



Southern Urogynecology

Center for Incontinence and Female Pelvic Medicine

Physical Therapy Expectations:

Direct interventions prescribed by the provider are evidence-based and include the following elements: coordination of care, communication and documentation, patient education and direct intervention.

* Patient must complete all exercises at home prescribed by the provider and attend all office visits deemed necessary.

* Voiding diary should be completed as requested by the provider.

* Treatment may include but not limited to:

- Lifestyle modification
- Core strengthening of abdominal muscles, postural and pelvic floor muscles
- Breathing and relaxation exercises (Relaxation involves the quieting of the autonomic nervous system and includes visualization, soft tissue mobilization, heat modalities and positioning.)
- Manual therapy techniques include myofascial release, trigger point release, soft tissue mobilization and massage.
- Methods of strengthening may include electrical stimulation, muscle reeducation using biofeedback techniques, or bladder retraining.
- Biofeedback (the use of external or internal sensors that record levels of muscle activity that are displayed on a computer as the patient performs exercises)
- Electrical stimulation (used to correct incoordination) In the treatment of overactive bladder electrical stimulation is used to inhibit and decrease unstable detrusor contractions.

***Patient must purchase a probe for \$45.00 and bring to every appointment. (If probe is not present, the patient must reschedule appointment for another day.)

***Physical Therapy visits are coded as a combination of Office Visits and procedural codes. Patients will be responsible for Co-pays and Co-Insurance at the time of visit.

I, _____, understand that in order for therapy to be effective I must follow all my provider's instructions during my appointment and at home. Completing therapy and attending all my treatments will increase my success with therapy.

I will be attending therapy:

Weekly ____ Biweekly____ Monthly____

Signature _____ Date_____

Probe (45.00) paid for on _____

Suzanne Smith, P.A-C _____ Date_____