



INFORMED CONSENT FOR PELVIC PHYSIOTHERAPY

Please Read Carefully

I, undersigned, do hereby give my voluntary consent for the administration of Physiotherapy deemed appropriate by my treating Physiotherapist.

I understand that Pelvic Physiotherapy treatments may include an individualized exercise prescription and various forms of manual therapy techniques, in sensitive body areas, such as mobilization, manipulation, soft tissue releases and stretches. Treatments may also include modalities such as heat, ice, ultrasound, laser, TENS, interferential current, shock wave and electric muscular stimulation. Other treatment options include acupuncture/dry needling, that involve the insertion of single use, sterile, disposable needles through the skin, into the underlying muscles.

I understand that there are very small possibilities of risks or complications that may result from the above listed treatments such as muscle or joint soreness or minor skin irritations. I do not expect the Physiotherapists to anticipate all the possible risks and complications. I wish to rely on the Physiotherapist to exercise proper judgment during the course of treatment to make decisions based upon my best interest.

Acupuncture/Dry Needling: Minor soreness, bleeding or bruising, nausea, fainting, infection, shock convulsions, possible perforation of internal organs, stuck or bent needles, and fetal distress in pregnant women.

Pelvic health physiotherapists are rostered: For the purpose of assessing or rehabilitating pelvic musculature relating to incontinence or pain disorders, putting an instrument, hand or finger, i. beyond the labia majora, or ii. Beyond the anal verge.

For most conditions and internal (vaginal/rectal exam) is conducted to:

- Assess the tone, strength, endurance, and coordination of the pelvic floor muscles and integrity of surrounding tissues
- Provide treatment strategies to the pelvic floor muscles and surrounding tissues as determined by the assessment.

Potential risks of doing an internal examination:

- Spotting
- Pain/discomfort
- Emotional stress
- Skin reaction (from lubrication)
- Miscarriage with pregnancy
- Urinary tract infection

I will immediately notify Physiotherapist of any changes in my pregnancy or medical status.

I will have the opportunity to discuss with my Physiotherapy the nature and purposes of all my treatments.

I accept the fact that there is no guarantee of the effectiveness of the treatment.

I am aware that I may withdraw this consent and discontinue treatment at anytime.

I consent to the Physiotherapy treatment offered or recommended to me by my Physiotherapist(s). I intend this consent to apply to all my present and future Physiotherapy care.

Date

Patient Name (Print)

Patient Signature