## MEN'S HEALTH DAY 1: BLADDER

Subjective Ax UUI, Rx for SUI/UUI/OAB/OD, PFM Up and Down training, Practicals for PF Up/Down

Time	Min	Content
8.30 am	45 min	Quiz and Special Questions about UUI (Urge Urinary Incontinence)
		Differences between UUI, OAB(OD), Urinary Retention, Overfilling, Overflow, Polynocturia (Focus is UUI)
9.15 am	30 min	Subjective Assessment
		All students contribute to the subjective assessment of a man with Urge Urinary Incontinence. The tutor will role-play as the patient and students will take turns in asking Sx questions.
9.45 am	15 min	Case Discussion
		What the special questions mean for SUI /UUI/OAB/OD
		Propose a diagnosis and give a rationale
10.00 am	30 min	Practical (Experiential): Pelvic Floor Management Awareness  Guided cueing by tutor in supine, sideline, 4 pt kneel, prone, sitting and standing with tutor running through different cues for the three parts
10.30 am	15 min	MORNING TEA
10.45 am	45 min	Practical (male models): External Palpation of the Pelvic floor and its parts: Up training
		Tutor to demonstrate: Front: Middle and Back: 0 -100%, Amount of movement, Timing Up/Down. Students to pair up and practice: rotate to experience different models with clothes on. Participants are requested to wear bike pants for the day
11.30 am	45 min	Practical (male models): Pelvic Floor Muscle Down training
		3 parts from 0-100% up and down. Dot for awareness, diaphragm release /massage to abdominal/inguinal region and relevant gluteal region, breath work and sustained stretches
12.15 pm	60 min	Practical (male models): TARTUS
		Transabdominal: bladder wall thickness, PVR, and Pelvic floor
1.15 pm	30 min	LUNCH
1.45 pm	45 min	Bladder Diaries
		Go through each diary demonstrating
		UUI vs OAB vs Urinary Retention vs Overfilling, Overflow, Polynocturia
		Repeat from theory lecture – clarify any questions
2.30 pm	60 min	Demonstration & Practical: Urgency Treatment, Bladder Retraining
		Environmental triggers vs ingestible triggers - practice on each other Bladder retraining strategies - demonstrate then practice on each other Other Treatment:
		Medications/Botox/TENS -Go through TENS setup practical - give handout cards
3.30 pm	45 min	Case Studies:
		UUI/ OAB since childhood
		Overflow - BPE - include treatment option
4.15 pm	15 min	Summary of Day 1, Discuss plan for Day 2 and Bowel diary complete
4.30 pm		FINISH

Training, TARTUS, Bladder Diaries and Retraining, Case Studies

# MEN'S HEALTH - DAY 2 - BOWEL (COMPLETE YOUR OWN BOWEL DIARY BEFORE THIS SESSION)

PR exam, Effective defecation, Rx for constipation and diarrhea, Sx, Aperients, TARTUS Subjective assessment (Sx), objective assessment (Ox), aperients, treatment for constipation

Time	Min	Content
8.30 am	15 min	Hand Hygiene/Gloving technique
8.45 am	15 min	Demonstration
		Demonstrate the steps on how to perform a PR exam in side-lying for defecatory assessment
9.00 am	15 min	Demonstration Assessment: Per Rectum PR exam in side-lying
9.15 am	75 min	Practical: PR exam in side-lying  External observation: Contract (C) / Relax R / Bear Down (BD) & reflex if indicted  Internal: 1cm: C/R/BD; 4 cm: C/R/BD; PR: anorectal angle: C/R/BD
10.30 am	15 min	MORNING TEA
10.45 am	45 min	Quiz plus Special Questions for Bowel and what they mean?
		Stool chart interpretation
		Constipation/defecatory dyssynergia/overflow/diarrhea/IBS/dis- impaction protocol
11.30 am	45 min	Subjective Assessment
		Tutor-led case on defecatory dysfunction where all students have the opportunity to add to the Sx Assessment.
		Tutor guided discussion and questions
12.15 pm	15 min	Objective Assessment: What finding would you expect: Why?
12.30 pm	30 min	Propose a diagnosis and give the rationale. <b>LUNCH</b>
	60 min	
1.00 pm	00 111111	Aperients  Constipation: Within the bowel, osmotic agents, laxatives.
		Whole bowel cleanout, (when and why), cleanout of rectum
		How process differs from acute vs chronic constipation
		Diarrhea: Imodium, bulking agents, natural agents
2.00 pm	60 min	Case studies (3)
		Defecatory dyssynergia, soiling, diarrhea/urgency)
		Using your understanding of the Patho mechanics of constipation and diarrhoea answer the three case studies with your partners within the
		session, case study discussion
3.00 pm	15 min	AFTERNOON TEA
3.15 pm	60 min	Practical: (rotate so both students practice)
		<ol> <li>Run through what the stool chart means to your partner</li> <li>Teach effective pushing and toilet posture and time</li> <li>Perform massage for constipation</li> <li>Explain timed sits to your partner</li> </ol>
4.15 pm	15 min	5. Massage partner's coccygeus muscle and perianal musculature  Summary of Day 2, Recommended Day 3 Preparation - Watch the education video for Prostate
4.30 pm		FINISH
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## MEN'S HEALTH DAY 3 – PROSTATE CANCER / PFMT

Subjective Assessment (Sx), Objective Assessment (Ox), Pelvic Floor Muscle Exercise Training

(PFMT) /RTUS / Case Studies, Pre prostatectomy/post prostatectomy, Practicals

Time	Min	Content
8.15 am	15 min	Registration – Welcome to students joining today
8.30 am	45 min	Subjective Assessment Questions – Quiz
		Quiz on Prostate Sx questions and meaning relevant to
		Bladder/Bowel/Pain and EF
		What is: TURP/TRP/UroLift/Laser Surgery
9.15 am	45 min	Practical: Subjective Assessment (small groups)
		Using the cheat sheet, practice covering the Prostate Cancer,
		baseline bladder, bowel, and EF questions. Tutor is the patient
10.00 am	15 min	Objective Assessment: What finding would you expect: Why?
		Discuss the significance of Gleeson/ISUP score and PSA and if watch
10.15 am	15 min	and wait or urgent surgery  MORNING TEA
10.13 am	60 min	Practical: Prostatectomy Education (in pairs)
10.30 0111	00 11111	30 minutes each using a cue sheet
11.30 am	30 min	Practical (Experiential): Pelvic Floor Muscle Awareness
11.50 0111	30 111111	Guided cueing by tutor in supine, sideline, 4 pt kneel, prone, sitting,
		and standing with tutor running through different cues for the three
		parts
12.00 pm	30 min	PFMT progressions
		How to progress, how to make it functional
12.30 pm	60 min	Case Studies (3): Prehab and TRP Rehab, PFM strengthening.
		Case study 1: 70-year-old retired engineer, Gleeson 7, ISUP watch and
		wait for 5 years, cancer is on the edge of the prostate
		Case study 2: 45-year-old BPH causing worsening bladder residual
		greater than 200ml and severe urgency and slow flow.
		<b>Case study 3</b> : 58-year-old - had TRRP - post op PSA 5 follow up bowel resection and stoma bag and chemo.
1.30 pm	30 min	LUNCH
2.00 pm	15 min	Demonstration of external palpation for pelvic floor
	45 min	Practical: Pelvic Floor
2.15 pm	45 11111	Using manual feedback take your partner through the three parts of
		the pelvic floor from 0-100% then back down. Based on their ability set
		a dosage relevant for them. Rotate partners
3.00 pm	60 min	Demonstration: Trans Perineal RTUS(Front/Middle/Back)
		Assess the amount lift in the three parts and practice different cues
		Practical: External AX of Pelvic Floor (in pairs)
		External AX of PF, set dosage based on your student partner's current
		muscle strength based on visual movement of Pelvic floor
4.00 pm	15 min	Quiz - Key Learning Outcomes for the day
4.15 pm	15 min	Summary - Day 3, discuss Day 4 including neuroanatomy mapping
4.30 pm		FINISH

## MEN'S HEALTH DAY 4 - PELVIC PAIN

Sensory Neural Assessment, PFM Down training, Hand hygiene / IC rectal exams / Stretches

Time	Min	Content
8.30 am	30 min	Hand Hygiene, Glove Technique and Informed Consent
9.00 am 9.15 am	15 min 75 min	Demonstration Tutor led a demonstration of how to perform an internal anal and pelvic floor examination in prone Practical: Objective Assessment Rectal exam in prone – EAS / IAS / PR / PC / IC / Obturators
10.30 am	30 min	<b>Demonstration – External Pelvic Pain Examination</b> Tutor led a demonstration of how to perform an external pelvic pain examination
11.00 am	15 min	MORNING TEA
11.15 am	45 min	Practical - Full External Assessment of Pelvic Pain (Assessment only) Breath assessment: apical, lateral and diaphragmatic breath, diaphragm. TX/ Lx junction, psoas to inguinal region, RA, PS, ST lig and nerve pathway externally to external Pelvic floor palpation, External pelvic floor assessment
12.00 pm	45 min	Practical: Pelvic Pain Treatment Options  Abdominal & inguinal releases  External Coccygeus and Sacrospinous lig and sacrotuberous lig releases  External pelvic floor release, testicular/ scrotal stretches  External Rotators/Internal Rotators muscle strength ratios
10 45 10 100	45 min	TENs and electrode placement and settings  Pain Science
12.45 pm	43 11111	Explaining pain to patients: 4 strategies for day-to-day homework Pain Management: Medications, TENs, heat, ice, Botox, relaxation, meditation, manual releases, DN, breath work, movement, exercise, stretches. Experience relevant stretches
1.30 pm	30 min	LUNCH
2.00 pm	45 min	Pelvic Floor Muscle Down training Use Dot for awareness for all students Practice cues to help with relaxation of the pelvic floor for those AMAB Using external palpation for awareness training, isolate 3 parts from 0- 100%. Practice STM to the inguinal region and relevant gluteal region, Experience which stretches work for you - discuss hold times
2.45 pm	30 min	Subjective Assessment  All students lead the subjective assessment whilst the tutor acts as patient – all students complete the subjective assessment form for Pelvic Pain
3.15 pm	15 min	Discussion on Interpretation of Subjective Questions and Plan for Ox
3.30 pm	15 min	AFTERNOON TEA
3.45 pm	60 min	Case Studies:  Bladder Syndrome/abdominal pelvic pain, Anal pain – proctalgia, Perineal and urethral pain, Testicular and penile pain
4.45 pm	15 min	Summary of Day 4
5.00 pm		FINISH

# MEN'S HEALTH DAY 5 - SEXUAL HEALTH

Subjective Ax Erectile Dysfunction, Peyronies, OX, PF Optimisation, Equipment Demonstration, Case Studies

Time	Min	Content
8.30 am	45 min	Quiz from online learning material:
		Guided session to clarify your understanding of normal erectile function and common dysfunctions
9.15 am	30 min	Subjective Assessment
		All students take turns, asking the subjective questions to the tutor acting as a patient experiencing both Erectile Dysfunction and Peyronies
9.45 am	15 min	Objective Assessment: What finding would you expect: Why?  Propose a diagnosis and give a rationale
10.00 am	60 min	Pelvic Floor Muscle Optimisation - relax and strengthen
		Revise cues and progressions for strengthening PFM (from past 2 days) Revise the strategies for down training the pelvic floor (from past 2 days) Assessment of the Tx/Lx area, abdominal area, sacral and gluteal Manual assessment of the relevant regions and external muscle release options Stretches and Yoga poses for pelvic area awareness and movement
11.00 am	15 min	MORNING TEA
11.15 am	45 min	Demonstration: Equipment
		Venous occlusion devices – discuss their place and role of physio vs sexual therapist Penile rings/PUMPS Vibratory and stimulatory devices
12.00 pm	60 min	TARTUS
		Timed testing in standing/TP RTUS practical - revision - Anorectal angle, Isolation of external urethral sphincter
1.00 pm	30 min	LUNCH
1.30 pm	60 min	Case Studies: Erectile Dysfunction Premature ejaculation: born with or late onset
		Hard flaccid, postvoid residual, and ejaculate drip
		Cannot get an erection or loss of tumescence to point cannot achieve penetration.
		Role of Physio vs GP vs nurse vs sexual counsellor, sexologist vs urologist
2.30 pm	45 min	Demonstration & Discussion on Treatments for Peyronies  Demonstration of Ultrasound for Peyronies
		Discussion of other therapy options: shock wave therapy, traction device, penile pumps, medication, surgery (from lecture)
3.15 pm	15 min	Quiz on key learning outcomes for the day
3.30 pm	15 min	Career pathway - ongoing learning - mentoring
3.45 pm		FINISH