### Content

**Examination: Patient-History**
- Information on functional deficits of reproductive system disorders
- Relevant questions related to the general management of reproductive system condition including:
  - medical management:
  - History of medical complications
  - Typical medical tests conducted on low-risk pregnant women (Laboratory tests, medical imaging, procedures);
  - Typical medications prescribed or OTC medications being taken and the FDA rating system
  - surgical interventions in current and previous pregnancies
  - Family history
- Adaptations to the physical therapy patient-history during the childbearing year, including affective co-morbidities such as anxiety or depression, incidence of domestic violence and changes in medications due to pregnancy or lactation
- Strategies that elicit responses that direct the physical examination

**Examination: Tests and Measures**
- Variations to the physical therapy examination for a pregnant client or postpartum client
- Aware of standard outcome measures to assess function and quality of life
- Relevant questions related to the general management of sexual dysfunction including:
  - Medical management (meds, diagnostic tests, surgeries)
  - Family history
- Affective co-morbidities such as anxiety or depression

### Educational Objectives

**The Student will be able to:**
- Consider non-musculoskeletal pathology associated with common obstetric complaints (swelling, nausea, leg cramps, and hemorrhoids).
- Can recognize reproductive complications and pathology that necessitates referral to medical providers and refers for further care as necessary
- Ask about similar complaints in past pregnancies and interventions provided
- Ask about medications stopped due to pregnancy or postpartum status
- Screen for peripartum depression
- Screen for domestic violence
- Differentiate clinical round ligament pain complaints from other musculoskeletal dysfunction.
- Establish baseline of functioning from which to plan intervention goals
- Examine and evaluate a pregnant or postpartum woman special considerations for changes in posture, hormonal changes & body mechanics
- Can recognize red flags that require referral or more advanced assessment
- Consider positioning variations necessary for physical examination in the pregnant and postpartum woman
- Can effectively implement standard outcome tools

### Level of Mastery*

- **F**
- **P**
- **M**
- **M**
- **M**
- **F**
- **P**
### Evaluation:
- Information on family psychosocial adjustment to an additional family member
- Validated outcome measures including quality of life assessments (e.g., the Pelvic Girdle Pain Questionnaire; Pain in Pregnancy Profile, etc.)
- Evidence for interventions for physical therapy in obstetrics

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consider client’s childcare responsibilities Postpartum when developing PT plan of care</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Use standard outcome tools to measure QOL impact of various conditions related to the reproductive system</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>Develop a safe and evidence-based treatment program for a patient/client</td>
<td>P</td>
</tr>
</tbody>
</table>

### Interventions
- Physical agents relevant for use with reproductive system dysfunction including precautions/contraindications
- Obstetric modifications and additions to orthopedic interventions with consideration of:
  - Positioning issues (supine hypotension concerns, fetal protection, maternal comfort)
  - Exercise guidelines (reference American College of Obstetricians and Gynecologists Guidelines for exercise and any other relevant perinatal guidelines)
  - Anatomic and physiologic changes including hormonal and postural changes
  - Biomechanical changes in the childbearing year
  - Fetal safety related to manual therapy, physical agents, exercise
  - Psychosocial needs of the mother during the childbearing year
  - Manual therapy for the pregnant client: provide positioning alternatives and any precautions as well as specific techniques to address the most common impairments in this population
  - Manual therapy to address the common complaints seen post breast surgery (e.g., axillary cording, shoulder girdle dysfunction, muscle flap donor site rehabilitation, lymphedema etc.)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide physical agents for impairments as needed, keeping in mind precautions and contraindications for peri-partum women</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Develop a plan of care for a woman who is pregnant or postpartum with special consideration of need to modify body positions, body mechanics, psychosocial issues, and/or intensity of exercise.</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Provide the pregnant or postpartum client with a fitness plan adapted to the changes they are experiencing</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Identify various resources addressing exercise guidelines including contraindications and precautions for the pregnant and postpartum client.</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Discuss underlying physiological and anatomical changes during pregnancy that contribute to common obstetric complaints.</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Address client’s need for psychosocial support as needed by referring to appropriate care givers</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>Know the positioning alternatives for pregnant and postpartum women when applying manual techniques</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Provide manual therapy interventions appropriate for the obstetric population</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Provide manual therapy interventions appropriate for women post breast surgery</td>
<td>F</td>
</tr>
<tr>
<td>Patient education</td>
<td>Prevention and Wellness</td>
<td>Medical Management</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>● Self-care strategies including home programs and community-based exercise and wellness options</td>
<td>● Obstetric content: general exercise and fitness guidelines</td>
<td>● Primary care-givers and their roles (Obstetricians, Family Medicine MDs, Nurse-Midwives, First-Entry Midwives, sexual counselors)</td>
</tr>
<tr>
<td>● Increased incidence of domestic violence that begins in pregnancy</td>
<td>● Breast health content: general screening guidelines</td>
<td>● Typical pre-natal care expectations in the USA</td>
</tr>
<tr>
<td>● Educational materials for adaptations to intimacy functioning in light of pain or other physiological limitations on functioning</td>
<td></td>
<td>● Identify appropriate primary and other health care providers when referral is necessary</td>
</tr>
<tr>
<td>● Information on referral sources for sexual counseling</td>
<td></td>
<td>● Screen for utilization of prenatal care services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* F = Familiar; P = Proficient; M = Mastery</td>
</tr>
</tbody>
</table>

- Describe self-care strategies
- Screen for domestic violence and be aware of increased risk in the obstetric population
- Provide educational materials on alternative positions for intercourse/intimacy that minimize musculoskeletal/gynecological pain
  - Identify referral sources for sexual counseling as needed

- Obtain exercise and fitness History and discuss adaptations needed during the childbearing year
- Provide clients with current screening guidelines for breast examination

- Identify appropriate primary and other health care providers when referral is necessary
- Screen for utilization of prenatal care services