



Dear Patient,

Welcome to PERFect FORMation Physical Therapy! We specialize in physical therapy management of numerous pelvic pain disorders! We believe in a multi-disciplinary collaborative approach to diagnose and treat all components of pelvic pain. We support both the physical and emotional health of each patient and their families in a respectful and compassionate environment.

We have assembled this packet to educate you and your family about our evaluation and treatment process, the services we offer, our multi-disciplinary network of medical professionals, and how to navigate the payment process.

Included in this packet is our new patient paperwork and intake questionnaire which you are welcome to complete and bring to your first appointment if you are scheduled for an initial evaluation.

We hope this informational pack will help to answer any preliminary questions you may have about your evaluation and treatment at PFPT. If you have any other questions regarding your treatment or administrative issues, please feel free to contact our office. We look forward to meeting you and helping you restore your health.

Sincerely,

The staff at PERFect FORMation

About Us

PERfect FORMation Physical Therapy was established in 2003 as a general outpatient physical therapy facility. The clinic was set up to help all orthopedic and musculoskeletal conditions. It has a welcoming comfortable atmosphere to allow full healing throughout the body with proper assistance from the therapist to guide them in the road to recovery. The foundation of the mission of the clinic is based upon the needs of the performing artist and expanded to all areas of the community. Treatment is developed individually for the needs of each patient. The patient is special and will be provided the best care possible.

Corinne Sicola, owner and founder of PERfect FORMation Physical Therapy, has an extensive background in dance and gymnastics which has directed her in opening the facility. She saw the need in the community for two populations to find a place to improve their physical abilities and eliminate pain in a non threatening environment. The office has been developed with a calming feel to it. The clinic is equipped with Pilates based exercise equipment and each patient is provided an exercise regimen to help with core strength, flexibility, balance, coordination, and proprioception while healing from the injury.

After 8 successful years of serving the community it has come to her attention another important need for our patients. Many therapists have focused on the general common musculoskeletal ailments, however many patients are experiencing musculoskeletal pain in the pelvic floor muscles. We have developed an expansion of the current PERfect FORMation Physical Therapy clinic to allow for specialized personal and extremely needed care of the pelvis and the pelvic floor muscles. Patients now have a chance to eliminate pain, increase physical function as well as bodily function such as micturation. Pelvic floor physical therapy can treat many conditions including incontinence, edometriosis, irritable bowel syndrome, infertility and prolapsed. Treatment will be very beneficial to pregnant women to allow for less injury to the woman's pelvic floor during delivery and post partum to restore proper function of the pelvic floor musculature.

Why do I need to see a Physical Therapist for pelvic pain and dysfunction?

Many patients with urinary, bowel and/or sexual symptoms and/or pelvic pain often have dysfunctional pelvic floor muscles, specifically, a group of muscles called the Levator Ani and Obturator Internus. These muscles lie between the pubic bone and tailbone. These muscles are responsible for bladder and bowel control as well as sexual functioning. Therefore, when the muscles are tight they can cause pain and/or dysfunction of the bladder, bowel, and genitals sexual organs. A specialized physical therapist can evaluate these muscles and determine if they are contributing to your symptoms. This is done with an internal examination by gently inserting one finger into the vagina and .or anus and palpating each muscle group.

What causes pelvic pain dysfunction?

There are many causes of pelvic pain and dysfunction. Very rarely are symptoms initiated by a single cause. Typically, cumulative insults to the pelvic can lead to pain and/or dysfunction. In general, causes include structural or somatic abnormalities, visceral disease or dysfunction, activity-related injuries or physical trauma.

Structural and somatic abnormalities include scoliosis, leg length discrepancies, sacro-iliac joint or spine dysfunction, joint hypermobility, muscle hypertonus or hypotonus, muscle weakness or imbalance, faulty neuromuscular recruitment patterns, and postural abnormalities.

Visceral disease and dysfunction is an important factor for many in pelvic floor dysfunction and pain. A physiological reflex exists between viscera (organs) and the somatic system (skeletal muscles, connective tissue,

nerves). An example of this reflex is when a patient experiences pain in his/her left arm (somatic) during a heart attack (visceral). Another common example is when an active myofascial trigger point in the abdominal wall or adductor muscle cause apparent bladder dysfunction urinary frequency and/or urgency. In the pelvis, endometriosis, interstitial cystitis, hormonal changes, irritable bowel syndromes and bacterial, yeast and prostate infections can induce pathological changes in the muscles, tissues and nerves that then cause pelvic pain and dysfunction. The dysfunctional musculoskeletal system can continue to mimic the original infection long after the infection has been resolved.

A few activities that can result in pelvic pain are prolonged bicycle riding, horseback riding, prolonged sitting, squatting exercises with heavy weights, excessive abdominal exercises, and sitting adduction and abduction strengthening.

Physical Trauma refers to any injury or insult to the body. The following examples of physical trauma can contribute to pelvic pain syndrome, falls on the tailbone (snowboarding, rollerblading, gymnastics, dance, skiing) surgical-related trauma or scars, vaginal deliveries/ episiotomy scars or perineal tears, car accidents, chronic constipation and straining to have a bowel movement, physical/sexual/emotional abuse.

Many people ask why they get pelvic floor dysfunction when others who do the same activities do not. Often there is more than one of the above combined factors, including increased stress in a person's life that can contribute to the condition. Treatment length can be a couple of months to a year depending on your condition.

What are some of the symptoms pelvic floor physical therapy can help?

- Urinary dysfunction and/or pain including:
 - Urinary hesitancy
 - Urinary frequency (more than every 3 hours)
 - Urinary urgency (strong urge to void, but often the bladder is not full)
 - Urinary burning/pain (often misdiagnosis as urinary tract or bladder infection)
 - Stress incontinence (losing urine with cough or sneeze)
 - Urge incontinence (inability to hold urine during strong urges)
 - Interstitial Cystitis
- Bowel dysfunction and/or pain
 - Pain before, during or after a bowel movement
 - Irritable bowel syndrome
 - Constipation (bowel movements less than once daily, often associated with straining)
- Coccygodynia – tailbone pain
- Low back, sacro-iliac joint, or sit bone pain and dysfunction
- Pain and dysfunction associated with orgasm
 - Inability to achieve or maintain erection
 - Pain with erection or ejaculation, often lasting well after ejaculation
 - Inability to achieve orgasm
 - Clitoral sensitivity
- Vulvar/Vaginal pain syndromes
 - Vulvodynia
 - Vulvar vestibulitis
 - Vestibulodynia
 - Pudendal neuralgia

- Nonbacterial chronic prostatitis
- Endometriosis
- Fibromyalgia
- Genital numbness, pain, burning and itching
- Pain and dysfunction associated with bike riding
- Pain and dysfunction associated with sitting
- Dysmenorrhea – painful period
- Perineal pain/burning (area between opening of vagina and anus in women, between scrotum and anus in men)
- Anismus, anal and/or rectal pain
- Dyspareunia – pain with intercourse

We also offer post-operative rehabilitation for the following procedures:

- Pudendal nerve decompression
- Pelvic prolapsed repair
- Hysterectomy
- Laparoscopy
- Prostatectomy
- Sphincterotomy
- Hemorrhoidectomy

In addition, we offer pre and post partum rehabilitation for the following:

- Post-op Cesarean Section
- Persistent vulvo-vaginal, low back or SI joint pain
- Dyspareunia/pain with intercourse
- Urinary/fecal incontinence
- Persistent episiotomy scar pain

What to expect during your initial evaluation

During a patient's first appointment at PERFect FORMation Physical Therapy, a physical therapist will take an extensive medical history. Following the history, the physical therapist will perform a thorough external and internal musculoskeletal examination. The patient will disrobe from the waist down with proper draping during this portion of the evaluation/treatment. Internal assessment necessitates manual access. This is done by gently inserting one finger into the vagina or anus and palpating each muscle group. If this is not tolerable the session can be completed with solely external work. However, internal assessment is necessary for a comprehensive evaluation. You are always welcome to have another individual in the room during evaluation and/or treatment.

Your initial evaluation will include:

- Postural and structural assessment
- Evaluation of connective tissue
- Myofascial evaluation
- Examination to identify myofascial trigger points

- Pelvic floor examination: neural mobility and tenderness, muscle tone, connective tissue mobility, motor control
- Skin inspection
- Peripheral adverse neural tension testing

After the evaluation has been completed, the physical therapist will discuss the assessment and treatment plan with the patient. The patient is welcome to bring another person with them to any and all physical therapy appointments.

What to expect during treatment?

Treatment sessions vary in length from thirty minutes to an hour. Based upon the established treatment plan, most patients are seen 1-2 times per week. The duration of the treatment depends on the chronicity and severity of the problem. Treatment duration can range from 12 weeks to one year. A treatment session involves internal and external manual therapy and may include some or all of the following:

- Connective tissue manipulation
- Neural mobilization
- Myofascial release
- Myofascial trigger point release
- Neuromuscular re-education
- Sacro-iliac joint/ lumbar spine mobilization
- Home exercise program development
- Pelvic floor stretching, connective tissue manipulation, neural mobilization
- Family training
- Patient education

***This packet is for informational resources only and is not a substitute for medical evaluation.

Is this treatment reimbursable with insurance?

If you have insurance that PERFect FORMation Physical Therapy is contracted with we will submit to the insurance company for reimbursement. You will only be responsible for the contracted amount of your co-payment or co-insurance/deductible. If your insurance company is not covering services for any reason treatment is charged at a rate \$65.00 per half hour of one on one work with the therapist. You will be responsible for payment at the time of service. We do not have a payment plan or sliding scale for payment. We accept cash, check, Visa, MasterCard, and Discover.