

Revive Rehab services
Pelvic Floor exam Consent Form

- I acknowledge and understand that I have been referred to a pelvic health physical therapist for an evaluation and treatment of pelvic floor dysfunction. Pelvic floor dysfunction includes, but are not limited to:
 1. Urinary incontinence, urgency or frequency.
 2. Feeling of incomplete emptying of urine or stool.
 3. Pelvic organ-prolapse.
 4. Fecal incontinence.
 5. Pain or dysfunction related to sexual function.
 6. Painful scars after childbirth or surgery.
 7. Pain in the pelvic region including sacroiliac, pubic symphysis, low back, and hips
- I understand that to evaluate my condition it may be necessary, initially and periodically, to have my physical therapist to perform an internal pelvic floor muscle and pelvic girdle examination. This examination is performed by observing and/ or palpating the perineal region, including the vagina and or rectum externally and/ or internally. Examination include assessment of:
 1. Skin condition
 2. Sensation and reflexes
 3. Muscle tone, length, strength, endurance, and tenderness
 4. Scar mobility and tenderness
 5. Nerve mobility and tenderness
 6. Position of pelvic organs in relation to pelvic floor muscles
- Treatment may include, but not limited to:
 1. Palpation.
 2. Soft tissue/ trigger point release.
 3. Stretching and strengthening exercises.
 4. Relaxation techniques.
 5. Educational instructions.
 6. Vaginal and/ or rectal sensors for biofeedback.
 7. Vaginal and/ or rectal sensors for electrical stimulation.
- Benefits of this examination include the ability of the physical therapist to identify and treat your pelvic floor dysfunction.
- Risk with examination is equal to that of a gynecological exam. Patient may report:
 1. Discomfort or pain of perineal, vaginal, rectal regions. Severe pain is not expected.
 2. Feeling of fullness or pressure in the rectum, not uncomfortable.
 3. Urge to urinate or defecate following or during procedure, not uncomfortable
 4. Increased nausea, sweating, cold clammy feeling.
 5. Small risk of infection similar to intercourse or gynecological examination.
- Alternatives to internal examination:
 1. Unclothed external visualization of pelvic/ perineal region.
 2. Unclothed external palpation of pelvic/ perineal region.

3. Clothed external palpation of pelvic / perineal region.
 4. Education and/ or instruction alone.
 5. 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 am responsible for immediately telling my physical therapist if I am having any discomfort or unusual symptoms during the procedure.
 - _____ 3. I understand that I can terminate the procedure at any time.
 - _____ 4. I understand that I have the option to have a second person in the room for the pelvic floor evaluation and treatment. The second person present, besides myself and the treating/evaluating therapist, can be a friend, or family member.Please indicate your preference with your initial below:

___ YES I want a second person present during the pelvic floor evaluation and treatment.

___ NO I do not want a second person present during the pelvic floor evaluation and treatment.

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

Printed name of the patient: _____.

Signature of patient: _____.

Patient DOB: ____/____/____.

Date of signing: ____/____/____.