M Health Fairview Women's Health Physical Therapy Residency Program

Formal Ongoing Education for Physical Therapists

Mission Statement

Program Graduates will:

M Health Fairview Women's Health Physical Therapy Residency Program

- Established in 2019 as the first Women's Health Physical Therapy Residency program in the state of MN
- One of 25 accredited Women's Health Programs Nationwide
- Credentialed by ABPTRFE thru 2026
- 100% first time pass rate on the Women's Health Clinical Specialist Board (WCS) Exam

ABPTRFE
ACCREDITED PROGRAM

M Health Fairview Women's Health Physical Therapy Residency Program

- 53-week residency starting in late August
- Deadline for application is early February.
- Up to two Residents accepted each year
- Salaried position
- Benefits eligible
  - Paid time off
  - Insurance benefits
  - Health and well-being benefits, employee perks and discounts
- For more information please visit our residency website:

M Health Fairview WH PT Residency

	Approx. Hours/Week	Approx. Hours/Year
Direct Patient Care	32	1600
1:1 Mentoring	4	200
Research	1-2	50
Didactic Education	2-6	300
Self directed learning / Shadowing (PT, MDs)	4	200
Grand Rounds/Journal Club/Pelvic Multidisciplinary group/Community service	1-2	30+

Program Components

Pelvic Health	Obstetrics/ Gynecology	Orthopedics	Breast Cancer Lymphedema
Urinary and bowel dysfunction, pelvic pain, sexual dysfunction, post-surgery	Pre/Post-partum care including treatment and prevention of birth related pelvic floor injuries	Musculoskeletal dysfunction, bone health, female athlete considerations	Post –mastectomy complications and exercise prescription after radiation and chemotherapy

**Includes pelvic health training for men, transgender, and pediatric populations

Education

Didactic

- HSM Academy of Pelvic Health
- Current Concepts in Orthopedics
- Basic Science Lectures

Manual/lab skills

- Weekly practice with Ortho and Sports residents
- Case study practice with pelvic providers

Continuing Education

- M Health Fairview Rehab Services
- National and local conferences
- Herman and Wallace
- APTA

Program Highlights

Evidence and Research

Grand Rounds

- Participation in monthly conference through M Health Fairview
- Presentation of one Grand Rounds talk during residency

Journal Club

- Participation in monthly journal club review through M Health Fairview
- Presentation of journal article review through Pelvic Distance Journal club

Pelvic Multi-disciplinary Team

- Participation in monthly meeting with system urologists, urogynecologists, OB/GYN's, colorectal specialists, and gastroenterologists
- 2 presentations to MDT group (article discussion, case presentation)

Leadership

Community service and outreach

- Collaboration with University of Minnesota DPT program to serve as preceptor for students at Philips Neighborhood Clinic

Professional advocacy

- Membership in professional organization
- Promotion of pelvic health through community and professional education

Research +Scholarly Project

Collaboration between M Health Fairview Residency Program and local Universities

The Prevalence of Urinary Incontinence in NCAA Division III Female Collegiate Athletes

Emma G. Watson[1], PT, DPT; Lana Prokop[2], PT, DPT; Arianna Larson[1], PT, DPT; Betsy Walts[1], PT, MPT; Shannon Kelly[1], PT, DPT; Emma Meyer[2]; Emma McAfee[2]; Whitney Wenner[2]

1: M Health Fairview- Twin Cities, MN 2:Saint Catherine University- St. Paul, MN

Work on this project was performed at Saint Catherine University in St. Paul, MN

INTRODUCTION

Urinary Incontinence (UI) is defined as "the involuntary loss of urine" and has prevalence rates of up to 49.6% in a general population of women. Little research exists about the prevalence of UI in an athletic population, especially at the collegiate level. In prior studies, the average prevalence of UI in female athletes was found to be 33.7% vs 24.4% in non-athletic female counterparts.

Purpose

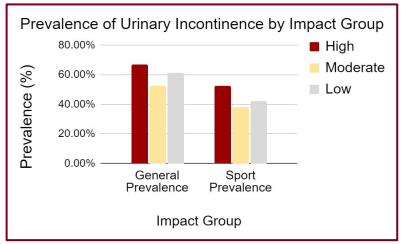
1) Identify the prevalence and frequency of urinary incontinence in a population of female collegiate athletes at a National Collegiate Athletic Association (NCAA) Division III university
2) Determine if there is a difference in prevalence in urinary incontinence between sports
3) Identify potential activities/positions associated with leaking urine.

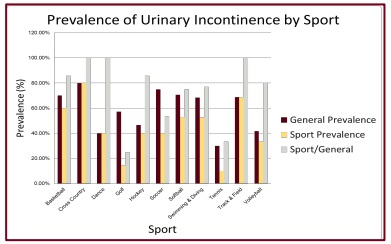
METHODS

This study took place at a NCAA Division III Midwestern University. An analytical, cross-sectional, observational questionnaire was used to assess the prevalence and frequency of UI, based on the modified ICIQ-UI-SF and Sandvik Severity Index outcome measures. The voluntary electronic questionnaire was emailed to all athletes and anonymously completed. The questionnaire was 24-52 questions long based on adaptive questioning and assessed UI in daily life and sport participation.

Prevalence was calculated and chi-square analyses were completed to assess differences between high, moderate, and low impact groups. An alpha level of 0.05 was used for all statistical tests.

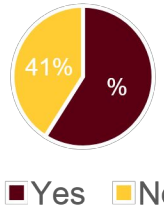
RESULTS





Have you ever leaked urine while participating in athletics?

Have you ever leaked urine?



The overall response rate was 80.2% (128 respondents). The prevalence of UI in daily life was 59.4%, with 42.9% experiencing UI during sport. Of those who experienced UI, 18% reported experiencing UI less than once per month, 19.5% one to several times per month, and 10.2% weekly or daily. There was no statistically significant difference in the prevalence of UI between impact groups for both general and sport prevalence.

Activities Associated with UI:

Activity	Free responses
Jumping	10
Running	8
Squatting	5
Contact with person	5
Contact with ground	4
Contact with ball	3

Demographics:

- Average Age: 20 years
- 100% assigned female at birth
- 98.4% female; 1.6% non-binary
- 90.6% white or caucasian
- All four years represented
- Eight two-sport athletes

DISCUSSION

- The prevalence of UI among athletes was higher in this study than previous studies (42.9% vs 33.7%).
- 10.2% of respondents with UI reported prevalence at a daily or weekly occurrence.
- There was no statistically significant difference in the prevalence of UI in athletes between impact groups for sport and general occurrence.
- The most common activities associated with UI are associated with force on the body.

CONCLUSION

Urinary incontinence is present at a high rate in female collegiate athletes. UI in athletes has been linked to lower quality of life and affects sport performance. Half of women stop or modify exercise due to their UI symptoms, which negatively impacts their physical and mental well-being. Advocacy is needed for screening this population early in adolescence and throughout their sport, with referral to the appropriate providers. Education is needed for athletes and coaching staff to improve access to care.

What can we do? Educate and encourage physical therapists and physical therapy assistants to screen and refer their athletes for UI.

A collaboration among the University of Minnesota, University of Minnesota Physicians and Fairview Health Services

A collaboration with M Health Fairview Women's Health Physical Therapy Residency

St. Catherine University IRB approved: Protocol #1685

Internal

NCAA Division III Female Collegiate Athletes' Views and Experiences with Urinary Incontinence: A Qualitative Study

Emma G. Watson[1], PT, DPT; Lana Prokop[2], PT, DPT; Betsy Walts[1], PT, MPT; Shannon Kelly[1], PT, DPT; Sara Lieven[1], PT, DPT; Rebecca Giglio[1], PT, DPT; Kristin Cromwell[1], PT, DPT; Danielle Wissink[1], PT, DPT; Katherine Lew[2], Rylie Turnquist[2], Skylar Mattson[2]

1: M Health Fairview- Twin Cities, MN 2:Saint Catherine University- St. Paul, MN
Work on this project was performed at Saint Catherine University in St. Paul, MN

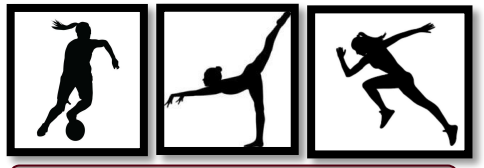
INTRODUCTION

Background information

Urinary incontinence (UI) prevalence is *20-50%* for female athletes. *50%* of women **modify or discontinue exercise** due to UI symptoms, and **most athletes never discuss it with a health professional**. While conservative physical therapy management, including pelvic floor muscle training, has been indicated as an appropriate treatment, there is little to no data on suggested age for recommended screening for UI or to begin treatment.

Purpose

To gain an understanding of how female collegiate athletes at a NCAA DIII institution view and experience UI.



METHODS

This was a qualitative, interpretivist study that used the theoretical perspective of social constructionism. Seven narrative inquiry interviews were conducted, audio recorded, transcribed, and coded to develop themes. Participants (n=7) were volunteers, ages 18-24, who were current NCAA DIII athletes at a midwestern university.

RESULTS

Themes and Participant Quotes

Knowledge

- **Lack of overall knowledge** of UI and pelvic floor health
- No common sources of information
- Desire for more information

*"I thought it was **just something that happened**, and it wasn't until I started learning about pelvic floor health that I was like, 'Oh this is maybe not what's supposed to be happening **all the time**.'"*

Perceptions

- Belief that older women and pregnant/postpartum women experience UI
- UI viewed as **negative experience** with **limited knowledge on future prevention**
- Treatment viewed as expensive, time consuming, and **not warranted** due to belief that symptoms were not frequent or severe enough

*"I feel like its most talked about with women who are **pregnant** and then **older adults**."*

*"If I ever get the **time** or have the **money** to go to a pelvic floor PT, that'd be cool."*

Discussion

- Occurred with **close peers** and small groups with **teammates**
- Initiated within courses for healthcare programs with limited depth of discussion
- Discussions often **positive and supportive**
- Minimal conversation with coaches or support staff

*"If it happens, if there is a leak or something, then you just comment on that to your **closer teammate**, whoever you're **friends** with."*

Performance

- UI sport experience occurs with **high impact, intensity, and loading**.
- **Behavior modifications** to manage UI included emptying bladder, hydration control, and wearing dark clothing
- UI is **normalized** in some sports; athletes encouraged to deal with it and move on

*"I feel like **everyone** has had at least one or two experiences [of leakage] within sports."*

DISCUSSION

Clinical application

- More resources are needed for female athletes and athletic staff to provide education and treatment options for UI.
- Screening tools are needed for healthcare providers to identify athletes with UI to provide early intervention and to help mitigate the incidence of UI in sports.
- Discussions need to be initiated about urinary incontinence and pelvic floor health.

Upcoming Research

- Coaching staff experience, knowledge, and willingness to discuss UI with female athletes.

CONCLUSION

UI and pelvic floor knowledge is variable within this population. Poor understanding of UI may affect perceptions and be a barrier to treatment. Lack of discussion and humorizing UI may normalize it and force athletes into self-management. There was a disconnect between perceived change in performance and the potential mental tax due to UI. Performance may be negatively impacted due to mismanagement of UI from limiting fluids prior to sport and limiting forces that produce pressure through the bladder and pelvic floor.

A collaboration among the University of Minnesota, University of Minnesota Physicians and Fairview Health Services

A collaboration with M Health Fairview Women's Health Physical Therapy Residency

St. Catherine University IRB approved: Protocol #1895

Internal

M Health Fairview Highland Park

M Health Fairview Edina

Applying to Our Program

- The M Health Fairview Women's Health Physical Therapy Residency Program participates in the APTA American Board of Physical Therapy Residency and Fellowship Education centralized application process called RF-PTCAS.
- **Required Qualifications:**
- Applicants must hold Minnesota Physical Therapy license.
  - New graduates will need to sit for first National Physical Therapy Examination (NPTE) in April to be able to begin the residency in August.
- Level One Pelvic Floor course or equivalent is required.
- APTA membership (required by start date),
- Recommended Pelvic Health Section membership

What do our recent residents think about our Women's Health Residency program?

Contact Information and Resources

Direct all correspondence to: Tan.Scheraldi@fairview.org

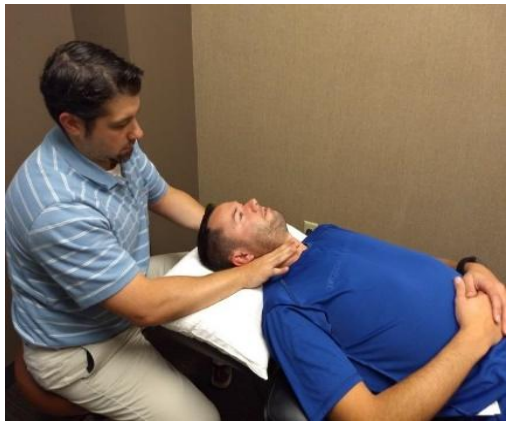
RF-PTCAS

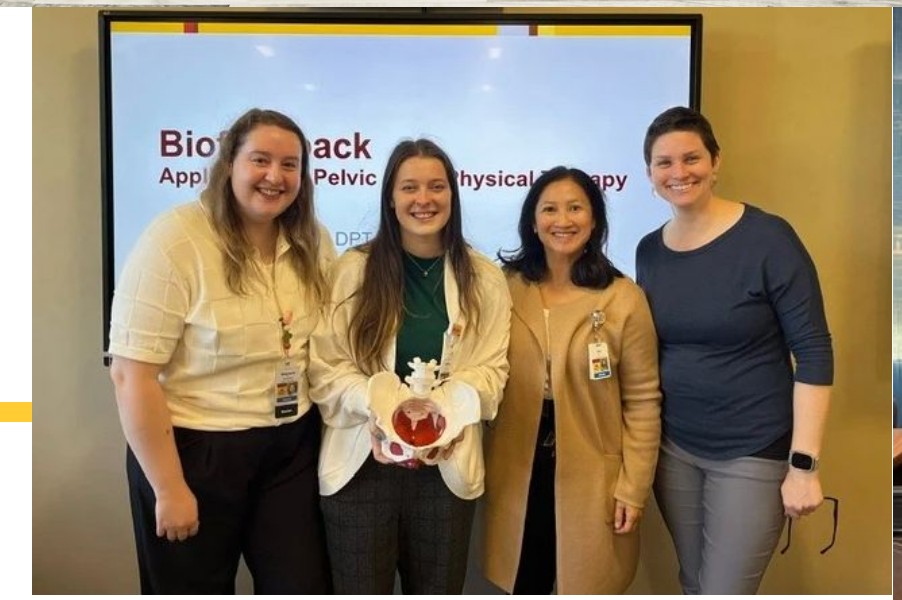
American Board of Physical Therapy Residency & Fellowship Education

Women's Health Physical Therapy Residency Website

Want more information on our other Residency and Fellowship Programs?

Check out the other modules in Clinician Nexus

Division 1 Fellowship	Orthopedic Residency	Sports Residency	Women's Health Residency
			
Deadline for program applications is March	Deadline for program applications is December.	Deadline for program applications is November	Deadline for program applications is Feb



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MINNESOTA
Division I Sports Physical Therapy Fellowship
2024-2025
Sports Physical Therapy Resident
2024-2025
Orthopedic Physical Therapy Resident
2024-2025
Kalja Eckholm PT, DPT
Women's Health
Physical Therapy Resident
2024-2025
Brittany Dueck PT, DPT
Women's Health
Physical Therapy Resident
2024-2025
Orthopedic Physical Therapy Resident
2024-2025
Grayson Stout PT, DPT
M Health Fairview Rehabilitation
Hand Therapy Fellowship
Lisa Koch MOT, OTR/L

Interested in a residency observation experience?

- Observation experiences with our residency faculty are available by request.
- Email students@fairview.org with your request to set up an observation
- Current M Health Fairview rehab students should work with their preceptor to set up a request