

Fysiomanager nummer:.....  
(To be filled out by physiotherapist)

## Declaration regarding Pelvic Physiotherapy examination and treatment

With this form, I ..... [name],

Born on .....-.....-.....declare that:

- ☐ I agree with my physiotherapeutic treatment plan, as established in consultation with me by the physiotherapist on ... - ... - ....
- ☐ I have given consent for an internal examination and treatment when applicable.

**(Mark what applies)**

Date:

Signature:

.....

.....

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## Additional Information:

The pelvic physiotherapist will conduct a thorough examination of your pelvic floor muscles to assess whether your symptoms are related to the joints or muscles around the pelvis. This is done through:

**External examination:** During this examination, the pelvic physiotherapist observes the pelvis, back, and hips, investigating whether pelvic floor issues are related to the joints in the pelvis.

**Internal examination:** During an internal examination, one (or two) fingers are used in the vagina and/or anus to determine if the pelvic floor muscles are functioning properly. This assesses the strength and endurance of these muscles. During this examination, you will be asked to contract, relax, cough, and bear down. This allows the pelvic physiotherapist to feel if the pelvic floor is functioning well.

Furthermore, we often utilize MAPLe Biofeedback as part of our assessment. By inserting a narrow probe into the vagina or anus, muscle tension and relaxation can be assessed. The probe is only used within the therapy setting. Additional charges apply for this probe.