

# Hands-On Physical Therapy: Pelvic Health

## Informed Consent for Evaluation and Treatment

You have been referred for evaluation and treatment of a pelvic floor dysfunction. Pelvic floor dysfunction includes, but are not limited to:

- o Urinary incontinence, urgency or frequency
- o Slow or intermittent urinary stream and straining
- o Feeling of incomplete emptying of urine or stool
- o Pelvic organ prolapse
- o Constipation
- o Pain in the pelvic region including sacroiliac, pubic symphysis, low back, hips
- o Painful scars after childbirth or surgery
- o Dysfunction or pain related to sexual function

To evaluate your condition, it may be necessary to have physical therapist perform a pelvic floor muscle examination. This examination is performed by observing and/or palpating the perineal region, including the vagina and/or rectum externally and/or internally. The examination may include assessment of:

- o Skin condition
- o Reflexes and sensation
- o Muscle function, length, strength, endurance, power, tenderness
- o Nerve or scar mobility and tenderness
- o Position of pelvic organs in relation to pelvic floor muscles

Treatment may include, but not be limited to:

- o Educational instruction
- o Observation
- o Palpation
- o Stretching and strengthening exercises
- o Relaxation techniques
- o Soft tissue and/or joint mobilization

Benefits of this examination include the ability of your therapist to identify and treat dysfunction related to your symptoms.

Risk with examination is equal to that of a gynecological exam. If any of the following occur, technique can be altered or no longer performed. Patients may report:

- o Pain in or discomfort of perineal, vaginal, rectal regions. Severe pain is not expected. Replication of your pain may aid in diagnosing your impairment.
- o Emotional response. If this occurs the patient is in control and can stop the examination at any time.
- o Increased parasympathetic stimulation or response (nausea, sweating, cold clammy feeling)
- o Feeling of fullness or pressure in the rectum, not uncomfortable
- o Urge to urinate or defecate following or during the procedure, not uncomfortable
- o Small risk of infection similar to intercourse or gynecological examination

Alternatives to internal examination

- o Education and or instruction alone
- o Clothed external palpation of pelvic/perineal region
- o Unclothed external visualization of pelvic/perineal region
- o Unclothed external palpation of pelvic/perineal region
- o External sEMG examination
- o No examination

**Please Initial and Sign Below:**

\_\_\_\_\_ 1. The purpose, techniques, benefits, risks, and alternatives to the examination have been explained to me.

\_\_\_\_\_ 2. I understand that I can terminated the procedure at any time.

\_\_\_\_\_ 3. I understand that I am responsible for immediately telling the examiner if I am having any discomfort or unusual symptoms during the procedure.

\_\_\_\_\_ 4. I have the option of having a second person present in the room during the procedure. If I elect to have a second person present in the room, I understand I am responsible for providing a volunteer to be present during the examination and /or treatment.

\_\_\_\_\_ 5. I give my informed consent for pelvic floor examination and treatment.

**Printed name of the patient:** \_\_\_\_\_ **Patient DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of patient or parent/guardian:** \_\_\_\_\_

**Printed name of parent/guardian if applicable:** \_\_\_\_\_

**Date of Signing:** \_\_\_\_/\_\_\_\_/\_\_\_\_