



Men's Health Informed Consent for Evaluation and Treatment

You have been referred for evaluation and treatment of pelvic floor dysfunction. Pelvic floor dysfunctions include, but are not limited to:

- Urinary incontinence, urgency, or frequency
- Slow or intermittent urinary stream and straining
- Feeling of incomplete emptying of urine or stool
- Constipation
- Pain in the pelvic region including sacroiliac, pubic symphysis, low back, hips

To evaluate your condition, it may be necessary to have a physical therapist perform a pelvic floor muscle examination. This examination is performed by observing and/or palpating the perineal region, including the vagina and or rectum externally and/or internally. The examination may include assessment of:

- Skin condition
- Reflexes and sensation
- Muscle function, length, strength, endurance, power, tenderness
- Nerve or scar mobility and tenderness
- Position of pelvic organs in relation to the pelvic floor muscles

Treatment may include, but not be limited to:

- Educational instruction
- Observation
- Palpation
- Stretching and strengthening exercises
- Relaxation techniques
- Soft tissue and/or joint mobilization

Benefits of this examination include the ability of your therapist to identify and treat dysfunction related to your symptoms.

Risk with examination is equal to that of a urologic exam. If any of the following occur technique can be altered or no longer performed. Patients may report:

- Pain or discomfort of perineal and rectal regions. Severe pain is not expected. Replication of your pain may aid in diagnosing your impairment.
- Emotional response. If this occurs the patient is in control and can stop the examination at any time.
- Increased parasympathetic stimulation or response (nausea, sweating, cold clammy feeling).
- Feeling of fullness or pressure in the rectum, not uncomfortable
- Urge to urinate or defecate following or during the procedure, not uncomfortable
- Small risk of infection similar to a rectal examination by your doctor.



Men's Health Informed Consent for Evaluation and Treatment (continued)

Alternatives to internal examination:

- Education and/or instruction alone
- Clothed external palpation of pelvic/perineal region
- Unclothed external visualization of pelvic/perineal region
- Unclothed external palpation of pelvic/perineal region
- External sEMG examination
- No examination

Please Initial and Sign Below:

____ 1. The purpose, techniques, benefits, risks, and alternatives to the examination have been explained to me.

____ 2. I understand that I can terminate the procedure at any time.

____ 3. I understand that I am responsible for immediately telling the examiner if I am having any discomfort or unusual symptoms during the procedure.

____ 4. I have the option of having a second person present in the room during the procedure. If I elect to have a second person present in the room, I understand that I am responsible for providing a volunteer to be present during the examination and/or treatment.

____ 5. I give my informed consent for pelvic floor examination and treatment

Printed Name of patient: _____ Patient DOB: ____/____/____

Signature of patient or parent/guardian: _____

Printed name of parent/guardian if applicable: _____

Date of Signing: ____/____/____