

## Pelvic Floor Muscle (PFM) Physical Therapy Evaluation – Female



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

DR: \_\_\_\_\_ Date of onset: \_\_\_\_\_

DX: \_\_\_\_\_

Dx codes: \_\_\_\_\_

Patient main complaint: HPI / current function:	Tests:  Medications where reviewed with patient see attached
Previous PT:	Previous function:
PMH GYN:	PMH OB:
PMH:	SOC:  Response to stress _____
UI sx:                      Functional Outcomes ___ Stress sx              ICIQ ___ / 21 ___ Urge sx                 PFDI 20 = _____ ___ Retention sx         PFIQ 7 = _____ ___ Prolapse sx            CS = _____ / 100 ___ Nocturia                Oswestry = _____ / 50 # and type of pads _____	Bowel sx: ___ Constipation ___ Leakage ___ Pain ___ Bristol stool level
Pain: VAS, location, intensity, quality, onset / duration ___ dyspareunia  ___ abdomen	Pain: VAS, location, intensity, quality, onset / duration ___ low back, buttock  ___ other
Hypersensitivity to light, chemicals, smell, sounds, temp	Constitutional sx _____

Sensory symptoms \_\_\_\_\_ Motor symptoms \_\_\_\_\_

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

Therapist's skill required to evaluate pt ability, design program and instruct pt in the usage and effective completion of ex  
**Assessment:**

PFM condition:

PFM dyssynergia / coordination	Disorder of increased PFM tone	Disorder of decreased PFM tone
Anismus	Over activity in the PFM	Under activity in the PFM
Vaginismus	Pelvic floor myalgia	
Ineffective PFM contraction before increase in IAP	Pelvic floor tension myalgia	Pudendal neuralgia

Rehabilitation potential:     excellent     good     fair     poor  
 Symptoms of abuse:         absent     present     unclear    \_\_\_\_\_  
 Learning barriers:          absent     present     unclear    \_\_\_\_\_  
 Obstacles to rehabilitation: \_\_\_\_\_

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

External visual observation

	Normal	Undesirable	Description / specifics
Skin assessment	WNL		scars, lesions, atrophy, color, erythema, swelling
Perineal body resting position	Normal	Descended Elevated	
Introital gaping	Absent	Present	
Anal gaping Key hole	Absent	Present	

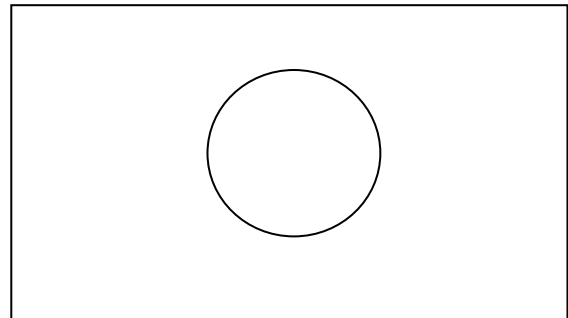
External palpation

	Normal	Undesirable	Description / specifics
Sensory testing	WNL	Decreased Hypersensitive	
Tenderness	Absent	/ 10	
Perineal scaring	Absent	Painful Adhered	
Cotton swab test	WNL	/ 10	
Pudendal neurodynamics	WNL	/ 10 R L	
Reflex testing	Present	Absent	

External Perineal Movement

	Normal	Undesirable
Voluntary contraction of the superficial PFM	Clitoral nod	No
With PFM contract	Elevation	Descent No change
With PFM relaxation	Yes	No Partial Delayed
With sustained IAP / bearing	No change Descent	Elevation Excessive descent
With rapid IAP / cough	Elevation No change	Descent
With rapid IAP / cough with pre contract	Elevation No change	Descent

Palpation of other superficial structures / skin



Brink score total \_\_\_\_ / 12

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

Tissue laxity test:

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

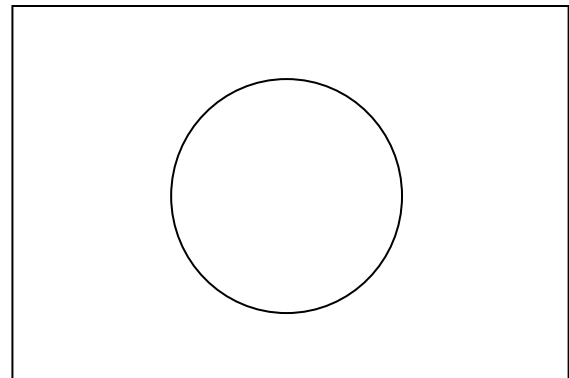
Internal palpation at rest

	Normal	Undesirable	
Sensory testing	WNL	Decreased Hypersensitive	
Tenderness	Absent	/10	
Scaring	Absent	Painful Adhered	
Pudendal nerve provocation test	Absent	Positive R / L	
Resting tone	Normal	Hyper / increased Transient increase Hypo / decreased	
Fasciculation	Absent	Present	
Levator injury gap	Absent	Present - R / L	_____ finger width urethra to muscle
Flexibility of the vaginal opening	Fingers Fingers		At rest R to L Ant to Post
Symmetry at rest	Yes	No tone No size	

Internal Movement

	Normal	Undesirable
Direction of PFM contract	Elevation	Descent No change
Urethral lift	Yes	No
Levator closure	Yes	No Uncertain
Post contraction PFM relaxation	Yes	No Partial Delayed
Maintained relaxation	Present	Inability paradoxical
With sustained IAP / bearing	No change Descent	Elevation Excessive descent

Palpation of other internal structures / skin



PFM motor function

DMT	/5 R, /5 L	
Maximal endurance	Seconds	
Repeatability second hold	#	
# rapid contractions in 10 sec	#	
Co contraction	Synergistic	
	Counter productive	
Breathing	Present / holding	

Assessment

Neuromuscular reeducation training / feedback:

Type of sensor (sensor type: external, vaginal rectal)

Rest \_\_\_\_ uV, \_\_\_\_ SD

\_\_\_\_ Seconds hold, \_\_\_\_ seconds rest, \_\_\_\_ repetitions

\_\_\_\_ uV work \_\_\_\_ peak

\_\_\_\_ uV rest

\_\_\_\_ Seconds hold, \_\_\_\_ seconds rest, \_\_\_\_ repetitions

\_\_\_\_ uV work \_\_\_\_ peak

\_\_\_\_ uV rest

\_\_\_\_ increased hair \_\_\_\_ increased adipose

Quality of PFM activation
Reaction time - slow, fair, good
Rise - slow, fair, good
Hold - poor, fair, good
Fall - slow, fair, good
Consistency
Work - poor, fair, good
Rest - poor, fair, good
Baseline - inconsist, steady, elevated
Accessory mm _____

**Pain / disorder of increased tone problem list**

- Poor understanding of exercise physiology as it applies to her condition
- No / insufficient home exercise program
- Pain with palpation of \_\_\_\_\_
- Elevated perineal body at rest
- Decreased ability to relax PFM as assessed by palpation / EMG
- Poor knowledge of proper posture and body mechanics
- Pain interferes with sleep, sleep is limited by \_\_\_\_ % due to pain
- Sitting tolerance \_\_\_\_\_ minutes / Unable to wear jeans due to perineal pain
- Transfer from sit to stand with increased pain.
- Standing tolerance \_\_\_\_\_ minutes
- Walking / running tolerance \_\_\_\_\_ min / distance.
- Lift / carry \_\_\_\_ pounds with 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
- Outcomes measure \_\_\_\_ / \_\_\_\_

Central Sensitization

- Disproportionate, non-mechanical pain, and unpredictable pattern of pain
- Pain disproportionate to type of injury or pathology
- Strong association with maladaptive psychosocial factors (negative emotions, poor self-efficacy, pain behaviors)
- Defuse / non-anatomic areas of pain and tenderness on palpation

**PFM weakness / disorder of decreased tone problem list**

- SUI, UUI, MUI with \_\_\_\_\_ pads used per day
- Poor understanding of exercise physiology and reasons for UI / POP
- No home exercise program
- Poor quality of PFM contraction with decreased strength \_\_\_\_ /5
- Decreased sustained max endurance \_\_\_\_\_ seconds \_\_\_\_\_ position
- 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.
- Lift / carry \_\_\_\_ pounds with increased perineal pressure / UI
- Light / heavy housework with increased perineal pressure / UI.
- Urinary frequency and urgency.
- Sleep disrupted by nocturia \_\_\_\_ times per night, increasing risk to fall
- Poor knowledge of proper fluid intake
- Leakage / urgency while walking to the bathroom.
- Social, exercise, work limited by increased perineal pressure or UI.
- Outcomes measure \_\_\_\_ / \_\_\_\_

Allodynia – painful response to a normally not painful stimulus  
 Hyperalgia – increased pain response

**PFM dyssynergia / disorder of coordination problem list**

- Paradoxical contraction on bearing down / vaginal penetration
- Pt unable to contract PFM effectively before increased intra-abdominal pressure (cough, sneeze) resulting in UI
- Transfers in and out of car, in and out of bed with UI.

**Pain / disorder of increased tone goals**

- Patient will verbalize understanding of exercise physiology as it applies to her 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.
- Patient will be able to relax the PFM as needed during ADLs
- Demonstrate understanding of proper posture and body mechanics to decrease re-injury
- Patient sleep without limitation by 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 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 # \_\_\_\_/9 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 outcomes measure improved \_\_\_\_%

**PFM weakness / disorder of decreased tone goals**

- Patient will verbalize understanding of exercise physiology as it applies to her 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 and pelvic support
- Patient able to contract PFM effectively before increased intra abdominal pressure (cough, sneeze, lift) 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 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 outcomes measure improved \_\_\_\_%

Patient specific functional goal \_\_\_\_\_

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

**PT Treatment plan:** Frequency: \_\_\_\_\_ Total 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, neuromodulation for decreasing OAB
- Electrical stimulation for muscle re education and strengthening to improve urethral closure and continence
- US to control pain, loosen scar tissue or muscle spasm, to increase function
- Therapeutic exercise for strength, endurance, ROM, flexibility, stability
- Neuromuscular re education to increase coordination, relaxation, 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 function
- Patient education on physiology of condition, self care, fluid / food intake, bladder training, posture, body mechanics
- Pain management plan \_\_\_\_\_

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

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Total # of minutes	_____
Total timed code Rx min	_____
97001 Eval	_____
97530 TA	_____
97110 TE	_____
97112 NM	_____
97140 manual	_____
97535 Self care	_____
Other	_____