



Quinn Orthopedic Pelvic Floor Physical Therapy Informed Consent for Assessment of Pelvic Floor Dysfunctions

I understand that if I undertake physical therapy for any pelvic floor dysfunction, it will be beneficial and necessary for my therapist to perform a muscle assessment of the pelvic floor, initially and periodically to assess muscle strength, length, tone, endurance, range of motion, skin conditions, reflexes, function and scar mobility of the pelvic floor region. Palpation of these muscles is the most direct and accessible if done via the vagina and/or anal/rectal canal. This type of evaluation/assessment will always be done with the patient's verbal consent and an adult or minor can request a chaperone at any time. Evaluation of my condition may include observation, direct muscle palpation, soft tissue mobilization, dilators, vaginal or rectal sensors for biofeedback and/or electrical stimulation.

The benefits and risks of the vaginal/rectal assessment have been 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. _____ (initials)

Treatment procedures for pelvic floor dysfunction include, without limitations, education, exercise, neuromuscular reeducation using biofeedback, neuromuscular reeducation, electrical stimulation, ultrasound, use of vaginal weights and several manual techniques including massage, myofascial release, strain counter strain, ischemic pressure, joint and soft tissue mobilization. The therapist will explain all of these treatment procedures to me, and I may choose not to participate with all or part of the treatment plan. Risks/side effects may include: muscle or joint soreness, slight muscle pain, referred discomfort to another part of the body, fatigue, temporary discomfort with defecation, walking or activities of daily living. 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 that I have asked have been answered to my satisfaction. I understand the risks, benefits, and alternatives of the different treatment procedures.

I hereby voluntarily agree to allow my physical therapist to perform both initial and periodic muscle assessments of the pelvic floor via the vagina or anal/ rectal canal and to perform muscular treatment techniques to the perineal area with the option to discontinue this treatment at any time.

Date: ____ / ____ / _____

Patient's Signature

Patient's Legal Representative

Relationship to Patient

PLEASE NOTE: 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 lubrication/ vaginal creams or latex, please inform your PT prior to the pelvic floor assessment.