RETIRED DOCUMENT

This document is retired, effective April 1, 2026, corresponding with the *Health Professions and Occupations Act* (HPOA) in-force date. As this document is retired, it is not considered **standard** or **guidance** under the HPOA. However, until it is replaced by a HPOA-compliant resource, licensees may find it useful as general information for their practice.

College of
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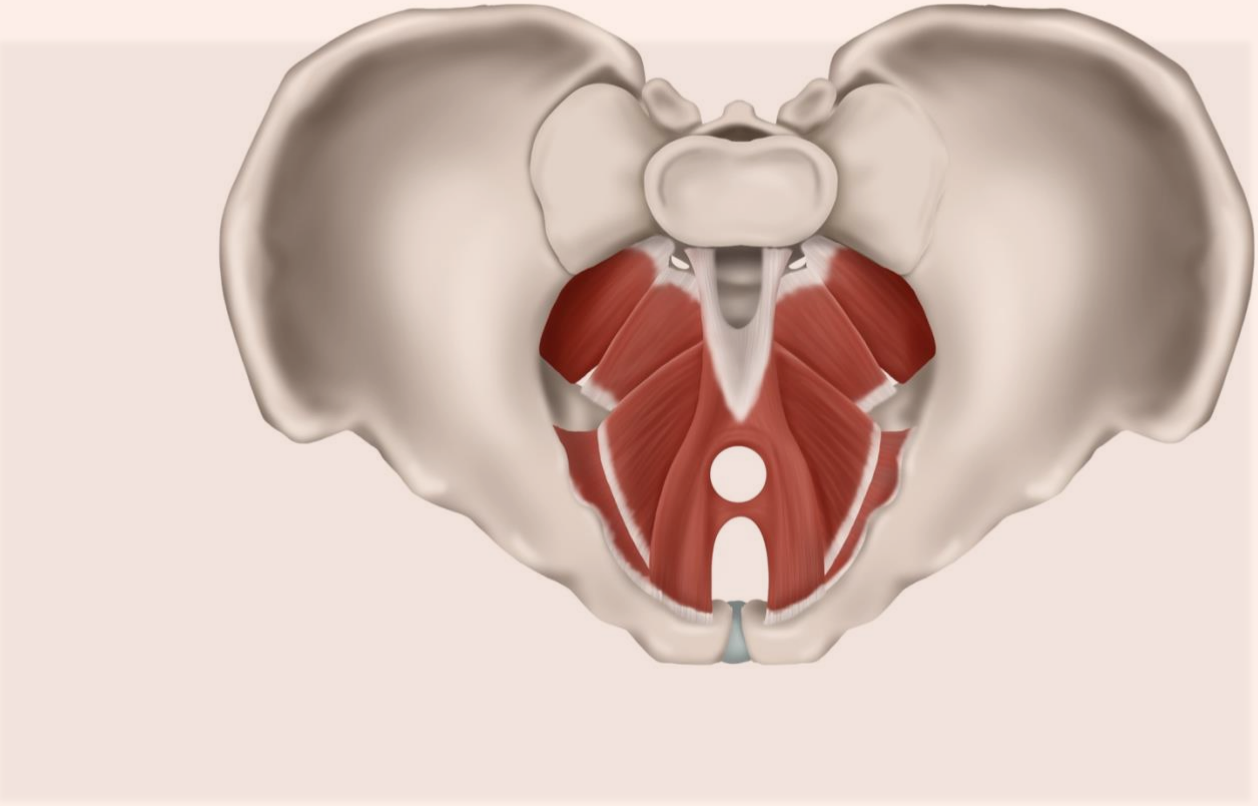
Physical Therapists Providing Pelvic Health (Internal Examinations) Services

Guidance Regarding Competence Development and Practice Expectations

Updated Dec 2024



Acknowledgement

Physiotherapy Alberta, the College of Physiotherapists of Manitoba and the College of Physical Therapists of British Columbia collaborated to generate this guide. The purpose of this guide is to provide direction to physical therapists regarding how the Standards of Practice apply to pelvic health physical therapy services, and to detail regulatory expectations regarding post-graduate education and clinical practices to support excellence in the provision of pelvic health physical therapy services.

Despite the shared approach to regulation of this area of physical therapy practice, legislative differences exist between the three provinces and this may result in some variation in the regulatory requirements for practice. For further information, physical therapists are advised to contact their provincial physical therapy regulator.

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Background

The physical therapy treatment of pelvic health conditions has considerable high-quality supporting evidence. Many physical therapists are interested in providing pelvic health (internal examinations) services however physical therapy entry-to-practice education currently provides limited instruction in this area. Due to the nature of pelvic health services delivered by physical therapists and the frequent need to incorporate internal examinations in the assessment of pelvic health conditions, it is important that both physical therapists and members of the public understand how physical therapists develop their competence and skills and the other considerations that need to be addressed when physical therapists work in this area of practice.

Similarly, there is a need for clarity among clients and physical therapists alike regarding the conditions that fit within the category of pelvic health (internal examinations) services and a need for common terminology to differentiate services related to conditions of the pelvic floor from services related to orthopedic conditions of the spine and pelvis. 'Urinary incontinence,' 'fecal incontinence,' 'pelvic pain and disorders' and 'pre- and post-natal care' are just some of the many conditions related to the pelvic floor that physical therapists treat. There is strong evidence to support the value of physical therapy in the treatment of these conditions. However, the variety of terms used to describe this area of practice does not facilitate client understanding of the services provided or the breadth of conditions treated.

The term **Pelvic Health (Internal Examinations)** is used in the regulatory context to denote the performance of an internal vaginal and/or anal examination by a physical therapist for the purpose of assessment or treatment of conditions related to the pelvic floor.

Many Canadian physical therapy entry-to-practice programs include pelvic health content in the curriculum, preparing physical therapists to screen for and provide basic client education about conditions related to the pelvic floor. This education is designed to provide physical therapists with the ability to identify clients with pelvic health conditions and provide appropriate referrals to physical therapists who work in this area of practice. However, the entry-to-practice education is not extensive and typically does not include instruction in the comprehensive assessment and physical examination of pelvic health conditions, including the performance of internal examinations, the knowledge of which is required to enable physical therapists to deliver quality client-centred assessment and treatment.

Fundamentally, physical therapists do not provide treatment of any condition without performing an assessment appropriate to the client concern or complaint.

Post-graduate education programs related to this area of practice routinely include instruction in pelvic internal examination skills. While an internal examination may not be indicated in every client case, and in some cases clients may be reluctant to undergo an internal examination, clinicians who treat pelvic health conditions **must** have the ability to determine when an internal examination is indicated, the ability to explain the rationale for the assessment to the client, and the competencies required to perform a comprehensive assessment appropriately.

Individuals who do not possess the competence to perform internal examinations may not claim that they provide assessment and treatment of pelvic health conditions.

This does not preclude the ability of a physical therapist to provide general information and education to clients and the public about pelvic health concerns, incontinence or pelvic pain and to inform clients of the treatment options available to address these concerns.

Legislative Considerations and Purpose of Guide

The scope of practice for physical therapists is outlined in the Physical Therapists Regulation under the *Health Professions Act* (HPA). The Physical Therapists Regulation is one of a number of health profession-specific regulations under the HPA that are being updated to include restricted activities that the health profession will be authorized to perform under British Columbia's shared scope of practice restricted activities model.

The Ministry of Health identifies restricted activities as a narrowly defined list of invasive, higher risk activities that must not be performed by a person in the course of providing health services, except by registrants of a health profession regulatory College who have been granted specific authority to do so in their Regulation. For example, putting an instrument or a device, hand or finger beyond the labia majora or beyond the anal verge is a restricted activity identified in health profession-specific regulations under the HPA. Prior to the Physical Therapists Regulation being updated to include specific restricted activities, the College recognizes that some physical therapists licensed to practice in BC, with appropriate training, are providing pelvic health physical therapy services to a wide variety of clients.

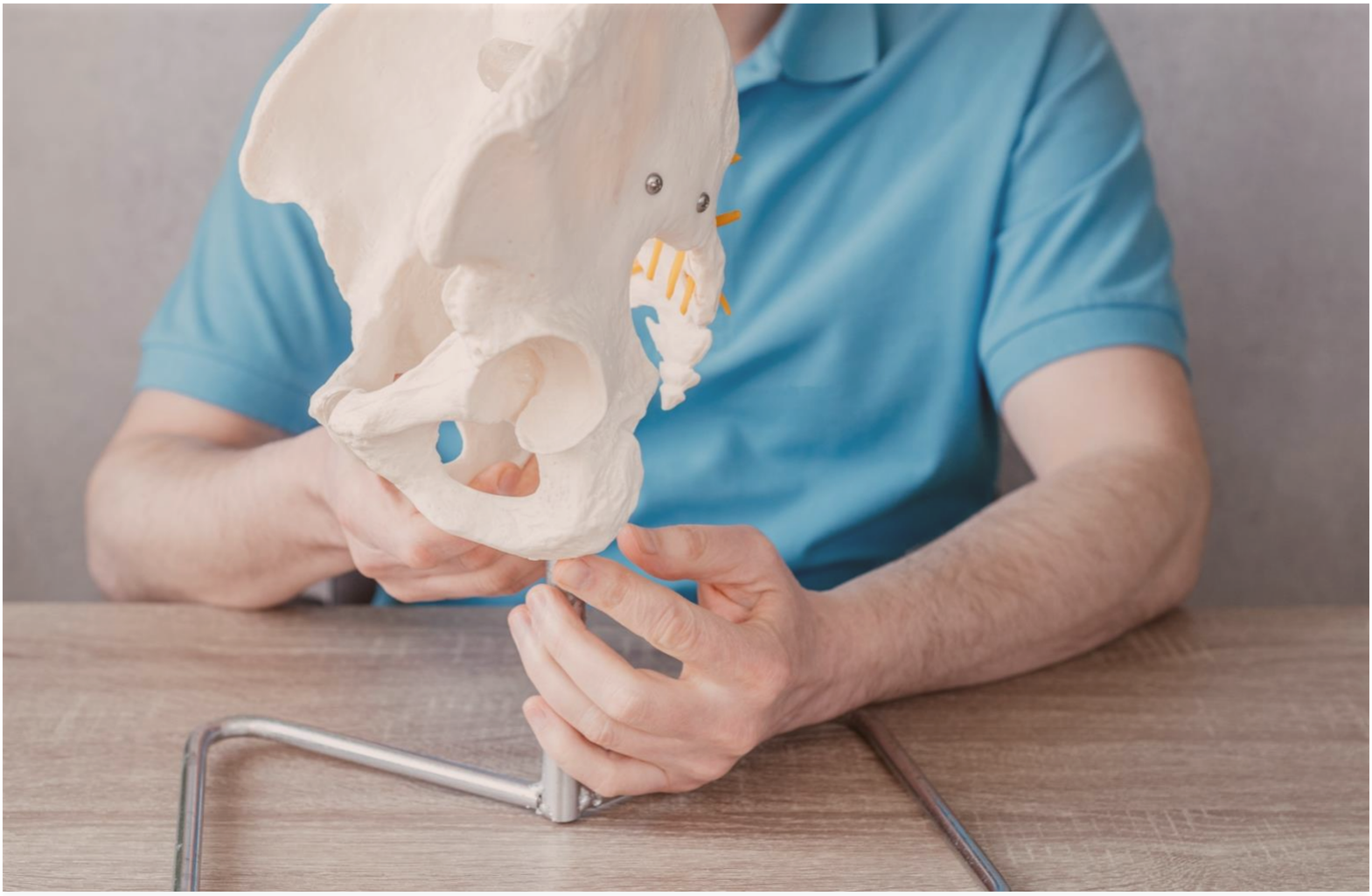
The purpose of this guide is to clarify College regulatory expectations regarding the requirement for physical therapists to develop post-graduate* competence prior to delivering pelvic health physical therapy services, as well as competence regarding client communication, consent, and sensitive practice when working with individuals to provide pelvic health physical therapy services.

*Competence in pelvic health may be acquired in some entry-to-practice physical therapy education programs.

Excluded from the Guide:

Spinal manipulation techniques that require the insertion of fingers beyond the anal verge is also a restricted activity in British Columbia. These are advanced spinal manipulation techniques, taught as part of post-graduate training in the performance of spinal manipulation. Individuals trained in these techniques must limit their activities to those consistent with their competence and training to perform spinal manipulation and must not represent that they provide treatment of pelvic health conditions.

Competent Practice



Guidance on Education and Competence Development

The Standards of Practice[2] apply to all aspects of physical therapy practice, including the performance of internal examinations and the treatment of pelvic health conditions, and require that physical therapists:

- Practice within their level of competence, incorporating the required knowledge and skills to deliver quality client-centred care.
- Take appropriate actions (e.g., referral to another physical therapist or health care provider, courses, mentorship) in situations where they do not have the required competence to deliver quality client-centered care.
- Perform any physical therapy activities in compliance with all relevant provincial legislation and regulatory requirements.

Curriculum Requirements

Physical therapists who perform internal examinations for the assessment or treatment of pelvic health conditions are expected to successfully complete a post-graduate program of study that includes as part of the curriculum the following components:

Theory:

- Anatomy, physiology, and pathophysiology of pelvic health conditions, within the scope of practice of physical therapy including:
  - Common conditions relevant to the pelvic floor.
  - Prevalence of common conditions.
  - Comorbidities, health system and societal impacts.

- Assessment and treatment of common pelvic health conditions, including:
  - Subjective and objective examination techniques.
  - Indications, contraindications and cautions of assessment and treatment procedures.
  - Performance of a comprehensive assessment appropriate to the client's condition.
  - Differential diagnosis.
  - Different treatment approaches relevant for the pelvic health client population.
  - Reliability and validity of outcome measures.
  - Research evidence regarding treatment methods.

Practical:

- Client communication and management skills such as client education and consent practices.
- Performance of an internal examination—involving the insertion or removal of instruments, devices, fingers or hands beyond the labia majora, or beyond the anal verge—including supervised performance and feedback from course instructors and model clients.
- Performance of treatment techniques that involve the insertion or removal of instruments, devices, fingers or hands beyond the labia majora, or beyond the anal verge—including supervised performance and feedback from course instructors and model clients.

Safety:

- Infection prevention and control.
- Adverse event management, including an overview of common risks in pelvic health physical therapy.
- Trauma-informed or sensitive practice.

Evaluation:

- Summative evaluation of theory, practical and safety components of the curriculum.

Selection of Continuing Education Courses

The College does not currently approve, endorse, or accredit pelvic health continuing education courses. It is the physical therapist's sole responsibility to reflect on their individual learning needs, the needs of the client population they serve, and the curriculum content and quality of courses offered when selecting continuing education courses.

A physical therapist's individual competence will be determined in part by the nature and extent of the continuing education undertaken. Therefore, physical therapists are instructed to carefully review the syllabus of potential course offerings to determine if a course will provide the necessary knowledge and skills to enable the provision of pelvic health (internal examinations) services to address their client population's needs.

Depending on the context in which the physical therapist works, a limited program of study may be all that is required to enable them to address the needs of the client population served. However, it is essential that the physical therapist understand that their individual competence may be limited, either by the nature of the education completed or due to limited clinical experience. In such cases, the physical therapist has a professional obligation to limit their practice to the areas in which they are competent and to refer clients to other providers with greater skill or experience when a client's needs are best served by another clinician.

Finally, diverse clinical experience and robust foundational skills in client management, communication, treatment planning, and client education are essential when working with this client population. Recent graduates are strongly encouraged to develop their general clinical skills before pursuing training or establishing a practice in the area of pelvic health physical therapy.

Mentorship

The nature of pelvic health physical therapy necessitates that it is practiced in a private treatment environment. A consequence of the private treatment environment is that opportunities for incidental observation, discussion and learning with colleagues are unlikely to arise.[3] This is in contrast to other areas of physical therapy practice where it is typical for a new skill to be acquired and used in practice with opportunities for colleagues to observe the physical therapist's technique and facilitate skill development through feedback and discussion.

Considering the limited opportunity for incidental observation and peer feedback, or for clinical skill development through observation, a period of mentorship or supervised practice is strongly recommended for novice pelvic health physical therapy practitioners.

Safe Practice

Infection Prevention and Control

Assessment and treatment techniques used when performing pelvic health internal examinations or treatments involve contact with mucous membranes and therefore necessitate the use of clean technique. Clean technique reduces the risk of infection and includes the use of hand hygiene, non-sterile, clean gloves and clean work surfaces.[4] Hand hygiene may be performed using either soap and water or where appropriate alcohol-based hand sanitizer (at least 70% alcohol content) and should be performed within the treatment room, immediately prior to donning gloves.[5]

Equipment and devices such as vaginal probes, cones, and pessary fitting rings are classified as semi-critical items according to the Spaulding Classification, due to their contact with mucous membranes.[5] Physical therapists employing these devices must be aware of and compliant with manufacturer directions regarding device use (e.g. single use, single client use or reusable). Reprocessing of reusable pelvic health physical therapy devices must be consistent with the Spaulding Classification for the item, the manufacturer's directions, and employer policies and procedures (when such procedures exist). In cases where there is a discrepancy between the Spaulding Classification of the device and manufacturer's directions for reprocessing, physical therapists are directed to use the higher level of disinfection/sterilization.[5]

Physical therapists are directed to familiarize themselves with the Standard of Practice on Infection Control, and with the Infection Prevention and Control guide. Additional information regarding cleaning medical devices can be found in the guide.

Treatment Risks and Adverse Event Management

All aspects of physical therapy practice include some risk. Pelvic health physical therapy is no exception and may include additional risks related to professional boundaries and trauma. Risks related to physical therapy practice with this client population include, but are not limited to:

- Skin irritation or allergic reactions
- Bleeding
- Infection
- Psychological trauma

Risks may vary depending on the client population served and the specific treatment techniques employed by the physical therapist. Consent conversations must include a discussion of material and special risks related to the assessment and treatment techniques proposed.

Physical therapists are also required to identify real and potential risks to client safety relevant to their practice and are encouraged to develop critical event management plans to address each of the identified risks.[2] A critical event management plan documents:

- The client safety risk considered.
- Education provided to clients and families about treatment risks and how to respond to a critical event occurring after the client leaves the physical therapy site.
- The appropriate response to a critical event or near miss occurring at the physical therapy site.
- The respective roles and responsibilities of all individuals (physical therapists, non-physical therapist staff, clients and families) in responding to a critical event.
- The type and location of resources to be used in response to a critical event.

Sensitive Practice is a Routine Practice

The risk of psychological trauma bears special consideration when working with this client population. It is estimated that 33% of females and 16% of males will experience sexual assault within their lifetime. Other estimates indicate that 50% of girls and 33% of boys will experience sexual abuse by the time they are 16 years old.[7] With these statistics in mind, the assertion that "all health care practitioners—whether they know it or not—encounter adult survivors of interpersonal violence in their practices"[8] and sexual violence in particular, is well founded.

Survivors of sexual abuse generally demonstrate increased health-care utilization and are more likely to experience headaches, migraines, and chronic pain—conditions physical therapists commonly treat.[9,10,11] Physical therapists working in the area of pelvic health may be even more likely to encounter survivors of sexual abuse as pelvic pain and acute gynecological injury may be consequences of sexual abuse. A significant proportion of individuals who have been sexually abused exhibit symptoms of post-traumatic stress disorder, even years after the abuse occurred,[9,10,11] and this may affect their response to seemingly innocuous procedures or interventions.

With such a high proportion of people having a history (whether recent or remote) of sexual abuse, all physical therapists are advised to adopt sensitive practice as a routine practice in their client interactions. Physical therapists working in the area of pelvic health must also keep in mind that "examinations and procedures that health care providers might consider innocuous or routine can be distressing for survivors of sexual abuse, because they may be reminiscent of the original trauma."[8] Physical therapists working in the area of pelvic health need to be thoughtful and intentional in their interactions with clients, giving consideration to how their actions or comments could be misinterpreted or misunderstood.

Applying Sensitive Practice in Clinical Interactions

Applying the principles of sensitive practice as a routine practice means assuming every client you encounter may have a history of sexual abuse and then acting accordingly. Some ways that physical therapists can exhibit sensitive practice include:[8]

- Slowing down, and taking the time to listen to the client, to engage with them and develop a therapeutic relationship by being present and attentive to their concerns.
- Explaining what you are planning to do and why it is important before you begin and with each step of the assessment or treatment process.
- Remembering that clients with a history of sexual abuse demonstrate *non-linear healing*, meaning that what they can tolerate one day may be different the next. Physical therapists can demonstrate an awareness of this by reaffirming client consent for different treatment procedures at each appointment, rather than assuming past consent remains valid. This is not only consistent with sensitive practice; it is also an expectation outlined in the Standards of Practice[2] and Consent to Treatment guide.[12]
- Including an explicit statement of your intent to provide a safe environment for survivors of sexual abuse such as the one below:

  XYZ Clinic strives to foster an environment where clients feel safe and supported. In order to help you feel safe and avoid possible triggers, we ask that you discuss with your physical therapist how they might make you feel more comfortable and better supported during assessment and treatment.
- Discussing the option of having a third party/chaperone/support person present for the assessment/treatment or any portion thereof.
- Sharing control with the client, by:
  - ensuring the client has provided informed consent.

    - being alert and sensitive to non-verbal signs that the client may no longer be comfortable with the assessment or treatment procedures, such as:
        - physically withdrawing
        - tensing hands or body
        - shallow breathing
        - decreased responses to questions
        - avoiding eye contact/closing eyes
- Checking in with the client to confirm ongoing consent to assessment and treatment.
- Making it clear to the client with both words and actions that they can withdraw their consent at any time. Clients with a history of sexual abuse may need to be encouraged to advocate for themselves and may need to be given permission to say no.

Communication and Consent Considerations

Consent considerations, including the requirements to obtain informed consent before commencing an assessment or treatment and to ensure ongoing consent to assessment and treatment are articulated in the Standard of Practice: Informed Consent and are well-established principles within physical therapy practice.[2]

Foundational to the consent process is the requirement that the physical therapist clearly and effectively communicate the nature of the assessment, the assessment findings, and the treatment recommendations and what they will entail for the client. The physical therapist needs to tailor the content, format, and manner with which client education is provided in order to ensure that the client understands what to expect and what the physical therapist is planning to do.

Physical therapists providing internal examinations must consider that some aspects of their practice may differ from general physical therapy practice, including:

- Client awareness and expectations regarding what pelvic health services include;
- How an internal examination by a physical therapist may differ from those they may have previously experienced, when conducted by a member of another health profession and for different clinical purposes;
- How a history of sexual assault or interpersonal violence may affect the client's ability to tolerate an internal examination, particularly if that examination is of a longer duration than anticipated or is uncomfortable.

Standard of Practice: Informed Consent and the Consent to Treatment guide provide an overview of key expectations and principles related to consent. The overarching principle being that consent is not valid unless it is informed.[2,12] For physical therapists working in pelvic health, the key questions are:

- How will you educate clients about what to expect during a physical therapy pelvic health (internal examinations) assessment or treatment?
- How can you ensure that communication materials are presented in clear, client-friendly language, and are written at an appropriate level?
- What processes will you implement to ensure that consent is obtained **after** client education is provided and that you have obtained **informed** consent?

While the expectations described in the Standard of Practice: Communication and the Standard of Practice: Informed Consent are universally applicable to physical therapy practice, they represent the **minimum expectations** that physical therapists must meet. Due to their nature, pelvic health services and internal examinations in particular demand that physical therapists not only meet these expectations but also implement best practices, consistently striving for excellence in their communication and consent practices. For example:

- Printed education materials and diagrams may be helpful methods to address communication barriers and facilitate client education, and physical therapists who provide pelvic health services are strongly encouraged to implement these methods of education and communication with all clients.
- Although either written or verbal informed consent are acceptable in general practice, physical therapists who provide internal examinations are encouraged to obtain consent in writing, after discussing what assessment and treatment will include.

Physical therapists are encouraged to review these Standards of Practice in detail and consider how to implement best practices to support quality practice. A sample Consent Form for pelvic health services can be found in Appendix 1. Physical therapists are encouraged to modify this form as appropriate for their practice setting and services provided. The Consent Form is intended as an example only and does not constitute legal advice. Additional recommendations regarding client education can be found in Appendix 2. Additional guidance regarding communication considerations can be found in Appendix 3.

Summary

Physical therapists may perform pelvic health assessment and treatment, including internal examinations, provided they have the individual competence (knowledge, skills and attitudes) to provide the services.

The College of Health and Care Professionals of British Columbia expects registrants who perform internal examinations and treat individuals with pelvic health conditions to:

- Complete a program of study including in its curriculum theory, practical and safety components as detailed in this document, to develop their competence in this area of practice.
- Successfully complete a summative evaluation of the theory, practical and safety components of the course curriculum, administered by the course instructor and resulting in a passing grade.
- Read, understand and agree to comply with the Standards of Practice, with particular attention to:
  - Infection Control
  - Boundary Violations
  - Sexual Abuse and Sexual Misconduct
  - Informed Consent

Appendix 1:
Consent Form Example

I authorize the physical therapist _____ to perform or assist in performing the following special procedures:

> **Manual techniques for the evaluation and treatment of incontinence or pelvic pain involving the insertion of a gloved finger(s) or specialized instrument beyond the labia majora or anal verge.**

The physical therapist has given me an explanation of the treatment, I have had the opportunity to ask and have my questions answered, and I understand the nature, risks, probable effects and alternative treatment options of the proposed treatment.

I have been advised that I may have another person accompany me to the assessment and/or treatment sessions.

I understand that I can withdraw my consent at any time.

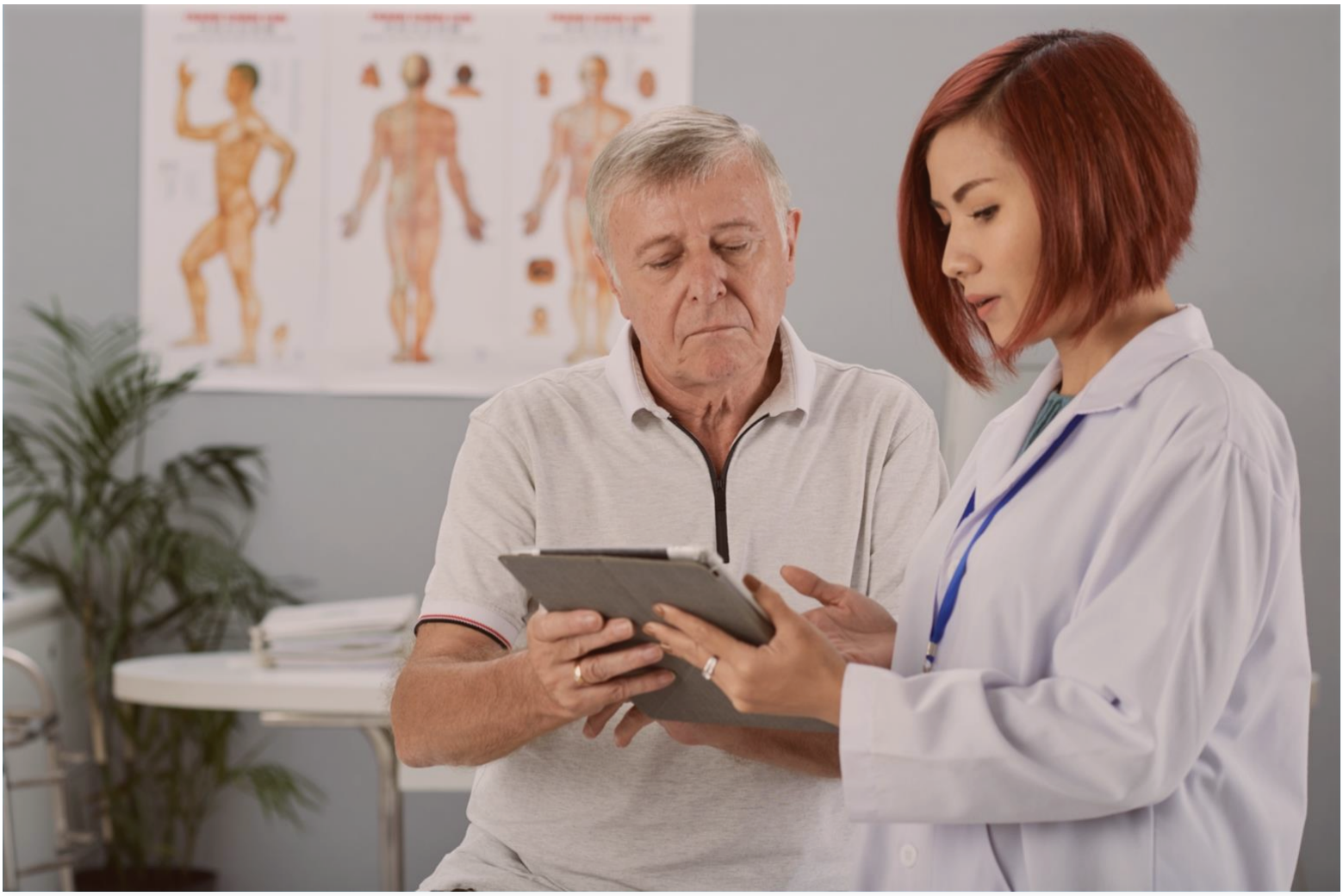
Date: _____

Signature: _____

Physical Therapist: _____

Appendix 2:

Client Information—What to Expect and What to Ask



The pelvic floor consists of a group of muscles and connective tissues that support the bladder, urethra and pelvic organs. Like other muscles in the body, the pelvic floor can become stretched and weak or may become over-active and tight in response to illness or injury. Physical therapists treat pelvic health conditions by addressing muscle weakness or dysfunction to correct or improve problems such as incontinence, organ prolapse and pelvic pain.

1. **What does a physical therapy pelvic health internal examination look like?**

   Before treating any condition, a physical therapist must first determine what the client's health concern is, and its cause. This requires a thorough assessment of the client's health. The assessment will vary depending on the client's health concern.

   An assessment will begin by gathering information from the client about their general medical history, symptoms, and concerns. After this discussion, the physical therapist will complete an assessment of the client's condition. This typically begins with a general assessment to rule out any underlying problems that the physical therapist is not able to treat and becomes more specific to the client's concern as it continues. When assessing health conditions such as urinary incontinence, the physical therapy assessment generally includes an internal examination to assess the muscles of the pelvic floor and the presence of other concerns.

   Clients can expect that physical therapists will explain the assessment procedures they are using and their rationale. Clients can also expect that the physical therapist will obtain the client's consent to proceed before completing any part of the examination.

2. **Why/when is an internal exam needed?**

   An internal examination is often required when a physical therapist is assessing or treating a condition of the pelvic floor. The internal examination is needed in order to assess pelvic floor muscle tone and strength the presence or absence of pelvic organ prolapse.

   This assessment helps the physical therapist determine a plan of care to address the client's concern. However, clients may not always be comfortable with the idea of having an internal examination. Clients can expect that their physical therapist will work with them to build rapport and find approaches to assessment and treatment that the client is comfortable with over the course of the physical therapy treatment program.

   Clients always have the right to decline a physical therapy assessment or treatment procedure.

3. **What education and training should a physical therapist have?**

   Physical therapists are required to have post-graduate training to work in pelvic health. Some physical therapists may have also had the opportunity to work under mentorship of physical therapists experienced in this area of practice. It is also important that a physical therapist regularly use their skills in order to maintain them.

   There is a wide range of courses available to physical therapists who wish to develop their skills in this area. Physical therapists are required to evaluate courses to determine those which will provide them with the skills required to provide pelvic health (internal examinations) services. The College of Health and Care Professionals of BC does not endorse any education program but does provide guidance regarding minimum curriculum expectations for courses.

As important as the physical therapist's education and experience is how effectively they develop rapport with their clients. The client should feel safe, respected, and listened to when in the physical therapist's care. The development of an effective therapeutic relationship is essential to the success of all physical therapy services.

Physical therapists should readily provide information about the course work or training they took in order to develop their skills and abilities and their authorization to provide these services. The physical therapist should also provide information about how they maintain their skills. The client must be able to make an informed choice of providers, balancing considerations of education, experience and rapport to find a physical therapist who can address their needs and provide quality physical therapy care.

Appendix 3: Communication Tips

Condensing years of experience, expertise and knowledge into client-friendly information can be a challenge. The following strategies may help to present essential information in an accessible manner.

Plain Language

Written materials should be presented at a grade 6-8 reading level. Some strategies include:

- Using bullet points, or short phrases.
- Using simple words to define complex terms early on in documents.
- Replacing multi-syllabic words with shorter, simple words.
- Breaking long sentences into 2 or 3 separate sentences.
- Field testing documents with individuals of different backgrounds, interests and reading levels (if possible), checking for understanding of the document and any sections in need of revision.
- Hiring a professional writer with no knowledge of the technical aspects of the topic to help simplify and clarify the content.

Diagrams and Models

Consider including scale models or diagrams in teaching materials, presentations and one on one education sessions to facilitate client understanding.

Teach–Back

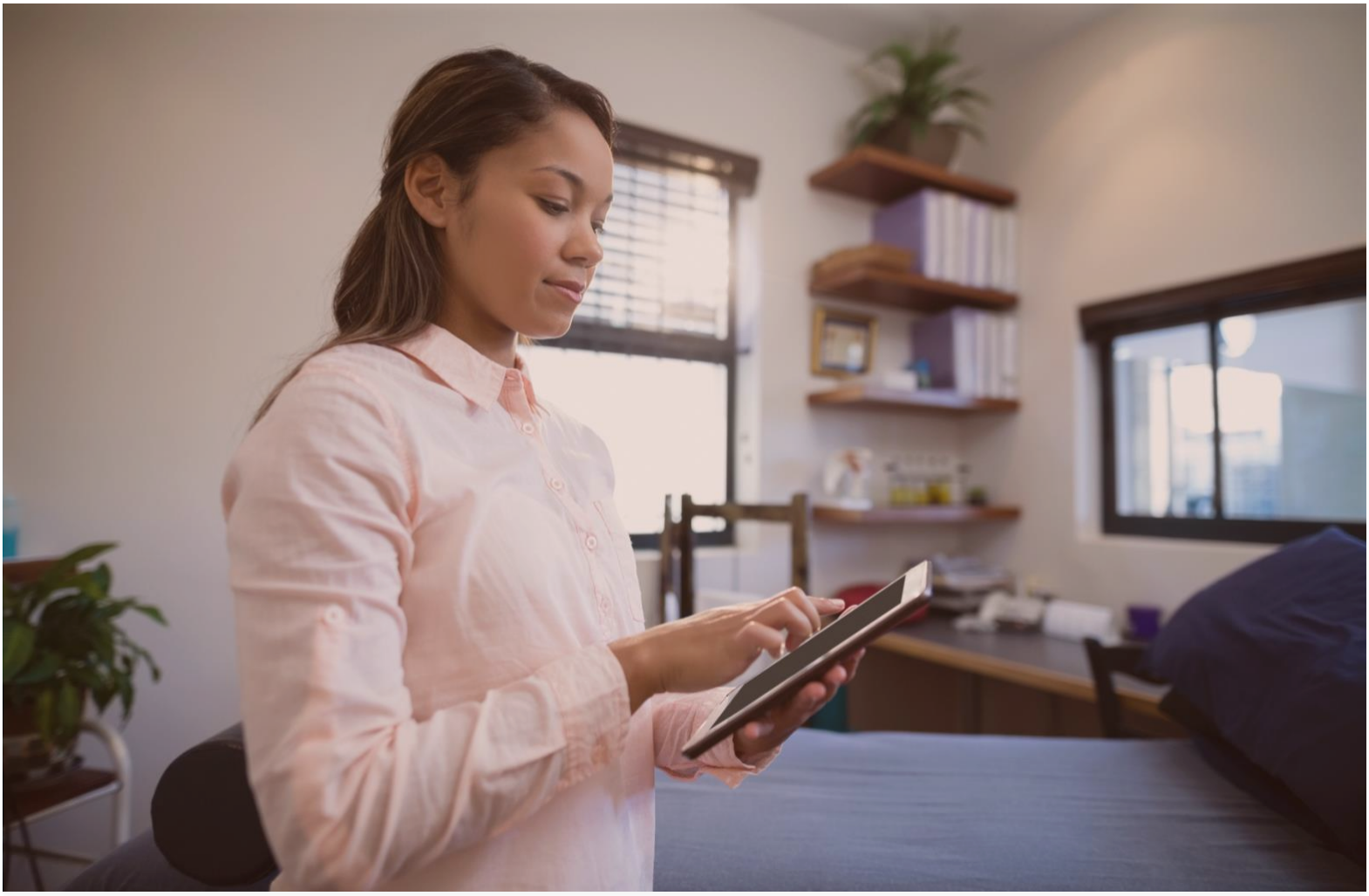
The physical therapist asks the client to tell them the key points about the education or treatment provided during their physical therapy appointment. By listening to what the client says, the physical therapist can assess comprehension of the information they have provided, identify any misunderstandings, and clarify or reinforce important information that the client may not have retained.

Cultural Awareness

Physical therapists should also reflect on measures they can take to support physical therapy access for diverse populations. This may include such measures as:

- Partnering with individuals from different communities to ensure that education materials are sensitive to cultural differences, either by soliciting members of the community to review and provide feedback on education materials or engaging with stakeholders to better understand cultural differences and how to address these differences in practice.
- Considering translation of education materials (by a qualified translator) into other languages common within the community served. Adopting the use of plain language and diagrams or models in client education materials also promotes understanding among individuals with English as a second language and English language learners.
- Developing policies, practices and resources to support safety and who may experience oppression including heterosexism or cisgenderism, including use of signage to denote inclusive spaces and gender-neutral washrooms.

Additional Resources



Physiotherapy Alberta College and Association Resources:

- *Infection Prevention and Control Resource Guide for Alberta Physical therapists*
  https://www.cpta.ab.ca/docs/67/IPC_Guide-Revised_Human_Rights_11.30.23.pdf

- *Consent Guide for Alberta Physical therapists*
  https://www.cpta.ab.ca/docs/258/Consent_Guide_2024.pdf

College of Physiotherapists of Manitoba Resources:

- *Practice Direction 4.3 Informed Consent to Treatment*
  https://manitobaphysio.com/wp-content/uploads/2022/11/4.3-Informed-Consent-to-Treatment.pdf

- *Practice Direction 4.22 Internal Pelvic Examinations*
  https://manitobaphysio.com/wp-content/uploads/2023/04/4.22-Internal-Pelvic-Interventions.pdf

- *Practice Direction 4.5 Routine Practice*
  https://manitobaphysio.com/wp-content/uploads/2022/11/4.5-Routine-Practice.pdf

College of Health and Care Professionals of British Columbia Resources:

- *Infection Prevention and Control Resource*
- *Consent to Treatment Booklet*

References

1. Province of British Columbia Health Regulation. *Scope of Practice Reform.* Available at: https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation/scope-of-practice-reform. Accessed January 6, 2021.]

2. College of Health and Care Profesisonals of British Columbia. *Standards of Practice for Physical Therapists in British Columbia*. Available at: https://chcpbc.org/wp-content/uploads/2024/08/RPT_StandardsOf-Practice_Complete-2024-03-04.pdf.

3. Frawley HC, Neumann P, Delany C. An Argument for Competency-Based Training in Pelvic Floor Physical Therapy Practice. Physical Therapy Theory and Practice. DOI: 10.1080/09593985.2018.1470706

4. Clean vs Sterile Dressing Techniques for Management of Chronic Wounds: A Fact Sheet. Journal of Wound, Ostomy and Continence Nursing. 2012; 39(2S):30-34.

5. College of Health and Care Professionals of British Columbia. *Infection Prevention and Control*. Available at: https://chcpbc.org/wp-content/uploads/2024/08/RPT-InfectionPreventionAndControl-2024-04.pdf.

6. Physiotherapy Alberta College & Association. *Safety Practice Guideline*. Available at: https://www.cpta.ab.ca/docs/146/Safety_accessible.pdf

7. University of Alberta. *Understanding Sexual Assault.* Previously available at: https://www.ualberta.ca/current-students/sexual-assault-centre/understanding-sexual-assault. Accessed February 18, 2019.

8. Schachter CL, Stalker CA, Teram E, Lasiuk GC, Danilkewich A. *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from adult survivors of childhood sexual abuse.* 2008. Ottawa: Public Health Agency of Canada.

9. Government of Quebec. *Consequences of Adult Sexual Assault.* Available at: https://www.inspq.qc.ca/en/sexual-assault/understanding-sexual-assault/consequences. Accessed February 15, 2019.

10. RAINN. *Effects of Sexual Violence.* Available at: https://www.rainn.org/effects-sexual-violence. Accessed February 15, 2019.

11. Centers for Disease Control and Prevention. *Sexual Violence: Fast Facts.* Available at: https://www.cdc.gov/sexual-violence/about/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html. Accessed February 15, 2019.

12. College of Health and Care Professionals of British Columbia. Consent to Treatment. Available at: https://chcpbc.org/wp-content/uploads/2024/08/RPT-ConsentToTreatment-2024.pdf.