

## Notes and news

### Athletic pelvic health: an interview with Rosalyn Cooke

Rosalyn Cooke (Fig. 1) is a qualified chartered physiotherapist with an interest in complex trauma, rehabilitation and sport. In the course of her work, she treats a variety of athletes (BE 2021).

While practising her musculoskeletal (MSK) skills, Ros decided to broaden her horizons and develop her knowledge of pelvic health. She soon realized that this was very relevant to her field of practice.

Last summer, Ros had the opportunity to form part of Team GB at the Tokyo Olympic Games (Fig. 2), where she was able to put both her MSK and pelvic health skills to use.

**Sarah Papagiorcopulo**  
*News Editor*

**Sarah Papagiorcopulo:** *What drew you to pelvic health?*

**Rosalyn Cooke:** I qualified as a chartered physiotherapist from the University of Birmingham in 2003. While working at Selly Oak Hospital, Birmingham, I developed a passion for complex



**Figure 1.** Rosalyn Cooke.



**Figure 2.** Rosalyn Cooke at the Sapporo Dome.

trauma, rehabilitation and sport, and then advanced my career as a senior physiotherapist team leader for a multiple trauma and outpatient gym at the Queen Elizabeth Hospital Birmingham. Alongside this, I gained experience working for a variety of sports organizations, such as England Hockey and England Netball. I was also the headquarters physiotherapist at the 2009 and 2011 World Student Games, and for Team England at the 2010 Commonwealth Games in Delhi, India. Following working for the London Organising Committee of the Olympic and Paralympic Games at London 2012, I became a full-time lead physiotherapist for England Netball at the English Institute of Sport (EIS), attending the subsequent Commonwealth Games and World Cups. In 2017, I was appointed as the senior multisport physiotherapist at EIS, and a consultant physiotherapist for the Football Association. Since 2018, I've continued my role at the English Football Association, working with the Lionesses senior team at the 2019 FIFA Women's World Cup in France, and supported them as part of Team GB at Tokyo 2020 Summer Olympics in Japan last year.

I also hold a Master's (MSc) degree in sports injury and rehabilitation, and I'm currently

working on my doctorate, which looks at functional performance testing in elite female team-sport athletes. Throughout my career, I've been passionate about seeing injury and rehabilitation as opportunities to become the best you can be, whether as an elite athlete, a weekend warrior or living independently at home.

As a student, I was really fortunate to complete a women's health placement at Birmingham Women's Hospital, and this enabled me to see the impact physiotherapists have in obstetrics and gynaecology. Apart from this, I didn't have much exposure into pelvic health until I had my own daughter, and returned to running postpartum. During this time, I set up a free buggy running group called Buggy Squad with another local mum (<https://groups.runtogether.co.uk/buggysquad>). We offered free guided buggy runs and Couch-to-5K groups for parents and their little ones. This further sparked my interest in pelvic health physiotherapy, and coincided perfectly with the connection I made with Emma Brockwell to help support the recognition of her postnatal return-to-running guidelines (Goom *et al.* 2019; Kennaway 2021). I've continued to follow this interest in female athletes, and currently work alongside Dr Kate Hutchings at the Active Women's Clinic based at Circle Reading Hospital, which offers a specialist service for all women who want to be active throughout their life.

**S.P.:** *Is there anyone on your team who also has the same interests?*

**R.C.:** Not that I'm aware of, although I'm very fortunate to work alongside very talented physiotherapists who've been supporting women to perform at elite levels over many Olympic cycles. I'd especially like to mention the work of Ash Wallace, Emma Batchelor, Liz Arnold and Lily Devine, who lead by the quality of the work they deliver. It's fantastic to have colleagues with whom you can collaborate. As I'm developing my own knowledge and skills in pelvic health, I feel that I'm better able to support my team with pelvic-health-related issues or cases they may come across.

**S.P.:** *What was it like to practise physiotherapy at the Olympics, and what kind of impact did the COVID-19 pandemic have?*

**R.C.:** COVID-19 created a unique and challenging environment for all athletes and staff involved in the Olympics (Fig. 3). The most obvious impact was the 1-year delay. For some athletes and sports, this may have been a great opportunity that allowed more time to train and



**Figure 3.** Rosalyn Cooke at the Team GB holding camp.

prepare. However, for others, this meant that qualifying opportunities were more limited, and preparation time was busier than usual because of commitments to other competitions that were already scheduled for 2021. Within elite sport, scheduling and planning is a significant part of the job. Therefore, changes in timing, as well as the constant uncertainty that came with varying COVID-19 restrictions, made this particularly challenging.

The Olympic Games are a unique environment that normally allows athletes and staff from all over the world to interact, and gives them the opportunity to watch some amazing sporting action in the host city. For very obvious reasons, COVID-19 restricted many of these opportunities and experiences. We were aware of this, and clearly understood the responsibility of adhering to the COVID-19 precautions put in place for the safety of the athletes, staff and, of course, the Japanese people.

Restrictions included daily COVID-19 testing, limited outdoor time, and not being able to leave the competition and training venues. Nonetheless, it was an honour to be able to be a part of this experience, and work alongside and support such great athletes and practitioners in the beautiful city of Tokyo (Fig. 4).

**S.P.:** *How did you incorporate pelvic health physiotherapy into your work at the Olympics?*

**R.C.:** Incorporating pelvic health was an active consideration for me when addressing MSK complaints within the Olympics, particularly if athletes had any other systemic issues, such as a urinary tract infection or menorrhagia. I believe there's a growing awareness of the importance of pelvic health among sport and MSK physiotherapists. However, despite this increasing recognition, pelvic health physiotherapy is



**Figure 4.** Rosalyn Cooke (on the right of the frame) supporting the Team GB women's football team during a pretraining preparation session.

normally only considered when there's a medical diagnosis in place, or to refer a client for antenatal care. Many physiotherapists within this field acknowledge that pelvic health may be factored into their work, but they're unable to carry out the appropriate specialized assessments. Apart from myself, I don't think there were any other physiotherapists within Team GB who incorporated pelvic health into their work during the Olympics. However, my colleagues are aware that it's a key interest of mine, and I've recently been approached by colleagues who want to gain some insight into pelvic health physiotherapy. I think this is an exciting time to develop this area, and continue to enhance female athletic performance by viewing it through a holistic lens.

**S.P.:** *What challenges did you face?*

**R.C.:** Delivering physiotherapy in this environment involves a variety of problems and pressures, and COVID-19 restrictions made this experience that much more challenging. The provision of clinical care to athletes remained consistent throughout the build-up and competition period, which meant ensuring the effective use of personal protective equipment. In particular, taping was always a challenge because the protective gloves stuck to the tape. Furthermore, Japan is very hot and humid in the summertime. Therefore, in preparation for this, athletes completed heat acclimatization in the UK using miniature greenhouses that reached up to 40°C with 70% humidity. Although the sessions were not enjoyable, these did prove useful, and our athletes were able to progress through the Games with no heat stress or heat-related illness.

**S.P.:** *Are there any cases that you can discuss who required pelvic health physiotherapy?*

**R.C.:** My principal role is to deliver MSK care to athletes. However, my interest in and developing knowledge of pelvic health are the specialist skills that I bring to the physiotherapy

team. Within the performance and competition environments, the cases do not present themselves as a single-structure issue, and the pelvic components are often closely interrelated with an MSK diagnosis. An example of this was an athlete who experienced a flare-up of symptoms that were related to previous sacral bone stress. On subjective assessment, it became apparent that there was a significant pelvic floor component to her presentation. By addressing this, management and treatment were particularly successful, helping to resolve her symptoms, address her fear and avoidance of movement, and enable her to train and perform. This really was a standout case for me. I feel it clearly demonstrated that addressing pelvic floor dysfunction (PFD) had a significant impact on this athlete, who'd never considered that her symptoms could be related to her pelvic floor, and never been assessed for this by previous practitioners. This highlighted the gap and crossover between MSK and pelvic health physiotherapy, and further proved that the latter can enhance performance in female athletes.

**S.P.:** *What have you learnt from this experience?*

**R.C.:** I've learnt the importance and value of including pelvic health within MSK consultations. I feel this provides a truly holistic approach for a population in which we know that issues are present, but aren't aware of their extent – in some ways, it's something of an iceberg.

From a physiotherapy perspective, the extent and impact pelvic health could have on performance is an unknown quantity at present. This is partly because we don't know how many of our elite athletes are affected by PFD or incontinence issues. To understand this, we need to ensure that practitioners working with this population – including sports and exercise medicine doctors, as well as fellow physiotherapists – are aware of the link to pelvic health. This not only applies to systemic conditions, such as relative energy deficiency in sport, but also to lumbar spine, hip and groin MSK presentations. We also need to conduct more research into the development of PFD or urinary incontinence within this population. Furthermore, we're seeing a growing number of female athletes becoming mothers during their athletic career, and then returning to their sport. Supporting these women throughout their return requires a novel and proactive approach integrating pelvic health and MSK for the best possible outcome. This is an exciting opportunity to collaborate and adopt a truly multidisciplinary approach.

Awareness of female athletes and their differences is an area that has received increasing attention within sports science and medicine over the past 4 years. This has led to great initiatives; namely, SmartHER run by the EIS, which has supported athletes, practitioners and coaches (EIS 2021). Other organizations such as the Australian Institute of Sport in Canberra and La Trobe University in Melbourne now have female-specific education packages for athletes, practitioners, coaches and parents to help educate, support and raise awareness of the challenges faced by such sportswomen. Within the UK, we also see organizations such as The Well ([www.thewell-hq.com](http://www.thewell-hq.com)) taking on this educational role in schools and amateur sport.

**S.P.:** *With regard to pelvic health in particular, what do you intend to do to improve the delivery of care to your athletes?*

**R.C.:** From a personal perspective, I hope our female athletes will have access to a multidisciplinary team clinic that enables them to attend a one-stop review addressing their concerns and issues impacting on their performance. The management of female athletes' health should be linked to all aspects of being an elite sportswoman, not just the clinical picture.

I'm supporting my development and learning by completing the postgraduate diploma (PGDip) in Advanced Clinical Practice (Pelvic Health) modules at Brunel University London. This has been a great opportunity to develop my knowledge and skills in this area with the support of Lucia Berry and Paula Igualada-Martinez, and my fantastic pelvic health colleagues on the course. Alongside this, I also have input into the female athlete health team at the EIS, and as mentioned above, work alongside my colleague Dr Kate Hutchings at the Active Women's Clinic in Reading. I'm also very fortunate to collaborate with Emma Brockwell and Gráinne Donnelly, with whom I hope to continue developing resources in this area to support clinical practice.

My aspiration would be to create a link between MSK and pelvic health physiotherapy within our athletic population. This would facilitate effective assessment, care and collaboration, and allow them to truly be at their best when it matters most.

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## Postgraduate study at Bradford: an interview with Catherine Carus

I had the great pleasure to meet up with my previous academic lead, Catherine Carus of the University of Bradford (Fig. 5). She is a postgraduate programme lead, and the module lead for both pelvic health programmes, Continence for Physiotherapists (UB 2021a) and Physiotherapy in Women's Health (UB 2021b). These are run concurrently because there are some similarities in delivery since the courses reflect different aspects of our specialty. In this interview, Catherine explains the modules and the postgraduate path from postgraduate certificate (PGCert) to the full MSc degree. We hope that this will attract more physiotherapists to postgraduate studies in pelvic health.

**Biljana Kennaway**  
*Assistant Editor*

**Biljana Kennaway:** *What are the entry requirements for the PGCert modules?*

**Catherine Carus:** First of all, you need to hold a Bachelor's degree in physiotherapy or equivalent, and have at least 2 years of clinical experience in the field of continence and/or women's health. This is essential for the theory modules. However, for the practical units, it's necessary to be registered as a physiotherapist with the Health and Care Professions Council (HCPC), and have achieved an appropriate level of clinical practice to attend the course.

**B.K.:** *How is the first year of the postgraduate courses structured?*

**C.C.:** There are two, 30-credit modules that combine to confer the 60 needed for a PGCert. These are the theory and practice components of the continence and women's health programmes.

The theory module focuses on examining the evidence base associated with our current and



**Figure 5.** Catherine Carus.

developing practice. Course assessments give you the opportunity to evaluate modern practices and evidence, explore outcomes, and empower new service developments. The practice module focuses on advancing the student's clinical skills and in-depth clinical reasoning to ensure that contemporary practice is evidence-based. There is an assessment at the end of each course.

The modules are traditionally delivered face to face on campus. However, these have always also involved distance learning because each is comprised of 300 h of study time. Since the outbreak of the COVID-19 pandemic in 2020, our teaching has also adopted a virtual platform, but the practical module has remained on site with strict safety measures in place.

**B.K.:** *What are the assessments?*

**C.C.:** In the theory module, there is a written assignment, i.e. a literature review of the student's choice, and an oral presentation. This is an opportunity to acquire the skills needed for critiquing and reflecting on current practice and evidence, and develop leadership and research opportunities. In the practice module, there is a work-based portfolio. We're now focusing the assessment on student roles and the current scope of practice, and our highly regarded academic team provide formative feedback.

Dr Samantha Gillard is our external examiner, and she ensures the continued clinical relevance of the course, i.e. quality assurance. She may attend assessment sessions to ensure that these are fair-minded, unbiased and assessed at an MSc standard that is equivalent to other universities.

**B.K.:** *How many hours of attendance are needed to complete the PGCert, and does it require on-site attendance?*

**C.C.:** The PGCert students attend the university in three blocks. Each is taught in just over 3 days, which means that 10 days of attendance are involved in total. The first block is mainly taught online, so the requirement to come to the university for face-to-face teaching is now only for a practical module in block 3.

**B.K.:** *Self-directed learning is an attractive option. In your opinion, how much time does one need to consider allocating for study during the PGCert?*

**C.C.:** As each module reflects a commitment of 300 h, we generally suggest that you need to find 12–15 h per week. This may not sound so much, but it equates to a full 2 days at work per week on top of other commitments. We provide a virtual learning environment and support for students throughout their distance learning, and they're also allocated a personal academic tutor. Our very dedicated library staff also support students as distance learners, and there is assessment and support from the Disability Service, Careers and Employability Services, and more.

**B.K.:** *Will successful students get full POGP membership if they complete the PGCert?*

**C.C.:** The course is endorsed by POGP, and physiotherapists who successfully complete their PGCert are eligible for full membership. Further information on the membership can be found online (POGP 2020).

If anyone is unsure whether they should apply for a PGCert, PGDip or MSc, I suggest attending one of the many POGP courses that are available. These may help you to decide which level of studying is the right one for you. The courses will also help you to understand the commitment required for a period of academic study, and what this means personally and professionally. For further course details, refer to the POGP website (POGP 2020).

**B.K.:** *Can you go on to do a full MSc at the University of Bradford after completing the PGCert?*

**C.C.:** Yes, an MSc usually takes 3–4 years on a part-time basis. Students often make that decision after their first year, and some prefer taking a break for a term.

A full MSc requires the completion of the research and final-stage/dissertation modules. Other components are up to the individual, and I've supported many students who took leadership

or data analysis modules. There's also an option to choose a self-learning module at the PGDip level.

Depending on which route you take, the final MSc awards are in either Continence for Physiotherapists (UB 2021a) or Physiotherapy in Women's Health (UB 2021b).

There are also many students who take their PGCert or PGDip credits to other universities to complete their MSc studies in other specialist areas.

**B.K.:** *Could international students apply to study on the postgraduate courses in pelvic health, and if so, what requirements do they need to fulfil?*

**C.C.:** Yes, of course, we always have international students, and although they don't have HCPC registration, they can still complete the theory modules in continence and/or women's health. These are even more attractive for international students now because the programmes are taught online.

**B.K.:** *How can potential students reach you and the university for more information?*

**C.C.:** Anyone can contact me by telephone (01274 236583) or e-mail (c.a.carus@bradford.ac.uk).

I'm also on Twitter (@physioschool), where I regularly repost tweets about women's health and continence, and highlight opportunities for webinars, conferences and courses, many of which are online and free to access.

If anyone is interested in finding out more about these courses, or wants to apply for postgraduate studies in pelvic health at the University of Bradford, please visit our website (UB 2021a, b).

## References

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## POGP innovations

### Introduction

We're delighted to launch a new section of "Notes and news" dedicated to innovations

made by POGP members. In this edition, we feature contributions by Sandra Whittle and Ciara Devery, the creators of the MyKORI pelvic floor exerciser and trainer, and the Mama Turn brushed-cotton-covered sliding sheet, respectively. We invite other members to get in touch with us and share their innovative ideas (e-mail: sarah.papagiorcopulo@gmail.com).

**Sarah Papagiorcopulo**  
News Editor

### MyKORI

Like any other invention, MyKORI (Fig. 6) was born of necessity, but it was inspired by my experience of having three children and my work as a women's health physiotherapist. Like many other mothers before me, I'd reached that time of hormonal life when physical and environmental factors had taken their toll, and everything was "going south". I had a rectocele, fibroids, hip pain, and coughing or sneezing with extras.

The MyKORI is my second patented invention. My previous innovation was a pair of massage mitts (MyKORI 2022a) that were designed to protect my hands from repetitive strain injury while regularly treating 25 patients or more every day. I have a very hands-on style of physiotherapy, and for a few years now, my patients have been using the mitts for self-massage in between their treatment sessions with excellent results.

The moment that MyKORI evolved was after self-managing my symptoms, and trying numerous pelvic floor devices that never really felt quite right for me. I looked at the nodules on my mitts and decided that I had to help myself:



**Figure 6.** The MyKORI pelvic floor exerciser and trainer.

- I needed a simple device to massage any tight, restricted areas of my perineum. I'd already been using the mitts for massage around my "sit bones", hips and inner thighs to reduce my hip pain.
- The device had to be suitable for internal massage. I've been a member of the Fascia Research Society (<https://fasciaresearchsociety.org>) for many years, and am very interested in the possibility that internal massage is a suitable modality to support women with many symptoms of PFD, a biotensegrity-focused approach to women's health.
- The device had to include a vibration setting to help women to connect with their pelvic floor muscles (PFMs), connective tissue and perineum. Vibrations are relaxing, and can be part of a focused strengthening exercise programme for the PFMs.

Our pelvic connective tissue, fascia and organs are highly mobile and dynamic. The biotensegrity model takes the interaction of all the structures of the pelvis into account, and views these different parts as a complete functional unit. We now understand that all the pelvic structures contribute to the stability and support needed for optimal function. Any tension, adhesion or scar tissue may cause pulling and dragging tensions on core structures that reduce function, and these can manifest as symptoms of PFD and/or pain. To be fully functional, all structures depend on dynamism, i.e. the ability to lengthen and recoil, stretch and be flexible, and have optimal interactions with each other. Perineal and vaginal massage may help to reduce these symptoms, and self-massage could support many treatment modalities.

The design features of MyKORI include a ball-shaped handle. This was inspired by treating a patient who had suffered a stroke. Her husband was no longer sexually attracted to her and she was unable to hold a vibrator. MyKORI is made from soft, tactile silicone. Its nodules are designed for gentle massage, and to stimulate biochemical responses within the fascia, connective tissue and tissue matrix. MyKORI has a unique and patented shape to accommodate the uniqueness of women. A smaller, unisex version will be available in future.

When the prototype and samples arrived, we initiated our first in-house patient surveys after making a few adjustments. We monitored the results of a 6-week pelvic floor resistance training programme with the MyKORI, and used

outcomes relating to quality of life (QOL) and the King's Health Questionnaire (Kelleher *et al.* 1997). The results were very encouraging: 26 women with either stress or urge urinary incontinence, or both, described a 70% improvement in their symptoms at the end of the trial. Interestingly, four participants (15%) also reported changes to their back, hip and knee pain via a retrospective Measure Yourself Medical Outcome Profile 2 questionnaire (MM 2021). These are very promising results, but like all other products on the market, MyKORI only works if you make the necessary lifestyle changes and commit to the exercise programme. It provides women with more choice, and allows them to control their PFD symptoms.

Pelvic function plays a key role in core mobility, stability, strength and flexibility. MyKORI is a three-step approach to pelvic floor conditioning:

- (1) massage to reduce tension;
- (2) relaxation with vibration and sensory feedback; and
- (3) strengthening/endurance, i.e. a three-step progressive resistance training programme of either internal or external exercises.

We've received excellent patient feedback and great reviews. My favourite video on the website is of an 81-year-old woman explaining how she's used MyKORI to ease her hip pain, and reduce her episodes of stress urinary incontinence (MyKORI 2022b). There are still many patient groups who could benefit from perineal and/or vaginal massage. We need to monitor the performance and versatility of MyKORI, and more extensive research is required to establish its place in women's health physiotherapy. This area between our "sit bones" has been ignored for far too long, but it may be a key part of many other symptoms of MSK pain and dysfunction.

You can read more online (MyKORI 2022c), and please feel free to direct your patients to this page if they require instruction in perineal self-massage.

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### Mama Turn

Necessity is the mother of invention, isn't that what they say? Well, throw in a little lockdown boredom, and that more or less sums up how the Mama Turn (AP 2022) came to be!

My own experiences with pelvic girdle pain during pregnancy, and the need for a decent night's sleep led me to trialling all sorts of things to try to move myself comfortably in bed at night. The most successful of these was a hospital-grade sliding sheet, but the material was so uncomfortable and sweaty to lie on that I couldn't tolerate it for very long. I found that these same difficulties were echoed by my patients in the clinic, and often thought that there must be a better option.

During lockdown, I had more time on my hands, so I decided to develop a product that was silky enough to make turning in bed a breeze, but still had traction to the mattress so that it would stay in place. I also wanted it to be comfortable enough to lie on all night, and non-clinical in feel and appearance. While I had a very clear design in my head, realizing it was another matter. I stepped my fabulously talented Aunt Gina, who's not only very creative, but also an excellent seamstress.

The Mama Turn is a brushed-cotton-covered sliding sheet (Fig. 7). Pregnancy, pelvic and back pain, and surgery can make turning over at night very difficult. The Mama Turn is very soft to lie on, non-sweat – let's face it, if you're pregnant, you're probably warm enough! – and machine washable. Just pop it on top of your fitted sheet, hop in and you're all set for a good night's sleep.

My work as a chartered physiotherapist specializing in MSK and pelvic health means that I regularly see women suffering from pelvic girdle pain, so I had plenty of willing subjects to test the product. The reviews were glowing from day one, and this gave us the impetus to bring the Mama Turn to a wider audience. Now we're shipping it all over the UK and Ireland, and some special deliveries are travelling as far as the USA



**Figure 7.** The Mama Turn brushed-cotton-covered sliding sheet.

and Australia! To say that I've been blown away by the response so far would be an understatement. Women are finding it useful not only during pregnancy, but also in the postpartum period as they recover from delivery, particularly after a Caesarean section.

As physiotherapists, we all understand the important role that restorative sleep plays in pain management. If pain wakes you up multiple times a night, this reduces the quantity and quality of sleep, and a lack of sleep reduces your pain threshold: it's a vicious circle. Improving the quality of your sleep plays a vital part in decreasing discomfort, which is true not just in pregnancy, but in all cases of pain. With this in mind, the Mama Turn has many uses beyond pregnancy. It's also been used by: people with back and hip pain; those who are in postoperative recovery; and the elderly or others suffering from a neurological condition that makes bed mobility difficult. In fact, we received so many requests for our most masculine fabric that we launched the Papa Turn early in the summer of 2021.

Designing the Mama Turn and conducting market research, protecting and trademarking the design, and launching the product has been an exciting and challenging journey. It's certainly taken me far beyond my comfort zone as a chartered physiotherapist with no previous experience



in this area. However, I'm excited to see where it leads to next.

**Ciara Devery**  
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## Reference

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## Call for a new editor

The publication of the Autumn 2022 edition of the journal (No. 131) will mark the end of my 4-year tenure as editor. The previous 3-year cycle was extended when POGP became a charity, and the constitution was modified in order to reflect the change to charitable status. We're now looking for a full member to step forward and chair the Journal Subcommittee (JSC) as we continue to develop (e-mail: [drillian.campbell@gmail.com](mailto:drillian.campbell@gmail.com)).

### *What does the editor do?*

The editor ensures that the journal publishes high-quality content by calling for submissions, and then overseeing the peer review process. She also collates articles drawn from conference presentations and popular lectures, such as those in this edition derived from POGP Conference 2021 (see pp. 9–30). We see this as a nurturing journal, and try to help authors to get published, particularly those who are working without the support of institutions.

The editor also chairs the JSC, which meets at least three times a year, most recently via Zoom. When possible, we try to have one face-to-face meeting every year because this is a chance to share ideas and meet other subcommittees for collaboration.

The editor sits on the Board of Trustees, which is why she's required to be a full member, and this also convenes three times a year.

### *What support is there for the editor?*

Ideally, the new editor will join the JSC in the next couple of months as an assistant editor. This will enable her to shadow the role while her predecessor is still in place. Our managing editor, Andrew Wilson, is a publishing professional who has worked on the journal for over 20 years. There's nothing that he hasn't seen before! Andrew is able to help with all aspects of publication, and sets the schedule to keep the

team on track. The JSC all work professionally within their own roles to produce regular content; it's merely the job of the editor to bring it all together at the end. For this changeover, we're fortunate to be able to retain Biljana Kennaway, who'll have been working hard in her role as assistant editor for 4 years. She'll continue to support the new editor and ensure that she has all the help that she needs.

### *Considering applying? Find out more now!*

This has been an amazing opportunity and I've loved the role. Although it was a steep learning curve, there's always support on hand from the brilliant JSC and other editors. It's a great way to learn more about the publishing process, and above all, meet some hard-working and talented colleagues. Even if you're not sure it's for you, please get in touch and have a chat. That's what I did, and I haven't looked back or regretted it for a second!

Contact me by e-mail and I'll arrange a time to talk you through this.

**Gillian Campbell**  
 Editor

## American Physical Therapy Association collaboration

Following a successful journal club webinar that I delivered for the American Physical Therapy Association (APTA) Pelvic Health section in January 2021, members of the APTA board reached out to see if they could develop some collaborative initiatives with POGP. The aim was for the two professional networks to share resources and plans in order to better support our members, and deliver consistent messages within the world of pelvic health physiotherapy. With the support of the POGP Board of Trustees, I kept in communication with APTA, and we were delighted to host a partnered webinar on "Fourth Trimester Care Across the World" in February 2022. This webinar was part of the run-up to a special edition of the *Journal of Women's Health Physical Therapy* dedicated to the fourth trimester. I shared hosting and chairing roles with APTA board member Kristi Kliebert, and representatives of the field of pelvic health physiotherapy from around the world offered insights into fourth trimester care in their regions. Former POGP chair Gill Brook attended, and gave an overview of the situation in the UK. Gill also discussed her experiences in developing countries such as Ethiopia, which

she visited in her previous role as a member of the Executive Committee of the International Organization of Physical Therapists in Women's Health.

**Gráinne Donnelly**

*Research Reviews Co-editor and Area Representative for Northern Ireland*

## Did you know?

Our website gives you access to a lot of useful resources, including a range of POGP booklets. Whether as sources of information to have at hand in your clinic, tools to use with your patients or even just as a reminder of the basics of pelvic health, these publications can be a great help within the workplace. The booklets include *The Pelvic Floor – a Guide for Women*, *The Mitchell Method of Physiological Relaxation*

and *Pelvic Organ Prolapse – a Guide for Women*. To find out more, visit the “POGP Booklets” page on our website (POGP 2022a) or scan the QR code above. If you require printed copies of any of the publications, these can be ordered from Ralph Allen Press (POGP 2022b).



**Sarah Papagiorcopulo**

*News Editor*

## References

- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2022a) *POGP Publication Price List and Order Form*. [WWW document.] URL [https://thepogp.co.uk/Resources/86/pogp\\_publication\\_price\\_list\\_and\\_order\\_form](https://thepogp.co.uk/Resources/86/pogp_publication_price_list_and_order_form)
- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) (2022b) *POGP Booklets* [WWW document.] URL <https://thepogp.co.uk/resources/booklets>