Boundaries and Scope of Practice Issues in Treating Pelvic Floor Disorders

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The treatment of pelvic floor disorders using biofeedback, behavioral therapies, and other applied psychophysiological treatments has been well documented as effective. Practitioners must take due care to ensure that they practice within the boundaries of what is common practice for their discipline and within the scope of practice allowed by their professional license. Being competent to provide a particular treatment does not necessarily make it legal and/or ethical.

Introduction

All professionals are held to a higher standard of expectation than the general public because they hold themselves out to the public as experts. As such, state and federal laws, rules, and regulations provide some guidelines concerning how professionals should and should not behave. In addition, professional associations have established their own guidelines in the form of ethical principles (AAPB, 2003); practice guidelines and standards (Striefel, 2004a); Biofeedback Certification Institute of America (BCIA) certifications; and other publications (e.g., *Biofeedback*) to provide further guidance. Professionals are ethically and/or legally expected to be familiar with these various guidelines and to adhere to them. The applicable legal and ethical expectations vary somewhat across disciplines and states (Corey, Corey, & Callanan, 2000; Striefel, 2004b). These various sources of guidance are often not specific enough by themselves to make clear what a professional should or should not do in a specific situation. For example, most guidelines do not mention the diagnosis or treatment of pelvic floor disorders, so professionals must make inferences from the guidelines and seek consultation, or even supervision, from other professionals before undertaking such professional activities.

Because of the rapid expansion of knowledge, laws, court precedents, and public expectations, professionals need to commit additional time and resources to remaining current (Striefel, 2004b). Attending annual Association of Applied Psychophysiology and Biofeedback (AAPB) conferences and regional workshops, and/or participating in its teleseminars or becoming BCIA-certified in pelvic muscle dysfunction biofeedback, will provide some of the needed updates in information.

Biofeedback and other applied psychophysiological treatments have been shown to be effective in the assessment and treatment of pelvic floor disorders as attested to by the U.S. Department of Health and Human Services' 1996 recommendation on using biofeedback for the rehabilitation of incontinence (stress, urge, and mixed). See the web site of the Wound Ostomy and Continence Nurses Society at www.wocn.org for more information on effectiveness.

Responsibility and Competence

Just because you have the technical skills to provide biofeedback training or treatment for pelvic floor disorders does not mean that you should or can legally and ethically do so. For example, assume that you are a psychologist, a social worker, a licensed professional counselor, or other professional whose discipline treats primarily emotional, psychological, or mental health disorders (i.e., disorders often associated with cognitive or thought processes and the functioning of the brain). Some of the leading experts and teachers in the biofeedback treatment of pelvic floor disorders, such as Howard Glazer and John Perry, are psychologists, yet this does not guarantee that other psychologists and mental health practitioners will not encounter challenges to their clinical work in this area within specific states and professional communities. Should a mental health worker treat elimination disorders and chronic pelvic pain syndromes? Is it appropriate for you to train patients to change their bowel and bladder habits? Is it within your scope of practice to teach patients pelvic floor muscle exercises assisted by vaginal or rectal surface EMG? How do you decide if you can legally and ethically treat some or all types of pelvic floor disorders?

Answering these questions is not an easy task, and oversimplifying the answers by concluding something like, "Of course I can, I have been treating these pelvic floor

disorders successfully for 20 years," is not a professionally responsible answer. A number of factors need to be considered carefully when deciding what disorders you can and cannot legally, ethically, and responsibly treat.

Boundaries of Common Practice for Discipline

Some guidance on the boundaries of common practice can be found in the practice guidelines and standard of practice and the ethical principles of the Association of Applied Psychophysiology and Biofeedback (Striefel, 2004a; AAPB, 2003) and those of your professional discipline. Other sources of information can be found in the publications of these groups and can be obtained by attending their annual conferences.

What are the boundaries of common practice for your professional discipline and/or that of your supervisor? How many professionals from your discipline do you know who provide biofeedback training for pelvic floor disorders within their practice? Do they provide the treatment themselves or do they work with a colleague from another discipline who provides the treatment, e.g., a nurse or occupational therapist?

What would the members of your profession in your community think about you providing treatment for pelvic floor disorders? You can always ask some of them if they think it is a common or an acceptable area of treatment for members of your professional discipline. Just because they think it is not an acceptable area of practice for your discipline does not by itself mean that providing such treatment is unethical or illegal. However, many complaints received by state licensing boards and ethics committees are submitted by members of one's own discipline. The complaints are submitted either because a professional is required by their code of ethics to report or deal directly with what they consider to be unethical or illegal behavior on the part of their colleagues (AAPB, 2003) or because of jealousy or territorial issues. Do you know the boundaries of acceptable common practice for your discipline? If not, you should contact your state licensing board or other members of your discipline to find out. The answers to questions on the boundaries of common practice for one's discipline overlap with what is legally allowed within the scope of practice for one's professional license.

Legal Scope of Practice

Are you familiar with and do you have copies of the licensing and any other laws relevant to your professional practice? You should be familiar with them and have copies of such laws. What disorders does your professional license allow you to treat legally? Are there any restrictions, and if so, what are they? What behaviors on your part might be considered to be *practicing medicine without a license* or to be operating outside the legal scope of practice allowed by your license? For example, in 1999 a psychologist in Arizona was sanctioned by the state licensing board for practicing beyond the scope of practice as defined in that state's licensing law for psychologists (APA, 1999). The psychologist was using thought field therapy, a process of touching specific muscle or acupuncture points to release emotional trauma. The psychologist was mandated to cease and desist in providing thought field therapy within his psychology practice. If he wished to provide such treatment, and if it was not prohibited by any other state or federal law, it had to be provided at a different physical location than that in which he practiced psychology. What does or would your state licensing board say if they learned that you were treating pelvic floor disorders? Would it matter to them if the cause of the problem being treated was stress, a surgical side effect, or an aftereffect of a pregnancy and delivery? In your state of practice are pelvic floor disorders treated primarily by medically licensed professionals such as physicians, nurses, physical therapists, and occupational therapists?

In your state, who is legally allowed to make a diagnosis of pelvic floor disorders? You clearly should not make a diagnosis that is outside the scope of practice for your license. Doing so can well be considered to be practicing medicine without a license. The same can be said for providing a treatment not allowed by your license. All clinicians treating pelvic floor muscle dysfunction should do so only with a referral from a physician able to diagnose, rule out, treat, and refer appropriately. It is a professional responsibility and legal requirement to refer patients/clients to an appropriate professional (e.g., a physician) to have a diagnosis made that falls outside of the boundaries of common practice for your discipline and/or outside the scope of practice allowed by your license.

Care must be taken about what is said or implied during the referral process so as to avoid later conflict if the physician were to make a different diagnosis.

It is also important that a patient be seen by an appropriate physician (urologist, gastroenterologist, gynecologist, etc.) if one suspects that a patient has a

pelvic floor disorder, even if the treatment of such a disorder is allowed by your license. The physician can help ensure that the disorder/problem is one for which biofeedback, pelvic floor muscle exercises, and/or other applied psychophysiological treatments are acceptable treatment options. Physicians can rule out using biofeedback and behavioral interventions when some other medical treatment is indicated (e.g., when the cause is a tumor or inflammation best treated with surgery or medications).

Treating pelvic floor disorders is an area of practice where it is prudent, practical, and perhaps mandatory to first have a physician's order and possibly collaborate with that physician and/or other professionals such as physical therapists, nurses, and/or occupational therapists. Doing so helps ensure that the client/patient gets a correct diagnosis; gets the most appropriate treatment or treatment options presented to him or her; that no harm is done to the patient; and that each professional on the team does his or her part legally, ethically, and professionally.

As with all biofeedback and other applied psychophysiological treatments, a practitioner needs to know:

1. When, and if, a patient needs a medical evaluation.
2. When, and if, medical consultation needs to be an ongoing part of the patient's treatment plan.
3. When, and if, biofeedback might be contraindicated; for example:

   (a) when a tumor, inflammation, or other condition exists for which a medical treatment is indicated;
   (b) when a patient is pregnant or has been told not to engage in sexual intercourse because it might cause problems. In such cases the insertion and use of an anal or vaginal biofeedback sensor, or even the use of pelvic floor muscle exercises, might be inappropriate; and
   (c) when a patient has had pelvic surgery within the last 3 months, biofeedback for pelvic floor disorders might be inappropriate without the approval of the treating surgeon (Glazer, Rodke, Swencionis, Hertz, & Young, 1995).

How do you decide if or when the cause of a pelvic floor disorder is primarily a psychosocial problem (e.g., stress induced)?

If treatment of pelvic floor disorders is both legally and ethically acceptable within the boundaries of your discipline and scope of practice of your license, other factors must be addressed, including the following:

1. Are you knowledgeable and competent in the human physiology involved in the different pelvic floor disorders? For example, do you understand the relationship of the different muscle groups involved in controlling the sphincter and/or urine flow?
2. Are you knowledgeable and competent enough in the primary and alternative treatments for pelvic floor disorders you plan to treat and not treat to be able to obtain meaningful informed consent from the client and/or his or her guardian/parent? What, if any, are the risks and benefits of the major alternative treatment options? (Hopefully some of that information will be included in some of the other articles in this special issue of *Biofeedback*.)
3. What kind of touch and education process is acceptable that meets or exceeds the standard of care for your discipline? In most cases the use of diagrams and other educational materials is sufficient for a patient to be able to attach the sensors to the skin or insert the sensor into the sphincter or vagina. However, some patients may need assistance in that process and a family member may be an acceptable option to them. When the patient does not have a trusted family member or friend, do you have someone on your staff who can legally and ethically assist the patient in the process without overriding the patient's sense of privacy? If not, you should probably not be treating that patient's pelvic floor disorder. Are you aware of the privacy rights of your patients when attaching sensors (AAPB, 2003)?
4. Are you knowledgeable in how to correctly use CPT codes 90900, 90901, 90911, and other appropriate codes, if any?

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