



PEDIATRIC PELVIC FLOOR EVALUATION

Name _____ Date _____ Age _____

Doctor _____ Onset of current problem _____

History of current problem _____

Tests: PVR Y/N _____ cc VCUG _____ Renal US _____ UTT's

per year

Surgeries _____ Other medical problems _____

Medications _____

Functional Limitations _____

History and Symptoms

Bladder Habits

Voiding frequency _____ per day, nocturia _____ times per night. Nocturnal enuresis _____ per _____

Urge sensation present Y/N. Warning before urination _____ minutes. Hesitancy Y/N. Dysuria Y/N.

Urinary Stream _____

Volume of urine passed is _____ Empty sensation present Y/N.

Dribbling after urination Y/N.

Current fluid intake _____ per 24 hours. Recent dietary changes _____

Bladder irritants _____

Urine leaks _____ per _____, Amount of leakage S/M/L, Caused by _____

Bowel

Bowel movement frequency _____ per _____ Consistency _____ Strains to have BM _____

Bowel leakage _____ Caused by _____ Frequency _____

Child's understanding of the problem _____ Child's perceived severity of problem (10 being worst) _____

Child/Parent feels as though bladder is controlling his/her life (10 being worst) _____

Musculoskeletal Exam

Postural screen _____

Lumbar/ SI screen _____

Patient Name _____ DOB _____ Date _____

Scar mobility _____ Diastasis Recti abdominus: above _____ at umbilicus
below _____

Perineal External Exam

Skin condition _____ Resting position _____

Visual pelvic floor contraction/ relaxation ability _____

Visual response to cough: lift _____ bulge _____ nil Visual response to Valsalva _____ Reflex - anal wink _____

SEMG Evaluation of the Pelvic Floor Muscles

Baseline resting tone	micro volts	Comments
Work / Rest Quick Contractions ____sec work, ____sec rest for 10 repetitions	Work average: Rest average:	
Work / Rest Endurance ____sec work, ____sec rest for 10 repetitions	Work average: Rest average:	
Recruitment / Relaxation patterns		

Additional Information/ Findings _____

Assessment: _____

Patient/Family Goals: _____

Treatment Goals:

- ☐ Decrease urinary leakage episodes by _____ %.
- ☐ Decrease nocturnal enuresis by _____%.
- ☐ Decrease fecal incontinence/soiling by _____ %.
- ☐ Increase pelvic floor muscle strength grade to ____ /5 and endurance to 10 seconds.
- ☐ Increase pelvic muscle awareness/ isolation ability.
- ☐ Coordinate use of the pelvic floor with functional activities that cause symptoms.
- ☐ Improve sensation of urinary and /or bowel urge.
- ☐ Identify bladder irritants and correct fluid intake.
- ☐ Describe normal voiding frequency and patterns.

Patient Name _____ DOB _____ Date _____

- ☐ Patient able to self manage symptoms with home exercise/management program.
- ☐ Functional goals: Perform school, recreational activities and ADL activities without leakage.

Treatment Plan / Interventions: _____ times per week for _____ weeks. Total _____ visits.

- ☐ Patient related information / education /ADL training:
 - ☐ Bladder and pelvic floor anatomy & function.
 - ☐ Bladder health, dietary irritants and review of urine log.
 - ☐ ADL training: voiding schedule, bowel program as needed.
 - ☐ Controlling urinary urge and bladder retraining, as indicated by bladder diary, with school/daytime schedule.
 - ☐ Constipation management program.
 - ☐ Skin care/Proper wiping.
- ☐ Therapeutic exercise instruction for pelvic floor muscle strength and relaxation.
- ☐ Neuromuscular reeducation pelvic floor muscles for awareness.
- ☐ SEMG Biofeedback of pelvic floor musculature.
- ☐ Independent home exercise program.
- ☐ Reevaluation as needed.
- ☐ Other _____

_____ Minutes of evaluation & treatment/education rendered.

_____ Therapist Signature	_____ License #	_____ Date
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