StayFIT Physical Therapy LLC

Pelvic Floor Therapy

Treatment Plan and Prescription

Please send to Kapolei
Phone: (808)674-0500
Fax: (808)674-0511

Patient Name: _____ **Date of Birth:** _____

Phone: _____ **Email:** _____ **Onset of Symptoms:** _____

Diagnosis:

☐ **Urinary Incontinence (Stress/Urge/Mixed)** ☐ **Fecal Incontinence**

☐ **Constipation/Outlet Dysfunction** ☐ **Pelvic Floor Muscle Weakness**

☐ **Pelvic Muscle Dyssynergia** ☐ **Pelvic Muscle Spasms**

☐ **Pelvic Pain (specify below):** ☐ **Pelvic Prolapse**

☐ Perineal ☐ Vaginal ☐ Rectal ☐ Vaginismus

☐ Interstitial cystitis ☐ SI/Pubic Symphysis Dysfunction ☐ Coccydynia

☐ Scar tissue adhesions: ☐ *Abdominal* ☐ *Pelvic* ☐ *Perineum*

☐ Prostate Cancer: *Date of Surgery:* _____ ☐ Other: _____

Precautions OR Pertinent Medical History: _____

Treatment	
☐ Evaluate and Treat	☐ Neuromuscular Re-education
☐ Therapeutic Exercise	☐ Therapeutic Activities
☐ Electric Stimulation	☐ Bladder/Bowel Training
☐ Urge Control Techniques	☐ Ultrasound
☐ Soft Tissue Mobilization	☐ Organ Specific Fascial Mobilization
☐ Patient Education	☐ Other:

Physical Therapy _____ x wk/mo for _____ wks/mos

Goals	
☐ Decrease urinary/fecal leakage	☐ Decrease frequency of urination/BM
☐ Identify/isolate Pelvic Floor muscles	☐ Increase Pelvic Floor strength
☐ Normal muscle tone	☐ Proper muscle coordination for urination/BM
☐ Diminish tissue/fascial restrictions	☐ Decrease pain
☐ Able to self-manage symptoms/independent HEP	☐ Other:

Physician Name: _____ **Date:** _____

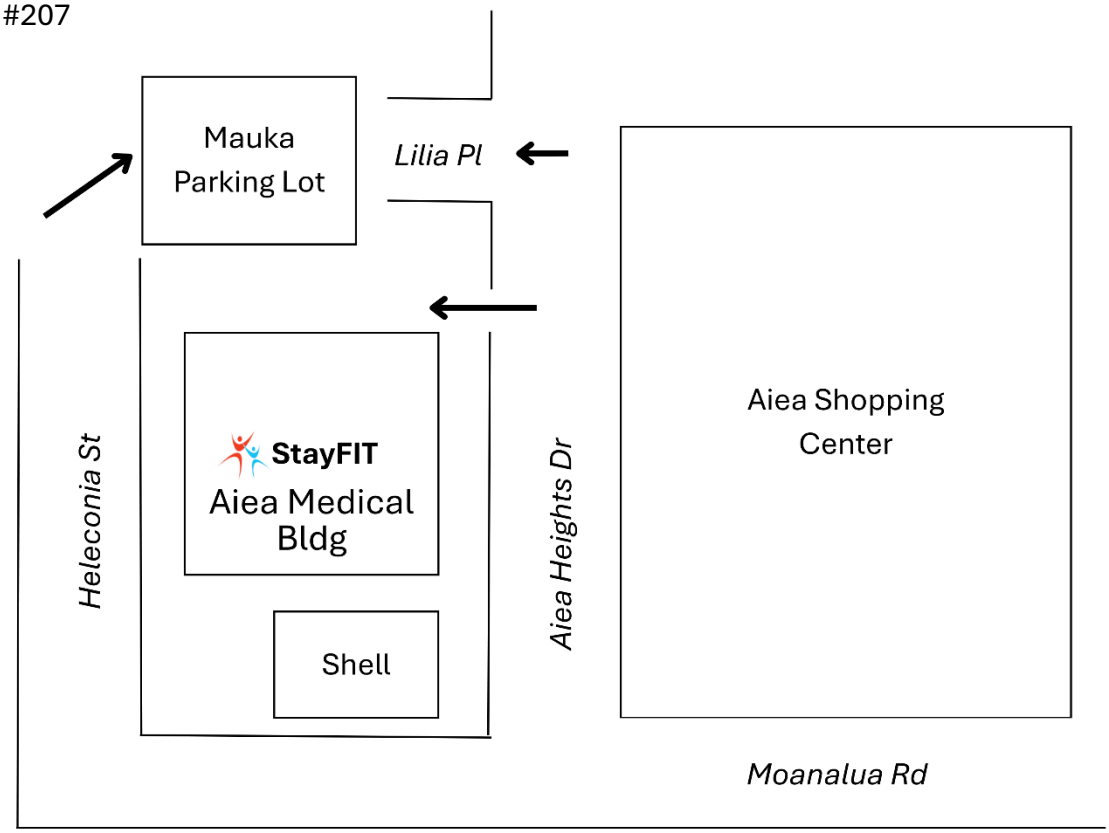
Physician Signature: _____ **Ph:** _____ **Fax:** _____

StayFIT Aiea

Aiea Medical Building

99-128 Aiea Heights Dr. #207
Aiea, HI 96701

Clinic Hours
Mon - Fri
8am – 7pm
Sat
8am – 1pm



StayFIT Kapolei

James Campbell Building

1001 Kamokila Blvd. #114
Kapolei, HI 96707

Clinic Hours
Mon - Fri
7:30am – 6:30pm
Sat
7:30am – 12:30pm