

Total Physical Therapy

One-on-One Therapy in a Motivational Environment

3701 Olsen Blvd #A1
Amarillo, Texas 79109
806.467.8181

www.totalphysicaltherapyamarillo.com

Informed Consent For Assessment of Pelvic Floor Dysfunctions

I understand that if I undertake physical therapy for any pelvic floor dysfunction, it will be beneficial and necessary for my therapist to perform a muscle assessment of the pelvic floor, initially and periodically to assess muscle strength, length, range of motion and scar mobility. Palpation of these muscles is most direct and accessible if done via the vagina and/or anal/rectal canal. Pelvic floor dysfunctions include but are not limited to pelvic pain syndromes, urinary incontinence, fecal incontinence, dyspareunia or pain with intercourse, pain from an episiotomy or scarring, vulvodynia, vestibulitis, constipation, pain with urination or defecation, diffuse gluteal pain, organ prolapse, diffuse lower extremity pain, other similar complications. Evaluation of my condition may include observation, direct muscle palpation, soft tissue mobilization, use of vaginal weights, dilators, vaginal or rectal sensors for biofeedback and/or electrical stimulation.

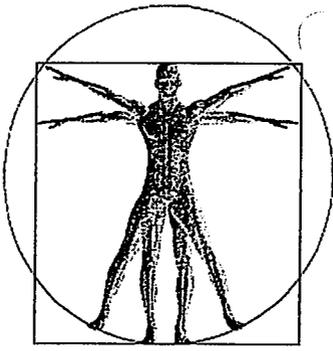
Treatment procedures for pelvic floor dysfunctions include, without limitation, education, exercise, neuromuscular reeducation using biofeedback, neuromuscular reeducation, electrical stimulation, ultrasound, use of vaginal weights and several manual techniques including massage, myofascial release, strain counter strain, ischemic pressure, joint and soft tissue mobilization. The therapist will explain all these treatment procedures to me and I may choose not to participate with all or part of the treatment plan. Risks/side effects may include: muscle or joint soreness, slight muscle pain, referred discomfort to another part of the body, fatigue, temporary discomfort with defecation, walking or activities of daily living. I understand that no guarantees have been or can be provided to me regarding the success of therapy. I have read or had read to me the foregoing and any questions that I have asked have been answered to my satisfaction. I understand the risks, benefits and alternatives of the different treatment procedures.

I hereby voluntarily agree to allow my physical therapist to perform both initial and periodic muscle assessments of the pelvic floor via the vagina or anal/rectal canal and to perform muscular treatment techniques of the perineal area. The benefits and risks of the vaginal/rectal assessment have been explained to me. I understand that if I am uncomfortable with the assessment or treatment procedures AT ANY TIME, I will inform my therapist and the procedure will be discontinued and alternatives will be discussed with me.

Patient's Signature & Date

Physical Therapist's Signature & Date

PLEASE NOTE: If you are pregnant, have an infection of any kind, have vaginal dryness, are less than 6 weeks postpartum or post surgery, have severe pelvic pain, sensitivity to KY Jelly/vaginal creams or latex, please inform the therapist prior to the pelvic floor assessment



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Bladder symptoms

Do you lose urine when you:

cough/sneeze/laugh

yes/no

on the way to the bathroom

yes/no

hear running water

yes/no

Lift/exercise/jump/dance

yes/no

Have a strong urge to urinate

yes/no

Number of accidents per day

Do you use padding

Yes/No If yes how many_____

Do you wake up at night to urinate

Yes/No If yes how many_____

Do you wet the bed

Yes/No

Do you have burning/pain with urination

Yes/No

Do you have blood in your urine

Yes/No

Do you dribble after urination

Yes/No

Do you have difficulty starting a stream of urine

Yes/No

Do you strain to empty your bladder

Yes/No

Do you feel unable to empty your bladder fully

Yes/No

Do you have a "falling out" feeling

Yes/No

Do you have pain with a full bladder

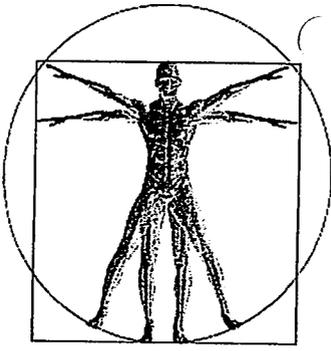
Yes/No

Do you have strong urges to urinate

Yes/No

Do you urinate more than 7 times per day

Yes/No



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Bowel Symptoms

Do you strain to have a bowel movement

Yes/No

Number of accidents per day

Do you use padding?

Yes/No If yes, how many_____

Do you leak gas by accident

Yes/No

Do you take laxatives

Yes/No

Do you have painful bowel movements

Yes/No

Do you leak or stain feces

Yes/No

Do you have diarrhea often

Yes/No

Do you include fiber in your diet

Yes/No

Do you have blood in your stool

Yes/No

How often do you have a bowel movement

Most common stool consistency

Pelvic Floor Impact Questionnaire—short form 7 (PFIQ-7)

Name _____ DATE _____

DOB _____

Instructions: Some women find that bladder, bowel, or vaginal symptoms affect their activities, relationships, and feelings. For each question, check the response that best describes how much your activities, relationships, or feelings have been affected by your bladder, bowel, or vaginal symptoms or conditions **over the last 3 months**. Please make sure you mark an answer in **all 3 columns** for each question.

How do symptoms or conditions in the following usually affect your	<i>Bladder or urine</i>	<i>Bowel or rectum</i>	<i>Vagina or pelvis</i>
1. Ability to do household chores (cooking, laundry housecleaning)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
2. Ability to do physical activities such as walking, swimming, or other exercise?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
3. Entertainment activities such as going to a movie or concert?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
4. Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
5. Participating in social activities outside your home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
6. Emotional health (nervousness, depression, etc)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
7. Feeling frustrated?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit