

**ORTHOPEDIC PHYSICAL THERAPY, INC.**

**Male Pelvic Floor Intake Questionnaire**

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

Primary MD \_\_\_\_\_ Referring MD \_\_\_\_\_

Insurance \_\_\_\_\_ Occupation \_\_\_\_\_

Reason for Referral \_\_\_\_\_

When did problem begin? \_\_\_\_\_

**RELEVANT HISTORY**

**Medical History** (Fill in background information on the following by checking all that apply to you)

High Blood Pressure _____	Diabetes _____
Heart Disease _____	Breathing Problems _____
Osteoporosis _____	Cancer _____
Arthritis _____	Allergies _____ (Please list)
Thyroid Condition _____	Currently Pregnant _____
Circulation Disease _____	Respiratory Dysfunctions _____
Recurrent muscle or joint pain _____	
Medicines currently taking _____	

**Surgical History:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bowels** (Loose/Normal/Constipated/Incontinent): \_\_\_\_\_  
\_\_\_\_\_

**Bowel Habits** (frequency, any laxatives, etc.) \_\_\_\_\_  
Do you strain to have a BM? \_\_\_\_\_  
\_\_\_\_\_

**Special Diagnostic Tests:** EMG \_\_\_\_\_ Pudental Nerve Test \_\_\_\_\_  
(please check) MRI \_\_\_\_\_ Anal Ultrasound - \_\_\_\_\_  
Momonometry \_\_\_\_\_  
Cystoscope \_\_\_\_\_ Defecation \_\_\_\_\_  
Bladder Stress Test \_\_\_\_\_ Proctogram Study \_\_\_\_\_

**Personal History:**  
Regular Exercise \_\_\_\_\_  
Dietary Habits (meat, fruit, veggies, fiber) \_\_\_\_\_  
Caffeine Intake (coffee, tea, soda) \_\_\_\_\_  
Fluid Intake/Day (water, juice, milk) \_\_\_\_\_  
Sleep Habits (trouble falling asleep, staying asleep, reason for awakening, rested in AM, use of medications to sleep?) \_\_\_\_\_

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**BLADDER QUESTIONNAIRE**

Please answer these questions to the best of your ability.

	Never	Sometimes	Often
1) Do you leak urine when you cough, sneeze, laugh or when lifting?			
2) Do you ever have such an uncomfortable, strong need to urinate that if you don't reach the toilet you will leak?			
3) If "yes" to question #2, do you ever leak before you reach the toilet?			
4) Have you wet the bed in the past year?			
5) Do you develop an urgent need to urinate when you are nervous, under stress, or in a hurry?			
6) Do you have an urge to urinate when you hear running water?			
7) Do you have an urge to urinate when your hands are in water?			
8) Do you ever leak during or after sexual intercourse?			
9) Do you find it necessary to wear a pad because of leaking?			
10) If "yes" to question #9, how many pads a day? _____			
11) Have you had bladder, urinary or kidney infections?			
12) Are you troubled by pain or discomfort when you urinate or BM?			
13) Have you had blood in your urine?			
14) Do you find it hard to begin to urinate?			
15) Do you have a slow urine stream?			
16) Do you strain to pass your urine or BM?			
17) After you urinate, do you have dribbling or a feeling that your bladder is still full?			

<b>PLEASE TRY TO GIVE ACTUAL NUMBERS</b>	Number of times
19) How many times during the day do you urinate?	
20) How many times do you void during the night after you go to bed?	
21) How often do you leak?	
22) Leakage equals: Small (less than one-half cup) Large (more than one-half cup)	
23) How much warning time do you have to get to the toilet? Seconds or Minutes	

# Pelvic Floor Evaluation/Urinary Incontinence

## OBJECTIVE EVALUATION:

Observation: \_\_\_\_\_  
\_\_\_\_\_

### Orthopedic Exam:

AROM-Proximal Hips _____	MMT-Hips: L	R
Knees _____	Knee: L	R
Lumbar Spine _____	Ankles:L	R
PROM (Hips):	<u>LEFT</u>	<u>RIGHT</u>
External Rotation		
Internal Rotation		
Straight Leg Raise		

### Abdominal Strength:

Kendall curl-ups \_\_\_\_\_ leg lowering \_\_\_\_\_  
Sahrmann/coordination (Bridges) \_\_\_\_\_  
Diastasis: \_\_\_\_\_ location \_\_\_\_\_

SIJ Screen: Long Sit \_\_\_\_\_ ASIS Levels \_\_\_\_\_ IC \_\_\_\_\_  
Seated Flexion \_\_\_\_\_ PSIS Levels \_\_\_\_\_  
FABER \_\_\_\_\_ ILA Sacrum \_\_\_\_\_ Tilt \_\_\_\_\_ Rotation \_\_\_\_\_  
Provocation \_\_\_\_\_ Leg Length: Left \_\_\_\_\_ Right \_\_\_\_\_

Pelvic Girdle Palpation: Iliopsoas \_\_\_\_\_ Adductors \_\_\_\_\_  
Gluteus Medius \_\_\_\_\_ Sacrotuberous Ligament \_\_\_\_\_  
Piriformis \_\_\_\_\_ Medial Hamstring \_\_\_\_\_  
Pubic Symphysis \_\_\_\_\_ Distal Rectus Abdominus \_\_\_\_\_  
Inguinal \_\_\_\_\_ Transverse Abdominus \_\_\_\_\_  
Greater Trochanters \_\_\_\_\_ Quadratus Lumborum \_\_\_\_\_

## PART II

### External Vaginal Exam:

Pain/tension/scar \_\_\_\_\_ Skin integrity \_\_\_\_\_  
Introitus: loose/tight/asymmetrical  
Provocation (cough, laugh) \_\_\_\_\_  
Excursion: prolapsed uterus/bladder/bowels \_\_\_\_\_

### Digital Exam:

- Pubococcygeal contraction MMT \_\_\_\_\_/5 (Laycock Scale)  
Hold time \_\_\_\_\_ Quick Reps \_\_\_\_\_  
Ability to Isolate \_\_\_\_\_  
- Palpation for pain \_\_\_\_\_ location \_\_\_\_\_

### Pathway EMG Biofeedback:

Peak Contraction: (pelvic floor) \_\_\_\_\_ microvolts  
(abdominals) \_\_\_\_\_ microvolts  
Max hold 5 seconds: (pelvic floor) \_\_\_\_\_ microvolts  
(abdominals) \_\_\_\_\_ microvolts  
Resting Tone PF \_\_\_\_\_ microvolts; abdominals \_\_\_\_\_ microvolts

