Integrative Pelvic Health

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Informed Consent for Evaluation and Treatment

- You have been referred to or have desired an evaluation and treatment for your pelvic floor dysfunction. Pelvic floor dysfunctions include, but not limited to:
    - Urinary leakage, urgency and/or frequency
    - Slow or intermittent urinary stream and straining
    - Feeling of incomplete emptying of urine or stool
    - Pelvic Organ Prolapse
    - Constipation
    - Pain in the pelvic region, sacrum, sacroiliac joints, pubic symphysis, groin, hips, mid or low back, or deep inside the pelvis.
    - Painful scars after childbirth or surgery
    - Sexual dysfunction with pain, dryness, decreased libido, tightness, pain with entry or deep penetration.
- To evaluate your condition, it may be necessary to have a physical therapist, trained and certified in pelvic floor rehab, to perform a pelvic floor muscle examination. The 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:
    - Skin conditions
    - Reflexes and sensation
    - Muscle function, length, strength, endurance, power and tenderness
    - Nerve or scar mobility and tenderness
    - Position of pelvic organs in relation to the pelvic floor muscles
- Treatment may include, but not be limited to:
    - Educational instruction
    - Observation
    - Palpation
    - Stretching and strengthening exercises
    - Relaxation techniques
    - 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 symptoms occur during the assessment, immediately let your physical therapist know. Treatment can be altered, pressure or touch can be lightened, and/or treatment no longer performed. Please report:
    - Pain or discomfort of perineal, vaginal, rectal regions. Severe pain should not be expected or tolerated. Some replications of your pain may aid in the diagnosis or your impairment.

- Emotional response. If this occurs, the patient is in control and can stop the examination at any time.
- Increased parasympathetic stimulation or response (nausea, sweating, cold clammy feeling)
- Feeling of fullness or pressure in the rectum, not uncomfortable.
- Urge to urinate or defecate following or during the procedure, not uncomfortable.
- Small risk of infection similar to intercourse or gynecological examination.

- Alternative to internal examination. You can still get pelvic floor physical therapy without an internal examination. Do not feel it is all or nothing.
  - Education and/or instruction alone
  - Clothed external palpation of pelvic/perineal region
  - Unclothed external visualization of pelvic/perineal region
  - External surface electromyography (EMG) examination
  - 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 terminate the examination/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 that 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 patient: _____ DOB: _____

Signature of patient: _____ Date: _____

Printed name of parent/guardian if applicable:_____