



Women's Health and Lymphedema Services

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**INFORMED CONSENT FOR  
ASSESSMENT OF THE PELVIC FLOOR**

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I understand that my physician has referred me to physical therapy for pelvic floor dysfunction. I understand that to evaluate my condition it may be necessary for my physical therapist to perform an internal pelvic floor exam to assess strength, tissue mobility and muscle length.

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. I understand that I may refuse any part of the treatment plan I am uncomfortable with.

Based on the information I have received from the therapist, I voluntarily agree to the standard assessment and treatment plans for my condition.

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Patient's Signature and Date

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Therapist's Signature

***\*\*\*If you are pregnant, have infections of any kind, have vaginal dryness, are less than 6 weeks post partum or post surgery, have severe pelvic pain, sensitivity to KY Jelly, vaginal creams or latex, please inform the therapist prior to pelvic floor assessment.***



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### URINARY INCONTINENCE EVALUATION

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Onset: \_\_\_\_\_

Aggravates: \_\_\_\_\_

Eases: \_\_\_\_\_

PMH summary (See screen questionnaire): \_\_\_\_\_

Childbirth history: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Perceived Severity of: (10 being worst): \_\_\_\_\_

Urogynecologic symptoms:

UTI \_\_\_\_\_ hematuria \_\_\_\_\_ hesitancy \_\_\_\_\_ dysuria \_\_\_\_\_ prolapse \_\_\_\_\_

dribbling after urination \_\_\_\_\_ urge sensation present \_\_\_\_\_ empty completely \_\_\_\_\_

leaks per day \_\_\_\_\_ sm/md/lg caused by \_\_\_\_\_

voiding frequency \_\_\_\_\_ nocturia \_\_\_\_\_ nocturnal enuresis \_\_\_\_\_

falling out feeling \_\_\_\_\_ vaginal dryness \_\_\_\_\_ fluid intake \_\_\_\_\_

amount of warning before urination \_\_\_\_\_ dietary changes \_\_\_\_\_

### MUSCULOSKELETAL EXAM

Postural exam \_\_\_\_\_

Lumbar exam \_\_\_\_\_

Sacroiliac exam \_\_\_\_\_

Neurologic exam \_\_\_\_\_

Lower quarter exam \_\_\_\_\_

(strength, ROM, muscle imbalances) \_\_\_\_\_

Abdominal strength \_\_\_\_\_

Scar mobility \_\_\_\_\_

Diastasis Recti Abdominis \_\_\_\_\_ above \_\_\_\_\_ umbilicus \_\_\_\_\_ below \_\_\_\_\_

### PELVIC FLOOR MUSCLE EXAM

External Exam:

Resting position: \_\_\_\_\_

Response to cough \_\_\_\_\_ lift \_\_\_\_\_ bulge \_\_\_\_\_ nil \_\_\_\_\_

Response to contraction \_\_\_\_\_ lift \_\_\_\_\_ bulge \_\_\_\_\_ nil \_\_\_\_\_

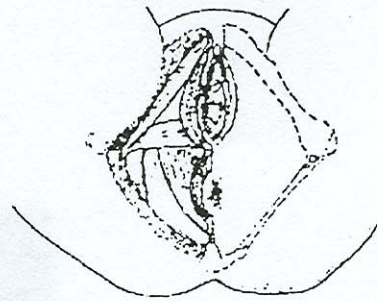
Skin integrity/scar \_\_\_\_\_

Reflex – anal wink \_\_\_\_\_ bulbocavernosus \_\_\_\_\_

Pain : \_\_\_\_\_

**DIGITAL EXAM: FEMALE**

Sensation: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Introitus – loose / tight / asymmetric \_\_\_\_\_  
 PF Contraction strength: 0 1 2 3 4 5 \_\_\_\_\_  
 Symmetry \_\_\_\_\_  
 Hold time: \_\_\_\_\_ Reps: \_\_\_\_\_  
 Ability to relax: \_\_\_\_\_  
 Ability to isolate: \_\_\_\_\_



Uterine Prolapse \_\_\_\_\_ Cystocele \_\_\_\_\_ Urethrocele \_\_\_\_\_ Rectocele \_\_\_\_\_

**BIOFEEDBACK EVALUATION**

Type of equipment \_\_\_\_\_ Accessory muscle \_\_\_\_\_  
 PF electrode: surface \_\_\_\_\_ vaginal \_\_\_\_\_ anal \_\_\_\_\_

SEMG ( $\mu$ V)	Supine PF ( $\mu$ V) _____	Sitting PF ( $\mu$ V) _____	Standing PF ( $\mu$ V) _____
Baseline/Resting			
Quick Contraction			
10 Sec Contraction			
Recruitment Patterns			
Relaxation Patterns			

Assessment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pt Stated Goals: \_\_\_\_\_

Short Term Goals: (2 weeks)

1. Increase PF muscle awareness / proprioception
2. Increase power by one muscle grade
3. Decrease leakage by \_\_\_\_\_ %
4. Decrease pad usage by \_\_\_\_\_ / day
5. Decrease protection from \_\_\_\_\_ to \_\_\_\_\_
6. Coordination of pelvic and thoracic diaphragms
7. Increase ability to defer urge by \_\_\_\_\_ seconds / minutes
8. Isolate PF muscle contraction / decrease overflow

Long Term Goals (2 months)

1. Increase muscle power to \_\_\_\_\_ / 5
2. Increase muscle endurance to \_\_\_\_\_ sec
3. Increase sexual response
4. Decrease leaks by \_\_\_\_\_ %

5. Decrease pad usage to \_\_\_\_\_ / day
6. Decrease protection from \_\_\_\_\_ to \_\_\_\_\_
7. Increase abdominal strength to \_\_\_\_\_ / 5
8. Use PF muscle in functional ADL's (cough, sneeze, lifting, transfers)

\_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

Plan: \_\_\_\_\_

Therapist \_\_\_\_\_, PT