

### Pelvic Physical Therapy Evaluation



Name: \_\_\_\_\_ Date: \_\_\_\_\_

DR: \_\_\_\_\_ Next visit with DR: \_\_\_\_\_

PT DX: \_\_\_\_\_ Medical DX: \_\_\_\_\_

HPI:	Tests:
PMH GYN:	PMH OB:
PMH:	SOC:
UI sx: _____ PFDI 20 = _____ ___ stress sx                      SX score ___ / 21 ___ urge sx ___ retention sx                      PFIQ 7 = _____ ___ prolapse sx                      PDI = _____ Oswestry = _____	Bowel sx: ___ constipation ___ leakage ___ pain
Pain: ___ dyspareunia  ___ abdomen	Pain: ___ low back, buttock  ___ other

Informed consent for internal evaluation consent given \_\_\_\_\_

Visual Inspection:  Inward movement on contraction: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> downward Relaxation: <input type="checkbox"/> yes <input type="checkbox"/> no Perineal movement during cough: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> inward Perineal movement with straining: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> inward Urinary Incontinence: <input type="checkbox"/> yes <input type="checkbox"/> no Perineal descent: rest <input type="checkbox"/> absent <input type="checkbox"/> present Perineal descent: bearing <input type="checkbox"/> absent <input type="checkbox"/> present  Skin condition: _____  Other: _____	Introitus: _____                      Introitus clock: Resting position: _____  Skin condition: _____ Scarring: _____  Adductors _____ Abdominals _____ PS _____
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scar +++, pain x, skin color ///

**Brink score**

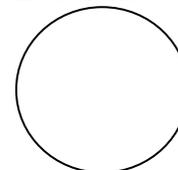
Score	1	2	3	4
<b>Pressure</b>	No response	Weak squeeze; flicker	Moderate squeeze; all the way around	Strong squeeze; full circumference
<b>Displacement</b>	None;	Finger base	Whole length of finger	Whole finger + grip / pulled
<b>Time</b>	None	> 1 second	1 to 2.5 seconds	3 + seconds

**Pelvic floor:**

- Vaginal vault size:  decreased  increased  WNL  
 Muscle volume:  decreased  WNL  avulsion  
 PFM tone:  decreased  increased  WNL  
 Contraction ability:  
 Voluntary contraction:  absent  weak  moderate  strong  
 MMT: \_\_\_ R, \_\_\_ L Symmetry - \_\_\_\_\_  
 Levator closure  yes  no  
 Urethral lift  yes  no  
 Voluntary relaxation:  absent  partial  complete  
 Muscle endurance: \_\_\_\_\_ seconds right, \_\_\_\_\_ seconds left  
 Number of quick contractions in 10 seconds \_\_\_\_\_  
 Involuntary contraction:  absent  present  
 Involuntary relaxation:  absent  present

**Pelvic floor clock:**

- scar +++  
 pain x  
 spasm ~



**Brink score**

- Time \_\_\_\_\_  
 Displacement \_\_\_\_\_  
 Pressure \_\_\_\_\_  
 Total \_\_\_ / 12

**Tissue laxity test:**

- Anterior wall:  min  mod  severe  WNL  
 Posterior wall:  min  mod  severe  WNL  
 Urethra:  min  mod  severe  WNL

Quality of contractions: \_\_\_\_\_  
 Overflow: \_\_\_\_\_

Treatment today: \_\_\_ Evaluation / examination \_\_\_ Bladder diary given  
 \_\_\_ Bladder and PFM education \_\_\_ PFM exercises \_\_\_\_\_  
 Other \_\_\_\_\_

**Assessment:**

- PFM dysfunction:  non-contracting PFM  non-relaxing PFM  
 non-contracting, non-relaxing PFM  
 PFM condition:  underactive PFM  overactive PFM  non-functioning PFM  
 Rehabilitation potential:  excellent  good  fair  poor  
 Symptoms of abuse:  absent  present \_\_\_\_\_  
 Learning barriers:  absent  present \_\_\_\_\_  
 Obstacles to rehabilitation: \_\_\_\_\_

### Pain problem list

- Poor understanding of exercise physiology as it applies to her / his condition
- No / insufficient home exercise program
- Poor knowledge of proper posture and body mechanics
- Bed mobility with increased pain
- Sitting tolerance \_\_\_\_\_ minutes
- Transfer from sit to stand with increased pain.
- Standing tolerance \_\_\_\_\_ minutes
- Walking / running tolerance \_\_\_\_\_ min / distance.
- Up and down \_\_\_ stairs with assistance / pain.
- Lift / carry \_\_\_ pounds with increased pain. Unable to lift any weight without increased pain
- Light / heavy housework with increased pain.
- Transfers in and out of car, in and out of bed with minimal increase in pain.
- Penetration (intercourse, speculum) with increase in pain.
- Social, exercise, work limited by pain
- Symptom index \_\_\_ / \_\_\_

### PFM weakness problem list

- Poor understanding of exercise physiology and reasons for UI / POP
- No home exercise program
- Poor quality of PFM contraction with decreased strength \_\_\_ /5 and endurance \_\_\_\_\_ seconds
- Patient unable to contract PFM effectively before increased intra abdominal pressure (cough, sneeze, lift)
- Transfer from sit to stand with increased perineal pressure / UI.
- Poor knowledge of proper posture and body mechanics without increased perineal pressure / UI.
- Standing tolerance \_\_\_\_\_ minutes with increased perineal pressure
- Walking / running/ exercising tolerance \_\_\_\_\_ with increased perineal pressure / UI.
- Up and down \_\_\_ stairs with UI.
- Lift / carry \_\_\_ pounds with increased perineal pressure / UI
- Light / heavy housework with increased perineal pressure / UI.
- Transfers in and out of car, in and out of bed with increased perineal pressure / UI.
- Urinary frequency.
- Nocturia \_\_\_ times per night
- Poor knowledge of proper fluid intake
- Leakage / urgency while walking to the bathroom.
- Social, exercise, work limited by increased perineal pressure or UI.
- Symptom index \_\_\_ / \_\_\_
- QOL index \_\_\_ / \_\_\_

### Pain goals

- Patient will verbalize understanding of **exercise physiology** as it applies to her / his condition for long term management
- Patient will demonstrate ability to adhere to an independent **home exercise program** with \_\_\_\_\_ % accuracy for continued long term improvements in PFM function and functional ability.
- Demonstrate understanding of proper **posture and body mechanics** to decrease re-injury of \_\_\_\_\_
- Patient able to **roll over in bed** with minimal increase in pain.
- Increased tolerance for **sitting** to \_\_\_\_\_ minutes for \_\_\_\_\_ activity. Driving, riding in car,
- Able to **transfer from sit to stand** without increased pain / with minimal increase pain, independently.
- Increased tolerance for **standing** to \_\_\_\_\_ minutes for \_\_\_\_\_ activity. Meal prep, wash dishes, change baby, work, at sink for self care,
- Increased tolerance for **walking / running** to \_\_\_\_\_ min / distance for \_\_\_\_\_ activity. With / without device, safely. To do groceries, work, get to doctor's office, recreation.
- Able to go up and down \_\_\_ **stairs** independently, safely, with minimal change in pain.
- Able to **lift / carry** \_\_\_ pounds for \_\_\_\_\_ activity without increased pain. Baby care, work, housework
- Perform light / heavy **housework** with minimal increase pain.
- Transfers** in and out of car, in and out of bed with minimal increase in pain.
- Able to tolerate **penetration** of # 4 dilator for intercourse with minimal / no increase in pain.
- Able to tolerate **penetration** of speculum for vaginal examination with minimal / no increase in pain
- Social, exercise, work not limited by pain**
- Discharge symptom index improved \_\_\_ points \_\_\_\_\_%

**PFM weakness**

- \_\_\_ Patient will verbalize understanding of **exercise physiology** as it applies to her / his condition for long term management
- \_\_\_ Patient will demonstrate ability to adhere to an independent **home exercise program** for continued long term improvements in PFM function and functional ability.
- \_\_\_ Patient will demonstrate ability to perform **PFM contraction** with good **quality** \_\_\_ % accuracy (no overflow)
- \_\_\_ Patient will demonstrate PFM contraction with \_\_\_ second **endurance** for increased continence
- \_\_\_ Patient able to contract PFM effectively before increased **intra abdominal pressure** (cough, sneeze, lift) to be continent / for \_\_\_% decreased UI
- \_\_\_ Able to **transfer from sit to stand** without increased perineal pressure or leakage.
- \_\_\_ Demonstrate understanding of proper **posture and body mechanics** without increased perineal pressure or leakage.
- \_\_\_ Increased tolerance for **standing** to \_\_\_ minutes for \_\_\_ activity. Meal prep, wash dishes, change baby, work, at sink for self care, without increased perineal pressure
- \_\_\_ Increased tolerance for **walking / running/ exercising** to \_\_\_ min / distance for \_\_\_ activity. Without increased perineal pressure or \_\_\_% decreased UI. To do groceries, *work*, get to doctor's office.
- \_\_\_ Able to go up and down \_\_\_ **stairs** independently, safely, without leakage.
- \_\_\_ Able to **lift / carry** \_\_\_ pounds for \_\_\_ activity without increased perineal pressure or leakage. Baby care, *work*, housework
- \_\_\_ Perform light / heavy **housework** without increased perineal pressure or \_\_\_ % decrease in UI.
- \_\_\_ **Transfers** in and out of car, in and out of bed without increased perineal pressure or UI.
- \_\_\_ Able to sustain 3 hour **voiding interval** for *work, social activities*, housework, doctor's visit.
- \_\_\_ **Nocturia** normal for patient's age (0, 1, 2) for restorative sleep
- \_\_\_ Patient will normalize **fluid intake** without increased UI
- \_\_\_ Able to **walk to the bathroom** safely without leakage / with \_\_\_% decreased leakage and minimal urgency.
- \_\_\_ **Social, exercise, work not limited by increased perineal pressure or UI.**
- \_\_\_ Discharge symptom index improved \_\_\_ points / \_\_\_%
- \_\_\_ Discharge QOL index improved \_\_\_ points / \_\_\_%

*Medicare does not pay for work, leisure, play, general conditioning*

**Treatment plan:**

- Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_
- \_\_\_ HP to warm and increase soft tissue pliability
- \_\_\_ CP to control inflammation and muscle spasm or decrease pain
- \_\_\_ Electrical stimulation for pain management and to control muscle spasm
- \_\_\_ Electrical stimulation for muscle re education and strengthening
- \_\_\_ US to control pain, loosen scar tissue or muscle spasm
- \_\_\_ Therapeutic exercise for strength, endurance, ROM, flexibility, stability
- \_\_\_ Neuromuscular re education to increase coordination, balance, posture
- \_\_\_ Manual therapy to increase ROM and decrease restrictive fascia, decrease muscle spasm.
- \_\_\_ Joint mobilization to increase joint ROM
- \_\_\_ MRF to decrease restrictive soft tissue, fascial tightness, scar tissue restriction, muscle spasm
- \_\_\_ Vaginal / rectal dilators for stretching of tight tissue, muscle spasm, neuromuscular reeducation during penetration
- \_\_\_ HEP to promote strengthening and ROM
- \_\_\_ Patient education on physiology of condition, self care, fluid / food intake, bladder training, posture, body mechanics

Signature: \_\_\_\_\_ Date: \_\_\_\_\_