Pelvic Physical Therapy Distance Journal Club
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Lauren Trosch

Opportunities and capabilities to perform pelvic floor muscle training are critical for participation: a systematic review and qualitative meta-synthesis. Sayner AM, Tang CY, Toohey K et al. Phys Ther 2002;102(10):pzac106. Doi:10.1093/ptj/pzac106.

Aim:
Study factors that facilitate & create barriers to participation in pelvic floor muscle training (PFMT) using a behavioral change model

Study Design:
Meta-synthesis of qualitative research- 2021 (no time restrictions)
Search, study selection, quality assessment, analysis, data extraction, 5 themes were identified through the Theoretical Domains Framework (TDF) (themes are the facilitators/barriers to PFMT)

- Achieving and maintaining motivation
- Access to information and services
- Health professional skill and expertise
- Competing demands
- Acceptance and perception of symptom severity

Each theme had its own "constructs" which are documented in Table 4.
Each construct was then applied to the **Capabilities**, **Opportunities**, and **Motivation** Behavioral Model (COM-B model) as seen on table 5

Results:
20 articles included.
Inclusion Criteria: adults recommended PFMT- majority from US, Europe, Australia, and New Zealand
5 themes and 18 constructs identified and organized under the COM-B, **Capabilities**, **Opportunities**, and **Motivation** Behavioral Model. Each construct could facilitate or create a barrier to PFMT

Capabilities: impacted by:
Confidence in technique- face to face interaction and biofeedback helped enable confidence
Understanding- While patients were provided education this did not always lead to understanding. The education did not always help with motivation as we have seen in the other studies. Many pts reported uncertainty in technique, dosage, and purpose. People needed to be educated why PFMT could be helpful for their particular circumstance.
Perceived impact & benefits- Some feel like their sxs are normal given their age/parity
Patients may feel accountable and to blame for their sxs
Provision of information: verbal + written information is preferred (as compared to having to sift through pages of literature/handouts). Information from peers may be helpful or harmful.

Opportunities: paper states that individual opportunities most influences PFMT and are impacted by:
Prioritization- competing demands- like family and work and other aspects of ds including fixation on cancer dx. All of this is also impacted by:
Perceived social roles- is it your role to be a bread winner or a care taker which limits your ability to participate in PFMT?

Technology- allows for improved anonymity, but decreased confidence in reliability and if their technology sent them reminders greater ability to shut off to decreased compliance

Motivation: Improvement helped with motivation along with fear. People reported burdened from doing the exercises
Health professional engagement
Confidence
Self-efficacy
Symptom severity

Discussion:
Opportunities to access PFMT, the **capability** to engage in PFMT (motivation to continue PFMT (to a lesser extent?) play important roles in participation in PFMT

- Societal/family role, knowledge of PFMT, access to professionals and resources, belief that PFMT will be helpful for them- all impact participation in PFMT

Knowledge about the factors that's influence specific populations' **Opportunities** to access PFMT is important for providers & policy makers to help guide practice and provide resources

For providers- education should be- positive and clear with regard to correct form and dosing. Education that UI is not "normal" is important. Assessment and feedback are important for building confidence and help with participation. Palpation, visual/audio feedback, manometry, sEMG biofeedback, rectal balloon therapy and US can all be helpful.
They also discussed that gender may play in impact on one's opportunities/capabilities.

Strengths:
Use a behavioral change model to help identify barriers and facilitators to PFMT
Qualitative data organized into themes and constructs and then organized into the COM-B model
Quotes from which data were extracted also presented for clearer picture
Well done meta-synthesis considering biological, psychological, and social concerns

Limitations:
Homogeneous population- mostly female, incontinence, prolapse, pre/postnatal

Conclusion/Summary:
Opportunities and capabilities "are the most important factors" of participating in PFMT

Clinical Application-
Embarrassment, convenience, technology, and societal rolls play a strong influence in participation in PFMT
Face-to-face inetraction, biofeedback, and provider support are important for confidence and compliance
Knowledge/education is not synonymous with understanding
As PTs we can try to improve capabilities and compliance with potentially a mix of in person examination, technology, biofeedback and specific, and quality education. While also understanding our pt's complex biopsychosocial concerns that may impact their opportunity to participate in PFMT. And as best as we can, tailoring our treatment to their particular concerns.
Keeping in mind the balance between the importance of compliance and self-efficacy and that PFMT is burdensome for some people

List discussion questions:
How much flexibility do you have in your practice to use technology for both **ASSESSMENT** and treatement (as these are two are very different)? Biofeedback? Telehealth- leva, perifit, flyte, Kegel apps?

Given that PFMT may be burdensome, but we know that dosage is important for treatment- how does this impact your prescription/dosage for patients? How do we balance fear (especially of future incontinence/prolapse) vs burden of training program?

What do you think of educating pt's that urinary incontinence is not normal? I do understand that we want people to access care to decrease their urinary incontinence, but often times we do not "cure" 100%. By educating pts that dry is the only norm, may that also be distressing?

What opportunities do we have outside direct 1 on 1 care to help to improve knowledge of PFMT to the public and make an impact on family/societal roles and general knowledge?