

time that can lead patients to improve their pelvic floor muscles and prevent urinary incontinence (UI).

**Methods:** This pilot study was a randomized controlled trial of telerehabilitation pelvic floor muscle training versus conventional pelvic floor exercises. Sixteen young women between 18 and 32 years of age, were randomly assigned to an experimental group ( $n = 8$ ) or a control group ( $n = 8$ ). The experimental group received a protocol of telerehabilitation pelvic floor muscle training for 3 months, 2 virtual sessions weekly. The experimental device we used consisted of a vaginal probe that wirelessly transmitted (bluetooth) variations of pressure. The software allowed the patient and the therapist to visualize the correct execution or not of the exercise. The control group received conventional pelvic floor exercises during the same period in a physical therapy center. The interventions, starting at 6 weeks postpartum. Outcome measures (baseline and 3 months), maximal voluntary contraction (MVC) and endurance were measured with a perionometer. Self-reported symptoms of UI was registered through the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form. Additional follow-up was conducted at 12 months postpartum.

**Results:** Baseline characteristics were similar in both groups. The change in perineometry values at baseline and after the intervention was significant in the experimental group (22.12 to 30.20,  $p = .02$ ). At the follow-up visit, 12 months postpartum, no differences were observed between the groups regarding rates of UI. Pelvic floor muscle strength and endurance favoring the intervention group were maintained. Pelvic floor muscle strength changes at endpoint was 4 hPa (95%CI 2-7;  $p = 0.01$ ), and for endurance changes, 35 hPa/sec (95%CI 21-68;  $p = 0.04$ ), both in favor of the intervention.

**Conclusions:** Postpartum telerehabilitation pelvic floor muscle training decreased the rate of urinary incontinence and related discomfort 6 months and increased muscle strength and endurance.

**Keywords:** Pelvic floor muscle training. Postpartum. Telerehabilitation. Biofeedback. Urinary incontinence. Physical therapy.

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## Posters

### P1. TRANSLATION AND CROSS-CULTURAL ADAPTATION OF THE PRAFAB QUESTIONNAIRE INTO SPANISH LANGUAGE

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**Introduction:** Urinary incontinence affects different aspects such as social, physical, psychological, occupational or sexual functioning and so involve a great impact on women's quality of life. The PRAFAB questionnaire (PProtection, Amount, Frequency, Adjustment of behavior and Body image) is highly recommended by the International Continence Society (A grade) for the evaluation of urine leakage and its effect on women's quality of life.

**Objectives:** To conduct a translation and cross-culturally adaptation of the PRAFAB questionnaire into Spanish language.

**Methods:** After receiving copyright permission from the original author to adapt the PRAFAB questionnaire, it was translated into Spanish language following the translation-back-translation method in two phases: Phase I. The aim was to obtain a semantic, conceptual, idiomatic and content equivalence. First, it was carried the forward translation of PRAFAB into Spanish by two transla-

tors (native Spanish-speaking) and after the synthesized version was back-translated by two translators (native Dutch-speaking). With the back-translated and translated versions, an Expert Committee agreed the preliminary Spanish PRAFAB. Phase II. The aim was to analyze the comprehensibility of preliminary PRAFAB Spanish version. The preliminary Spanish version was administered to 30 native Spanish-speaking women. Women self-filled in the questionnaire, and after they were interviewed face-to-face. Finally, the final Spanish PRAFAB was obtained.

**Results:** The translation and back-translation method guaranteed the correct translation of the questionnaire. The items were well understood by women. No words or items showed difficulty in their comprehensibility and did not need to be adapted to the Spanish culture, all women found the questionnaire easy to understand and relevant. The final version of the Spanish PRAFAB maintains the structure of the original version.

**Conclusions:** The linguistic and cross-cultural adaptation of PRAFAB Spanish version achieved a good semantic, conceptual, idiomatic and content equivalence to original version, and showed understandable by women.

**Keywords:** Urinary incontinence. Women. Adaptation. Equivalence. Questionnaire. PRAFAB.

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### P2. SYMPTOMS OF PELVIC FLOOR DYSFUNCTION AND ABDOMINAL MUSCLE FUNCTION ASSESSMENT DURING FIRST POSTPARTUM PERIOD: A LONGITUDINAL STUDY

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**Objectives:** To describe the differences in muscle thickness and neuromuscular activity of the abdominal muscles during abdominopelvic maneuvers in women during first 18 postpartum months.

**Methods:** Design: longitudinal descriptive study with a comparator group. Participants: 65 primiparous postpartum (PP) and 65 nulliparous and nulligest (NP) women. Interventions: demographic and clinical data were collected, including age, body mass index, physical activity and constipation. All women were asked to complete the symptoms of pelvic floor disorders (Pelvic Floor Distress Inventory Short Form (PFDI-20)) and of pelvic floor disorders related symptoms on quality of life (Pelvic Floor Impact Questionnaire Short Form (PFIQ-7)) questionnaires. Abdominal muscles and pelvic floor muscles (PFM) activation were measured using B-mode and M-mode ultrasound imaging and surface electromyography in supine position. PFM displacement was assessed at rest and during a semi curl-up, an abdominal draw-in maneuver, and a PFM contraction. PP women performed four assessments at 6-8 weeks (A0), 3-4 months (A1), 10-12 months (A2) and 16-18 months (A3) after childbirth. In the NP group a single visit was carried out.

**Results:** PP women have higher scores on the questionnaire even if 9.23% of NP women reported urinary incontinence symptoms. Abdominal muscles thicknesses at rest at PP A0 was smaller than NP thickness (RA  $p = 0.000$ , OE  $p = 0.019$  and OI  $p = 0.000$ ). RA thickness in PP increased during A1, A2 and A3 but remained smaller than NP ( $p = 0.000$ ). In the first assessment A0, PP showed higher electromyographic activity of the RA and lower activity of the lateral abdominal muscles and the PFM than NP ( $p = 0.000$ ). Up to 40% of PP at A0 produced 0.49 cm caudal displacement. In NP women 35.4% also showed caudal displacement, although in these only 0.28 cm. Conclusion: PP women show differences in abdominal muscle thickness, neuromuscular activity and PFM displacement compared to NP.

**Keywords:** Abdominal muscles. Postpartum period. Ultrasonography. Electromyography. Pelvic floor.

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### P3. STRESS URINARY INCONTINENCE AND CHRONIC LOW BACK PAIN

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Low back pain (LBP) and urinary incontinence (UI) are very common pathologies. Its high prevalence makes necessary to renew and search for new forms of conservative treatment. Objective: To know the possible relationship between the LBP and the UI. Method: Review of the literature. Results: In the last decade, have been published epidemiological studies that show a strong relationship between LBP and UI. The presence of one condition seems to predispose to the development of the other. Women with UI are more than twice as likely to experience frequent back pain. In addition, the greater the severity of UI, the higher the percentage of women who report a LBP related disability. There are several potential mechanisms that can explain this relationship: pelvic floor dysfunction, disc pathologies, viscerosomatic convergence or mobility and curvature of the lumbar spine. An observational study carried out in two Spanish primary care centers revealed that in a sample of 364 women who attended the consultation for lumbo-pelvic pain, 43% of them had symptoms of UI, mostly of exertion (83%). Disc diseases such as degeneration, protrusion or herniated disc could alter the function of the root of the first sacral nerve, leading to a reduction in the filling of the bladder and hypoactivity of the detrusor. This association is explained by common neurological innervation through S2-S4 of the lumbar spine and lower urinary tract (viscerosomatic convergence). Toprak et al. observed that 71.9% of women with UI and 12.2% of women without it, had LBP. Conclusion: pelvic floor dysfunction continues to represent one of the most plausible hypotheses for the coexistence of LBP and urinary symptoms. Affecting both in the quality of life and psychological sphere of the patients, causing social, labor and economic limitations.

**Keywords:** Urinary incontinence. Stress incontinence. Chronic low back pain. Non-specific low back pain. And pelvic floor.

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### P4. EFFECTIVENESS OF RIDING ON THE PELVIC FLOOR CONDITION : PRELIMINARY OBSERVATIONAL STUDY OF COMPARISON BETWEEN SUBJECTS WHO PRACTICE HORSEBACK RIDING AND SUBJECTS WHO DO NOT PRACTICE IT

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**Introduction:** Pelvic floor dysfunction affect approximately 10% of women between 20-39 years old giving rise to serious problems of urinary incontinence, chronic pain, sexual dysfunctional, prolapses, decrease of self-esteem and quality of life. As for its treatment, it is mainly based on the strengthening of the musculature of this area. The practice of riding a horse can produce effects on posture, joints, balance, and may interfere with the pelvic floor musculature.

**Objectives:** To compare the effects of horse riding on the pelvic floor in women who practice horse riding regularly and in women who do not practice horse riding.

**Methods:** preliminary observational study. The sample consisted of 21 subjects (9 women who ride horses and 12 women who do not)

who met the following inclusion criteria: woman, healthy, between 30-55 years old. To assess the conditions of the pelvic floor the following questionnaires validated in their Spanish version were used: the Pelvic Floor Distress Inventory (PFDI-20), the Pelvic Floor Impact Questionnaire (PFIQ-7) and the Questionnaire for Urinary Incontinence Diagnosis (QUID).

**Results:** Statistically significant results on the influence of riding on the pelvic floor condition were not found in any of the three questionnaires (PFDI-20:  $p = 0.55$ ; PFI-7:  $p = 0,97$  ; and QUID :  $p = 0,34$ ).

**Conclusions:** There is no evidence about the effects of horse riding on the pelvic floor musculature condition. The results should be taken with caution, due to the sample size. Future studies with larger samples sizes are necessary.

**Keywords:** Pelvic floor. Horse riding. Questionnaires. Women and quality of life

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### P5. SEXUAL CHANGES IN THE POSTPARTUM: A QUALITATIVE PERSPECTIVE

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Postpartum period represent a major change in women's life. The transition to motherhood becomes a vulnerable moment for couple privacy and sexuality. Sexual life suffers the most during this period. It is affected by heavy physical, emotional and vital changes. The aim of the study was to know the experience about sexual activity, during the postpartum period. A qualitative phenomenological study was designed, focused on the perceptions of postpartum women, their couples and the health professionals who accompany them during this period. Data collection was performed by in-depth interviews and focus groups of postpartum women, couples and health professionals. An online forum with women was also conducted. Data analysis was performed using the MAXQDA. Themes were regrouped and agreed upon with the aim of generating a conceptual framework of the phenomenon.

Results included 36 postpartum women, 8 couples, 15 health professionals (including midwives, gynecologists and physiotherapists). It was carried out in different physiotherapy centers located in Madrid and Toledo (Spain). After analysis, categories responding to the objective set emerged. Postpartum changes: The sexual activity changes experienced by women in the postpartum period. Sexuality in the postpartum period: there is a transformation of the experience of sexuality during this period.

As conclusions, physical changes have a negative impact on the sexual experience of the postpartum women. The emotions experienced, the fact of being exhausted and the lack of time displace their interest in sexual activity. Even though, they do not feel sexual activity as a priority. Sexuality has suffered a transformation. Health professionals are main agents to promote sexual health and to ensure the transmission of these changes.

**Keywords:** sexuality. Postpartum

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### P6. THE ROLE OF PHYSIOTHERAPY ACCORDING TO THE PERCEPTION OF PATIENTS WITH ENDOMETRIOSIS

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**Introduction:** Endometriosis is a debilitating disease with features of chronic inflammation and is defined as the presence of functional endometrial glands and stroma outside the uterine cavity. It

is affecting approximately 25-30% of women in the third and fourth decade.

**Objectives:** Determine whether women received physical therapy treatment and what type of treatment was most effective for endometriosis symptoms.

**Methods:** An observational mixed study was performed between November 2020 to February 2021. 57 women diagnosed to endometriosis were participated to the online survey. It was asked whether they had received treatment for endometriosis and the type of physiotherapy treatment had they received.

**Results:** A sample of 57 women participated, with an average age of  $37.84 \pm 6.67$  years old. Only 24.6% of women were indicated that had received a physiotherapy treatment. Specifically, 29.8% manual therapy, 15.8% diathermy, 14% myofascial, 8.8% dry needling and 7% electrotherapy. Regards, which treatment women had considered most effective, they indicated manual therapy 17.5% and myofascial therapy 5.3%. Analysis quantitative demonstrated a good correlation ( $p = 0.00$ ).

**Conclusions:** Only a small percentage of women received physical therapy for endometriosis. Manual therapy is the most effective physiotherapy treatment for endometriosis symptoms.

**Keywords:** Endometriosis. Physiotherapy. Treatment. Perception.

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## P7. PELVIC FLOOR TELEREHABILITATION VIA A REAL-TIME BIOFEEDBACK DEVICE FOR TREATMENT OF STRESS URINARY INCONTINENCE: A CASE REPORT

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**Case report:** This is a case of a 47-year-old Spanish woman, M.M., who had a history of stress Urinary Incontinence (UI). She presented symptoms after the birth of her second baby about six years ago. Her urine leakage was 3 or 4 times during the day. The gynecological history was significant for three vaginal deliveries. M.M has an active lifestyle but she reported nonsuccess with her UI symptoms and her inability to do daily pelvic floor muscles (PFM) exercises. A pelvic exam was completed by a gynecologist, her pelvic floor muscles were weak and could not contract efficiently upon command. Using the modified Oxford Grading System 0-5 her PFM strength measured 1 (very weak). The post-void residual (PVR) urine measure was 25 cc. Telerehabilitation was performed to evaluate patient/clinician efficacy of the KGoal® system (TH inc, San Francisco CA 94107 USA), quality of life (QOL), exercise program adherence, changes in pelvic muscle strength and contractility and symptom improvement. The Kgoal system is a PFM home biofeedback device that provides real-time audiovisual feedback and monitoring of PFM exercise. After the first instructional session at the clinic, 2 weekly sessions were scheduled for 10 weeks. **RESULTS:** M.M. was a good candidate for the KGoal® device due to her diagnosis of UI and difficulty performing PFM program adherence without the supervision of a therapist. At her 10-week follow up, the patient described clear improvement in her UI symptoms. The PFDI-20 PFIQ-7(54.21 to 6.33) and PFDI-20 (184.44 to 13.11) questionnaire results showed significant improvement in all pelvic distress tests, revealing 88% and 92% improvement correspondingly in QOL.

**Discussion:** These results suggested a significant improvement in QOL after performing the telerehabilitation program with the use of KGoal for 10 weeks guided by a clinician. Frequently women with UI are not able to attend a physical therapy center in person. KGoal is easy to use and supplies a guided and individualized exercise program to help strengthen PFM, and reduce symptoms of UI.

**Keywords:** Pelvic floor muscle training. Kgoal. Telerehabilitation. Biofeedback. Urinary incontinence. Physical therapy.

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## P8. MLD AS PART OF PHYSIOTHERAPIC TREATMENT IN PELVIC CONGESTION SYNDROME (PCS)

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**Case report:** 33-year-old woman, who attended physiotherapy treatment after being diagnosed with pelvic congestion syndrome, secondary to Nutcracker Syndrome. She had pelvic varicose veins, dysmenorrhea, dyspareunia and swelling of the pelvic area with constant abdominal heaviness (bloating) that worsens with lengthy standing. The examination of the patient will be carried out, which coincides with the assessment of the rehabilitating physician. Where there is an accumulation of lymph, vascular congestion and the pain it produces make it impossible to diagnose secondary dysfunctions: rectocele, cystocele and episiotomy dehiscence, which could not be diagnosed at first. The treatment and care plan will be listed; starting with the group behavioural programme. The first phases of treatment will focus on the MLD, to try to alleviate symptoms, describing the guidelines to be followed in order to achieve efficient drainage of the area. The decrease in lymph in the entire pelvic floor allows visualization and thus, diagnosis of the pathologies found by chance, and therefore provides the design of a physiotherapy treatment (which will be described) adapted to the needs of the patient. Reference will be made to the different specialties that are part of the multidisciplinary team, thanks to which the patient is having a favourable recovery.

**Keywords:** MLD. Pelvic floor. Pelvic floor dysfunctions. Pelvic floor therapy. Pelvic floor treatment.

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## P9. EVIDENCE ON THE TREATMENT AND PREVENTION OF URINARY INCONTINENCE IN POSTPARTUM AND PREGNANT WOMEN THROUGH PELVIC FLOOR MUSCULATURE EXERCISES: A BIBLIOGRAPHIC REVIEW

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**Introduction:** What is known as the pelvic floor, is the set of muscle and ligamentous structures that support the pelvic organs, fixing them to the bony structures that make up the pelvic waist. Pregnancy and childbirth are closely related to the appearance of SP disorders, such as urinary incontinence (IU). This is due to the significant reduction in the strength of the pelvic floor muscles (PFM). It is known that IU has a high prevalence and negatively affects the quality of life of the sufferer, mainly on the physical well-being of women.

**Methods:** This paper will analyze 5 clinical trials that investigate the contraction exercises of PFM as a treatment and preventive method for postpartum UI. Results: 1,432 women were randomly assigned to the G. control and the G. intervention, which obtained lower UI values and an improvement in the quality of aftertreatment life, in all the ECAs analyzed.

**Conclusions:** PFMEs are discovered as an effective method that reduces the symptomatology of IU, strengthens PFM and increases the CV of pregnant women. It is also defined as a good preventive method, but it suggests the need for more studies to investigate this relationship.

**Keywords:** Pelvic floor. Urinary incontinence. Pregnancy. Kegel exercises.

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## P10. PHYSIOTHERAPY FOR FEMALE DYSpareunia

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**Introduction:** Dyspareunia is the genital pain suffered before, during or after intercourse. Nowadays, the prevalency of this sexual dysfunction varies from 3 to 18% worldwide and can affect from 10 to 28% of population throughout life. Although, it affects both genders, it is more common in the female population approximately 40% compared to 30% in men.

**Objectives:** To know the different physiotherapy treatments currently being proposed to reduce pain in women with dyspareunia. At the same time, to know if the quality of life of the subjects improves and to determine the levels of evidence and degrees of recommendation of the techniques proposed in the selected studies.

**Methods:** A search was carried out in different databases including PEDro, PubMed, Web of Science, Cochrane and Scopus. Clinical trials were exclusively chosen from 2001 to today. The methodological quality was assessed using the PEDro and MINCIR scales.

**Results:** After the search, 9 articles were selected, 3 RCTs, 1 prospective quasiexperimental study, 1 non-randomized, 2 open-label and 2 quasi-experimental studies. In general, the methodological quality can be considered acceptable. The level of evidence and the grade of recommendation has been measured with the Center for Evidence-Based Medicine, Oxford (OCEBM), resulting all with a grade of recommendation A and level of evidence 1.

**Conclusions:** All applied techniques (manual therapy, electrotherapy, pelvic floor muscle training, and dry needling) were effective, reducing pain and improving the quality of life of patients with dyspareunia, implemented as individual treatment or combined therapy. The studies have a good level of evidence and the clinical interventions proposed in them are recommended.

**Keywords:** Dyspareunia. Sexual dysfunction. Pelvic floor. Pain. Physiotherapy.

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## P11. GUIDELINES FOR PATIENTS WITH URINARY INCONTINENCE

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Guidelines for patients with urinary incontinence are an important and necessary resource. Their main functions are for the patient to better understand their pathology and to have an accessible resource to consult the proposed exercises to work on at home.

An analysis and evaluation of the guidelines for patients diagnosed with urinary incontinence has been carried out. A bibliographic search was carried out using Google with the descriptors: "Handbook patient incontinence pdf", "Guía paciente per incontinenza pdf", "Guide for patients incontinence pdf" and "Guía para pacientes con incontinenza urinaria pdf". Documents were selected according to inclusion and exclusion criteria. The tools used for the evaluation of the guides were: SAM+CAM and PEMAT-P.

26 guides have been found that have been evaluated. We observe that more than 65% of the guides are focused on men and women as opposed to 34.6% that only target the female population.

Finally, you have been given a guide made by mixing the SAM+CAM and PEMAT-P tools. This document provides you with the steps to follow in order to create a very suitable guide for patients.

**Keywords:** Guidelines. Urinary incontinence. Independence.

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## P12. EFFECTIVENESS OF MANUAL THERAPY AND ELECTROTHERAPY IN THE TREATMENT OF PAINFUL EPISIOTOMY

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**Case report:** 37 year old woman attended for pelvic floor physiotherapy treatment after an instrumental delivery a year ago, with a very painful episiotomy that prevented her from leading a normal life (dyspareunia, pain during physical activity...), pain that increased during menstrual periods after the use of tampons. Objective: to test the efficacy of different physical therapies (perineal massage and stretching, ultrasound, magnetotherapy, tibialis posterior neuromodulation and diathermy) in relieving episiotomy pain. Intrsubject experimental study, in which the sample is a single individual (n=1). The design is A/B type. Manual therapy was effective in reducing pain from a 10 to a 7 on the VAS; after the use of magnetotherapy, ultrasound and neuromodulation of the Tibialis Posterior, the patient reported no improvement; intracavitary diathermy reduced the patient's pain to a 3 on the VAS in 10 sessions. The patient's pain has decreased on the Visual Analogue Scale from 10 (at the beginning of the treatment) to 3 on the VAS: Manual therapy is a great alternative to the treatment of episiotomies, although in this case, the use of diathermy has been necessary for the improvement of pain.

**Discussion:** Further research is needed in the field of high frequency electrotherapy and especially intracavitary diathermy for the treatment of perineal pathologies, since very good results are being obtained.

**Keywords:** Episiotomy. Electrotherapy. Physiotherapy. Pain. Effectiveness.

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## P13. CONTRIBUTION OR PHYSIOTHERAPY TO THE TREATMENT OR VULVAR SYNECHIA

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**Introduction:** Labial adhesion or synechia is an acquired condition of many girls that involves an adherence between the labia minora. Its recurrence often leads to a fibrous and attached scar, whose final treatment is usually surgery. This normally worry their parents. For this reason, we propose the radiofrequency as a technique, because of its use in other publications in the treatment of scars in the perineal area and for its efficacy in the treatment of fibrosis.

**Objectives:** the objective of this project is to analyze the effectiveness of radiofrequency for the treatment of vulvar synechia, as well as examine the benefits and changes in the scar. This would avoid surgical treatment. In addition, the long-term evolution of the patients will be observed, seeing if the treatment has been effective and if there are not recurrences.

**Methods:** This report is the project of a randomized, controlled and double-blind clinical trial. The participants will be divided into control and experimental groups, with a sample of 125 girls in each

group. The control group will receive the estrogen + manual separation treatment, while the experimental group will be subject to radiofrequency application. The results will be measured using the Vancouver Scar Scale, and POSAS scale, as well as by ultrasound, to evaluate changes in thickness, fibrosis and adhesions.

**Keywords:** Synechia. Labial adhesions. Treatment. Physiotherapy.  
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#### P14. EFFECTIVENESS OF PERCUTANEOUS TIBIAL NERVE STIMULATION IN URINARY INCONTINENCE AFTER STROKE

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**Introduction:** Urinary incontinence is a medical complication that can appear in 40-60% of patients who have suffered a stroke. A year later, 15% of them continue having it. There is not too much evidence on the efficacy of techniques in the treatment of this pathological situation. Therefore, it is necessary to carry out studies about the efficacy of techniques, such as percutaneous tibial nerve stimulation, which is used in the urinary incontinence treatment and the overactive bladder symptoms.

**Objectives:** To know the efficacy of percutaneous tibial nerve stimulation in the urinary incontinence treatment after stroke, both in the short and long term.

**Methods:** This is a clinical, randomized, controlled trial with a blinded evaluator. Different variables such as the 3-day voiding diary, urodynamic values and quality of life will be evaluated. Measurements will be recollected before, one month, 3 months, 6 months, 9 months and one year after the intervention. The study will be developed with patients diagnosed with urinary incontinence after stroke. The experimental group will be treated with percutaneous tibial nerve stimulation, while the control group will be treated with transcutaneous electrical nerve stimulation.

**Keywords:** Urinary Incontinence. Stroke. Percutaneous Tibial Nerve Stimulation. Transcutaneous Electrical Nerve Stimulation. Physiotherapy.

**Keywords:** Urinary Incontinence. Stroke. Percutaneous Tibial Nerve Stimulation. Transcutaneous Electrical Nerve Stimulation. Physiotherapy

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#### P15. COMPARISON OF THE EFFICACY OF RECTAL BALLOON TRAINING VERSUS CONVENTIONAL TREATMENTS IN PATIENTS WITH CHRONIC CONSTIPATION

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**Introduction:** Chronic constipation affects between 11-30% of the population, negatively influencing their quality of life, its diagnosis is one of the five most common disorders in the gastrointestinal tract, being its very significant impact on the use of health resources, including the cost of outpatient and hospital care, laboratory tests and diagnostic procedures. One of the treatments that is performed from the field of Physiotherapy, is the rectal balloon training, this being a low cost treatment.

**Objectives:** To review the effectiveness of this Physiotherapy treatment, for patients suffering from chronic constipation.

**Methods:** A literature review has been carried out by searching the databases: Pubmed, ScienceDirect, Scielo, Tripdatabase, Pedro, and Cochrane, with different combinations of "Rectal Balloon", "Rectal Balloon Training", "RBT" AND "Physiotherapy", RBT AND Manual Therapy, RBT AND Physical Therapy, RBT AND Chronic constipation", "Dyssynergic defecation", Hirschsprung Disease/rehabilitation and Megacolon/rehabilitation. They should be studies conducted between 2000 and 2016, conducted in humans, written in English or Spanish and that will use the rectal balloon as a rehabilitative treatment.

**Results:** In the comparative study between rectal balloon training (G1) and electromyographic biofeedback therapy (G2), the improvement rate was higher in the second group (G1 = 52% < G2 = 79%); while in the comparative study between rehabilitation only with pelvic floor exercises (G3) versus those same exercises accompanied by rectal balloon training (G4), the difference with respect to improvement was greater in the first group (G3 = 18, 2 > G4 = 17.4), this rectal balloon training was used in both studies as rehabilitation of the anal sphincter musculature and its function.

**Conclusions:** The review of the current literature regarding this treatment does not confirm that it is a rehabilitation option with scientific evidence enough that guarantees its benefits in a significant way compared to other physiotherapy treatments. In my opinion it is necessary to open new lines of more concrete research on the results of this treatment not only as rehabilitation of the perineo-rectal muscles, but also as a re-education of rectal sensitivity.

**Keywords:** Hirschsprung Disease/rehabilitation. Megacolon/rehabilitation. Physical Therapy. Manual therapy. Constipation. Defecation.

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#### P16. EFFECTIVENESS OF NEUROMODULATION OF THE POSTERIOR FIBULAR NERVE IN THE TREATMENT OF HYPERACTIVE BLADDER. A SYSTEMATIC REVIEW

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**Introduction:** Overactive bladder syndrome is a problem that has a neuromuscular origin and implies hyperactivity in the detrusor muscle due to hypersensitivity in the muscarinic receptors. Currently, the therapeutic approach is based in muscarinic receptor inhibitors, but this treatment presents very low compliance and multiple secondary effects. Posterior fibular nerve stimulation is a conservative approach that could avoid these problems.

**Objectives:** To analyze the scientific evidence in the treatment of overactive bladder with posterior fibular nerve neuromodulation.

**Methods:** The design and structure of this systematic review followed the guidelines established by the PRISMA group. The following databases were searched: MedLine, Scopus, PEDro. Articles with full text, in either Spanish or English language in a time period between 2008 and 2020. Selected articles were assessed with a 14-item assessment instrument for quantitative studies.

**Conclusions:** Posterior fibular nerve neurostimulation is a treatment as effective as the administration of muscarinic receptor inhibitors in the treatment of overactive bladder, but doesn't associate the derived problems, therefore enhancing patient's quality of life.

**Keywords:** Bladder. Electrotherapy. Hyperactive bladder. Physiotherapy. Treatment.

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