

INFORMED CONSENT FOR PELVIC HEALTH PHYSIOTHERAPY

On September 1, 2011, physiotherapists' performance of Authorized Activities was revised to include "putting an instrument, hand or finger beyond the labia majora or the anal verge for the purpose of assessing or rehabilitating pelvic floor muscles relating to incontinence or pain disorders". This activity is directly authorized by the Physiotherapy Act and may only be performed by physiotherapists with appropriate training.

Eramosa Physiotherapy Associates has been treating pelvic floor dysfunction over the last 18 yrs, however more recently in the last 4 years has expanded its team and developed a **Pelvic Health Program**.

Conditions that could include pelvic floor physiotherapy as part of assessment and treatment include:

- Urinary Incontinence (stress or urge)
- Pelvic Organ Prolapse (uterine, cystocele and rectocele)
- Chronic pelvic pain (including vaginal, perineal or rectal)
- Vulvodynia/Vestibulodynia
- Vaginismus or Dyspareunia (painful intercourse)
- Interstitial Cystitis
- Non-Bacterial Prostatitis
- Pregnancy Related Pelvic Girdle Pain
- Chronic low back, sacroiliac joint and/or hip pain

The **BENEFITS** of doing an internal pelvic floor exam include:

- determining the resting tone of the pelvic floor muscles (normal or over-active)
- assessing the ability to contract the pelvic floor muscles (including the timing, co-ordination, strength and endurance of the pelvic floor muscles)

There are a few **RISKS** with doing an internal pelvic floor exam. These include:

- pain/discomfort (during or after the assessment)
- spotting/bleeding (during or after the assessment)
- anxiety/emotional response
- skin reaction /irritation (from gloves and/or lubricant)
- vaso-vagal response (nausea or light-headedness)



After the assessment and treatment, if I experience any of these adverse effects, I will inform my physiotherapist as soon as possible. My physiotherapist will advise me whether I should monitor my condition or seek medical attention.

I acknowledge that I have informed my physiotherapist of all my health issues and concerns (past and present) including malignant and inflammatory diseases, history of urinary tract infections and pregnancy. I have also disclosed other treatment options, including other health care providers that I am currently seeing or have seen for this condition.

Signing below indicates that I understand the above (including the indications, benefits, and potential adverse effects of pelvic floor exam and treatment) and **I consent to having an internal pelvic floor muscle exam**. I understand that an internal pelvic floor muscle exam, as well as internal muscle release techniques and/or strengthening exercises will part of my subsequent treatments. I also understand that I can withdraw my consent at any time.

Patient Name

Patient Signature

Date

Witness Name

Witness Signature

Date

