

**WomensClinicUSA.**  
***Physical Therapy Services***  
***Policies & Procedures***

**▲ INFORMED CONSENT FOR PHYSICAL  
THERAPY INITIAL EVALUATION**

Before we may provide physical therapy to you, the law requires that we obtain your informed consent. You can only provide us with your informed consent after we have discussed the treatment, the potential risks of that treatment, the potential benefits of that treatment, and information about any potential alternative treatments. To do this, we will need to conduct an initial evaluation. Therefore, you as the undersigned patient, acknowledge and agree that WomensClinicUSA and its providers will conduct an initial evaluation as described below and you hereby consent to this evaluation.

**PLEASE TELL US IMMEDIATELY: IF YOU ARE PREGNANT, HAVE A KNOWN ACTIVE INFECTION, HAVE VAGINAL DRYNESS, ARE LESS THAN SIX WEEKS POSTPARTUM, POST-SURGERY, OR HAVE SEVERE PELVIC PAIN, SENSITIVITY TO LUBRICANTS, VAGINAL CREAMS, OR LATEX.**

**▲ Pelvic Floor Assessment**

To facilitate evaluation of your condition, it may be necessary for a provider of WomensClinicUSA to perform an internal pelvic floor exam during the initial evaluation to assess muscle strength, length, range of motion, and scar mobility. ▲ If you are uncomfortable with the initial evaluation at any time, tell us, and we will stop immediately and discuss your concerns. ▲ You may have a second person present during the initial evaluation, but it is your responsibility to provide such person, as WomensClinicUSA does not have staff available for this purpose.

## ▲ To Be Completed Together During Our First Visit

### 1) *Summary of initial evaluation.*

- Full body musculoskeletal assessment will include:
  - Posture  Spinal/extremity range of motion and mobility  Muscle function  Balance/coordination
  - Functional movements  Joint and soft tissue assessment  Pain/symptom monitoring  Other
  - Specific musculoskeletal examination of:
  - Other:

### 2) *Summary of the material risks, benefits, and alternatives of the initial evaluation.*

- ▲ **General PT Examination Benefits**  Have a comprehensive assessment of how your body physically moves and functions  Understand the behavior of the pain/symptoms—what makes it better/worse  Learn more about your own anatomy and musculoskeletal function  Determine if there is a musculoskeletal/mechanical cause to your condition/symptoms  Set a PT plan of care and goals

- ▲ **Pelvic Floor Examination Benefits (in addition to General)**  May reproduce pelvic floor symptoms to assist in accurate diagnosis of your problem  Directly assess pelvic floor tissue mobility (muscles, fascia, nerves, joints, scars, etc.) to assist in developing treatment plan  Assess baseline function of pelvic floor muscles  You can provide direct feedback to the PT when specific parts of anatomy are palpated

**▲ General PT Examination Risks:**

- Pain/symptoms may increase
- Swelling, muscle/joint stiffness
- Potential inability to find musculoskeletal cause to your conditions/symptoms
- Other/notes:

**▲ Pelvic Floor Examination Risks (in**

**addition to General)**  May increase/trigger pelvic floor pain

- Feeling of fullness or pressure in rectum
- Urinary urgency or sensation of needing to defecate
- Unexpected emotional reaction
- Increased parasympathetic stimulation or response (nausea, sweating, cold/clammy feeling, etc.)
- Small risk of infection, about the same as during intercourse or gynecologic exam

**▲ General PT Examination**

**Alternatives:**  Do not perform physical examination or stop exam at any time  Return to MD for further medical assessment  Go to another PT for evaluation

**▲ Pelvic Floor Examination**

**Alternatives (in addition to General)**  Only external assessment and palpation of pelvic floor  sEMG or real time ultrasound (external) examination  Pelvic floor examination—only musculoskeletal evaluation

**▲ Acknowledgement & Agreement**

As provided above, my physical therapist has explained the initial evaluation

that I will receive, as well as its material risks and benefits. I agree and acknowledge that (i) the initial evaluation may not have the results that I expect or desire; (ii) physical therapy is not an exact science; and (iii) I have not been given any guarantees about the outcome or the initial evaluation. If ultrasound is used, I consent to pictures being taken of my muscles for use in the initial evaluation and/or future treatment. My physical therapist has offered me ample time and opportunity to discuss my concerns, and all of my questions have been answered to my satisfaction.

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\_\_\_\_\_ **Name Signature Date**