

# SUPPORTED

## How can we help: Occupational Therapists

An Occupational Therapist (OT) is trained to consider the daily living needs of individuals and have techniques and advice to assist where there may be problems. We treat babies, children and adults of all ages with physical or mental health difficulties. The settings we work in range from individuals' own homes to schools, hospitals and prisons. Our involvement can be short or long term depending on the need. However, there do not appear to be many Occupational Therapists working in Women's Health and particularly with women whose SPD causes many normal daily activities to be very painful and often impossible. The women's difficulties can last from a few weeks to several years.

At the Norfolk and Norwich University Hospital a referral to OT is made by the Women's Health Physiotherapist or an Orthopaedic surgeon. The women are referred if their SPD is impairing significantly on their daily life. Problems we assist in may include:

- getting in and out of bed
- using a bath
- getting dressed, especially the lower half
- getting in and out of a chair
- managing to carry, bathe and change baby
- lack of support from family and friends
- limited knowledge of the condition.

We can see the women in their own home or in hospital at various stages in their pregnancy or post -birth. There are several ways in which we may be able to help in the above areas and the provision of the following equipment can help some women:

- long handled dressing aids (long grabber, shoe horn and sock aid)
- bed rails
- bath board
- commode
- raised toilet seat
- perching stool
- wheelchair.

We may also refer on to others such as Social Services or voluntary agencies to help with childcare and benefits.

We also see women who undergo pelvic fusion following several years of pain. These women are dependant on a wheelchair for three months after surgery so are likely to need temporary adaptations and additional help at home.

The equipment may be:

- loaned from the Red Cross
- purchased from a specialist retailer
- loaned through an OT. This service seems to be limited throughout the country. A Physiotherapist, GP or midwife may be able to refer to an OT at the local hospital or to a Community Occupational Therapist.

A midwife identified my SPD early on in my third pregnancy. As an Occupational Therapist I was aware of the equipment and strategies that could be beneficial to me. Crutches, a commode, a long handled grabber and a supportive family were my daily saviours. It was valuable finding out more about the condition too. Other OTs with personal experience seems to have had to help themselves. Therefore, there needs to be an increase in awareness amongst OTs to include women with SPD in their caseloads. It may be that an orthopaedic OT is the most

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appropriate, as they would have an up to date working knowledge of other pelvic conditions requiring similar management. I would be very interested to hear from any OTs who are currently providing a service to women with SPD.

I would recommend any OT or woman with SPD to get in touch with the Pelvic Partnership. Information provided through the newsletters and professional training can enhance an OT's core skills to better equip them to help women overcome the challenges of SPD.

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