



PELVIC FLOOR CONSENT FOR OBSERVATION, EVALUATION AND TREATMENT OF THE PELVIC FLOOR MUSCLES AND PERINEUM

My doctor, midwife or medical caregiver has referred me to Daulton Physical Therapy for Pelvic Pain, continence rehabilitation, scar therapy and/or perineal massage. My condition is one that may involve the pelvic floor muscles and my therapist has explained to me that it may be necessary to have an internal or external vaginal or rectal examination to determine the state of my pelvic floor muscles and its involvement in my condition. This examination is performed with the therapist's index finger and will help to determine my future treatment. I understand I can stop the examination at any time if I don't feel comfortable.

An internal exam can provide information regarding the strength, endurance, and tonicity of my pelvic floor muscles. In addition, an internal evaluation of my pelvic floor muscles will help to determine type of tone, if my muscles are in spasm, or have painful trigger points. This evaluation will also check for skin color, reflexes and scar mobility. This evaluation will also help to design a pelvic health program that will consist of vaginal stretching, Kegels or reverse Kegels along with other types of intra-vaginal techniques.

There are two components to the pelvic floor muscle evaluation. The first part consists of observation and/or palpating the perineal area which can include the vagina and/or rectum. This part of the evaluation will assess for vulvar skin condition, pelvic reflexes, muscle tone and the overall function of the pelvic floor area. We may use biofeedback technology as part of the evaluation and treatment. Biofeedback therapy can include vaginal or rectal sensors. These sensors are placed inside either the vagina or rectum. We may also use external sensors which are placed perianally. I understand that the purpose of the internal/external evaluation with fingers or sensors is to evaluate and treat the muscles of the pelvis. You can stop the exam at any time. Please inform your therapist if you experience pain or discomfort during the exam

Treatment may include, but not be limited to the following: observation, palpation, use of vaginal weights, vaginal or rectal sensors for biofeedback and/or electrical stimulation, heat, cold, stretching, and strengthening exercises, soft tissue and/or joint mobilization, strain counterstrain and educational instruction, cold laser therapy on perineum, vestibule, scars, and/or trigger points. Cold laser therapy is performed using a Microlight 830 laser, which is FDA approved for pain relief.

Potential risks:

I may experience an increase in my current level of pain or discomfort, an aggravation of my existing injury, or spotting in the pelvic floor. This discomfort is usually temporary; if it does not subside in 1-3 days, I agree to contact my therapist.

Potential benefits:

These may include a decrease in pain, spasms and urinary symptoms with an improvement in my sitting, and standing tolerance. I might also see improvements in my ability to perform my daily activities and tasks. I may experience increased pelvic strength and endurance in my everyday movements. I may experience better pelvic endurance and less pelvic pressure along with enhanced awareness and flexibility. I will also learn more about my pelvic muscles and learn more about how to manage my condition.

Cooperation with treatment:

I understand that I must be an active participant in my pelvic program and I must attend my scheduled appointments to ensure success. I agree do my home exercise program as assigned by my therapist. I understand for my therapy to succeed I must do my exercises consistently. If I have difficulty or don't understand any part of my treatment program, I will discuss my difficulties with my therapist.

Accordingly, I confirm my agreement to the internal and external evaluation of the pelvic floor muscles by initialing one of the following:

_____ I agree to an internal assessment and internal treatments with my physical therapist.

_____ I agree to an internal assessment and internal treatments with my physical therapist and will bring a friend or family member with me.

_____ I would like more information before consenting to an internal assessment and internal treatments.

_____ I prefer not to participate in the internal assessment and internal treatments at this time, but may reconsider in the future.

_____ I will participate in an external evaluation of my pelvic floor muscles, but not an internal exam at this time.

I have informed my therapist of any condition that would limit my ability to have an evaluation or to be treated. I hereby request and consent to the evaluation and treatment to be provided by the therapists of Daulton Physical Therapy.

Date: _____

Patient Name: *(Please print)* _____

Patient Signature: _____