



# Pelvic Initial Assessment Template

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## Pelvic Assessment – General Information

**NOTE:** Any item left blank on the chart means that it was not applicable or performed.

**Referral source:**

**Primary Doctor and/or Specialist:**

**Has seen a Doctor/Midwife/Specialist for current concerns/symptoms:**

☐ Yes

☐ No

**If yes, please provide more details.**

☐ Informed consent for Assessment - Verbal consent obtained

☐ Informed consent for Treatment - Verbal consent obtained

**Red flags and/or contraindications to having an internal vaginal or rectal exam**



## Pelvic Assessment - General Information

General red flags (check all that apply):

- ☐ Night sweats
- ☐ Blood in urine
- ☐ Blood in stool
- ☐ Recent change in bowel habits
- ☐ Unexplained weight loss
- ☐ Other

If other, please provide more details.

Short term and long term goals:



# Subjective Assessment - Pelvic

Subjective History

Current symptoms/complaint(s):

Present since:

Level of bothersome:

☐

1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

8

☐

9

☐

10

Alleviating factors:



# Subjective Assessment - Pelvic

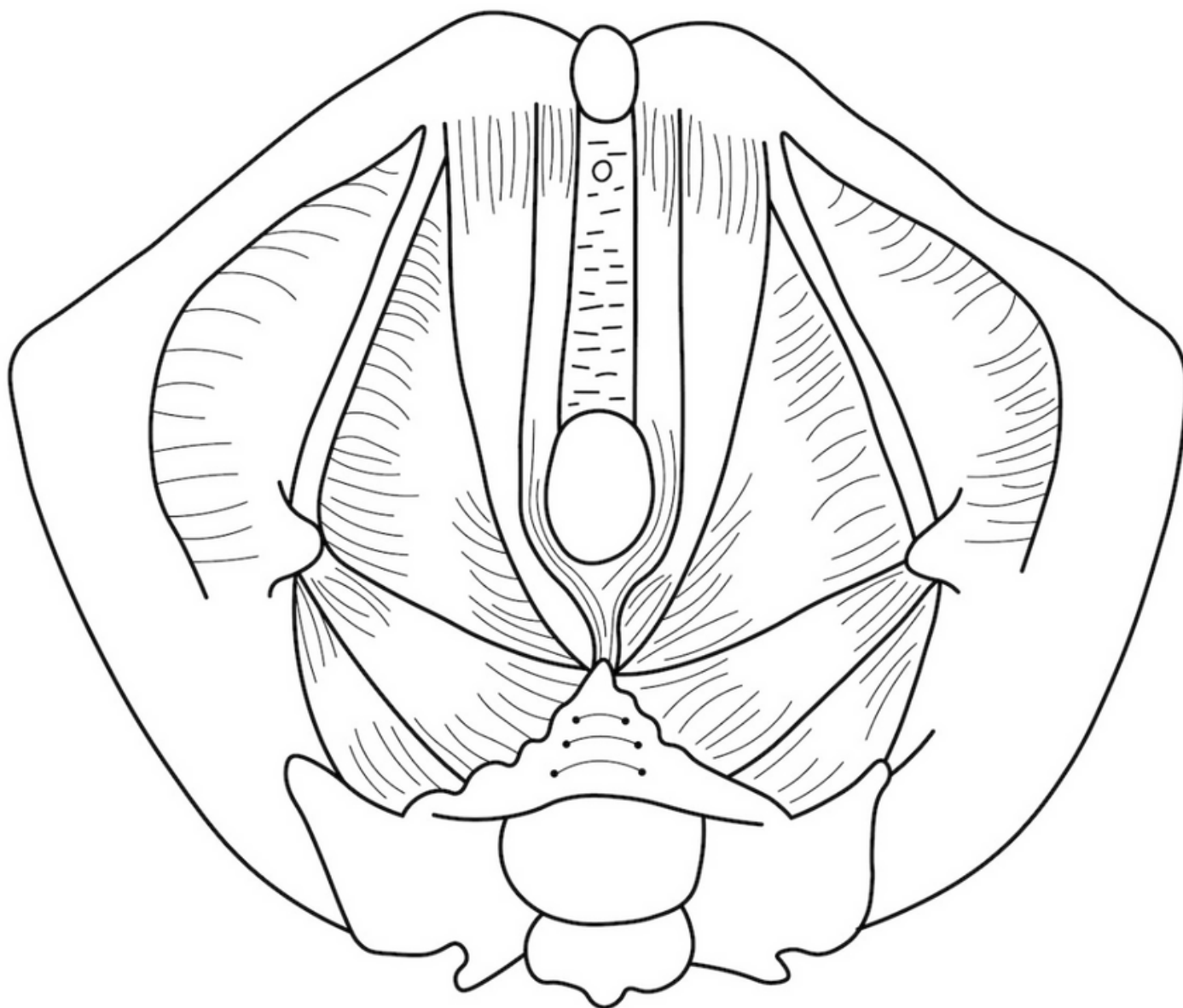
Aggravating factors:

General health:

History of trauma:



## Body chart: Male pelvis





# Medical History - Pelvic Assessment

## Past/Current Medical History

Any previous treatments, surgeries, and/or procedures:

- ☐ Yes  
☐ No

History of pregnancy/birth:

- ☐ Yes  
☐ No

Bladder: what is the daily frequency/leakage/flow:

Are they experiencing incontinence?

- ☐ Stress urinary incontinence (SUI)  
☐ Urge urinary incontinence (UII)  
☐ Mixed urinary incontinence (MUI)

Please provide more details for any of the above you've checked off.



## Medical History - Pelvic Assessment

Nocturia:

- ☐ Yes  
☐ No

If yes, how many times per night are they waking to urinate:

Fluid intake and type:

Caffeine intake:

Diet: what types of food do they eat, number of meals, and other dietary details





# Medical History - Pelvic Assessment

Menopause:

- ☐ Yes  
☐ No

if yes, what is there level of pain/cycle.

General gynecological symptoms and history:

Birth control: if yes, type/length of use:

Sexual history: pain with sex, orgasm, other relevant details:



# Medical History - Pelvic Assessment

Bowel function: what is their routine and other relevant details

Bristol Stool Chart:

- ☐ Type 1: separate hard lumps (severe constipation)
- ☐ Type 2: lumpy and sausage like (mild constipation)
- ☐ Type 3: a sausage shape with cracks in the surface (normal)
- ☐ Type 4: like a smooth, soft sausage or snake (normal)
- ☐ Type 5: soft blobs with clear-cut edges (lacking fibre)
- ☐ Type 6: mushy consistency with ragged edges (mild diarrhea)
- ☐ Type 7: liquid consistency with no solid pieces (severe diarrhea)

Please provide more details.

Infections: current or history of infections

- ☐ Yes
- ☐ No

if yes, please provide more details.

Are there other healthcare professionals that are involved in their care?

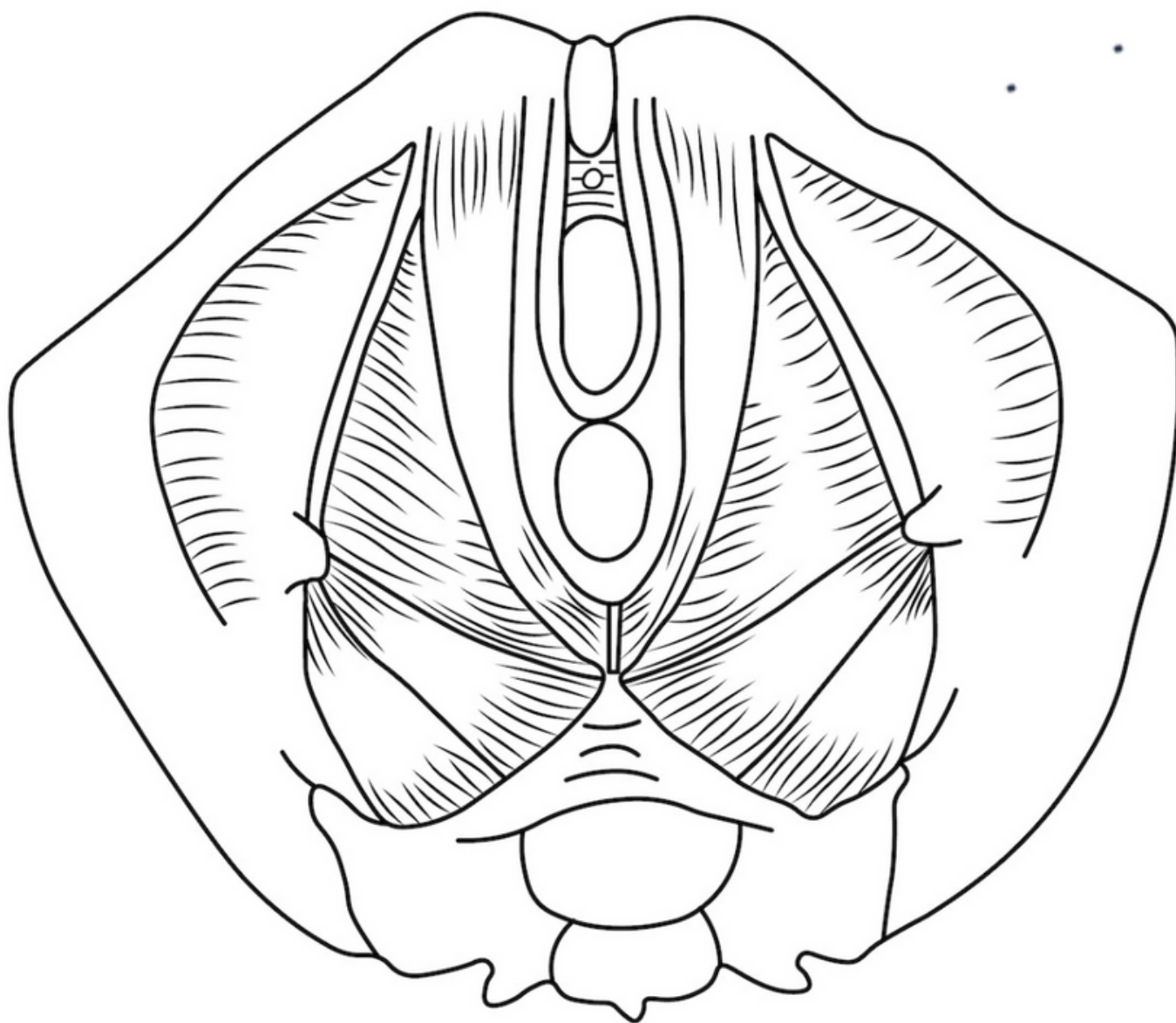


# Patient Goals

Patient Goals



## Body chart: Female pelvis





# 5 Pillars of Health

## 5 Pillars of Health

1. Diet and nutrition - What is your diet like?

2. Movement - How much exercise and movement do you get in a typical day/week?

3. Sleep quality - Night waking's/how many hours/feel rested in the AM:



## 5 Pillars of Health

4. Daily stress - Scale of 0-10:



1



2



3



4



5



6



7



8



9



10

4. Daily stress - Coping mechanisms? What do you do daily to spark joy?:

5. Social - Close relationships/do you have support?



# Objective Assessment - Observation

## Observation

### Breathing

☐ Diaphragmatic:

☐ Chest:

Please provide more details for any of the above you've checked off.

### Posture

☐ Sitting:

☐ Standing:

Please provide more details for any of the above you've checked off.



# Objective Assessment - Observation

Cervical and Thoracic screen:

Gait:

Other:





# Objective Assessment - Functional Tests

## Functional Tests

### Functional Tests:

- ☐ Squat:
- ☐ Lunge:
- ☐ Active Straight Leg Raise (SLR):
- ☐ Sit to stand:
- ☐ Balance:

Please provide more details for any of the above you've checked off.

### Curl-up task:

- ☐ Doming
- ☐ Invagination

Please provide more details for any of the above you've checked off.



# Objective Assessment - Functional Tests

Repeated movements:

- ☐ REIL
- ☐ RFIL
- ☐ REIS
- ☐ RFIS
- ☐ Directional preference:

Please provide more details for any of the above you've checked off.

Other functional tests:



## Objective Assessment - Palpation (Pelvic Ax)

Palpation (increased tone/over-recruitment)

Select which exam has been performed and add additional information as needed:

- ☐ Paraspinals
- ☐ Quadratus lumborum (QL)
- ☐ Rectus abdominus
- ☐ Transverse abdominus (TA)
- ☐ Gluteus maximus/medius
- ☐ Piriformis
- ☐ Iliopsoas
- ☐ Lower abdomen
- ☐ Suprapubic
- ☐ Adductors
- ☐ Tensor fascia latae (TFL)
- ☐ Iliotibial band (ITB)
- ☐ Quadriceps
- ☐ Hamstring
- ☐ Gastrocnemius/soleus
- ☐ Other

Please provide more details for any of the above you've checked off.



## Dermatomes - Lower Extremity

The list below details which area(s) has the strongest association with each dermatome.  
Check the box if positive on dermatomal testing and provide additional information if necessary

### L1: Back and groin

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.

### L2: Front of thigh to knee

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.

### L3: Anterior thigh and knee, medial lower leg

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.



## Dermatomes - Lower Extremity

**L4: Medial lower leg, dorsum of foot, and big toe**

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.

**L5: Lateral lower leg, dorsum of foot, and toes 2-4**

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.

**S1: Posterior-lateral back of lower leg and thigh**

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.



## Dermatomes - Lower Extremity

S2: Posterior-medial back of lower leg and thigh

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.



# Myotomes - Lower Extremity

The list below details which movement(s) has the strongest association with each myotome. Check the box if positive on myotomal testing and provide additional information if necessary.

Begin by asking the client to perform a movement as per instructions and hold an isometric contraction against the therapist's resistance for a count of 5. Test bilaterally and check the box if fatigable weakness is noted.

## L1 & L2: Hip Flexion

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.

## L3: Knee Extension

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.

## L4: Ankle Dorsiflexion

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.



# Myotomes - Lower Extremity

## L5: Hallux Extension

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.

## S1: Ankle Plantarflexion

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.

## S2: Knee Flexion

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.





## Reflexes - Lower Extremity

Patellar reflex (L2, L3, L4)

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.

Achilles reflex (S1, S2)

☐ Right

☐ Left

Please provide more details for any of the above you've checked off.

Additional information:



# Objective Assessment - External Pelvic Floor Muscle Exam

## External Pelvic Floor Muscle Exam

☐ Informed consent for Assessment - Verbal consent obtained

Select which exam has been performed and add additional information as needed:

- ☐ General observations:
- ☐ Skin (describe condition/colour/etc...):
- ☐ Trophicity (healthy or other):
- ☐ Perineal scarring:
- ☐ Resting position of vagina:
- ☐ Resting position of perineal body:
- ☐ Visibility of pelvic floor muscle contraction/relaxation:

Please provide more details for any of the above you've checked off.

## Paradoxical contraction:

☐ Contract:

Please provide more details.

☐ Relax:

Please provide more details.



# Objective Assessment - External Pelvic Floor Muscle Exam

Ability to relax post-contraction:

- ☐ Yes
- ☐ No

Direction of push at valsalva/cough:

- ☐ Cranial
- ☐ Caudal

Dermatomes (select those with positive dermatomal testing):

- ☐ S2
- ☐ S3
- ☐ S4

Please provide more details for any of the above you've checked off.

Anal Wink:

- ☐ Present
- ☐ Decreased
- ☐ Absent



# Objective Assessment - External Pelvic Floor Palpation

## External Pelvic Floor Palpation

☐ Informed consent for Assessment - Verbal consent obtained

Select which exam has been performed and add additional information as needed:

- ☐ Connective tissue movement:
- ☐ Bulbocavernosus:
- ☐ Ischiocavernosus:
- ☐ Superficial Transverse Perineal:
- ☐ External Anal Sphincter:
- ☐ Perineal Body:
- ☐ Light touch of the vestibule (using q-tip or finger):
- ☐ Perineal clock (normal or pain at "X" o'clock):
- ☐ Clitoris and Clitoral hood mobility:

Please provide more details for any of the above you've checked off.

Other:



# Objective Assessment - Internal Vaginal/Pelvic Floor Exam

## Internal Vaginal/Pelvic Floor Exam

☐ Informed consent for Assessment - Verbal consent obtained

### Global muscle tone:

- ☐ -3
- ☐ -2
- ☐ -1
- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3

Please provide more details for any of the above you've checked off.

### Global muscle relaxation:

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3

Please provide more details for any of the above you've checked off.



## Objective Assessment - Internal Vaginal/Pelvic Floor Exam

Select which internal vaginal/pelvic floor exam has been performed and add additional information as needed:

- ☐ Introitus:
- ☐ Anterior levator ani:
- ☐ Pubovaginalis:
- ☐ Pubococcygeus:
- ☐ Iliococcygeus:
- ☐ Obturator internus:
- ☐ Ischiococcygeus:
- ☐ Cervix:
- ☐ Visceral mobility (at contraction and Valsalva):

Please provide more details for any of the above you've checked off.



# Objective Assessment - Internal Vaginal/Pelvic Floor Exam

Prolapse: note if it is at rest, with cough, or with Valsalva:

- ☐ Cystocele
- ☐ Rectocele
- ☐ Uterine
- ☐ Urethral
- ☐ Entrocele
- ☐ Rectal

Please provide more details for any of the above you've checked off.

Global PFM strength testing:

- ☐ Not tested
- ☐ (0) Absent
- ☐ (1-2) Weak
- ☐ (3) Normal
- ☐ (4-5) Strong

Please provide more details for any of the above you've checked off.



# Objective Assessment - Internal Vaginal/Pelvic Floor Exam

Global PFM strength testing:

- ☐ Sluggish
- ☐ Slow
- ☐ Normal

Please provide more details for any of the above you've checked off.

PFM endurance:

- Seconds before PFM drops by 50%:
- How many reps in 10 seconds:
- Co-contraction with TA:
- Timing of involuntary contraction with cough (KNACK):

Other:





# Objective Assessment - Internal Rectal Exam

## Internal Rectal Exam

☐ Informed consent for Assessment - Verbal consent obtained

Select which internal rectal exam has been performed and add additional information as needed:

- ☐ External anal sphincter:
- ☐ Internal anal sphincter:
- ☐ Anorectal Junction:
- ☐ Anterior Levator Ani:
- ☐ Puborectalis:
- ☐ Pubococcygeus:
- ☐ Iliococcygeus:
- ☐ Ischiococcygeus/Coccygeus:
- ☐ Piriformis:
- ☐ Coccyx mobility:
- ☐ Obturator Internus:
- ☐ Ischial spine:

Please provide more details for any of the above you've checked off.

Other:



# Analysis

Analysis

Goals:



# Treatment - Pelvic Physio

## Treatment

Select which treatment was provided and add additional information as needed:

- ☐ Positioning:
- ☐ Breath work:
- ☐ Posture/alignment:
- ☐ PFM lengthening:
- ☐ PFM Visualization and positioning to connect:
- ☐ Non nociceptive input (NNI):
- ☐ PFM strengthening:
- ☐ Repeated movement:
- ☐ Manual therapy:
- ☐ External soft tissue massage:
- ☐ Internal soft tissue massage:
- ☐ Scar massage:
- ☐ Mobilization:
- ☐ Muscle stretches:
- ☐ Nerve flossing:
- ☐ Yoga stretches:
- ☐ Mindfulness:
- ☐ Body Scan:
- ☐ Core 4 strengthening:
- ☐ Muscle strengthening:
- ☐ Symmetry exercise routine:
- ☐ Perineal massage:

Please provide more details for any of the above you've checked off.



## Treatment - Pelvic Physio

Other:



# Education - Pelvic Physio

## Education

Select which treatment was provided and add additional information as needed:

- ☐ Pelvic floor anatomy/function:
- ☐ Core (PFM, TA, diaphragm, multifidus) anatomy/function:
- ☐ Diastasis Rectus Abdominus (DRA)
- ☐ Pain Neuroscience Education (PNE):
- ☐ Posture:
- ☐ Breathing:
- ☐ Downregulation:
- ☐ Mindfulness:
- ☐ Positions to modify/avoid currently:
- ☐ Water intake:
- ☐ Bladder diary:
- ☐ SIJ/PGP:
- ☐ Labour/Birth positions and preparation:
- ☐ Postpartum external support garments (abdominal/pelvic floor):

Please provide more details for any of the above you've checked off.

Other: