



Pelvic Floor Physical Therapy

Evaluation

Name: _____

Physician: _____

Medical Dx: _____

HPI:

PMH GYN:

PMH:

UI SX:

_____ Stress sx

_____ Urge sx

_____ Retention sx

_____ Prolapse sx

Pain:

_____ Dyspareunia

_____ Abdomen

Informed consent for internal evaluation given:

_____ Verbally _____ Written

DOB: _____

Date: _____

PCP: _____

SOC:

PMH OB:

Special Tests:

Bowel SX:

_____ Constipation

_____ Leakage

_____ Pain

Pain:

_____ Low Back, buttock

_____ Other

Quality/rest: irregular elevated
WNL

5 sec hold _____ uV

10 sec hold _____ uV

Quality of:

Recruitment:	slow	fair	good
Derecruitment:	slow	fair	good
Holding:	slow	fair	good
Stability of hold:	slow	fair	good
Stability of rest:	slow	fair	good

External Observation:

Absent Present

Voluntary contraction: _____

Involuntary contraction: _____

Involuntary relaxation: _____

Perineal descent: rest _____

Perineal descent: bearing _____

Pelvic floor:

Vaginal vault size: decreased increased WNL

Muscle volume: decreased increased WNL

PFM tone: decreased increased WNL

Contraction ability:

Voluntary contraction:

absent weak normal strong

MMT: ____/5 R ____/5 L

Voluntary relaxation: absent partial complete

Muscle endurance: ____ Sec R ____ Sec L

Number of quick flicks in 10 seconds: _____

Tissue laxity test:

Anterior wall: min mod severe WNL

Posterior wall: min mod severe WNL

Urethra: min mod severe WNL

Quality of contractions: _____

Overflow: _____

Bladder Diary Results: date: _____

voids/24 hours _____

leaks/24 hours _____

Min voided interval _____

Ave voided interval _____

Irritant intake/24 hours _____

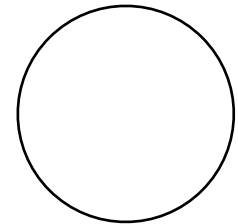
_____ SEMG Evaluation: date: _____

Resting tone _____ uV

Overflow: absent min mod severe

Introitus: _____
Resting position: _____

Introitus clock:



Skin condition: _____

Scarring: _____

Other: _____

(scar+++, pain x, skin color ///)

ADDITIONAL COMMENTS:

Assessment:

PFM Dysfunction:

Non-contracting PFM 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 Rehab:

Clinical Problem List:
Joint Dysfunction
Muscle Spasm
Abdominal/perineal scar adhesion
Poor trunk stability
Decreased PFM strength
Decreased PFM endurance
PFM trigger points/pain
Increased PFM resting tone
Increased tissue laxity: ant, post, urethra
Increased overflow with PFM contraction
Decreased relaxation ability
Decreased involuntary contraction/relaxation
Affecting QOL: _____

Clinical Goals:
Normalize scar mobility _____
weeks
Improve trunk stability _____ weeks
PFM strength to 10uV _____ weeks
PFM contraction to 10 sec _____ weeks
Decrease PFM pain /10 in _____ weeks
Normalize PFM tone to 2uV in _____ weeks
Good isolation of PFM in _____ in _____ weeks
Improved involuntary cont/relax _____ weeks
Resume sexual activity with /10 pain in _____
wks
Social activity not limited by UI or pain in _____
wks
Able to sit for _____ min for _____ in _____
wks
Able to stand for _____ min for _____ in _____
wks
Able to sleep _____ hours/night in _____
wks
Waking _____ times/night for improve sleep in _____
wks
Walking _____ minutes/miles without sx in _____
wks
Perform basic ADL's with /10 pain in _____
wks
Perform basic ADL's without leakage in _____
wks

Able to tolerate _____ hours w/o pain/leak _____
wks
Able to tolerate _____ time between voids _____
wks
Good knowledge of "knack" technique in _____
wks
Good fluid intake with irritants and non in _____
wks
Good knowledge of posture and body mech _____
wks

Therapist Signature: _____

Physician Signature: _____

Treatment Plan:
Frequency: _____
Duration: _____

Including:
Neuromuscular Re-ed _____
Manual Therapy _____
Therapeutic Activities _____
Therapeutic Exercise _____
Education _____
Modalities _____
Bladder Retraining/ed _____
Other _____

Today's Treatment:

Evaluation/Examination _____

Bladder and PFM ed _____

Bladder Diary Given _____

PFM Exercises _____

Date: _____

Date: _____