

# Scoops



The Newsletter of the Guild of Postnatal Exercise Teachers  
Issue 9 - December 2001

## CONGRATULATIONS!

Congratulations are in order!

**Karen Boom, Sue Deakin, Samantha Gillard, Anette Holtmeyer and Shelagh Musgrave** have completed all the modules on the Guild of Postnatal Exercise Teacher training course. This constitutes five eighths of the Diploma in Higher Education (Sport and Exercise Science) with the University of Luton.

We have two students who are currently working directly with the University of Luton on the other three modules for the award of Diploma and they are **Ruth Barrett and Linda McDowall**. They would be happy to talk about their experience to anyone thinking of going for the full diploma, but it is hard work and they too deserve congratulations for persevering.

If you want to talk to either of them, or any other teachers, then contact details are on our website.

We have done a little more work on **the website**. As you know, members of the public can find their nearest teacher or personal trainer, but there is information about study days, exercises for postnatal women, book and video reviews and books on ante and postnatal exercise for sale.

Since our last newsletter we have received the news that **Independent Learning Accounts** have been **withdrawn**. This was an accessible source of grant money for our students and it is a great shame it is being stopped. Although the sums available were not large, every little helps!

Also, through the kindness of one of our donors we have been able to help the students who have just completed their course, but it is a fact that

the training of the relatively small number of students that we process is subsidised to a very large degree. It depends on a number of people putting in many, many hours of their time for free and at our **AGM** we shall be looking at the implications of this and what our main focus should be.



Congratulations of a slightly different kind are due to Rachel Berg, seen here with her son Maximillian Cosmo born September 2nd at 3.25 am and weighing 7lbs 1oz. Mother and baby doing fine - shows that all that exercise must be good for you! Well done Rachel!

In this issue you will find the agenda for the **AGM**, which will be held at the Pilates Day on Saturday 23rd February, and if you have anything you want to be considered for discussion

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## KEEPING SANE ON THE TEACHING TREADMILL! HINTS AND TIPS FOR THE BUDDING PROFESSIONAL!

This morning was the first session of my current 8 week postnatal exercise course - and it is full!!!

Those of you reading this who regularly have to turn away women due to excess demand, may not understand the significance. For some others it will be only too close to home!

Over the years I have struggled, battled and shed many tears, and very nearly thrown in the towel on at least three occasions, but, I'm still here! I'm writing this article to try to encourage others who are finding it hard to fill their courses. I would like to share some of my experiences in the hope that it may give others ideas to try themselves.

### **Small is Beautiful!**

I made the decision that I would continue to run courses for the absolute minimum number of clients. This meant that I was 'working' for nothing - I merely ensured that I did not make a loss. In reality my costs were quite low - I am fortunate to have a very cheap venue at my disposal. If you can do this I would recommend considering it - the best advertising is word of mouth, and if each client recommends a client then you are making a good start!

### **Feed on the Feedback!**

If you don't already ask your clients to feedback their impressions of the course, then I would highly recommend it. I suffered greatly with feelings of inadequacy - "people don't come because I'm useless at what I'm doing" but I found I got positive feedback! It was invaluable for ego-boosting and reassurance that you are doing things right - and if you're not you'll find out and can make changes. In 5 years, I've only had two negative forms!

### **Spread the Word!**

Make yourself known to as many Health Visitors as you can gain access too - start with your own if that's the only one you know! Over the past 2

years I've regularly visited postnatal support groups and talked about exercise. Even if the talk does not bear immediate fruit, the Health Visitor now knows who you are and what you do, and will tell other mothers. If I had to identify one thing which has made a difference to me, I would say it's getting known amongst the Health Visitors. At the end of the day these are the people who have access to the people you are after.

### **Visit the Birthplace!**

Another useful place to 'get known' is the maternity unit of your local hospital. This takes a little courage unless you know a friendly midwife who can get you an introduction. However at the end of the day they can only say 'no'. I approached them with the premise of placing advertising leaflets in their dispensers on the wards. They agreed to this, but there was the proviso of being 'approved' by the maternity physiotherapists. After talking to them about what I taught, they were more than happy to advertise my courses, and indeed they have referred many women to me for exercise.

### **Advertise and Advertise Again!**

Use every outlet for advertising that you can find. This can include playgroup notice boards, GP surgeries, baby clinics, free newspapers, local informative websites, supermarkets, etc. I've even conned reporters in the past to do a piece for me in the run up to a new course - but beware of doing this - reporters are re-known for getting their information a bit skewed!! Only last week I had someone 'phone me to see if I was still running Parenting Classes!

### **Never Say Die!**

Above everything else persevere. At last 5 years of hard work are beginning to pay off. I feel now that I'm getting to be known in Swindon among both the Health Profession and the population of mothers. Many people come to me now because someone has told them about my courses, and many come via their Health Visitor. I have four people lined up for my next course already and I've only just started my current one.

I can't tell you how good it feels to finally realise that I've got there. Not that I think it's going to be all plain sailing from now on - but at last my perseverance is beginning to bear fruit.

## EXERCISE AND THE PELVIC FLOOR

As exercise teachers we have a great opportunity to raise awareness among young women about the benefits of regular pelvic floor exercises as well as teaching them how to perform the exercises correctly and effectively.

A recent study carried out among school leavers in Glasgow showed how few had any accurate knowledge of how to perform a proper pelvic floor exercise. This study carried out by two physiotherapists, Lelsey McAlpine and Morag Thow, and reported in the Autumn 2001 edition of the journal of the Association of Chartered Physiotherapists in Women's Health aimed to determine the level of awareness of pelvic floor exercises (PFEs) in a sample of school leavers.

### So Who's Incontinent?

In estimating the incidence of incontinence among women, numerous studies have shown a wide variation. North (1994) administered postal questionnaires to a random sample of women between the ages of 16-85 from six GP practices. One thousand one hundred and ninety four women responded ( 58%) and 20.6% admitted to being incontinent to some degree. Laycock (1994) found in her study of 233 women that 63% of the women in the study with a mean age of 45.5 years were incontinent.

### Is Incontinence Normal?

Many people believe that incontinence is a normal consequence of childbirth or of getting old. It is interesting to note that in the recently published sentinel audit of Caesarean Section (CS), there was a consensus among obstetricians that elective CS reduced the chances of faecal incontinence. Among the women surveyed when asked to agree or disagree with various statements about choosing a birth i.e. I would like a birth that ....Is the safest option for me, is the safest option for my baby, is less stressful, etc 'reduces the chances of stress or cough incontinence' came very low down on the list of the women's priorities. Other studies on younger (nulliparous) women have also shown variable rates of incontinence and this seems to be an area where further research is needed.

### How Was the Study Done?

A group administered questionnaire was selected as the appropriate method of data collection and a convenience sample of 62 school leavers (55 females and 7 males) were chosen as the study subjects.

### Were The Subjects Aware of the Term Pelvic Floor Exercises?

66.13% had heard of the term pelvic floor exercises 33.87% had not. Out of the seven males three had and four had not heard the term pelvic floor exercises.

### Where Had the Subjects Heard About Pelvic Floor Exercises?

Various sources were cited from which subjects had received the information

- Exercise classes - 9 subjects
- Magazines/ Book/Leaflet -7 subjects
- Physical education at school -6 subjects
- Member of the medical profession - 5 subjects
- Parent/ family member-4 subjects
- Media- 4 subjects
- Other sources - 2 subjects

Four subjects failed to complete this question

### Did Subjects Know How To Perform a Pelvic Floor Exercise?

Of the 41 subjects who had heard of PFEs 16 reported they knew what a PFE was. Of these only four subjects gave a suitable definition. Seven subjects (43.75%) thought it involved raising the hips/ pelvis from the floor while lying down. Two subjects thought it was some kind of sit up and two others thought it involved some kind of pelvic rotation or tilting.

These results indicate a lack of awareness within the sample group. The authors state 'A troubling finding of this study was the high number of misconceptions held by the students about what a PFE was.' It would seem that there might be a very real need for education and awareness raising among the general public. As exercise teachers we have a role to play in educating the women who attend our postnatal classes and encouraging them to educate the next generation. We need to pay special attention to correcting any inaccurate perceptions about what a PFE might be and teach them very carefully.

If you want to know more the study authors were:  
McAlpine L & Thow M (Autumn 2001) Awareness of pelvic floor exercises in school leavers Journal of Association of Physiotherapists on Women's Health 89 3-5

#### References:

Laycock J( 1994) Awareness Physiotherapy 90 (3) 125  
North A (1994) The client's view Nursing Times 90 (4), 80-2  
Thoma J, Paranjothy S ( 2001) The National Sentinel Caesarean Section Audit Royal College of Obstetricians

## POSTNATAL EXERCISE IN GERMANY

(using the *Tanzberger Konzept*)

I went to Germany in July to visit my parents and at the same time to see a friend of mine who recently had given birth. She was due to start a postnatal exercise class (*Rückbildungsgymnastik*) the same week, so I had a chance to go along to the first of what would be eight sessions of 1 ½ hours length.

### GOVERNMENT SUBSIDISED POSTNATAL EXERCISE!

Postnatal exercise in Germany is usually offered by physiotherapists and taken up by a high percentage of women who have given birth as midwives and GPs promote it as a preventative measure. The higher rate might also be due to the fact that it is generally paid for in full or a high proportion of the cost by the German equivalent of the NHS (however, Germans have to pay slightly higher contributions than in this country).

The particular class I observed was organised as an evening class so that women hopefully could leave the baby behind and have a chance to wholly concentrate on the class contents without being interrupted by their baby. The class was open to women who were between 8 and 16 weeks postnatal at the starting date of the course. The class sizes vary from eight to a maximum of 12 as they take place in a physiotherapists practice. This way it provides enough room to do the exercises in the following weeks with enough space for everybody to move.

The first session was very theory based to eliminate the need for lots of theory in between the exercises in following weeks thus not interrupting their flow due to the need for further detailed explanation; a few keywords would suffice.

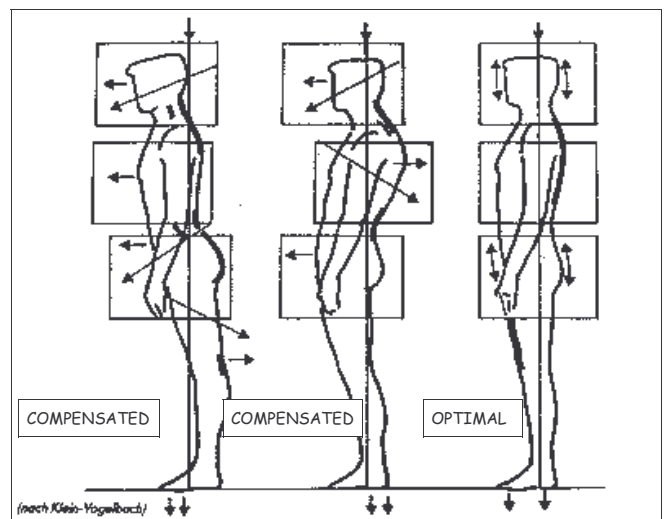
The evening started with "getting to know each other" where the mothers disclosed as much or as little as they wanted: Every participant briefly introduced herself and told the group how her birth went, how many children she had in total, some added their current state of pelvic floor muscles or any problems they experienced postnatally, and their expectations from the class. The tutor picked up on concerns, expectations and specific problems. She also picked up on unrealistic goals i.e. the desire of women to loose weight and get back into pre-pregnancy shape in

those eight weeks as they are not achievable in that space of time, however, the knowledge gained in the course might be beneficial in the long-term.

### A HOLISTIC COURSE

The aim of the course was to understand, in a holistic way, the importance of an optimal posture. The tutor outlined the individual learning outcomes, which are:-

- To get to know the anatomy of the affected parts of the body
- Understand the changes the body underwent in pregnancy
- The effects on the body postnatally
- The relation between pelvic floor, abdominals, diaphragm and spine
- Correct posture



Everybody received a handout containing information about anatomy and physiology relevant to postnatal women as well as the theory of Mrs. Tanzberger who believes that it is important to train the whole body in order to improve the functioning of the parts of the body affected by pregnancy.

The handout starts with drawings of the pelvic floor and its location in the body. It moves on to the diaphragm in order to explain its connection to the abdominal muscles and the necessity for correct breathing when doing the exercises. Then the spine is explained not only anatomically but also by giving women theoretical information to explain the importance of correct posture i.e. the cervical vertebrae is the part of the spine that carries the head, the thoracic vertebrae needs to be stable as all essential organs are located in the chest, the lumbar spine can move and receives the movements of legs

and pelvis, and the sacral curvature dictates the curvature of the whole spine.

The various layers of the abdominal muscles are shown in a diagram and explained by the tutor, at this stage she also discussed abdominal exercises and pointed out the danger of curl ups in the case of a wide rectus separation. The basic idea of an optimal posture is visualised using the ideas of building blocks- in an optimal posture the three building blocks are on top of each other thus there is no need for the muscles to compensate. (see page 4)

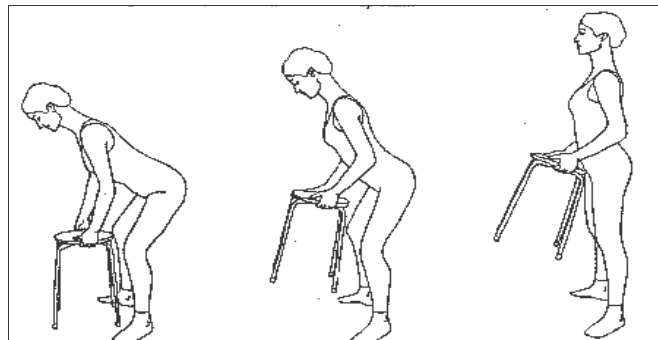
The script moved on to exercising in the "Tanzberger Way". Rhythmical breathing stimulates the pelvic floor therefore every participant should continue to breathe, talk or even sing while exercising. Certain sounds are in effect used to create awareness of the location of the pelvic floor. As the pelvic floor muscles are designed to support in an upright position it should mainly be trained in this position. It can be exercised simply by sitting in the correct position: when seated the chair should be high enough for the thighs to slope gently downwards, the knees are kept at an angle slightly wider than 90°, the feet are slightly further than hip distance apart and kept flat on the ground. This position allows the upper body to rest in the centre; the weight is evenly distributed on the pelvic floor and not just on the back passage (when slumping back in the chair) or on the front passage and vagina (when leaning too far forward). It also stimulates the circulation in the body, as there are three points of contact (1<sup>st</sup> point the pelvis, 2<sup>nd</sup> and 3<sup>rd</sup> point the two feet). This position can then be used for awareness and training of the pelvic floor muscles:

### BEAN BAGS FOR THE PELVIC FLOOR

The tutor handed out small bags the size of a hand containing rice for people to sit on. The idea was to feel the pelvic floor resting on the rice bag and experience it lifting off. Another way of feeling the tension in the muscles building up is the use of sounds: Imagine you bring up a cherry stone inside you, which you would like to spit out as far as possible. Feel the stone moving up inside you, feel it coming up to your mouth, you then take a deep breath in- on the out breath "spit" the stone as far as possible with a sound 'psst' You might be able to feel your pelvic floor tensing up inside you as you "spit". Other sounds, which might create the same feeling, are "Lick", "Lack", "Lock", all spoken explosively and harshly.

### PROGRESSIVELY HARDER EXERCISES

She used other exercises in prone lying to strengthen pelvic floor and abdominals or to improve the circulation in the body, in supine lying to strengthen the abdominal muscles, on knees and elbows using sounds to prevent prolapse, on all four's to strengthen



abdominal muscles and mobilise the spine.

She also included sitting down and getting up in a controlled way using the large muscles in the legs as an exercise as well as lifting a chair while saying "rock" or "up". There is an explanation how "wrong" coughing and sneezing (when curving down head and spine to the front- no support from abdominals and pelvic floor) can have a bad effect on your pelvic floor while there is a way of coughing and sneezing in an upright position to reduce pressure downwards, which also supports abdominals and pelvic floor openings.

Even though I was only able to attend the first of eight sessions and therefore have not experienced personally how the course progressed I got a very good insight into the idea. The whole approach seems very holistic, based on posture and muscles/joints affecting the posture - abdominals, pelvic floor and spine, remembering that the pelvic floor swings (like a trampoline) and it moves up and down with the sternum.

The session gave me renewed inspiration to teach women the importance of pelvic floor and transversus exercises and in a different way, also with further exercises to the ones I already knew, for instance the use of the voice was completely new to me.

**Anette Holtmeyer.**

Further literature: "Beckenbodengymnastik für Sie und Ihn" ("*pelvic floor exercises for her and him*", unfortunately only available in German) by Heike Höfler: the book shows different exercises, put together in programs aimed to train the pelvic

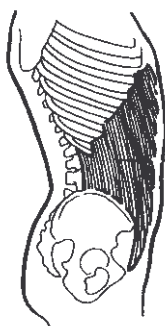
## FOCUSING IN ON TRANSVERSUS

We are all encouraging transversus abdominis (TA) re-education exercises in our PNEX classes but are we **really** sure everyone is doing them correctly?

How much cheating is going on beneath the baggy T-shirts? Perhaps we need to take a closer look to check for

### SUBSTITUTION AND FAULTY RECRUITMENT

Stronger muscles will often dominate in an effort to compensate for weakness or inhibition in others. What to look out for when aiming for a contraction with **transversus dominance**.....

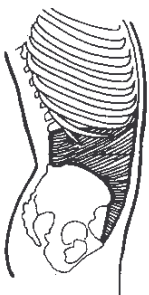


#### IF EXTERNAL OBLIQUE DOMINANCE - WATCH FOR:

- Umbilicus moving superiorly.
- Initiation of hollowing with the upper abdominal wall or with excessive mid abdominal fold (crease appears at waist line).
- Rib cage depression and decreased infra-sternal angle.
- Posterior pelvic tilt (out of neutral lordosis).

Bracing and excessive increase of intra-abdominal pressure (IAP) with lateral flaring of the waist. Flickering of the external oblique origin at outer surface of lower 8 ribs.

Co-contraction rigidity - with excessive substitution by the oblique abdominals (OA) there is significant resistance to passive rotation (gentle rocking) of the pelvis.



#### IF INTERNAL OBLIQUE DOMINANCE - WATCH FOR:

- Umbilicus moving inferiorly.
- The hollowing contraction results in an excessively prominent longitudinal ridge along the lateral abdominal wall.
- Co-contraction rigidity with excessive substitution by the OA (palpate excessive low abdominal bulge).
- Rib cage flaring and increased infra-

sternal angle.

#### IF RECTUS ABDOMINIS DOMINANCE - WATCH FOR:

- Posterior pelvic tilt (into flexion).
- Bulge of anterior abdominal wall (doming).
- Bracing and increase in IAP.

#### CHANGE OF BREATHING PATTERN - WATCH FOR:

- Holding breath

Isolated stomach breathing  
Changes in rib cage position

### ELIMINATION OF FAULTY PATTERNS

**Observe** carefully. If in doubt get together on a one-to-one basis where you can perhaps remove the T-shirt and **see** what is going on!

**Palpate** - approx. 1" down from the ASIS along the inguinal ligament and  $\frac{1}{2}$ " in towards the mid-line - for appropriate contraction.

**Tactile feedback** (i.e. one thumb/ finger on upper abdomen below ribs and one on the lower below naval. Hollow and draw in lower abdominal wall. Stop when upper abd. wall pulls away from upper finger contact.)

Check correct **Breathing** pattern - can try initially encouraging breathe in, breathe out then do not breathe as hollowing / compression (TA activation) is performed, then resume normal gentle breathing while maintaining contraction. Breathe normally with shoulder girdle and spine relaxed.

Ensure **Neutral spine** position is maintained (often best controlled in prone & 4 Point kneeling).

**Change position** - If someone is not 'getting it right' in one particular position i.e. crook lie then move them...use prone, all 4's, standing (with wall support), kneeling or sitting, side lying.

**Visualisation** 'circumferential corset' - describe where TA is and its correct action. Low abd. 'sling' (can use hand on lower tummy or a scarf, focus belly button to pubic bone).

Use of **'Minimal Effort'** can reduce rectus / OA dominance - 'don't try so hard'.

Try **Pelvic floor** co-activation.

**Rib fixation** - place hands on sides of lower rib cage "breathe in.. breathe out... don't breathe... press ribs into hands... let go of stomach...keep ribcage expanded and gently pull in lower abdomen & breathe normally...maintain contraction."

**Talking / counting** - to check for bracing or increase in IAP.

Use of **biofeedback**.

**REMEMBER** it is important to facilitate and teach low effort activation of transversus abdominis and train confident holding of contraction. Use the facilitation procedure that is best for the individual (see above). Train **tonic holding** (slow motor unit recruitment) of **10 seconds x 10 repetitions in a variety of positions without substitution or fatigue**.

Crook lying facilitation of transversus must be confidently achieved prior to progressing to rotational control exercises using limb load to facilitate the stability function of the oblique abdominals or progression to sagittal strengthening. Integrate into functional activities.

Nikki Corrigan

## AGENDA FOR AGM

Saturday 23rd February 2002 1.00 pm

### Agenda

- Apologies
- Note results of Postal AGM for 2001 and feedback
- Chairperson's report
- Treasurer's report
- Resignations, Nominations and Committee for 2002
- Any other business

There will be a short period for discussion after the AGM at which members can raise any matters they wish to.

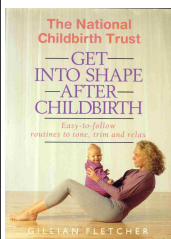
The major issues facing the Guild are

1. The cost of teaching new trainees.
2. Promotion and development
3. Future strategy.

The Chair will briefly explain the Committee's thinking. Many thanks to you all for your support. It is much appreciated.

**Meg Walker - Hon. Sec**

## GET INTO SHAPE AFTER CHILDBIRTH By Gillian Fletcher



**Please help sell Gillian Fletcher's book - we have lots of copies!!!!**  
Originally sold at £10.99, the Guild have purchased the remaining publishers stock and offer it via the Guild webpage for £6.50 including p & p. However, teachers

can purchase the book to sell to class participants and personal trainer clients. Purchase price 10 copies for £25. They can be collected on a study day. Or £35.80 if posted to you. These can then be resold to your groups for

## QUICK QUIZ by Nikki Corrigan

1. Name the major artery from which all systemic arteries branch, and which part of the heart it exits from.
2. What functions does cerebrospinal fluid serve?
3. What is a plexus?
4. What is responsible for the rigid structure of the trachea?
5. Which muscles insert onto the coracoid process?
6. True or False - During expiration the diaphragm contracts.
7. Which layer of connective tissue wraps around the entire muscle?  
a)endomysium b)ectomysium c)perimysium d)epimysium
8. A decrease in the size of muscle cells or wasting away of muscles is called...
9. When a muscle receives a message to contract and its antagonist receives a message to relax this is called.....
10. Name the sac-like membrane that contains synovial fluid and is provided around joints to prevent friction.
11. In what position is the ankle placed if walking in high heels?
12. Name the largest lymphatic organ that filters blood and destroys bacteria.
13. Which is the important digestive gland that secretes enzymes to break down all categories of digestible foods?
14. Up to one third of the power generated from a muscle action may be from the recoil properties of its tendon. True or false?

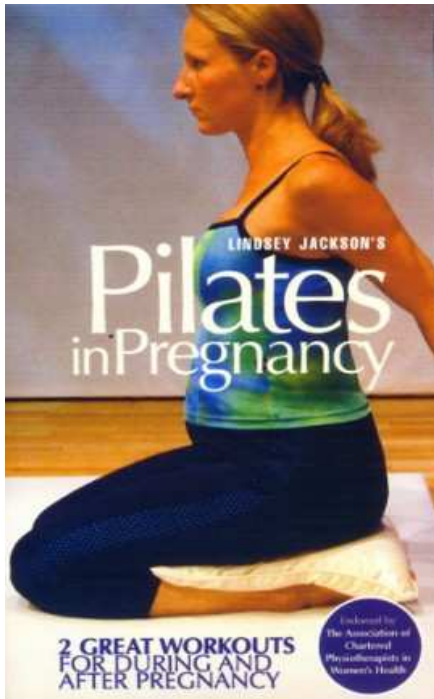
- ANSWERS
- 1) Aorta, left ventricle.
  - 2) Acts as a shock absorber, delivers nutrients and removes waste products.
  - 3) A network of nerves, veins or lymphatic vessels.
  - 4) Rings of cartilage
  - 5) Coracobrachialis, pectoralis minor, short head of biceps brachii.
  - 6) False - it relaxes.
  - 7) d) epimysium
  - 8) Atrophy
  - 9) Reciprocal inhibition
  - 10) Bursae
  - 11) Dorsi flexion
  - 12) Spleen
  - 13) Pancreas
  - 14) True.

## PILATES IN PREGNANCY LINDSAY JACKSON.

Enhance Productions, together with the Association of Chartered Physiotherapists in Womens' Health (ACPWH). 90 minutes. £18.99. Tel: 01937-588858.

e-mail: pilates@enhance-wellbeing.com

This video claims that by doing



these exercises women will gain more balance, control of their bodies, energy, self awareness, better posture, strength and flexibility and be able to relax. To a large extent this is true, if done regularly (2-3 times a week) and the workout would take about 30 minutes.

The video is well produced, and visually easy to follow and runs for 90 minutes. It is presented by Lindsay Jackson who is a physiotherapist and is 7 months pregnant at the time. She has been involved in Pilates exercises for 12 years, and is a Master Practitioner and qualified instructor through the Pilates Institute. Clients have told her

how the exercises have helped them to stop backache, strengthen abdominal and pelvic floor muscles (and so prevent incontinence) and increase muscle control and breathing. She is joined by Leticia who is not pregnant, and who demonstrates the early pregnancy exercises.

The tape is divided into:-

- **Basic techniques**
- **Early pregnancy exercises**
- **Later pregnancy exercises (once you can't lie on your front)**
- **Early post birth exercises**

Basic techniques cover pelvic tilt and neutral spine, upper body posture and breathing.

**Early pregnancy exercises** cover Warm Up, Workout, Stretching and Relaxation.

**Later pregnancy exercises** the same, but with good modifications for pregnant women with a bump.

**Early post birth exercises** cover pelvic floor, static abdominals and pelvic tilts including advice for those post caesarian.

All are taught carefully and slowly with awareness of good posture at all times. There are very good teaching points throughout each exercise, making them safe. Warnings are given that if anything hurts don't do it, and the fact that you can ask your doctor, midwife or physiotherapist for advice. During the exercises the camera shows side and front views to make sure that they are done correctly. There is background music throughout.

I am not an expert on Pilates exercises, and personally prefer to do exercise to music, which I find more motivating and has the added component of aerobic exercise. I found it rather wordy and frustrating at times and lacking in humour. I also wondered why all the muscles worked were not stretched afterwards. I would also have liked more on the postnatal period.

However, I was impressed by the careful manner in which the exercises on the tape are presented and see it as a safe alternative for those women who prefer to exercise in a slower manner. It is particularly good on body awareness and central control. I liked the way that the pelvic floor and transverses abdominal muscles are worked at the same time.

I would therefore thoroughly recommend this video to women who want to continue to exercise throughout pregnancy and postnatally, using Pilates exercises.

### Marion Grant

DON'T FORGET DATES FOR YOUR DIARY:-

GUILD AGM 23rd February 2002

Pilates & Postnatal on Saturday 23rd February 2002.

Baby Massage on Saturday 11th May 2002

Exploring Adult Learning on Saturday 8th June 2002

Revisiting Abdominals with Bio Feedback on Saturday 13th July 2002 (half day)

Chi Ball on Saturday 9th November 2002

Pelvic Floor and Bio Feedback Techniques - date to be announced