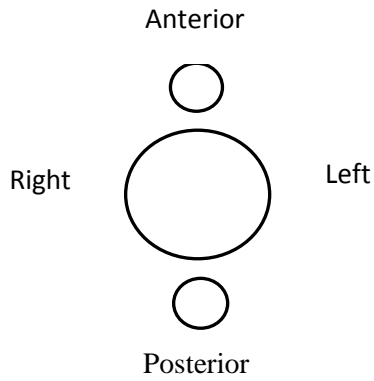




**OBSERVATION**



**ANALYSIS**

Pelvic Floor Grading :

Perineometer Reading :

**PALPATION**

**PHYSIOTHERAPIST'S IMPRESSION**

**SPECIAL TEST**

**SHORT TERM GOALS**

**PELVIC FLOOR ASSESSMENT**

**Key for Grading**

Characteristic	1	2	3	4
Pressure	Nil	weak, feel pressure on finger but not all way round	Moderate, feel pressure all around	Strong, fingers compress override
Duration	none	>< 1 sec	< 3 sec	>3 sec
Displacement in plane	none	Slight incline of finger along total length	Greater incline of finger along total length	Finger move up and drawn in

**LONG TERM GOALS**

**PLAN OF TREATMENT**

Date	Initial	Final
Pelvic floor Grading		
Hold time		

**Perineometer Reading : Female : VRP.....**

Date	Initial	Final
Peak		
Gradient		
Area		

**Attending Physiotherapist : .....**

Date :

Sign & Stamp

**KEMENTERIAN KESIHATAN MALAYSIA  
GUIDELINE FOR USE OF PELVIC FLOOR ASSESSMENT FORM**

**DIAGNOSIS**

- As in the referral

**DOCTOR'S MANAGEMENT**

- In brief - conservative or operative

**PROBLEM**

- Presenting problem / symptoms and the duration ; patient's main complain

**SPECIAL QUESTION**

**General Health**

- General health condition

**Past Medical History**

- Any other medical illness e.g Hypertension since 2 years ago, Heart problem since 20<sup>th</sup> January 2014 etc

**Obstetric/Gynae History**

- Number of pregnancies e.g G4P3 (Gravida 4, Para 3), G4P3A1 (Gravida 4, Para 3, Abortion 1)
- List of patient's obstetric history including the year of delivery, types of delivery, prolonged 2<sup>nd</sup> stage duration, weight of the baby delivered and whether episiotomy done or not done.

**Year of Menopause**

- State the date/ year of menopause. This may help in finding the cause of the problem whether it is related with hormonal factor.

**Surgical History**

- List all the surgery that patient has gone through as this will assist the physiotherapist to carry out a more holistic treatment program for the patient, e.g : Hysterectomy, Tension-free Vaginal Tape (TVT)

**Medication /Steroid**

- List of all the medication patient is on
- To note any effect that may affect physiotherapy intervention

**Social History**

- To note down patient's occupation and recreational activities as a guideline in aiming for goals of treatment
- Note if patient is having problem in their sexual activities due to the presenting problem

## **CURRENT HISTORY**

- How did the problem occur?
- When did it occur?
- Is it better or worse now?
- Is patient's pelvic floor problems is related with bowel problem
- To find out the precipitating factor of the patient's incontinence problem.
- Note the frequency of the occurrence of incontinence (everyday, > 1x/week, < 1x/week, about 1x/ week, occasionally).

## **PAST HISTORY**

- Relevant past history related to current problem
- Previous episodes.
- On set, progression, Physiotherapy treatment and effect.
- Any impact to the quality of life.

## **BLADDER DIARY**

- To measure the volume voided in 24 hours maximum and minimum in millilitre (ml)

E.g :

Max. Void : 200 ml

Min. Void : 50 ml.

- To note the frequency of micturation in day time

E.g : Frequency = 5x / day

- To note the frequency of micturation at night time

E.g : Nocturia = 2x / night

- To note the number of occurrence of leakage in the day and at night

E.g : Leakage = 6x / day, 3x/ night

- To note the total fluids in ml/24 hrs.

- To find out the no of drinks patient is taking witin 24 hours; e.g : caffeine, alcohol and other drinks

Volume : caffeine drinks /24 hrs = 2 cup of coffee

Volume : alcohol drinks /24 hrs = 1 glass

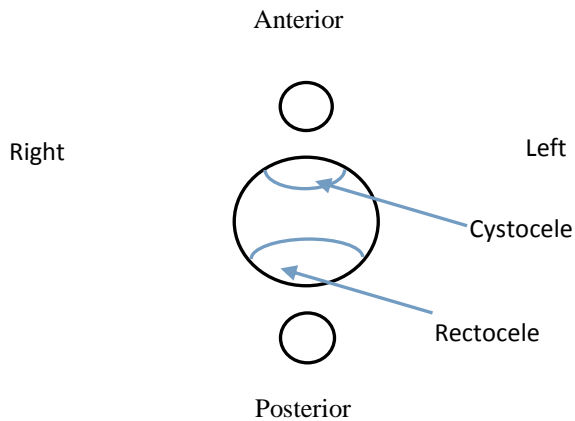
Volume : other drinks /24 hrs = 1 cup of milk

## **INCONTINENCE AIDS**

- State the type, no of incontinence aids used in the day and at night.

## **OBSERVATION**

- To observe patient's body size; flabby abdominal, obese,
- To observe any bulge at vaginal opening - state the size, colour and surface (smooth, striated)
- To mark and label the rings of continence



### **PALPATION**

- Tenderness, any protrusion, Scar tissue etc

### **SPECIAL TEST**

- To do provocation test - coughing 5x (present of leakage within 5x coughing +ve )
- To do pad test - weighing the incontinence aid to measure the severity (if needed)
- To measure abdominal muscle strength. This is because abdominal muscle produce overflow contraction to the pelvic floor muscle

### **PELVIC FLOOR ASSESSMENT**

Key for grading :

- To find out pelvic floor muscle power as classified in the form according to pressure, duration and displacement in plane.
- To note down the initial and final findings of pelvic floor grading, holding time and perineometer reading .

### **ANALYSIS FROM PERINEOMETER READING**

- To record the peak, gradient and area based on the perineometer reading
- To state the vaginal resting pressure (VRP) for female

### **PHYSIOTHERAPIST'S IMPRESSION**

- To note down patient's problem from physiotherapist's point of view

### **SHORT TERM GOALS**

- The goals set according to priority which includes the expected outcomes and time frame.
- Should be in line with patients expectation as well.

### **LONG TERM GOALS**

- The long term goals set based on patient's and physiotherapist's goals.

### **PLAN OF TREATMENT**

- The physiotherapist's treatment plan should be carried out according to the goals set

### **SIGN/ STAMP/DATE :**

- Need to be filled by attending physiotherapist