A reference tool for continence physiotherapists


Professor Grace Dorey works as a Consultant Physiotherapist for Continence and is a Visiting Senior Research Fellow at the University of the West of England. She is one of only a handful of physiotherapists specialising in male incontinence worldwide. This textbook has developed from her 2001 book Conservative Treatment of Male Urinary Incontinence and Erectile Dysfunction. Seven new chapters have been added and existing chapters have been updated extensively. Classification of male urinary incontinence has been restructured in line with the International Continence Society standardisation of terminology. The textbook is aimed at physiotherapists, continence and urology nurses, GPs and urologists as a reference tool for treating men.

This readable book brings together many aspects of male urinary and faecal incontinence and erectile dysfunction. Dorey discusses the cause, prevalence, and assessment of pelvic floor dysfunction in logical chapters that can be referred to independently or read as a continuous text. Evidenced-based information and discussion of the male lower urinary tract anatomy, physiology, and neurology precede the chapters on individual pelvic floor conditions. These are discussed in detail with regard to prevalence, aetiology, definition, and classification.

Various prostatic conditions, pelvic dysfunction, pelvic pain, and erectile dysfunction are discussed in detail including the medical investigations that may be needed. Medical and surgical management options are discussed as well as those options available to the physiotherapist.

For a therapist who has experience in treating female incontinence, the assessment chapter goes into detail of how to carry out a continence assessment on a man with pelvic floor dysfunction. Within many of the subheadings questions are posed in a way appropriate for men. The meaning of an assessment outcome is not always discussed in detail as prior knowledge of continence assessments is assumed. For the experienced continence physiotherapist the information is at a level appropriate to specialisation.

Systematic reviews are included and the evidence for treatment options is analysed and discussed practically and clinically. The methodology and results of studies are made interesting for the discerning reader or the researcher. Separate reviews are available for treatment before and after prostatectomy, sexual dysfunction, and premature ejaculation. Other treatment modalities are discussed with reference to research where available.

Some knowledge and experience is assumed when reading this book. Don’t expect detailed treatment options or in-depth practical advice on how to apply, modify, or adapt techniques within the clinical setting. This textbook is especially good for continence advisors who wish to expand their practice to include men.

The chapter on medication provides an overview of the medication available for the management of urgency and stress incontinence as well as for nocturnal enuresis, and prostate problems. There is an interesting section on medications that change the colour of the urine, as well as medications that can cause incontinence. Pharmacotherapy will need to be updated by the reader according to the local availability of drugs.

Erectile dysfunction is discussed in two chapters. An overview of the types of sexual dysfunction as well as differing ejaculation disorders are provided with references to current research. No condition is discussed in much detail, though there is enough detail for the discerning therapist to make a provisional diagnosis. The second chapter on treatment includes a literature review which highlights the sparsity of high level research in this field. There is a need for research on conservative therapies in the area of erectile dysfunction as early trials show that rehabilitating the pelvic floor may have a positive impact on several sexual dysfunctions.

This textbook was written in the UK with resources, pharmacological references, and healthcare systems that apply locally. However it can easily be adapted to other health systems and if the text is being referred to by experienced therapists, their local knowledge can easily be substituted. There are few texts that deal with the assessment and management of male incontinence. Dorey goes some way to correct this by providing a reference tool for continence physiotherapists and nurses.

Irmina Nahon
Continence Physiotherapist
A ‘how to’ guide relevant to physiotherapy


Clare Mullins had been a physiotherapist for 12 years before she decided to become a qualified life coach and has now formed the business Growing Professionals in partnership with Graham Constable who was an officer in the Royal Air Force and is now a business consultant. They have endeavoured to write a ‘how to’ guide to enable teambuilding and leadership in the context of primary care. Most of the case studies and scenarios are from general practice but they could be translated to any medical field including allied health and physiotherapy. The book is not targeted specifically at physiotherapists, but would be relevant to all senior clinicians who find themselves in leadership roles or to aspiring leaders who wish to find a suitable self help book.

The book is presented very well, in that rather than there being chapter after chapter of theory it has a very practical focus, which encourages the reader to undertake numerous useful exercises and reflect upon his or her own leadership styles and approaches among other topics. The book recognises that change in thoughts or behaviour does not necessarily occur through reading but rather through doing with application of the principles learned throughout the text.

The book could be best served not by reading it from cover to cover but by taking in each chapter and reflecting upon the points made and applying some principles before moving on. Otherwise the breadth of information and the pace at which it moves could be too much. It is well referenced throughout with John Adair cited several times including his action-centred leadership (ACL) model, which underpins the Mullins and Constable approach to leadership. There are also a number of electronic links supplied where readers can assess their own leadership style or download a Daily Activity Diary, however the latter link did not work at the time of this review.

After an introduction and an explanation of Adair’s leadership model, the leadership styles of compulsion, persuasion, and enabling with trust or with coaching and support are discussed. Readers will probably recognise some of these as styles that they already use through everyday work situations. With the help of one of the numerous practical exercises you can discover your currently favoured method; additionally, constructive, clear advice is given as to when to use each style.

This text does not cover issues such as Total Quality Management or Macro Management issues and systems, but neither should it; rather it clearly defines management (tending to detail, creating systems for departments etc) and leadership (the bigger picture visionary, deciding the direction a team takes after full consultation). The book is not only about leadership and, as the title suggests, also discusses the fundamentals of teams and teambuilding. Team life cycles and dynamics are discussed along with the sensitive issue of dealing with dysfunctional teams. This short but helpful chapter provides clear steps to take to ensure that a troubled team can regain cohesion, but the advice to terminate a recalcitrant team member’s position if all else fails may not always be an option in public service. Although the jargon is kept to a minimum the high number of acronyms and mnemonics used as memory aids becomes irritating and overwhelming.

Leadership and Team building in Primary care does have a feel of one of those self help personal guide books, but rather than being esoteric and impractical it is relevant to much current physiotherapy practice. An expert clinician or manager needs to be able to lead and is probably part of some type of team, and it is likely the book will give the reader the tools, skills, and strategies to become a better leader in the context of working within a team. It also includes the measurements tools to evaluate the process and in this sense is quite comprehensive, however I feel that it would be best complemented with a practical course on the topic of leadership and teambuilding, especially for the less experienced reader.

I can recommend this book to physiotherapists at all levels of experience but it would be best suited to those in charge of a team or those aspiring to leadership positions. Readers are also referred to two excellent articles written by Clare Mullins in the British Medical Journal referenced below.

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References