



PELVIC HEALTH &
REHABILITATION CENTER

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Quick Screening: Appropriate Patients to Refer to PHRC

If your patient answers yes to any of the following questions they may have Pelvic Floor Dysfunction and they will benefit from a physical therapy evaluation at the Pelvic Health and Rehabilitation Center.

1. Do you void more than 6-8 times in a 24-hour period or wake more than one time per night to void? Is there pain or burning before, during, or after you void?
2. Do you experience pain or burning during or after intercourse? Is intercourse intolerable? Do you have trouble achieving an orgasm? Is orgasm painful?
3. Do you have trouble achieving an erection and/or suffer from post-ejaculatory pain?
4. Do you experience provoked or unprovoked pain/hypersensitivity/itching/burning in the clitoris/penis, labia/scrotum, vulva, vagina, perineum, or rectum?
5. Do you experience constipation, difficulty with bowel movements, or pain/burning before, during or after a bowel movement?
6. Do you experience genital, anal, posterior thigh or tailbone pain when sitting?
7. Are you uncomfortable wearing jeans or tight-fitting clothing?
8. Are you unable to exercise because of pelvic pain?
9. Post-Partum Population: Do you experience pain with intercourse, urinary and/or fecal incontinence, abdominal, low back or hip pain?

Pelvic floor hypertonicity causes urinary, bowel, and sexual dysfunction and pelvic pain. A qualified physical therapist can perform an internal examination to assess the levator ani, obturator internus, and piriformis muscles for myofascial trigger points, motor control and strength. The pudendal nerve travels through the pelvic floor muscles and is vulnerable to stretch and compression injuries and inflammation. Treatment for pelvic floor dysfunction involves manual therapy techniques to eradicate trigger points, relax hypertonic muscles and reduce neural inflammation. Patients are prescribed an individualized treatment plan and are seen 1-2 times per week for an average of 12-16 weeks.