



Consent for Assessment of Pelvic Floor Dysfunction

I understand that pelvic floor physical therapy involves muscle assessments of the pelvic floor, including strength, length, tone, endurance, range of motion, skin conditions, reflexes, function, and scar mobility. These assessments may include palpation via the vagina and/or anal/rectal canal, with my verbal consent. I may request a chaperone at any time. Evaluation may also involve observation, muscle palpation, soft tissue mobilization, and the use of dilators, sensors, biofeedback, and/or electrical stimulation. I acknowledge the benefits and risks of these assessments. If I am uncomfortable at any time, I will inform my therapist, and alternatives will be discussed. _____ (Initials)

Treatment for pelvic floor dysfunction may include education and exercises. It may also involve neuromuscular reeducation with biofeedback and electrical stimulation, ultrasound, vaginal weights, and various manual techniques such as massage, myofascial release, strain counter strain, ischemic pressure, and joint/soft tissue mobilization. My therapist will explain these procedures, and I can choose not to participate fully. Risks may include muscle soreness, pain, referred discomfort, fatigue, and temporary discomfort with activities. I understand therapy outcomes cannot be guaranteed.

I have read or had read to me the above information, and my questions have been answered satisfactorily. I understand the risks, benefits, and alternatives of the treatment procedures. I voluntarily consent to pelvic floor muscle assessments via the vagina or anal/rectal canal, as well as muscular treatment techniques to the perineal area, with the option to discontinue treatment at any time.

PLEASE NOTE: Please inform your PT if you are pregnant, have any infections, experience vaginal dryness, are less than 6 weeks postpartum or post-surgery, have severe pelvic pain, or have sensitivities to lubrication, vaginal creams, or latex prior to the pelvic floor assessment. If pregnant, our policy requires a doctor's referral with clearance for internal pelvic floor treatment. Internal pelvic floor therapy will not be performed during the first trimester.

I allow this consent form to cover the entire course of treatment for my present condition and for future conditions for which I seek treatment, with its validity extending for 1 year from the date of endorsement. By consenting below, I acknowledge that I have weighed the risks involved in undergoing treatment, determined it is in my best interest to proceed with the recommended treatment, and understand that I can decline any part of my therapy program at any time.

Signature: _____ Date: _____

Patient Name/Responsible Party: _____ Parent/Guardian (if applicable): _____