



PELVIC FLOOR CONSENT FOR EVALUATION AND TREATMENT

I understand that if I am referred to physical therapy for pelvic floor dysfunction, it may be beneficial for my therapist to perform a muscle assessment of the pelvic floor, initially and periodically to assess muscle strength, length, and range of motion and scar mobility. Palpation of these muscles is most direct and accessible if done via the vagina and/or rectum. Pelvic floor dysfunctions include: pelvic pain syndromes, urinary incontinence, fecal incontinence, dyspareunia or pain with intercourse, pain from an episiotomy or scarring, vulvodynia, vestibulitis or other complications. Evaluation of my condition may include observation, soft tissue mobilization, use of vaginal cones, and vaginal or rectal sensors for biofeedback and/or electrical stimulation.

I understand that the benefits of the vaginal/rectal assessments will be explained to me. 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.

Treatment procedures for pelvic floor dysfunctions include without limitation: education, exercise, stimulation, ultrasound, use of vaginal weights, and several manual techniques including massage, joint and soft tissue mobilization. The therapist will explain all of these treatment procedures to me and I may choose to not participate with all or part of the treatment plan. I understand that no guarantees have been or can be provided to me regarding the success of therapy.

I have read or had read to me the foregoing and any questions, which may have occurred to me, have been answered to my satisfaction. I understand the risks, benefits, and alternatives of the treatment.

Based on the information I have received from the therapist, I voluntarily agree to standard assessment and muscular treatment techniques of the perineal area.

I am comfortable with only the therapist performing the evaluation in the room

I would prefer to have a chaperone in the room while the therapist performs the evaluation.

Patient Signature and Date

Therapist Signature and Date

Patient's Legal Representative/Guardian/Parent

Relationship to Patient

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