



PELVIC HEALTH & REHABILITATION CENTER

Client Welcome Packet

Comprehensive Pelvic Health Care

Vulvovaginal & Pelvic Pain
Urinary, Bowel and Sexual health



Table of Contents

1 | Welcome

2 | How we can help you

3 | What does an evaluation look like?

4 | About Pelvic Floor Dysfunction

5 | Meet the Co-Founders

6 | About Us

7 | Our Services

8 | Client Resources

9 | FAQ's

10 | How to get reimbursed by your insurance

11 | Book Your Appointment!

Welcome!



Thank you for your interest in the
PELVIC HEALTH & REHABILITATION CENTER

Please allow us to introduce ourselves!

We are a collaborative team committed to helping people optimize their pelvic health. We understand that being confronted with pelvic floor disorders is worrisome and we understand it is not the easiest thing to talk about. We support the physical and emotional health of each patient in a respectful and compassionate environment. Our administrative and clinical team are here for you and ready to help.

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How We Can Help You

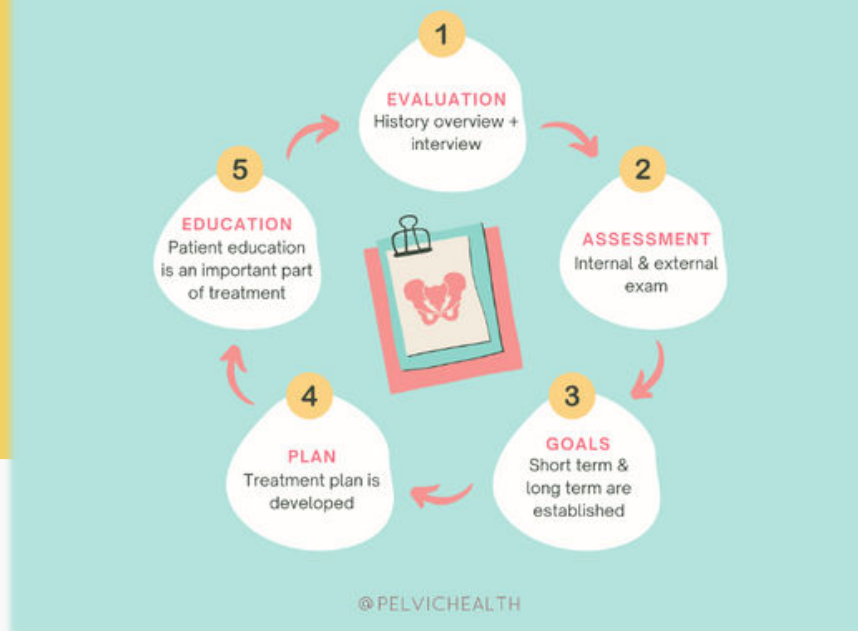
Pelvic health therapy can help with a wide range of symptoms and conditions that may appear throughout the lifespan. Whether you are dealing with leakage (urinary or fecal), have pain, or ongoing orthopedic conditions, pelvic floor therapy can help.

Research reveals that pelvic pain caused by pelvic floor dysfunction affects one in three women at some point during their lives.

While some of these symptoms may seem common, they are never normal and pelvic floor therapy can help.

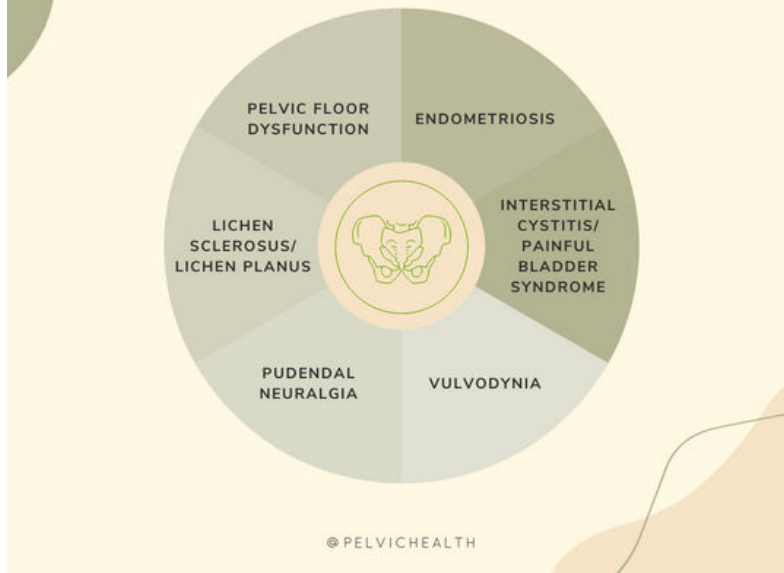
We are here to help you recover and live your best life!

WHAT DOES A PELVIC FLOOR EVALUATION LOOK LIKE?



- 1** During the evaluation, your therapist reviews your history and symptoms with you, what you have been diagnosed with in the past, the treatments you have undergone and how effective or not effective these treatments have been. During the physical examination the therapist examines muscles, tissues, joints, nerves, and movement patterns.
- 2** Once your therapist completes the examination they review your findings with you. Your therapist creates an assessment which explains how you developed your symptoms.
- 3** Your therapist will create short and long-term goals for your treatment plan. Typically 4-6 visits begin to address the physical findings whereas long-term goals require at least 8-12 visits.
- 4** Typically, the frequency of therapy treatment is one to two times per week for roughly 12 weeks and your therapist will help to coordinate your recovery with the other members of your treatment team if necessary.
- 5** You are given a home exercise program to compliment your in-person sessions.

DIAGNOSES ASSOCIATED WITH FEMALE PELVIC PAIN



Diagnoses such as Endometriosis, Vulvodynia, Interstitial Cystitis/Painful Bladder Syndrome, Pudendal Neuralgia, Lichen Sclerosus, Lichen Planus, and Irritable Bowel Syndrome are associated with pelvic pain and pelvic floor dysfunction.

Symptoms

- ✓ People with pelvic pain often suffer from pain with intercourse, may experience hypersensitivity when wearing pants and/or underwear, and may have pain with sitting
- ✓ Symptoms can be provoked, meaning with penetrative intercourse or tampon insertion, or unprovoked and spontaneous
- ✓ Exercise may provoke or exacerbate symptoms
- ✓ In addition to pelvic pain, people can also experience urinary urgency, frequency, pain with urinating, and/or urinary leakage
- ✓ Abdominal bloating, gastrointestinal distress, and constipation are commonly reported in those with pelvic floor dysfunction
- ✓ Pelvic pain generally refers to burning, itching, aching or other types of pain in the vulva, vagina, perineal, and/or anal area
- ✓ Symptoms can be intermittent or constant

Causes

- ✓ Repetitive vaginal and/or bladder infections and/or gynecologic, urologic, dermatologic or gastrointestinal conditions
- ✓ The majority of people with pelvic pain have pelvic floor dysfunction
- ✓ Surgical trauma (childbirth, pelvic organ prolapse repair, hysterectomy)
- ✓ Orthopedic injuries or traumas
- ✓ Prescription medications such as oral contraceptives, acne medications, and hormonal suppressive therapies for diseases such as Endometriosis and Polycystic Ovarian Syndrome (PCOS)
- ✓ Biomechanical or structural dysfunction (hip dysfunction, sacro-iliac joint dysfunction, piriformis syndrome, scoliosis, leg length discrepancy)
- ✓ Vaginal childbirth
- ✓ Menopause
- ✓ Genital cutting or genital mutilation

Our bodies undergo significant changes as the pregnancy progresses. Many women experience symptoms that pelvic floor therapy can address.



- ✓ Constipation
- ✓ Urinary urgency, frequency, and leaking
- ✓ Pubic symphysis pain/separation
- ✓ Sacroiliac joint, hip, and back pain and/or instability
- ✓ Sciatic Pain
- ✓ Optimize pelvic floor motor control to aid labor & delivery
- ✓ Instruction in perineal massage to reduce tearing
- ✓ Improve pelvic floor and pelvic girdle neuromuscular function to reduce issues in the postpartum period
- ✓ Education and support throughout the pregnancy and during the postpartum period

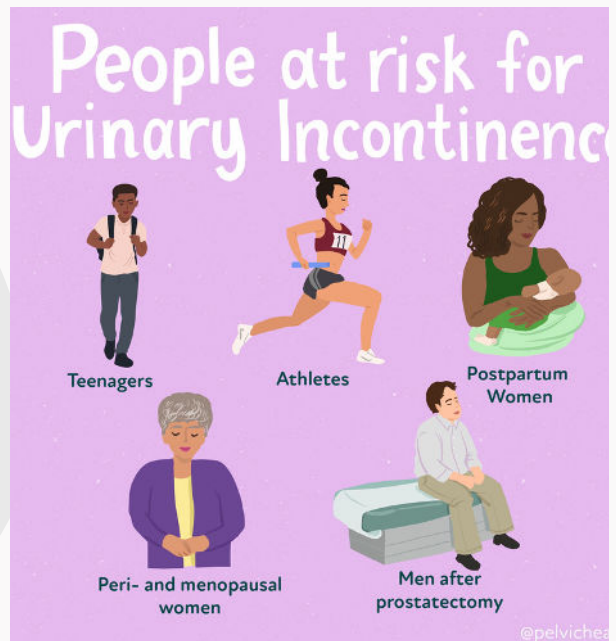
Fortunately, some tolerate pregnancy very well and experience no unwanted symptoms. For these people, pelvic floor therapy can still be helpful in preparing for what is next!



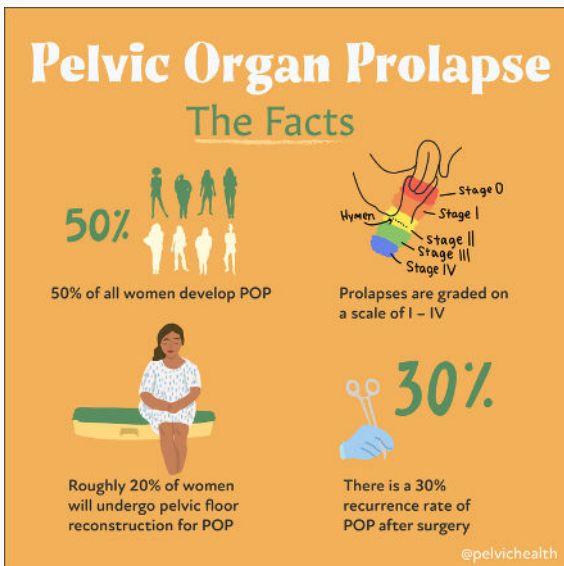
All new moms should undergo an evaluation with a pelvic health therapist. Ideally, this evaluation would take place in the first year following delivery; however, it is never too late to see a pelvic health therapist.

Postpartum pelvic floor therapy can help with:

- ✓ Urinary retention, urgency, frequency, hesitancy, pain and incontinence (leaking)
- ✓ Painful sex, diminished or absent orgasm
- ✓ Diastasis Rectus Abdominis
- ✓ Constipation, difficulty with bowel movement, fecal incontinence
- ✓ Restoring core function and strength: abdominals and pelvic floor
- ✓ Pelvic floor and pelvic girdle, low back, and hip pain
- ✓ Cesarean section and episiotomy scar tissue and pain
- ✓ Pelvic organ prolapse prevention and/or treatment
- ✓ Eliminate pain from perineal and/or levator ani trauma
- ✓ Reduce pain from pelvic neuralgias



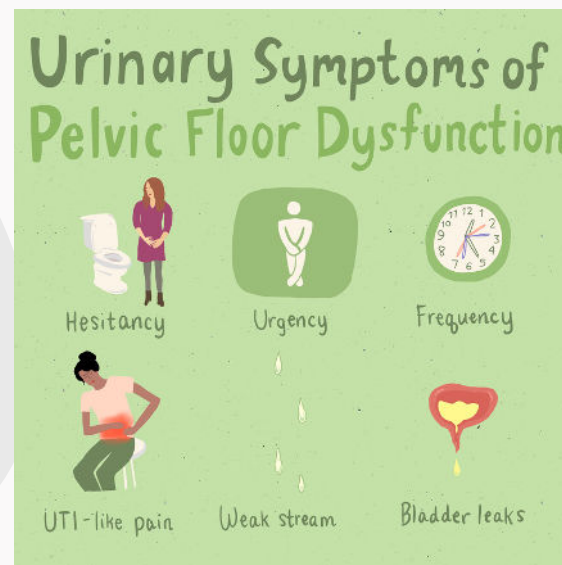
Not all people experiencing pelvic floor dysfunction have pain! There are many other related conditions that can cause problems. Many times, these are associated with weakness, but can also be affected in those with tight or painful muscles as well.



Studies show that women under report symptoms of pelvic organ prolapse (POP) and are not always offered pelvic floor therapy as a treatment option. Research also shows that those that undergo pelvic floor therapy have reduced symptoms, improved function, and better surgical outcomes. Typically those with grades III and IV POP are advised to consider surgery. In these cases pelvic floor therapy can help before and after surgery.

Bladder symptoms are commonly associated with pelvic floor dysfunction and other diagnoses. Syndromes such as Endometriosis, Vulvodynia, Interstitial Cystitis/Painful Bladder Syndrome, Pudendal Neuralgia, the Genitourinary Syndrome of Menopause, and postpartum women often have bladder issues.

Leaking urine is NEVER normal & just because it is common, does not mean it is normal!



Why all women in Menopause deserve Pelvic Floor PT



Improve pelvic floor motor control, strength and endurance



Help reduce and prevent pelvic organ prolapse



Restore sexual pleasure and orgasm



Reduce irritative bladder symptoms

@pelvichealth

Menopause is more than just hot flashes, night sweats and mood changes! Even though 50% of the population goes through menopause the majority of people and healthcare providers are under-informed about menopause and safe and effective treatments.

Beyond the systemic symptoms of menopause people will start to experience more subtle genitourinary symptoms that will continue to worsen over time if untreated.

Symptoms of Genitourinary Syndrome of Menopause (GSM):

- Painful sex
- Urinary urgency, frequency, leaking and burning
- Recurrent vaginal and urinary tract infections
- Vaginal dryness

The symptoms of GSM are also symptoms of pelvic floor dysfunction, which almost 50% of women suffer by the time they are in their 50s.

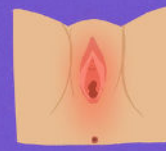
Overlapping Symptoms of Pelvic Floor Dysfunction and the Genitourinary Syndrome of Menopause



Painful sex



Urinary urgency, frequency, leaking



Vulvovaginal pain



Diminished or absent orgasm

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What is Persistent Genital Arousal Disorder PGAD/GPD?



Unwanted Genital Arousal



Buzzing/pain/itch symptoms



Interferes with ADLs



Associated with sexual dysfunction

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Persistent Genital Arousal Disorder/Genitopelvic dysthesia is a complex, poorly understood condition characterized by unwanted, unremitting sensations of genital arousal or altered sensation and is diagnosed and managed using a region based system.

Pelvic floor dysfunction is associated with this condition and may be a primary or secondary factor.



Elizabeth Akincilar & Stephanie Prendergast


PHRC Co-founders

Since 2001, Elizabeth Akincilar and Stephanie Prendergast have been clinicians, educators, and advocates for both patients and therapists. You can expect a different level of care at PHRC because of our diverse backgrounds and extensive experience. We constantly strive to grow as pelvic health experts, dedicating time each week for collaboration and learning so we can best serve you. In addition to our commitment to learning, PHRC is committed to its allyship for minority and LGBTQ communities. Now, more than ever, we must act collectively to help each other. Everyone has a pelvis and may need our help at some point. All people are welcome at PHRC.

We understand people have a choice when it comes to their healthcare providers and it is not always an easy choice to make. It is PHRC's mission to provide reliable, evidence-based information. We are active on social media and write a weekly blog to help people better understand the role their pelvic floor muscles play in so many of our daily activities. Included below are just a few of our top resources. We have also included information on how to navigate the insurance reimbursement process.

We hope that you choose us to be part of your care and we wish you the best with your recovery.

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HAPPY
WORLD
PT DAY!

♥ The PHRC Team

About Us

How It all *started...*

PHRC opened the doors to the first location of the Pelvic Health and Rehabilitation Center (PHRC) in San Francisco in July 2006. Today, PHRC is proud to serve the community in eight locations on the West Coast and two locations in New England and our newest office, Columbus, OH. We also offer virtual appointments to patients worldwide.

California

- San Francisco
- Berkeley
- Los Gatos
- Walnut Creek
- West Los Angeles
- Westlake Village
- Pasadena
- Encinitas

East Coast

- Lexington, MA,
- Merrimack, NH
- Columbus, OH

Our *Vision*

With strategic persistence, PHRC leads the pelvic health field. Our tenacious culture inspires our team and the community, empowering us to deliver superior service.

Our *Mission*

The Pelvic Health and Rehabilitation Center commits to improve the quality of life of our patients and the dynamic growth of our employees and students. We boldly tackle educating the community and medical professionals with our innovative and evidence-based practice. We compete by providing outstanding customer service and attracting, motivating, and retaining talented people.

Our services



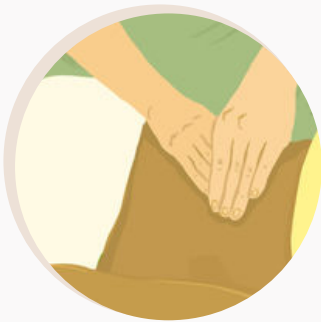
In-Person Appointment

We'd love to see you in-person! Whether you are local to one of our clinics, or interested in our out-of-town program, a comprehensive evaluation includes a thorough history and overview of your condition, help finding local resources and experts in the field, and home exercise program tailored to your needs. Initial evaluations and treatments are one hour all 1:1 with a pelvic health therapist.



Telehealth Services

In March 2020 we launched our virtual health services platform and since then have been honored to work with people around the world. Often people do not understand their symptoms until they stumble upon our website, blog, or social media channels. Some people have a diagnosis but they do not have a pelvic floor therapist locally to help them. Other times people have a pelvic floor therapist but for some reason are not getting better or feel stuck in their treatment plans.



Out-of-Town Program

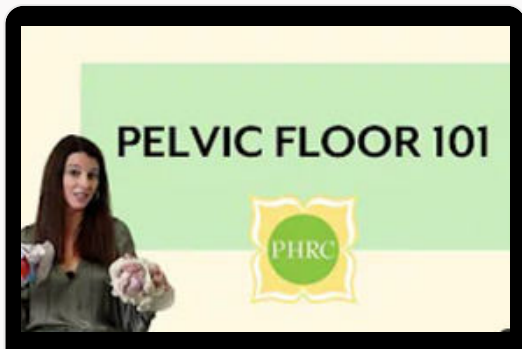
Services for out-of-town patients are available in four PHRC locations: Stephanie Prendergast in Los Angeles, CA, Elizabeth Akincilar in Merrimack, NH, Jandra Mueller in Encinitas, CA, and Molly Bachmann in Columbus, OH. If you are considering traveling to come see one of us we suggest that you start with a digital health consultation to help us better understand what your concerns and goals are. During this virtual meeting we will work with you to figure out if we can help.



Therapeutic Yoga with Melissa

For those recovering from a wide variety of pelvic health conditions, including pregnancy related pain, our 1-on-1 virtual therapeutic yoga sessions are designed to complement your therapy appointments and help you get back to moving with confidence, all from the comfort of your own home. Therapeutic yoga is appropriate for all ages, body types, and fitness levels and offers a multitude of benefits.

Client resources

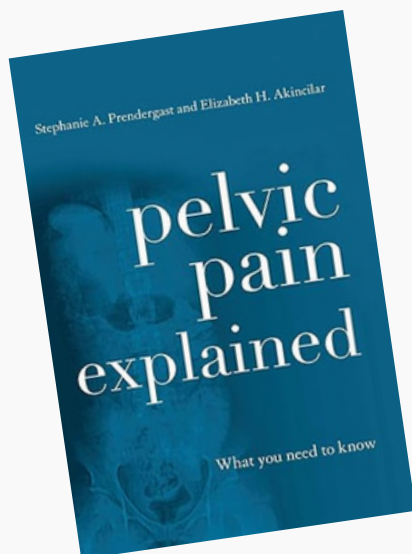
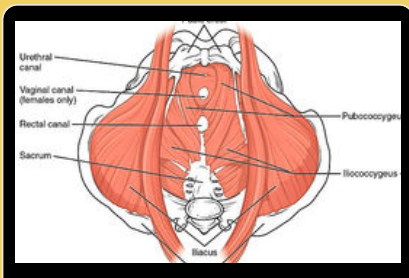


YOUTUBE

- [Pelvic Pain 101](#)
- [What is Vulvodynia?](#)
- [What people don't know about Interstitial Cystitis](#)
- [Everything you need to know about Endometriosis](#)

BLOG POSTS

- [Your pelvic floor, what is it good for?](#)
- [What is a good physical pelvic floor physical therapy session like?](#)
- [The 4th trimester: postpartum pelvic pain is common but not normal](#)
- [Taking a closer look at pelvic organ prolapse](#)
- [Dyspareunia: Symptoms and Associated Conditions](#)



OUR BOOK!

Written by PHRC Co-Founders Stephanie Prendergast & Elizabeth Akincilar, this book is a comprehensive overview of all things pelvic pain.

Get yours today on [Amazon!](#)

FAQ

"Do you take insurance?"

The majority of our offices do not contract with any insurance companies and our therapists are not Medicare or Medicaid providers.

If you are seeking care in our northern California offices, we are contracted providers with Brown & Toland Physicians Network and Kaiser Permanente; therefore our services are covered with a prior authorization. Otherwise, we are a fee-for-service clinic, which means that patients are responsible for payment at the time of service.

We will provide you with a copy of your bill which has all the necessary information you need to submit to your insurance company for reimbursement.

"What if I have Medicare?"

We are not enrolled providers with Medicare and therefore our services are not covered. If you want Medicare or Medicaid to pay for any services that may be considered covered benefits, please seek those services from a Medicare or Medicaid enrolled provider.

"What else?"

An initial evaluation typically lasts 1 hour and is billed for the hour. Each treatment is also one hour and is billed in units of 15 min. We do not offer payment plans. We accept cash, check, Visa, MasterCard, American Express and Discover.

How to Pay/Get Reimbursed for your PHRC Visits

1

Call your insurance company and ask what they will reimburse for **OUT OF NETWORK** physical or occupational therapy services.

- Typically, insurance companies reimburse a percentage of billed 'out of network' physical/occupational therapy.
- Determine whether you have a PPO or a HMO.
- PPOs will typically reimburse 40-80% for out of network therapy services. HMOs require pre-authorization to reimburse for out of network therapy services.

2

Forms you will need. Most insurance companies require that you submit the bill from PHRC as well as fill out their claim form. Ask your insurance company where to get this form. Most are available on your insurance company's website.

3

Ask your insurance company what information they require for reimbursement for physical/occupational therapy services.

Examples of required information may be:

- Physician's referral
- Diagnostic codes (ICD-10)
- Procedural codes (CPT codes)
- Therapist's credentials
- Therapist license number and NPI
- Your evaluation summary, and/or treatment notes

We do not have a physician on staff. If your insurance company requires a referral you will need to obtain this prior to treatment.

How to Pay/Get Reimbursed for your PHRC Visits

4

The ICD-10 codes we use will depend on your diagnosis, some common codes are:

- Muscle spasm: M62.838
- Pelvic and perineal pain: R10.2
- Neuralgia and neuritis: M79.2
- Weak pelvic floor muscle: N81.89
- Pain in joint, pelvic region and thigh: M25.559

You may have different codes depending on your diagnosis

Keep in mind that the codes for follow up treatments are for one unit of physical/occupational therapy, which is 15 minutes. Therefore, multiply the reimbursement amount for the appropriate amount of time in the clinic. This is a universal billing system used by insurance companies.

The CPT code we use for the first hour of your initial evaluation is:

Physical/Occupational therapy evaluation: 97163, 97162, or 97161

The CPT codes we use for each follow up treatment are typically:

- Manual therapy techniques: 97140
- Neuromuscular re-education: 97112
- Therapeutic exercises: 97110
- Therapeutic Activities: 97530

5

Discuss with your therapist and/or office manager your insurance needs. The staff at PHRC will do their best to ensure you receive maximum reimbursement from your insurance company.

6

Submit the completed claim form, the bill from PHRC, and any other required information to your insurance company to receive reimbursement. Be sure to make copies of all forms/bills. Insurance companies occasionally misplace claims.

7

Call your insurance company and ask how long it takes them to process a claim and when you can expect a reimbursement check. Insurance companies typically have a minimum of 30 days and a maximum of 90 days processing time.



Book your appointment!



FOR SPECIFIC CLINICS USE OUR [LOCATIONS PAGE](#)

CHECK US OUT ON
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MORE INFO!



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