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: ___________________________ Bowel sx: ___________________________
____ stress sx PFDI 20 = ___________ ___ constipation
____ urge sx SX score __ / 21 ___ leakage
____ retention sx ___ urge sx
____ prolapse sx PFIQ 7 = _____________ ___ pain

Pain: ___________________________ Pain: ___________________________
____ dyspareunia ___ low back, buttock
____ abdomen ___ other

Informed consent for internal evaluation consent given ___________________________

Visual Inspection:

Inward movement on contraction: □ yes □ no □ downward
Relaxation: □ yes □ no
Perineal movement during cough: □ yes □ no □ inward
Perineal movement with straining: □ yes □ no □ inward
Urinary Incontinence: □ yes □ no
Perineal descent: rest □ absent □ present
Perineal descent: bearing □ absent □ present

Skin condition: ___________________________

Other: ___________________________

Introitus: ___________________________
Introitus clock:

Resting position: ___________________________
Skin condition: ___________________________
Scarring: ___________________________

Adductors ___________________________
Abdominals ___________________________
PS ___________________________

scar +++, pain x, skin color ///
### Brink score

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

**Pelvic floor:**
- Vaginal vault size: □ decreased □ increased □ WNL □ scar +
- Muscle volume: □ decreased □ WNL □ avulsion
- PFM tone: □ decreased □ increased □ WNL □ pain x
- Contraction ability:
  - Voluntary contraction: □ absent □ weak □ moderate □ strong □ spasm ~
- MMT: □ R □ L □ Symmetry -
- Levator closure: □ yes □ no
- Urethral lift: □ yes □ no
- Voluntary relaxation: □ absent □ partial □ complete
- Muscle endurance: ______ seconds right, ______ seconds left

**Brink score**
- Number of quick contractions in 10 seconds ______
- 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:**
- ____________________________

**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 rehabilitation: ____________________________

---

Beth Shelly Physical Therapy, 1634 Avenue of the Cities, Moline, IL 61265
563-940-2481 phone, 1866-761-7464 fax
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 ____%

Beth Shelly Physical Therapy, 1634 Avenue of the Cities, Moline, IL 61265
563-940-2481 phone, 1866-761-7464 fax
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 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, 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 ____ % decreased 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 reeducation and strengthening
___US to control pain, loosen scar tissue or muscle spasm
___Therapeutic exercise for strength, endurance, ROM, flexibility, stability
___Neuromuscular reeducation 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: _____________________________