

Informed Consent for Assessment of Pelvic Floor Dysfunctions

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 include pelvic pain syndromes, urinary incontinence, fecal incontinence, dyspareunia, pain with intercourse, pain from an episiotomy or scarring, vulvodynia, vestibulitis, or other similar complications. Evaluation of my condition may include observation, soft tissue mobilization, use of vaginal cones, and vaginal or rectal sensors for biofeedback and/or electric stimulation.

I understand that the benefits of the vaginal/rectal assessment 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 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.

Cancellation Policy: I understand that if I cancel less than 24 hours in advance, I will pay a cancellation fee of \$50.

Based on the information I have received from the therapist, I voluntarily agree to standard assessment and muscular treatment techniques of 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 parent/guardian

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 the pelvic floor assessment.