



Chittenango Physical Therapy, P.C
Pelvic Floor Physical Therapy- initial visit

Dear _____:

You have been referred to and scheduled with _____ for pelvic floor physical therapy. Your initial appointment is scheduled at _____.
(*time and date*)

On your first visit, a licensed and fully trained physical therapist will take a thorough history of your current condition. The therapist will be asking questions regarding your symptoms including questions about bladder, bowel and sexual function. She will then examine your abdominal region, low back and hips as these areas are closely related to the pelvic floor. You will then undergo a thorough and complete evaluation including a medical history, discussion of your current condition, and musculoskeletal screen of the spine, hips and pelvis. You may or may not have an internal pelvic assessment. An internal pelvic physical therapy assessment is performed either vaginally or rectally, not with a speculum, but with one finger. The purpose is to assess the strength, range of motion and tone of your pelvic floor muscles. She will then design a comprehensive, individualized treatment program which will include patient education on ways to manage your bladder or bowel habits, pelvic floor relaxation if needed, strengthening or stretching exercises for the pelvic floor, hip, back, abdomen and core muscles based on the evaluation and your personal goals. You will then be scheduled for follow up appointments to assess your progress and continue your treatment/exercise program as appropriate.

Please remember that this is **your** evaluation. Please feel free to ask any questions at any time and to ask the therapist to stop if you are in pain or uncomfortable at any point of the evaluation or subsequent treatments during your time here at Chittenango Physical Therapy. You are also welcome to bring someone with you such as a spouse/partner or family member/close friend to the evaluation and treatment appointments.

Cancellation Policy: Please advise that there is a **\$10 cancellation fee** for patients who do not cancel at least 24 hours in advance. Also, if within the 24 hour time frame a telehealth appointment via Zoom can take the place of your in-person appointment. Any cancellation fee can also be waived with a physician's note if you are ill. There will be a one-time courtesy waiver applied, but strictly enforced there after. Further, any patient who **cancels three times in a 6 week period** will be put on the schedule upon the day of call. We will not be able to schedule in advance for future appointments. This is our policy for all patients' appointments, **including evaluations**, for the courtesy of other patients and our therapists. Thank you in advance for your adherence to this policy.

If you have any questions in regards to your evaluation and/or treatment prior to your appointment or need to reschedule your appointment, please call 315-510-3372.

Please remember to:

- 1) Complete the enclosed questionnaires.

- 2) Wear loose fitted clothing that is easy to remove as you may be asked to remove clothing from the waist down.

- 3) If you have any signs of a urinary tract or any other *active* infections such as burning or urination, urgency, fever please call/notify our office at 315-510-3372. An active infection is one in which you have not been currently medicated for at least 48 hours or otherwise specified amount of time and/or have not been cleared by your physician. Your appointment/care may be postponed and/or delayed until you have received the proper care as indicated by your physician. Please keep this in mind throughout your treatment as well as we are unable to treat or assess internally (vaginally or rectally) unless you have been given the full regimen of antibiotics and/or cleared by your physician.

- 4). You do not have to reschedule your appointment if on your menses at the time of the evaluation, but if you feel more comfortable are welcomed to reschedule if you prefer.

Thank you.

Sincerely,

Chittenango Physical Therapy

I have read the initial visit information. I understand the cancellation fee and agree to pay the fee if non-adherence to the above request occurs.

Name _____

Date _____