



# CC13 Enable individuals with complex pelvic floor dysfunction to undertake pelvic floor muscle rehabilitation

## **OVERVIEW**

This standard covers enabling individuals with complex pelvic floor dysfunction to undertake pelvic floor muscle rehabilitation. Pelvic floor muscle rehabilitation may include pelvic floor muscle exercises and training, biofeedback and neuro-muscular electrical stimulation. This standard also includes the use of suitable equipment to undertake pelvic floor muscle rehabilitation. Users of this standard will need to ensure that practice reflects up to date information and policies. Version No 1

## **KNOWLEDGE AND UNDERSTANDING**

You will need to know and understand:

- 1.the current European and National legislation, national guidelines, organisational policies and protocols in accordance with clinical/corporate governance which affect your work practice in relation to pelvic floor muscle rehabilitation
- 2.the importance of working within your sphere of competence (scope of practice) and when to seek advice if faced with situations outside of your sphere of competence
- 3.the importance of applying standard precautions for infection control and the potential consequences of poor practice
- 4.the importance of documentation, the data protection act, care records and disclosure of information with consent from the individual and your employer and the legal and professional consequences of poor practice
- 5.the anatomy and physiology of the male and female lower urinary tract in relation to lower urinary tract function and continence status including:
  - 1.urine production and what influences this
  - 2.normal micturition and common bladder pathologies
  - 3.the nervous system, including autonomic dysreflexia
  - 4.sexual function
  - 5.the bowel
  - 6.the pelvic floor muscles/complex
  - 7.the endocrine system
  - 8.the effects of pregnancy and childbirth
  - 9.the prostate
- 6.the anatomy and physiology of the male and female lower gastro intestinal tract in relation to lower bowel function and continence status including:

- 1.stool production and what influences this
- 2.normal defaecation, and common abnormalities
- 3.the nervous system, including autonomic dysreflexia
- 4.the bowel
- 5.the pelvic floor muscles/complex and anal sphincter muscles
- 6.the endocrine system
- 7.the effects of pregnancy and childbirth
- 7.the anatomy of the pelvis in relation to pelvic floor function and dysfunction 8.muscle physiology and principles of rehabilitation including:
  - 1.muscle fibre type
  - 2.specificity
  - 3.principles of overload
  - 4.effects of fatigue
  - 5.effects of nerve damage
  - 6.effects of neuro-muscular electrical stimulation
- 9.the anatomy and physiology of the female genital tract, including structural and functional abnormalities
- 10.the process of gaining valid consent
- 11.the use of a chaperone
- 12.how to respect individuals' privacy, dignity, wishes and beliefs
- 13.how to assess the suitability of pelvic floor muscle rehabilitation for individuals
- 14.how to develop an appropriate rehabilitation programme
- 15.the variety of methods which facilitate the recruitment of pelvic floor muscles
- 16.the methods used in pelvic floor muscle rehabilitation programmes
- 17.how to regularly re-assess and re-evaluate the pelvic floor muscle rehabilitation programme
- 18.how to progress a pelvic floor muscle rehabilitation programme
- 19.the adverse effects and potential complications of pelvic floor muscle rehabilitation and when and how to take appropriate actions
- 20.the impact of lifestyle and physical activity on pelvic floor muscle function, symptoms and quality of life
- 21.how to negotiate and establish individual goals for treatment
- 22.how psychological components may impact on quality of life, symptoms and pelvic floor muscle rehabilitation
- 23.the associated and further interventions, including medication, investigations and surgery as they relate to pelvic floor muscle rehabilitation
- 24.the equipment used in current practice for pelvic floor muscle rehabilitation including manometric devices, electro-myographic biofeedback equipment, mechanical devices indicating pelvic floor muscle activity, neuromuscular electro-stimulation, dynamic ultrasound
- 25.the methods and use of equipment for pelvic floor muscle rehabilitation
- 26.how to instruct individuals in the use of equipment for pelvic floor muscle rehabilitation

### PERFORMANCE CRITERIA

You must be able to do the following:

- 1.apply standard precautions for infection prevention and control and take other appropriate health and safety measures
- 2.obtain the individual's valid consent
- 3.maintain the individual's safety, comfort and dignity
- 4.complete an appropriate assessment of the pelvic floor muscle/complex
- 5.review the individual's suitability for pelvic floor muscle rehabilitation
- 6.negotiate and establish the individual's goals for treatment
- 7.devise and commence an appropriate pelvic floor muscle rehabilitation programme
- 8.use equipment correctly and in accordance with manufacturer's instructions
- 9.regularly re-assess both the symptoms and pelvic floor muscles to ensure that the rehabilitation programme is effective
- 10.advance the rehabilitation programme appropriately and according to the individual's needs
- 11.recognise adverse effects and potential complications of pelvic floor muscle rehabilitation and take the appropriate action
- 12.record clearly, accurately and correctly any relevant information in the individual's records in accordance with local and professional policies and guidance

# **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health in partnership with the Royal College of Nursing in December 2007. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004): Dimension: HWB7 Interventions and treatments