or readily available. More outreach is needed.

In another study related to pregnancy and SUI which had several collaborators, one of which was Kari Bo whom presented at the APTA Annual Conferences this past June. The overall findings and conclusion of the study was that pelvic floor muscle training (12 week program with individual attention once a week) was beneficial to women in improving their self-reported symptoms of SUI at 36 weeks gestation and at 3 months postpartum. In another systematic review of conservative treatment of SUI in variable populations it was also found that pelvic floor muscle training was effective in improving SUI as compared to people who received no treatment at all. Though it is generally found that pelvic floor muscle training is effective in improving symptoms of SUI there is a great need for more research in helping to determine what the parameters of pelvic floor muscle training should be (sub-maximal contraction vs. maximal contraction, etc.).



In summary, more education on women's health topics and research on pelvic floor dysfunction are greatly needed. As we move forward in women's health physical therapy it is important to take into consideration the connection between the low back and pelvic region when looking at pain and dysfunction as their proper functions relate to the synergy of the whole.

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Residency and Professional Development for the New Clinician: A Self Reflection

By Marcy Crouch, PT, DPT, CLT; Women's Health Residency Committee Representative

As our profession continues to grow, become more evidence-based, and is starting to receive the recognition it deserves, clinicians must also rise to the occasion. This is especially true for us as Women's Health Clinicians. We are a small and proud group of clinicians that hold unparalleled compassion, empathy, and sensitivity for our patients. We are dedicated and strive to raise awareness and provide care to an underrepresented patient population of men and women who need our help. I have had the opportunity this past few years to become enveloped in this community of amazing and strong colleagues as I became active in the Section as a student and then continued on to complete a Women's Health Residency at Baylor and Texas Women's University in Dallas, Texas.

As a student and then as a new clinician in an arduous post-professional program, I strived to challenge myself as a therapist and was dedicated to help advance the field of Women's Health Physical Therapy. Completing a residency and continuing to pursue post profession development is

paramount for the new clinician to continue the advances that have already been made. As we continue to fight for Direct Access and appropriate reimbursement, we also strive to demonstrate that we are collectively a group of competent and capable clinicians. It is imperative that practicing clinicians are up to date with current practice acts, the highest level of research available to support our interventions and assessments, as well as practice standards.

Gone are the days where we are thought of as "Glorified Personal Trainers". We have moved from Bachelor's degrees to Masters to Doctorates and PhD's. Residencies and Post-Professional development are becoming more and more readily available. Clinical Specialist examinations given by the American Physical Therapy Board of Specialties have certified 82 Women's Health Clinical Specialists by the year 2010. That number is growing every year as more clinicians are sitting for the specialist examination. The Baylor/TWU Women's Health Residency was the fourth credentialed program in the US and is currently the only program west of the Mississippi. There are more active programs in development at this time, and they are currently undergoing the application and credentialing process.

Residencies are a good option for the clinician who not only wants to spend a year immersed in Women's Health, but also who wishes to help advance the field of physical therapy and who wishes to meet the higher standard of clinical practice. The programs are a blend of clinical and didactic work, and require the clinician to step out of their comfort zone and become independent thinkers and develop high level clinical reasoning skills. The resident is expected to be a self-directed learner, and demonstrate advanced clinical mastery in the practice of Women's Health Physical Therapy. Excellent mentorship with a blend of didactic work helps to prepare the clinician to not only become the experts in Women's Health, but also to sit for the Women's Health Clinical Specialist Exam and earn the title of a Board Certified Clinical Specialist.

My experience as a budding new clinician in a post professional residency program was a positive one. I wanted mentorship, exposure to the population, and didactic work that focused on the all the aspects of Women's Health. As I transitioned through the program and now out into the field, I realize that my journey has only just begun. The residency is a stepping stone towards my personal and professional goals. It is the "tip of the iceberg", if you will. It has helped me to start my journey to who I want to be as a clinician. I still have a long way to go, but I am so grateful for the

Residency and the relationships with colleagues and patients I had the honor to be a part of. I encourage new clinicians and students to consider Residency as an option for professional and personal growth.

Look for us at CSM 2012 in Chicago! We are hosting the second annual panel discussion titled, "Everything you need to know about Women's Health Residency", where current residents, program leaders, and alumna share their experiences and answer audience questions. It was a success at CSM 2011 in New Orleans, and we are looking forward to presenting again in Chicago. Also visit www.womenshealthapta.org/credentialing/opportunities.cfm and www.apta.org/CareerDevelopment/ to learn more about professional development opportunities and upcoming residency programs.

More continuing education possibilities and specialized post professional training:

De-Mystifying Pudendal Neuralgia as a Source of Pelvic Pain: A Physical Therapist's Approach. Taught by the internationally recognized Elizabeth Rummer and Stephanie Prendergast at The Pelvic Health and Rehabilitation Center. Visit www.pelvicpainrehab.com for more information.

Female Athlete Triad and the Role of PTs

By Mara Towne, SPT; Programming Coordinator of the SOWH SSIG, University of Colorado, DPT 2012

The article, [The Female Athlete Triad: An Emerging Role for Physical Therapy](#) is a great summary of the interconnectedness of the three elements that encompass the female athlete triad. According to Papanek, a survey was conducted of 139 physical therapists and only 48% of them were able to name the three aspects of the triad. As more and more women engage in vigorous athletics it is imperative that all physical therapists are knowledgeable about this.

The female athlete triad is comprised of disordered eating, amenorrhea and osteopenia. These categories have been broadened from the original categories of eating disorders, amenorrhea and osteoporosis. An energy deficit, where the person's intake of calories is less than her calorie expenditure, causes athletic

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Fit Tips:

Exercise Tips Expecting Moms Should Know



By Sarah Hnath, SPT;
Communications
Coordinator of the
SOWH SSIG, New York
Medical College DPT
2012

Do

Exercise

Pregnancy is not the time to start training for a marathon if you've never ran before, but if there is an exercise or activity you did before it is okay to continue during pregnancy

Drink Up

Dehydration can occur if you don't drink enough water. This can cause overheating which is bad for you and your baby

Pay Attention

Listen to your body, stop if it hurts and find out why, if it feels good odds are it is!

Don't

Lift Heavy

Women should exercise at a moderate level when pregnancy; lifting heavy weights may be too much for the expecting mom, instead lifting lighter weight for more reps is a safer choice

Lay on Your Back

Avoid doing exercises on your back in the 2nd & 3rd trimester so you don't cut off blood flow to your baby

Hold Your Breath

Avoid valsalva maneuver by breathing during exercise. Exhale on exertion, inhale & relax

Fun Tidbits

Love Kegels

Performed anywhere, anytime, this simple exercise can help prevent urinary incontinence, treat diastasis recti abdominus, and increase ease of delivery

The Heart Lies

Heart rate readings aren't accurate during pregnancy, using an RPE scale may be more appropriate

Baby Weight

Women who exercise during pregnancy have more rapid physical & emotional recovery post-partum

amenorrhea (AA) in some women. The exact cause of AA is still under exploration, but it leads to decreased estrogen in the body. This lack of estrogen causes the body to favor absorbing bone versus building new bone. Consequently, the decreased energy intake is the basis for athletic amenorrhea and this lack of menstruation causes low bone mineral density (BMD). Interestingly, just a small increase in caloric intake can restore menstruation and halt further BMD loss.

Papanek notes that only 250 kcals per day separates the women athletes with typical menstrual cycles from the women with AA. Many women engaging in an intense training regime are not aware of the increased caloric intake that is necessary to maintain an energy balance. Furthermore, there is a lot of misinformation circulating which applauds the loss of menstruation as an indication of an elite level of training. Some coaching staff even supports this theory.

It is our job as physical therapists to educate our athletic patients and dispel these inaccurate notions. Papanek recommends that questions about menstruation be included in all PT intake forms. However, as with all of our patients, education is an art. It is not just about asking questions, but about asking the right questions. Papanek gives the example of asking how often the patient has her period versus asking if the patient has regular periods. The patient might think it is normal for an athlete like herself to only have four periods a year and will respond yes to the latter question. Without asking the right

questions we can miss very important details. Papanek also suggests explaining how energy deficits lead to an increase in cortisol circulating in the blood which eventually leads to the breakdown of skeletal muscle and a decrease in performance. Since athletic performance is key for this patient population explaining how energy deficits negatively affect performance may help the patient understand the importance of eating enough calories. Additional intervention includes assessing the patient's running technique to identify potential muscle imbalances and then working on these imbalances while the patient decreases her running to heal her stress fracture. This patient population will not want to decrease their running distances but if we PTs can redirect their energy into strengthening weak hip abductors and explain how this will benefit their performance the patients will be more compliant. The article gives an excellent case example which illustrates the importance of this type of intervention technique.

The most important role we play is as educator for prevention. Papanek describes some traits to look for which can predispose a female athlete to disordered eating such as perfectionist tendencies, an unwillingness to slow down training, and a preoccupation with food. If we can stop the cascade before it begins we can decrease the amount of fractures we see in the young female athlete.

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Tips to Give Your Patients for Better Sex: From Treatment to Education and Beyond

By Sarah Hnath, SPT;
Communications Coordinator of the
SOWH SSIG, New York Medical
College, DPT 2012

Sex. The taboo topic many patients want to talk about but aren't always sure what to say, ask or how to approach the subject. As future women's health physical therapists and student PTs on clinical affiliations it's important to not only know how to address the topic of sex when it comes up or bring sex up when needed but also to know what the best, evidence-based course of action is to take with your patients, male and female.

Physical Therapy Treatment

Better sex for your patients may be determined by more than what new position they try or toy they buy; physical therapy treatment can directly improve sexual function in women!

One recent study found a significant correlation between pelvic floor strength and sexual function. Not only did women with a stronger pelvic floor find they had better sex functioning, but they even were found to have significantly greater sexual arousal and orgasm scores, (Lowenstein, 2010).

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Another study found that site-specific soft tissue mobilization was found to decrease occurrence of pain with sex & increase orgasms in women with dyspareunia, inhibited orgasm and other aspects of sexual dysfunction (Wurn *et al*, 2004).

Patient Education

In addition to creating exercise programs and performing manual treatment for our female patients to address diagnoses such as sexual dysfunction, urinary incontinence, and low back pain, educating our patients on how to perform activities of daily living safely and pain-free is a vital component to our approach to patient care. One study assessed how surgery affected sexual activities and desire in patients with lumbar disc herniation. The study demonstrated that males, and even more so females had both pre and post surgery had outstandingly high discomfort with sexual activity and low sexual desire.

Merely by educating our patients with low back pain and/or any other musculo-skeletal conditions with things such as sexual positions that may alleviate back pain, as PTs we can help improve our patients sex life and overall quality of life.

Common causes of low back pain include SI joint dysfunction, arthritis and disc herniation.

Positions that may alleviate pain and make sex more enjoyable for patients with these conditions are as follows:

1.) For women with **disc conditions** it is best that their back stays neutral or slightly arched

- lying face down, pillow under hips & partner on top
- kneeling on the floor, elbows on a chair & partner behind
- sitting on his lap, facing him, with his hands giving back support

2.) For women with **arthritis** or other degenerative conditions it is best that straighten their back out by slightly flexing it

- missionary position, both knees bent as much as is comfortable
- being on top
- lying on your side with your partner behind you

3.) For women with **SI joint pain** the pain is usually one-sided

- missionary position with the leg of the painful side over his shoulder
- Lying on the side that doesn't hurt with a pillow supporting the bent leg
- lying on your back, partner on their side with one of your legs over their body

In addition to educating patients on topics such as sexual positions that will

help alleviate their pain and improve their sex life make sure to hone in on things we tell every patient when participating in physical activities, stay hydrated, keep your diet in check (eliminated sugar is key for vaginal pain with sex), have a regular exercise routine (3+ times per week), and BREATHE!

Alternative & Therapies

As student physical therapists and future practitioners it's important to be abreast on alternative approaches to patient treatment, health, and wellness to answer questions appropriately and objectively and refer patients accordingly to other health & wellness professionals. The most widely practiced alternative therapy in the world is yoga. This 5,000 year old practice has not only been shown to improve common conditions such as low back pain but has also been shown to improve sexual function for both men and women.

One study investigated the effect of a 12 week yoga program male sexual function. Yoga was found to significantly improve the sexual function of men on all domains of the Male Sexual Quotient (MSQ) including desire, intercourse satisfaction, performance, erection, ejaculation control, orgasm and more, (Dhikav *et al*, 2010a). A similar study of healthy women also found that a 12 week yoga program significantly improved all 6 domain of sexual function on the FSFI, desire, arousal, lubrication, orgasm, satisfaction and pain, (Dhikav *et al*, 2010b).



In addition, other alternative & complimentary approaches to patient care such as mindfulness and acupuncture have been postulated to potentially improve sexual function in both men & women, (Brotto *et al*, 2008; Jannini & Lenzi, 2011).

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Sex Tip

Breathing during sex intensifies orgasms, increases blood flow & oxygenation to tissues, and relaxes the body. Taking deep mouth breaths before, during & after intercourse can be beneficial.

Handouts for Patient Sex Education

1. Sex for Men & Women with LBP

<https://patienteducation.osumc.edu/Documents/back-sex.pdf>

2. Sex for Women During Pregnancy

<https://patienteducation.osumc.edu/Documents/sexdur.pdf>

3. Sex for Men with Prostate Cancer

<https://patienteducation.osumc.edu/Documents/prostate-sex.pdf>

4. Sex for Women After Delivery

<https://patienteducation.osumc.edu/Documents/sexafter.pdf>

5. Sex for Men & Women with Lung Disease

<https://patienteducation.osumc.edu/Documents/sexual-person-lung-disease.pdf>

6. Sex for Men & Women with Heart Failure

<https://patienteducation.osumc.edu/Documents/heartfailure-sex.pdf>

These resources and much more can be found at <https://patienteducation.osumc.edu/Pages/search.aspx?k=sex>, compliments of The Ohio State University Medical Center

Meet Our Board

The Ladies of the Section on Women's Health Student SIG

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The Board is currently seeking enthusiastic, hard working individuals for the following vacant positions:

- Northeast Rep
- Midwest Rep
- Southwest Rep

Erika Grace, SPT, MPH, MSW

Duke University Medical School, DPT Class of 2013
Director of the SOWH SSIG

"I am a career-changer, with a prior life in social work and public health (Maternal and Child Health). I came to PT school knowing that I want to specialize in WH PT and hopefully incorporate my past career with my current one! I feel passionate about ensuring that all women have access to the full spectrum of health care services, both in the US and globally. I'm so excited by the growing interest in WH PT and think we need a lot more PTs in this area to meet the needs of women!" -Erika



Mara Towne, SPT

University of Colorado, Class of 2012
Programming Coordinator of the SOWH SSIG

"I am a 3rd year DPT student at the University of Colorado. I joined the section on women's health in the summer of 2010 because I wanted to learn more about what a women's health physical therapist does. Since that time my interest in women's health has turned into a passion. I attended CSM 2011 with the help of a scholarship from the SOWH. During CSM I became more involved and I now help with CSM 2012 programming for the SSIG and the section. I am excited to learn more about women's health and evidence based interventions while working with my clinical instructor during a 16 week women's health outpatient orthopedic clinical experience starting September 26th." -Mara



Sarah R. Hnath, SPT

New York Medical College, DPT Class of 2012
Communications Coordinator of the SOWH SSIG

"Fitness minded, career oriented, and an unparalleled passion for helping others. Such qualities have aided me in my journey as a student PT, pushed me to take my personal training education to a higher standard with specializations in areas such as pre & post natal exercise, and to have drive me to be an exceptional professional in the field of women's health PT. I'm currently building upon my personal training business (can check me out at www.FitnessBySarah.com) and looking forward to beginning my 4th clinical affiliation in a practice specializing in women's health PT. When I'm not studying, working, or being a 'PT nerd' I spend my time working out, painting, attempting to play my guitar, and playing with my dogs Burger & Pepper." -Sarah



Shacorra Crosby, SPT

Hampton University, DPT Class of 2012
Secretary of the SOWH SSIG

"When I'm not buried in the books, I enjoy watching TV, reading, and doing the puzzle games in Variety Puzzle books. I also have a lovable Pomeranian named Bella who is always a good distraction from schoolwork. My favorite foods are macaroni and cheese and crab legs, and I just found a new love in sushi! I became interested in women's health last year during my first clinical affiliation. The clinic I was at had a women's health specialist who gave me a quick explanation of the types of patients and diagnoses she sees. During my second clinical, I was able to spend a day with a women's health therapist. After seeing the drastic impact she made on her patients, I HAD to know more. It seemed like such a rewarding area of the profession. Since then, I've continued to expand my knowledge on women's health, and I'm enjoying the learning process!" -Shacorra



Stay Connected With Us On Facebook!

Join the SSIG in the SOWH (APTA) facebook group and keep up to date on the latest news & views from your peers, share your experiences with other students, and network & build friendships with a group of amazing young women who are dedicated, enthusiastic, and the future of women's health PT.

Our Facebook email is SSIGSOWH@groups.facebook.com

Contact communications coordinator Sarah Hnath for more details at <http://facebook.com/sarah.hnath> and/or friend her on facebook!

Nicole Baldrige, SPT



Touro University Nevada, Class of 2012

Northwest Representative of the SOWH SSIG

I am also the State of Nevada Core Ambassador to the APTA Student Assembly. Last year I co-founded the Nevada Student Special Interest Group (NV SSIG) with student colleagues from Touro University Nevada and the University of Las Vegas Nevada. I was always interested in working with oncology patients and after attending the majority of programs put on by the SoWH at CSM 2011 in New Orleans I knew that I wanted to pursue a PT career in Women's health. I felt a sense of community and encouragement from all of the presenters. I attended the SoWH Pelvic Floor Level 1 course in Indiana this August and I can't wait to use all of the knowledge I gained in future clinical affiliations. An interesting fact about me, my claim to fame, is that last year I was on the Price is Right TV game show. I made it to the showcase and embarrassingly bid way too much money. I think you can still find the video on YouTube. I also recently roller-skating and hope to join a roller derby team in the near future." -Nicole

Monica Rose Gross, SPT

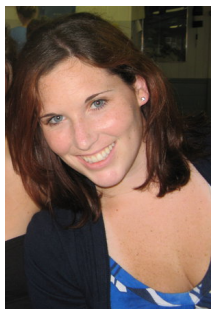


Northern Arizona University, DPT Class of 2012

Southwest Representative of the SOWH SSIG

"After a visiting women's health lecturer spoke to our program first year I became interested in women's health because it was a venue of our profession I had previously been unaware of and have had people in my personal life who have had these types of problems and just had to live with them because they did not know they had any other option. Throughout the last year and a half my growing involvement has allowed me to be inspired by the women's health physical therapists I have met and success stories I have heard from patients. The more I observe, read and experience the more excited I am to pursue this venue. My fun fact is that I love popcorn and think hot sauce can make anything taste better." -Monica

Samantha Peabody, SPT



Simmons College, DPT Class of 2012

Northeast Representative of the SOWH SSIG

"I was curious about this specialty so I went to a general information session at CSM 2011 and was completely sold by all the powerful and impressive women that spoke. I knew then that this type of population is far more interesting than what most people think of when they think of typical outpatient physical therapy (hips, knees, shoulders). Not to discount that, because it's all great, it's just that women's health motivates me to keep learning. Fun Fact: I rock out to Led Zeppelin or Eddie Vedder at least twice a day!" -Samantha

Nikita Sanghrajka, DPT



Duke University, DPT Class of 2011

Southeast Representative of the SOWH SSIG

"I just graduated this summer from Duke University and recently started a job in outpatient Women's Health PT in Naperville, IL. As a Women's Health therapist I hope to be able to help women improve their quality of life. At the same time I hope that I am able to spread awareness about the PT services available for women. I hope that student interest continues to grow for this field and we can continue to commit to improving the health of women everywhere!" -Nikita

Contributions By

Nicole Baldrige

Amber Chewing

Marcy Crouch

Erika Grace

Monica Rose Gross

Sarah Hnath

Samantha Peabody

Mara Towne

Edited By

Sarah Hnath

THE NEXT ISSUE WILL BE
DISTRIBUTED JANUARY 1ST
2012

DEADLINE FOR
SUBMISSIONS FOR THE
WINTER SSIG NEWSLETTER
IS DECEMBER 1ST 2011

ALL SUBMISSIONS ARE
WELCOMED &
ENCOURAGED BY ALL
MEMBERS OF THE SOWH
SSIG!

PLEASE CONTACT
COMMUNICATIONS
COORDINATOR
SARAH HNATH AT
SARAH.HNATH@SNET.NET
FOR MORE DETAILS