College of
HEALTH AND CARE
PROFESSIONALS OF BC

CERTIFICATION PROGRAMS

INTRAPELVIC HEALTH

Competency Framework

This framework was inspired by the « *Référentiel des compétences des physiothérapeutes en rééducation pelvi-périnéale au Québec* » published by l'Ordre professionnel de la physiothérapie du Québec (OPPQ) in May 2025.

Guiding principles

The framework is founded on principles of patient-led care, voluntary, informed, and continuous consent, and biopsychosocial, strengths-based, and trauma-informed approaches.

Licensees must practice in accordance with the **Ethics and Practice Standards**, and including when determining their learning needs throughout their career to support competent and safe provision of intrapelvic health.

Learning must occur in a training environment that allows for the integration and evaluation of the competencies necessary for the safe and ethical practice of intrapelvic health. Competencies and social skills must be acquired and integrated within the clinical setting where licensees plan to practice the certified restricted activities (e.g., adult, and/or pediatric clinical setting).

Objectives of the competency framework

- Identify foundational competencies attained at entry-level.
- Identify minimum competencies required for practicing intrapelvic health with diverse populations.
- Support a certification program that enables licensees to provide intrapelvic health services competently, ethically, and safely.
- Inform and support CHCPBC's regulatory programs for public protection (licensure, quality practice, and investigations, discipline, and monitoring).

Methodology

The development of the competency framework followed a rigorous process involving the following steps:

1. Identifying conceptual frameworks and competency elements related to the practice of intrapelvic health in physical therapy.
2. Validating the framework with external interested parties.
3. Improving the framework based on feedback received during validation.

The framework was adapted and informed by an environmental scan of intrapelvic health practice across Canada, and consultation with subject matter experts in BC and QC in 2026.

Appendix 1 includes a summary of consultations with various interested parties by CHCPBC.

Legal scope of practice

Physical therapists assess physical health status of patients to promote (educate), maintain and restore physical health, to rehabilitate and improve physical function, and to relieve pain. Physical therapists prevent, treat and manage diseases, disorders and conditions by physical and mechanical means, and advise on the physical health of patients.

Physical therapists who provide intrapelvic health services work collaboratively with other health professionals and refer patients when necessary.

Physical therapists are responsible for understanding their legal and individual scope of practice, referring to an appropriate health professional (e.g., physician, nurse, psychologist, sex therapist) when an activity is not within their scope, and determining their learning needs.

Advertising pelvic health services to the public

Physical therapists must be familiar with and apply the **Ethics and Practice Standards**, in particular the standards for **Professional Performance** and **Responsibility, and Marketing, Advertising, and Promotion** to accurately advertise their services for pelvic health and clearly inform the public on their individual scope of practice and whether they are certified to practice intrapelvic health or not.

Ongoing framework review

The competency framework will be reviewed regularly for updating as physical therapy practice and legislation evolve. The framework will be updated to reflect the evolution of entry-to-practice university programs, the essential competencies for physiotherapists in Canada, as well as legislative changes related to the scope of practice, and certified restricted activities in British Columbia.

Competency continuum

The framework follows two main competency stages:

1. **Entry-to-practice:** Entry-to-practice or entry-level competency is considered insufficient for safe practice of intrapelvic health as it does not cover a comprehensive assessment and physical examination of pelvic health conditions, including the performance of internal examinations.

   At entry-level, a graduate is able to:

   - consider and integrate current or potential intrapelvic disorders into their clinical approach with any adult patient in order to adapt their care, and
   - screen for conditions requiring internal intrapelvic care and refer to a certified physical therapist.

2. **Certified practice – Intrapelvic health:**

   The *Health Professions and Occupations Act*'s **Health and Care Professionals Regulation** authorizes certified physical therapists to insert an instrument, device, hand or finger beyond the labia majora or anal verge for the purpose of assessing or treating the pelvic floor.

Intrapelvic assessment and treatment involve intimate assessment requiring additional knowledge, skill, clinical judgement, and communication skills that build on essential competencies attained at entry to practice.

Physical therapists at this level can assess and treat intrapelvic health concerns and issues to:

- maximize functional outcomes,
- improve quality of life (improve participation in activities that are meaningful to the patient, such as daily activities, work, exercise, sport, caregiving responsibilities, and sexual function), and
- reduce the biopsychosocial impacts of the symptoms, conditions, or disorders.

Intrapelvic health learning objectives and competencies

Physical therapists are responsible for knowing and practising within their individual scope, which develops through education, evaluation of knowledge and practical skills, mentorship, reflective practice, and ongoing professional development.

Each of the competency profiles provided below build on entry-level competency and the Ethics and Practice Standards. The competency profiles are meant to support physical therapists in identifying course content and areas of mentorship adapted to their learning needs, depending on the area of intrapelvic health they plan to practice.

Physical therapists are not expected to be competent in all intrapelvic practices and are expected to provide assessment and treatment for the conditions they are qualified for. Depending on the clinical situation, the physical therapist may want to refer the patient to another physical therapist or another authorized health professional qualified to provide intrapelvic health.

1. Urinary disorders

Learning objectives	Competencies
1. Consolidates and deepens knowledge of anatomy and physiology of the pelvic floor muscles, organs, and abdominal, perineal, and pelvic structures relevant to urinary disorders in adults.	• Understands advanced anatomical, physiological, and pathophysiological concepts relevant to urinary disorders. • Completes detailed and condition-specific history-taking for urinary disorders. • Assesses signs and symptoms of urinary disorders and their impact on daily function and quality of life. • Knows contraindications and precautions for managing urinary disorders. • Assesses pelvic floor muscles and adjacent related anatomical structures using external and internal methods (e.g., observation of abdomen, pelvis, coccyx, vaginal, perineal, and anal palpation, surface EMG, ultrasound). • Understands pelvic assessment and evaluation of related structures (e.g., abdominals and others) for urogynaecological conditions or urinary disorders linked to pelvic floor dysfunction. • Demonstrates correct clinical reasoning and physiotherapy diagnosis based on identified signs and symptoms specific to urinary disorders. • Develops a preoperative approach, where indicated.
2. Consolidates and deepens knowledge of the physiology of the urinary and sexual systems, including somatic and autonomic neurological control of the lower urinary tract and pelvic floor muscles.	
3. Consolidates and deepens knowledge of pathophysiology and epidemiology of different urinary disorders, including associated conditions, comorbidities, and risk factors.	
4. Recognizes the diagnostic process and medical management of urinary disorders, including medical investigations, pharmacology, surgeries, complications, and other interventions.	
5. Conducts a physiotherapy assessment specific to urinary disorders.	
6. Analyzes assessment findings to plan intervention.	• Demonstrates correct external and internal manual techniques and other therapeutic modalities tailored to adult urinary disorders. • Develops education and exercise programs aimed at reducing signs and symptoms of urinary disorders, and sexual dysfunction (i.e., products, and assistive devices).
7. Applies therapeutic modalities for conservative treatment of urinary disorders and recognizes related precautions and contraindications.	

2. Intrapelvic pain

Depending on adult patient populations and clinical presentations, learning objectives and resources related to gastrointestinal and anorectal disorders, pelvic organ prolapse, and chronic pain may also be relevant and support practice for intrapelvic pain.

Learning objectives	Competencies

1. Consolidates and deepens knowledge of anatomy and physiology of the pelvic floor muscles, organs, and abdominal, perineal, and pelvic structures relevant to intrapelvic pain in adults.	• Understands advanced anatomical and physiological concepts related to intrapelvic pain.
	• Understands advanced knowledge related to sexual function.
	• Understands common presentations of intrapelvic pain, including:
	  ○ gynecological
	  ○ urological
	  ○ gastrointestinal
	  ○ musculoskeletal
	• Completes detailed and condition-specific history-taking related to intrapelvic pain and sexual dysfunction.
	• Assesses signs and symptoms and their impact on function and quality of life.
	• Knows contraindications and precautions related to conservative management of intrapelvic pain.
	• Assesses pelvic floor muscles and adjacent structures (including perineum, vulvar region, clitoris, pelvis, coccyx) in relation to intrapelvic pain in adults.
	• Demonstrates correct external and internal methods, such as:
	  ○ observation
	  ○ vaginal and anal palpation
	  ○ surface EMG
	  ○ ultrasound
	• Demonstrates correct pelvic assessment and related structures (e.g., abdominals and others) linked to pelvic floor dysfunction.
	• Assesses sensation and pain, including:
	  ○ hypoesthesia
	  ○ allodynia
	  ○ hyperesthesia
	using tools such as:
	  ○ cotton swab test
	  ○ algometer
	  ○ nerve provocation/mobility tests
	• Assesses connective tissue restrictions related to intrapelvic pain.
	• Demonstrates correct clinical reasoning and physiotherapy diagnosis based on identified signs and symptoms specific to intrapelvic pain.

2. Consolidates and deepens knowledge of the physiology of systems involved in intrapelvic pain, particularly: a. nociception b. pain perception c. nervous system sensitization in the context of persistent pain	
3. Consolidates and deepens knowledge of epidemiology, comorbidities, and risk factors related to intrapelvic pain in adults.	
4. Recognizes the diagnostic process and medical management of intrapelvic pain in adults (including medical investigations, pharmacology, surgery, and other interventions).	
5. Conduct a physiotherapy assessment specific to intrapelvic pain in adults.	

Learning objectives	Competencies

6. Based on clinical reasoning, establishes an intrapelvic physiotherapy treatment plan specific to intrapelvic pain in adults.	• Demonstrates correct external and internal manual techniques, and other therapeutic approaches adapted to intrapelvic pain, including:
	  ○ use of dilators/trainers
	  ○ progressive desensitization techniques
	• Understands pharmacological approaches related to intrapelvic pain:
	  ○ indications
	  ○ contraindications
	  ○ side effects
	  ○ as well as lubricants and moisturizers
	• Demonstrates correct use of electrophysical agents related to intrapelvic pain:
	  ○ indications
	  ○ contraindications
	  ○ precautions
	  ○ dose
	• Develops an education program addressing intrapelvic pain in adults, including:
	  ○ pain neuroscience education
	  ○ sexual function education
	  ○ an associated exercise program

7. Applies therapeutic modalities and recognizes the precautions and contraindications related to intrapelvic pain treatment in adults.	

3. Gastrointestinal and anorectal disorders

Learning objectives	Competencies

1. Consolidates and deepens knowledge of anatomy and neurophysiology of the muscles and tissues of the intestinal and anorectal region.	• Understands advanced anatomical and physiological concepts related to gastrointestinal and anorectal disorders.
	• Completes detailed and condition-specific history-taking related to gastrointestinal and anorectal disorders.
	• Assesses signs and symptoms and their impact on function and quality of life.
	• Knows contraindications and precautions related to conservative approaches in gastrointestinal and anorectal disorders.
	• Assesses pelvic floor muscles and adjacent structures (including abdominals, pelvis, coccyx) in relation to gastrointestinal and anorectal disorders.
	• Assesses anorectal pressure, using objective methods such as:
	  ○ observation
	  ○ vaginal and anal palpation
	  ○ surface EMG
	  ○ ultrasound
	  ○ simple balloon manometry
	• Assesses bowel habits, including defecation patterns, positioning, and evacuation techniques.
	• Demonstrates correct clinical reasoning and physiotherapy diagnosis based on identified signs and symptoms specific to gastrointestinal and anorectal disorders.

2. Consolidates and deepens knowledge of the physiology of the systems involved in gastrointestinal and anorectal disorders.	
3. Consolidates and deepens knowledge of epidemiology, comorbidities, and risk factors related to gastrointestinal and anorectal disorders.	
4. Recognizes the diagnostic process and medical management of gastrointestinal and anorectal disorders (including medical investigations, pharmacology, surgery, and other interventions).	
5. Conducts a physiotherapy assessment specific to gastrointestinal and anorectal disorders.	
6. Based on clinical reasoning, establishes an intrapelvic physiotherapy treatment plan specific to gastrointestinal and anorectal disorders.	• Demonstrates correct external and internal manual techniques, including abdominal massage, and other therapeutic modalities (excluding electrophysical agents) adapted to gastrointestinal and anorectal disorders. • Demonstrates correct balloon techniques, including hygiene considerations. • Understands pharmacological approaches: indications, contraindications, and side effects. • Knows of supplements and basic nutritional concepts related to stool consistency. • Develops education and exercise programs aimed at reducing signs and symptoms related to gastrointestinal and anorectal disorders.
7. Applies therapeutic modalities and recognizes the precautions and contraindications associated with treatment approaches of gastrointestinal and anorectal disorders.	

4. Pelvic prolapse and pessaries

Learning objectives	Competencies

1. Consolidates and deepens knowledge of anatomy and physiology of the muscles and connective tissues (fascia, ligaments, aponeuroses, and other support tissues) of the pelvic floor and pelvic organs in relation to pelvic organ prolapse.	• Understands advanced anatomical and physiological concepts related to pelvic organ prolapse.
	• Completes detailed and condition-specific history-taking related to pelvic organ prolapse.
	• Assesses symptoms of pelvic organ prolapse and their impact on function and quality of life.
	• Knows contraindications and precautions related to conservative approaches for pelvic organ prolapse.
	• Applies hygienic, ethical, and clinical precautions specific to pelvic organ prolapse, including:
	  ○ sterilization concepts
	  ○ infection prevention
	  ○ considerations specific to the use of pessaries and speculums.
	• Demonstrates correct intrapelvic assessment specific to prolapse signs, including:
	  ○ internal inspection with a speculum
	  ○ assessment of vaginal mucosa appearance and quality
	  ○ use of prolapse staging/quantification systems (e.g., POP-Q)
	• Demonstrates correct pelvic floor muscle assessment, including adjacent structures (pelvis, coccyx), using:
	  ○ external methods
	  ○ intracavitary methods
	  ○ measurement of hiatus size at rest and during contraction (e.g., observation, bearing down standing assessment, ultrasound)
	• Demonstrates correct physical assessment (posture, breathing patterns) and intrapelvic assessment of related structures (diaphragm, abdominals, etc.) associated with pelvic organ prolapse.
	• Demonstrates correct clinical reasoning and physiotherapy diagnosis based on identified signs and symptoms specific to pelvic organ prolapse.

2. Consolidates and deepens knowledge of the physiology of the systems involved in pelvic organ prolapse.	
3. Consolidates and deepens knowledge of epidemiology, comorbidities, and risk factors related to pelvic organ prolapse.	
4. Recognizes the diagnostic process and medical management of pelvic organ prolapse (including medical investigations, pharmacological treatments, surgeries, and their potential complications).	
5. Conducts a physiotherapy assessment specific to pelvic organ prolapse and to determining the appropriate pessary (when applicable).	

Learning objectives	Competencies

6. Based on clinical reasoning, establishes a physiotherapy treatment plan specific to pelvic organ prolapse.	• Demonstrates correct external and internal manual techniques, pelvic floor exercises, and other therapeutic modalities adapted to pelvic organ prolapse.
	• If applicable, demonstrates correct pessary management, including:
	  ○ insertion of the pessary
	  ○ patient education on insertion and removal
	  ○ maintenance and hygiene
	  ○ monitoring for signs of adverse effects
	• Understands medication and topical applications related to pelvic organ prolapse, including:
	  ○ moisturizers
	  ○ lubricants
	  ○ local hormone therapy (indications and contraindications)
	• Develops education and exercise programs adapted to reduce signs and symptoms of pelvic organ prolapse.

7. Applies therapeutic modalities and recognize the precautions and contraindications associated with treatment approaches of pelvic organ prolapse.	
8. Knows and selects different types of pessaries, and use them for the conservative management of pelvic organ prolapse (when applicable).	

5. Pediatric urinary and gastrointestinal disorders

Depending on patient populations and clinical presentations, resources and competencies related to adult and pediatric gastrointestinal and anorectal disorders are strongly recommended.

Learning objectives	Competencies

1. Consolidates and deepens knowledge of anatomy, physiology, and development of the urinary, and gastrointestinal systems in children.
 	
2. Consolidates and deepens knowledge of the physiology of systems involved in pediatric urinary and gastrointestinal disorders.
 	
3. Consolidates and deepens knowledge of epidemiology, comorbidities, and risk factors related to pediatric urinary and gastrointestinal disorders.
 	
4. Recognizes the diagnostic process and medical management of pediatric urinary and gastrointestinal disorders (including medical investigations, pharmacology, and other interventions).
 	
5. Conducts a physiotherapy assessment specific to pediatric urinary and gastrointestinal disorders.
	• Understands advanced anatomical, physiological, and developmental concepts related to pediatric urinary and gastrointestinal disorders.
	• Understands common clinical presentations, including:
	  ○ urinary disorders (e.g., enuresis, urinary incontinence)
	  ○ gastrointestinal and anorectal disorders (e.g., constipation, fecal incontinence)
	• Completes detailed and condition-specific history-taking, including information from both the child, parent(s) or guardian(s).
	• Assesses signs and symptoms and their impact on function, participation, and quality of life.
	• Knows contraindications and precautions related to conservative management in pediatric populations.
	• Considers inclusive care and developmental, family, cultural, psychological, and emotional aspects specific to pediatric care.
	• Assesses pelvic floor function using non-invasive approaches appropriate for children.
	• Uses objective tools adapted to pediatrics.
	• Assesses bladder and bowel habits, including:
	  ○ voiding patterns
	  ○ fluid intake
	  ○ toileting routines
	• Assesses toileting posture and behaviors.
	• Selects appropriate assessment methods based on the child's age and level of cooperation, measurement properties, risks, and benefits.
	• Demonstrates correct clinical reasoning and physiotherapy diagnosis based on identified signs and symptoms specific to pediatric urinary and gastrointestinal disorders.

Learning objectives	Competencies
6. Based on clinical reasoning, establishes an intrapelvic physiotherapy treatment plan specific to pediatric urinary and gastrointestinal disorders.	• Develops an educational program aimed at reducing the signs and symptoms related to pediatric urinary and gastrointestinal disorders. • Selects age-appropriate therapeutic approaches considering development and family context. • If applicable, demonstrates correct external and internal manual techniques, and other therapeutic modalities adapted to pediatric urinary and gastrointestinal disorders. • If applicable, demonstrates correct use of electrophysical and behavioral modalities (notably enuresis alarms, biofeedback, electrostimulation), and main electrophysical agents (indications, contraindications, precautions, dose). • Understands pharmacological approaches (indications, contraindications, side effects, precautions). • Knows of supplements and basic nutritional concepts related to pediatric urinary and gastrointestinal disorders.
7. Applies therapeutic modalities and recognizes the precautions and contraindications associated with treatment approaches for pediatric urinary and gastrointestinal disorders.	

6. Neurological intrapelvic disorders

Depending on patient populations and conditions (level of impairment, level of the neurological lesion, extent of symptoms, or chronicity of the condition), resources and competencies related to adult gastrointestinal and anorectal disorders are strongly recommended.

Learning objectives	Competencies
1. Consolidates and deepens knowledge of neuroanatomy and neurophysiology involved in urinary, intestinal, and sexual functions.	• Understands advanced neuroanatomical and neurophysiological concepts related to neurological intrapelvic disorders. • Understands common clinical presentations, specific to different neurological pathologies (including adaptations, catheterization). • Assesses signs and symptoms related to neurological intrapelvic disorders and their impacts on function and quality of life. • Knows contraindications and precautions for conservative approaches related to neurological intrapelvic disorders. • Applies hygienic, ethical, and clinical precautions, including infection prevention specific to catheterization. • Assesses pelvic floor muscles and adjacent structures (including pelvis, coccyx) in relation to neurological intrapelvic disorders, using external and intracavitary objective methods (e.g., observation, vaginal and anal palpation, and biofeedback (surface EMG, and ultrasound). • Assesses neuromusculoskeletal function of structures related to the pelvic floor (notably abdominals, diaphragm, lower limbs) that may impact the urinary, intestinal, and sexual systems in neurological intrapelvic disorders. • Demonstrates correct clinical reasoning and physiotherapy diagnosis based on identified signs and symptoms specific to neurological intrapelvic disorders.
2. Consolidates and deepens knowledge about different neurological pathologies.	
3. Understands the impacts of neurological issues on the urinary, intestinal, and sexual systems.	
4. Consolidates and deepens knowledge on the epidemiology and comorbidities related to neurological intrapelvic disorders.	
5. Recognizes the diagnostic process and medical management of neurological intrapelvic disorders (medical investigations, pharmacology, surgeries, other interventions).	
6. Conducts an assessment in physiotherapy specific to neurological intrapelvic disorders.	
7. Based on clinical reasoning, establishes a physiotherapy treatment plan for intrapelvic therapy specific to neurological intrapelvic disorders.	• Demonstrates correct external and internal manual techniques, and other therapeutic modalities and approaches (other than electrophysical agents) adapted to neurological intrapelvic disorders. • Understands pharmacological approaches (indications, contraindications, side effects, precautions). • Develops educational and exercise programs aimed at reducing the signs and symptoms related to neurological intrapelvic disorders.
8. Applies therapeutic modalities in intrapelvic health and recognizes the precautions and contraindications related to neurological intrapelvic disorders.	

7. Other intrapelvic health concerns

Patients may present with other intrapelvic health concerns, including but not limited to frailty syndrome, mutilation, transgender care (gender affirming hormone /surgical supports), and oncology.

Depending on patient populations and clinical presentations, resources and competencies related to adult gastrointestinal and anorectal disorders, pelvic organ prolapse, and intrapelvic pain are strongly recommended.

Learning objectives	Competencies

1. Consolidates and deepens knowledge of the anatomy and physiology of the pelvic floor muscles, organs, and abdominal, perineal, and pelvic structures relevant to specific patient populations.	• Understands anatomical and physiological concepts related to specific patient populations.
	• Completes detailed and specific history-taking for specific patient populations.
	• Assesses signs and symptoms related to specific patient populations and their impact on function and quality of life.
	• Knows contraindications and precautions for conservative approaches related to specific patient populations.
	• Assesses pelvic floor muscles and adjacent structures, particularly the pelvis and coccyx, in relation to specific patient populations, using objective external and intracavitary methods, for example:
	  ○ observation
	  ○ vaginal and anal palpation
	  ○ surface EMG
	  ○ ultrasound
	• Assesses neuromusculoskeletal function of structures connected to the pelvic floor, particularly the abdominals, diaphragm, and lower limbs, that may have an impact on the urinary, intestinal, and sexual systems in specific patient populations.
	• Demonstrates correct clinical reasoning and physiotherapy diagnosis based on identified signs and symptoms specific to the pelvic floor disorder.

2. Knows the terminology related to specific clinical presentations.	
3. Consolidates and deepens knowledge of the physiology of the various systems involved in relation to specific patient populations.	
4. Consolidates and deepens knowledge of epidemiology, comorbidities, risk factors, and aggravating factors related to specific patient populations.	
5. Recognizes the diagnostic process and the medical and psychological management of specific patient populations, including medical investigations, pharmacology, hormonal and surgical sequences, and other interventions.	
6. Conducts an intrapelvic physiotherapy assessment specific to specific patient populations.	
7. Based on clinical reasoning, establishes an intrapelvic physiotherapy treatment plan specific to particular patient populations.	• Demonstrates correct external and internal manual techniques, and other therapeutic modalities and approaches, other than electrophysical agents, adapted to particular patient populations. • Understands pharmacological approaches (indications, contraindications, side effects). • Develops educational and exercise programs aimed at reducing the signs and symptoms in particular patient populations.
8. Applies therapeutic modalities and recognizes precautions and contraindications related to particular patient populations.	

Definitions

- **Intrapelvic health:** Includes urogynaecological, sexual, and anorectal disorders; involves internal assessment and treatment modalities.
- **Biopsychosocial approach:** A comprehensive assessment that evaluates three interconnected areas of a person's life to build a complete picture of someone's situation before creating a treatment or care plan: biological health, psychological state, and social environment.
- **Expertise:** Knowledge and skills in professional activities to support a patient's best care.
- **Competency:** Knowledge, skills (social and clinical), and attitude to select and implement the best treatment for each patient; knowing how to act based on the mobilization of various resources (equipment, reference documents, protocols).
- **Social skills:** Capacity to be aware and sensitive to the patient and their needs and provide a psychologically safe care environment.

Licensees should also refer to other relevant definitions within the **CHCPBC Ethics and Practice Standards**.

Appendix 1: BC consultation summary

CHCPBC consultation information

Consultation with interested parties	Objectives	Consultation type
Clinical subject matter experts	Gather information on scope of practice for pelvic floor in BC. Understand and confirm limits of legal and individual scope of practice, common practices and population segments, risks in practice and risk mitigation strategies. Review resources available within BC health system to support new certified practice for pelvic floor. Validate adapted English version of competency framework for physical therapy practice in BC.	Individual and group interviews Email for SME review and input
University lecturers	Gather information on entry-to-practice competence level at UBC.	Individual interviews Email for resource sharing
Health regulators	Gather information on Canadian province restricted activities/controlled acts, and certification/specialization requirements for intrapelvic health.	Environmental scan Email for resource sharing/permission to translate/adapt content