



### **Pediatric Pelvic Floor Evaluation**

Name:           DOB:           Age:

Date of evaluation:

Referred by:

Diagnosis:

**Chief complaint / onset / symptom progression:**           presents with           which  
began           . Since that time the problem has           .

Medical examination and referral was on           and included VCUG and Renal US           .  
PVR           .  
UTI's           per year.

**Surgeries:**

**Other medical problems:**

**Medications:**

**Allergies:**

**Functional Limitations:**

#### **Bladder habits/symptoms**

Urinary habits include           voids per day and           per night.           does/not  
experience nocturnal enuresis           times per           . Urge sensation is/is not present.  
Warning before urination is           minutes.           does/not experience any painful  
urination. Urinary stream is           with/without hesitancy. Volume of urine passed is  
                  . Empty sensation is/not present with/out dribbling after urination.  
Fluid intake is           per day. There are/ are not any recent dietary changes. Bladder irritants  
include           .

#### **Bowel habits/symptoms**

Bowel Habits include           bowel movements per           . Consistency is  
with/without straining.  
Leakage of feces or staining occurs           times per           which a           amount of loss.  
Fiber intake is           .  
Patient rates the severity of the problem           on a 0-10 scale with 10 being the worst.  
Parent/child feels his/her bladder is controlling his/her life           on a 0-10 scale with 10  
being the worst.  
Child's understanding of the problem is           .

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

**Summary of evaluation findings:**

**Musculoskeletal:**

**Pelvic Floor: External exam-**The perineum presents with \_\_\_\_\_ skin irritation. Rest position is \_\_\_\_\_. Initial contraction instruction demonstrated \_\_\_\_\_ pelvic floor awareness with \_\_\_\_\_ accessory muscle substitution. Relaxation after contraction is \_\_\_\_\_. There is \_\_\_\_\_ relaxation of the pelvic floor with Valsalva maneuver. Anal wink is \_\_\_\_\_.

**SEMG biofeedback** of the pelvic floor muscles using surface perianal electrodes reveals contraction and relaxation awareness. Session recorded.

	<b>Pelvic Floor</b>	<b>Comments</b>
Baseline resting tone	micro volts	
Work / Rest 5 sec work, 5 sec rest for 10 repetitions	Work average  Rest average	
Recruitment / Relaxation patterns		

**Additional Information/findings:** \_\_\_\_\_.

**Assessment /Functional Limitations:** Signs and symptoms of \_\_\_\_\_ with pelvic floor muscle \_\_\_\_\_ dysfunction. Patient rehabilitation potential is \_\_\_\_\_.

**Patient Goals:**

**Treatment Goals:** patient will be able to:

1. Decrease urinary leakage episodes by \_\_\_\_\_ %.
2. Decrease nocturnal enuresis by \_\_\_\_\_ %.
3. Decrease fecal incontinence/soiling by \_\_\_\_\_ %.
4. Increase pelvic floor muscle endurance to 10 seconds.
5. Increase pelvic muscle awareness/ isolation ability.
6. Coordinate use of the pelvic floor with functional activities that cause symptoms.
7. Improve sensation of urinary and or bowel urge.
8. Identify bladder irritants and correct fluid intake.
9. Describe normal voiding frequency and patterns.
10. Patient able to self manage symptoms with home exercise/management program.
11. Functional goals: Perform school, recreational activities and ADL activities without leakage.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

**Treatment Plan / Interventions:** \_\_\_\_\_ times per week for \_\_\_\_\_ weeks. Total visits.

Patient related information / education / ADL training:

1. Bladder and pelvic floor anatomy & function.
2. Bladder health, dietary irritants and review of urine log.
3. ADL training, voiding schedule, bowel program as needed.
4. Controlling urinary urge and bladder retraining as indicated by bladder diary with school schedule.
5. Constipation management program.
6. 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:

License #

Date: