

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. Palpation of these muscles is most direct and accessible if done via the vagina and/or rectum. Pelvic floor dysfunctions include pelvic, pain, urinary incontinence, fecal incontinence, dyspareunia or pain with intercourse, pain from episiotomy or scarring, vulvodynia, vestibulitis or other similar complications.

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 biofeedback, electrical stimulation, use of vaginal weights and several manual techniques including massage and myofascial techniques. 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 voluntarily agree to the standard assessment and treatment plans for my condition.

Patient Signature: _____ Date/Time: _____

Therapist Signature: _____ Date/Time: _____

***** If you are pregnant, have infections of any kind, have vaginal dryness, are less than 6 weeks post partum or post surgery, have severe pelvic pain, sensitivity to KY jelly, vaginal creams or latex, please inform the therapist prior to pelvic floor assessment.**

LEE MEMORIAL HEALTH SYSTEM
Lee County, Florida
LEE CENTER FOR SPORTS MEDICINE
**INFORMED CONSENT FOR
ASSESSMENT OF THE PELVIC FLOOR**

FM# 5902 12/08

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