



## Multidisciplinary approach between physicians and physiotherapists in urogynecology: how can we make it stronger?

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Received: 17 May 2020 / Accepted: 28 May 2020 / Published online: 17 July 2020  
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Within the field of urogynecology, most societies have written guidelines recommending patient treatment with the assistance of more than one healthcare professional [1–3]. There are studies showing that the communication between healthcare professionals and the knowledge of each other's roles and definitions are key factors that lead to a successful team and optimal patient outcomes [4]. Urogynecology is a field with a well-established role for physiotherapists; however, the term physiotherapy is often mistakenly used by physicians and other health professionals to be synonymous with physiotherapeutic resources or conservative treatment [5]. Physiotherapy is defined as services provided by physiotherapists to individuals and populations that seek to develop, maintain, and restore maximum movement and functional ability throughout the lifespan [6]. The work of the physiotherapist focused in urogynecology originated within a broader role in women's health physiotherapy [7]. Women's health physiotherapists provide health promotion, prevention, and rehabilitation, not only in urogynecology but also in breast diseases and obstetrics, being active throughout the woman's life cycle. Moreover, pelvic floor physiotherapy is a term used to designate the physiotherapy work focused on the pelvic floor issues of children, men or women. Despite the amount of evidence-based literature demonstrating the role of physiotherapy in this area, randomized controlled trials (RCT) on cost-effectiveness and studies on the barriers and facilitators for the teamwork of physicians and physiotherapists in urogynecology are scarce.

Recent retrospective studies have revealed the importance of collaborative action between urogynecology and physical therapy in the treatment of female pelvic pain [8, 9]. When addressing pelvic pain and female sexual dysfunction, physiotherapists can contribute to assessing and treating such women with the multidisciplinary approach, and clinical and scientific research indicate its efficacy and safety [10]. Concerning female urinary incontinence, there is evidence to support recommendations that pelvic floor muscle training (PFMT) should be routinely implemented as first-line treatment [11]. Multidisciplinary management of fecal incontinence has also been encouraged [12].

The International Continence Society Consensus in 2014 joined 17 experts in a multidisciplinary meeting involving the specialties physiotherapy, medicine (urology and general practice), nursing, patient education, psychology, and statistics. They pointed out the importance of educational institutions in raising clinicians' awareness of the behavior change in pelvic floor muscle training, the assessment and employment of patient-focused adherence strategies, as well as the provision of accurate information to develop patients' knowledge and confidence by correcting pelvic floor contraction, promoting positive PFMT role models and prioritizing training in daily life [13].

Thus, it seems that there is growing evidence that a single-specialty approach to treating patients with complex symptoms and pathological conditions affecting the pelvic floor is becoming less than ideal. This model has been associated with failure in rates of surgeries, resolution of symptoms, and poor outcomes [14]. Moreover, some of the components of this multidisciplinary team may not have the same perception of their roles. Data from an old study (1980) suggested that physiotherapists wished to have their bond strengthened [15]. Another study (1992) found that only 17% of physiotherapists reported that physicians had a satisfactory knowledge and understanding of their profession [16]. Therefore, newer data on this subject are urgently needed. A respectful and understanding relationship between professionals is vital to building

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an efficient multidisciplinary team. Consensus can be reached by such a team and complex cases can frequently be revisited throughout the continuity of care [17]. Various professionals working collaboratively with their skills of expertise would be essential for facing multiple pelvic floor symptoms in urogynecology with a broad view of women's specificities and health problems [18]. Let us work together to strengthen our bonds and, most importantly, to improve care for our patients!

## Compliance with ethical standards

**Conflicts of interest** None.

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