



# **WHTA Advanced Pelvic Floor Prolapse (incl pessaries) & SUI**

**32hrs Advanced Practitioner Live Online Theory plus**

**2.5 – 3hr face-to-face pessary labs in late February / early March**

The WHTA Advanced Pelvic Floor: Pelvic Organ Prolapse and Stress Urinary Incontinence is a 4 day theory plus 3hour lab, Level 3 Advanced Practitioner course that is designed to extend the clinician into advanced clinical reasoning and treatment selection, as well as provide practical training in pessary management.

Physiotherapists attending the practical of this course must already

- be trained in vaginal examination / basic assessment of pelvic organ prolapse
- have performed a MINIMUM of 20 vaginal examinations independently in clinical practice.

NOTE: This is the absolute minimum clinical experience. This course is ideally suited to experienced pelvic health therapists who want to extend their skills into advanced clinical reasoning and scope of practice.

## ***SPECIAL OFFERING!!!!***

The Course usually requires attendance for 4-days of live online theory plus attendance for a 2-3hour lab to enable practice of sizing, insertion and removal of ring and cube pessaries (basic pessaries). We never usually allow people to have a recording of this course / live online attendance for the course is compulsory

However... due to unforeseen recent personal circumstances this course is being advertised quite late. In addition, it is likely that Taryn will not be offering this course again in the USA for at least 18months. Therefore, as it is understood that it may be difficult for participants to organise work schedules for such a long course at less than 6 weeks notice, a special exception is being made just for this course.....

## **SPECIAL OFFERING – USA / CANADA**

**Early Bird Fee Special Extension for all registrations received by**

**5<sup>th</sup> January and paid for by 12<sup>th</sup> January**

**PLUS**

**Special offer to complete the first 6hrs live online and receive 3months access to the recording for the remainder to complete in your own time\***

\*note 1: the recording option is only available to participants outside of Australia / New Zealand.

\*note 2: a minimum of the 'first 18 hours of theory' (Advanced POP component) must be completed before attendance at a live pessary lab or participants will be refused attendance.

# LIVE ONLINE TIMETABLE

## IMPORTANT NOTE

Anyone from USA / CANADA who enrolls will be welcome to attend all 'live online' sessions, it is simply that only the first 6 hours of the first day will be compulsory to attend live online to receive the recording also (for those who can't attend live)

	Pacific Time	Mountain Time	Central Time	Eastern Time
<b>FRIDAY 31<sup>st</sup> JANUARY – POP</b>				
Day 1: Adv POP (part 1)	1pm – 10pm*	2pm – 11pm*	4pm – 1am*	5pm – 2am*
	*first 6 hours compulsory live online, then remainder can be completed as recording			
<b>SATURDAY 1<sup>st</sup> FEBRUARY – POP</b>				
Day 2: Adv POP (part 2)	1pm – 10pm	2pm – 11pm	4pm – 1am	5pm – 2am
<b>THURSDAY 6<sup>th</sup> FEBRUARY – SUI</b>				
Day 3: Adv SUI (part 1)	1pm – 9pm	2pm – 10pm	4pm – midnight	5pm – 1am
<b>FRIDAY 7<sup>th</sup> FEBRUARY - SUI</b>				
Day 4: Adv SUI (part 2)	1pm – 9pm	2pm – 10pm	4pm – midnight	5pm – 1am

## PESSARY LAB LOCATIONS AND DATES

**Note: these labs are strictly limited to between 6 – 12 people each.**

### FEBRUARY LABS – with Taryn

<b>California</b>	Irvine (Orange County)	Wed 19 <sup>th</sup> Feb	8.00am – 10.30am
<b>Colorado</b>	Longmont (Denver)	Thur 20 <sup>th</sup> Feb	12.30pm – 3.30pm
<b>Iowa</b>	Des Moines	Fri 21 <sup>st</sup> Feb	8.30am – 11.30am
<b>Illinois</b>	Chicago	Sat 22 <sup>nd</sup> Feb	8.00am – 11.00am
<b>Ohio</b>	Cincinnati	Sun 23 <sup>rd</sup> Feb	8.00am – 10.00am
<b>Tennessee</b>	Nashville	Sun 23 <sup>rd</sup> Feb	5.00pm – 8.00pm
<b>Maryland</b>	Baltimore	Mon 24 <sup>th</sup> Feb	11.00am – 1.00pm
<b>Massachus.</b>	Boston	Tues 25 <sup>th</sup> Feb	8.00am – 10.30am
<b>North Car.</b>	Charlotte	Wed 26 <sup>th</sup> Feb	8.30am – 11.00am
<b>Georgia</b>	Atlanta	Thurs 27 <sup>th</sup> Feb	4.30pm – 7.00pm
<b>Florida</b>	Orlando	Fri 28 <sup>th</sup> Feb	5.00pm – 8.00pm

### MARCH LABS – with Taryn

<b>Louisiana</b>	New Orleans	Sat 1 <sup>st</sup> March	3.00pm – 5.30pm
<b>Texas</b>	Austin	Sun 2 <sup>nd</sup> March	2.30pm – 5.30pm

### SEPT LABS – with Taryn

Additional labs will be scheduled for Canada and Alaska in September 2025 if there are sufficient numbers. Please email [admin@whta.com.au](mailto:admin@whta.com.au) if you are interested in a Canada or Alaska lab.

### ADDITIONAL LABS by WHTA CREDENTIALLED TUTORS

Utah	Lehi	Date to be confirmed
New Jersey	Collingswood	Date and Location TBC dependant on numbers
New York		Date and Location TBC dependant on numbers

## HOW TO ENROL

Enrolment is now open via [www.whta-members.com](http://www.whta-members.com)

Simply go to the website.....

- ➔ select LEVEL 3 Advanced Courses.....
- ➔ Advanced Prolapse and SUI
- ➔ then click the ENROL NOW button

**IMPORTANT NOTE:** a question has been specifically added to the very bottom of the enrolment form for you to select the USA lab date and location that you would prefer.

**ALSO NOTE:** After you submit the application form the screen/form will simply go blank. We will organise your enrolment in our system and then send you an invoice to pay no later than the 12<sup>th</sup> January

## COURSE FEE - explanation

WHTA is a training organisation in Australia that is designed for its members (who are worldwide). We therefore have a “Member Rate” and a “Standard Rate”

Note: Membership is a once off lifetime membership fee of AUD\$90 (~USD\$58) and gives you lifetime access to enrol in all our courses at the membership rate, as well as the ability to enrol in our annual research update which is a member only event (for more information on our research update simply go to the website and click the link on research update).

Most of our courses are available live online so you may wish to join as a member when you enrol (there is an option to select ‘add WHTA membership’ on the enrolment form)

The Adv POP / SUI course fee covers

- FOUR FULL DAYS LIVE ONLINE\* LEARNING (32hours)  
\*for the February course only the option is available for participants outside of Aust / New Zealand to simply complete the first 6hours live online and the remainder as a recording.
- 2-3 HOUR IN PERSON LAB with provision of ring & cube pessaries for you to practice 1 of each
- 550 PAGE MANUAL (2 slides per page) of all content of the course

<u>COURSE FEE</u>	<u>WHTA MEMBERS</u>	<u>NON-MEMBERS</u>
EARLY BIRD (till 2 <sup>nd</sup> Nov)	AUD\$935 (~USD\$583)	AUD\$1015 (~USD\$633)
STANDARD (2 <sup>nd</sup> Nov - 15 <sup>th</sup> Jan)	AUD\$1045 (~USD\$655)	AUD\$1125 (~USD\$705)
LATE (after 15 <sup>th</sup> Jan )	AUD\$1090 (~USD\$680)	AUD\$1170 (~USD\$730)

### **SPECIAL OFFER FOR USA / CANADA ATTENDEES - FEBRUARY COURSE ONLY**

EARLY BIRD Available for Enrolments received by 5<sup>th</sup> January and Paid for by 12<sup>th</sup> January

NOTE: the course is charge in Australian Dollars. USD conversion will be base on the exchange rate on the day of paying.

## DETAILED COURSE OUTLINE

Please note..... I will be doing a major update and re-write of the course in January to make sure the latest research is included. This is therefore the approximate timetable.

No component will be removed but in re-writing I may change some of the order (eg move the surgical information forward to earlier in the course, or move some of the conservative management later in the course)

### Day One: Advanced Assessment and Diagnosis of Pelvic Organ Prolapse

The Prolapse component includes:

#### 1. Advanced Anatomy / Pathophysiology of Pelvic Organ Prolapse

Detailed anatomy of POP including muscular and fascial factors

- understanding the three 'levels of pelvic organ support' (as described by DeLancey)
- understanding complex fascial anatomy of the pelvis and its role in pelvic organ support, including the structure and function of the arcus tendinous fascia pelvis, paracolpium, parametrium, pubocervical fascia, rectovaginal fascia, perineal body and uterine ligaments.
- understanding muscular factors that do, and do not contribute to pelvic organ prolapse (review of the evidence for PFM strength, levator hiatus size, genital hiatus size, distensibility, resting tone in POP).

#### 2. Advanced Assessment Skills for POP

- detailed education and training in POP-Q (Aa, Ba, C, D, Ap, Bp, GH, PB and TVL)
- using the POP-Q measures to differentiate:
  - o uterine prolapse from cervical elongation with normal uterus support
  - o anterior and posterior wall prolapse secondary to apical support dysfunction as opposed to a true anterior / posterior vaginal wall dysfunction
  - o POP that is 'likely vs unlikely' to progress over time
  - o women who are likely vs unlikely to develop POP in the future
  - o whether POP symptoms are likely to be related to anatomical descent vs urogenital atrophy, central sensitisation and hypervigilance.

## Day Two: Advanced Training in Management Options for Pelvic Organ Prolapse

### 3. Conservative Management of POP

- PFMT/LIFESTYLE ADVICE: detailed review of the research on the role and limitations of PFMT and lifestyle advice for the anatomical and symptom management of POP
- PESSARIES: education and training on the use of support pessaries for POP
  - o types of pelvic organ support pessaries (silicone vs other, varying shapes etc)
  - o assessment / sizing / prescription of pelvic organ support pessaries
  - o pessary selection based on anatomical findings
  - o insertion and removal techniques
  - o contraindications / precautions / risk management
  - o follow up requirements, working in a multidisciplinary team
  - o sterilisation / implementation of a pessary service in clinical practice

Note:

All the above pessary training is provided during the 4-day theoretical component of the course.

#### PRACTICAL

After completing all the theory, the 2-3hour practical (lab) is simply to ensure each participant has had the opportunity to practice sizing, insertion and removal of a **ring and cube pessary**.

**Note: this does require attendees to volunteer themselves for insertion of either a ring or cube pessary by their colleagues.**

### 4. Pelvic Organ Prolapse Surgeries

Detailed education and training on the most common surgical procedures for POP.

Discussion includes education on each procedure, risks, benefits, success and failure rates, as well as the impact of various surgical procedures on the ability to offer pessary and other conservative management post-op (eg which surgeries → pessary being contraindicated).

Surgeries specifically discussed (including video explanation) include:

- o anterior/posterior colporrhaphy with and without mesh
- o hysterectomy and hysteropexy
- o sacrocolpopexy and sacrospinous ligament fixation

Understanding transvaginal mesh complications, surgical and conservative management implications and medicolegal considerations

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Physiotherapists who have completed the above POP course (including practical) are then eligible to attend a WHTA advanced pessary practical workshop once they have independently managed at least 10 POP patients with a pessary in clinical practice.

## Day Three and Four - Stress Urinary Incontinence

The SUI component of the course is designed to challenge the experienced pelvic floor physiotherapist to consider the multifactorial nature of SUI – 'not all SUI is the same'. It covers:

1. Understanding SUI due to Urethral Hypermobility vs Intrinsic Sphincter Deficiency (ISD)
2. Advanced Assessment of SUI to differentiate Urethral Hypermobility from ISD components
3. Advanced treatment design based on the underlying mechanism to optimise SUI outcome

### DAY 3: ASSESSMENT AND DIAGNOSIS

- Multivariable nature of SUI including
  - DeLancey's "hammock" hypothesis and the importance of urethral stabilisation to enable urethral pressure augmentation during increases in IAP;
  - levator ani and fascial factors contributing to urethral hypermobility
  - internal/external urethral sphincter, urethral vascularity and hormonal factors contributing to intrinsic sphincter deficiency (ISD)
  - when SUI isn't SUI eg cough induced detrusor overactivity
- Advanced assessment techniques to differentiate SUI due to urethral hypermobility vs ISD.
  - urethral Pressure Profiles / MUCP / VLPP
  - symptom assessment / Stamey Grade assessment / specific symptoms of ISD
  - combining ultrasound & digital examination to distinguish muscular vs fascial causes of SUI
  - MRI and what it has revealed about the mechanism of SUI in majority of women

### DAY 4: TREATMENT

- Optimising Pelvic Floor Muscle Training for SUI
  - an in-depth review of the role, mechanism and success rates of PFMT
  - the importance of 'supervision': group supervision vs individual supervision vs home training
  - how urethral hypermobility vs ISD may change the design of PFMT
- Other conservative management for SUI
  - weight loss, hormone replacement, over the counter mechanical supports
  - addition of biofeedback, weighted vaginal cones, e-stim
  - pessaries for SUI (ring with knob, continence dish etc)
- Medical / Surgical options for SUI
  - suburethral slings (TVT / TOT / minislings); suspension procedures
  - urethral Bulking agents
  - do medications play a role?
  - what does the future hold? Stem cell injection to regrow the urethral sphincter

# FAQ

## 1. Can I just attend the in-person pessary lab?

Unfortunately no. Training people in pessaries is much more than just how to size the vagina and insert a pessary. For example.... If one person attends your clinic after a failed sacrospinous colpopexy and another attends after a failed sacrocolpopexy do you know which one it is ok to trial a pessary and which it is out of scope for a physical therapist? If a woman is pregnant do you know the additional factors you need to explain about possible benefits vs risks of using a pessary? If one person's rectocele is due to a mid level 2 rectovaginal fascial defect, another is due to an apical level 1 support defect and another one is from a level 3 perineal body defect, do you know how this alters whether a pessary will work or which pessary will work? This is why we need four full days of theory first, so you can answer all these questions and more!!! 😊

## 2. Will I get a certificate of completion? Will this give formal CEU points?

Unfortunately, it is just not cost effective for us to go through the extensive process and payment to get formal CEU recognition per state but we are still looking into it. WHTA will however give you a certificate of completion (which will list a total of 34hours including 32hours theory and 2hour lab), a course reference list and course objectives. This should enable you to individually apply for CEU in your own state.

## 3. Will this course cover the legal requirements in my state / country prescribing pessaries?

Unfortunately, in Australia it is very hard for us to understand the legal standpoint of every individual state in the USA. We therefore can't guarantee this. However, we will state that this course is designed to be very in-depth. The duration of the course is designed to ensure you have a thorough understanding of incorporating pessaries into clinical practice. We also strongly encourage you to join the Facebook page Global Pessary Physio (set up by Terri Robertson-Elder) to post questions directly to your local colleagues on state by state requirements.

## 4. Do I have to volunteer as a model for the lab?

It is assumed that you will be willing to volunteer for your colleagues to practice either a ring or cube pessary insertion on you. The lab can effectively run with 1 out of each 6 people not volunteering, but any more than that and it effects the lab (if we don't have models no-one has anyone to practice on!). If you don't think you can model for a legitimate health or religious reason please email me directly at [taryn@whata.com.au](mailto:taryn@whata.com.au) so we can discuss. (note: please direct all administrative requirement for the course to [admin@whata.com.au](mailto:admin@whata.com.au)) We will accommodate where we are able but we cannot guarantee the lab positions for people who can't volunteer as we need a certain number of people to practice on.