

Women's Health Rehabilitation

Sacramento Spine & Physical Therapy

Welcome!

I look forward to working with you soon.

In order to help you in the most comprehensive way possible, I require these forms completed prior to scheduling an appointment to help streamline the evaluation process.

Please note that it will take 2-3 days to complete the Bowel & Bladder diary.

Even if you think that it doesn't have to do with your condition, it would benefit you to have the forms completed. If it is discovered that your condition(s) are related to any musculoskeletal or pelvic floor dysfunctions, then we have objective documentation to refer to, & it will not slow down your treatment process.

Additionally, some of these pages are labeled 'for Medicare patients only'. These are required by Medicare itself & may or may not have to do with what I am seeing you for. Regardless of your needs, we have to have them filled out by your initial evaluation in order to proceed & not risk cancellation of your appointment.

We will be addressing issues in a 'big-picture' perspective. Meaning, issues of the deep core are often at the root of orthopedic dysfunction & need to be addressed prior to more traditional rehabilitation, but eventually addressing any related orthopedic issues is important as well if that is within your goals.

Warmly,

Amy Zipp, MS OTR/L

Pelvic Floor Impact Questionnaire—short form 7 (PFIQ-7)

Name _____ DATE _____

DOB _____

Instructions: Some women find that bladder, bowel, or vaginal symptoms affect their activities, relationships, and feelings. For each question, check the response that best describes how much your activities, relationships, or feelings have been affected by your bladder, bowel, or vaginal symptoms or conditions **over the last 3 months**. Please make sure you mark an answer in **all 3 columns** for each question.

| How do symptoms or conditions in the following usually affect your | <i>Bladder or urine</i> | <i>Bowel or rectum</i> | <i>Vagina or pelvis</i> |
|---|---|---|---|
| 1. Ability to do household chores (cooking, laundry housecleaning)? | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit |
| 2. Ability to do physical activities such as walking, swimming, or other exercise? | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit |
| 3. Entertainment activities such as going to a movie or concert? | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit |
| 4. Ability to travel by car or bus for a distance greater than 30 minutes away from home? | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit |
| 5. Participating in social activities outside your home? | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit |
| 6. Emotional health (nervousness, depression, etc)? | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit |
| 7. Feeling frustrated? | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit |

Keeping a Record of Bowel and Bladder Function

The main purpose of a bowel and bladder diary is to document how your pelvic floor muscles function. A diary can give your healthcare provider an excellent picture of your bowel and bladder functions, habits and patterns. At first the diary is used as an evaluation tool. Later it will be used to measure your progress.

Please complete a bowel and bladder diary everyday for a full 48 hours and bring it with you to your appointment. Please note: you do not have to pee in a cup. You can use the restroom as you normally do. Just remember to keep track.

Your diary will be more accurate if you fill it out as you go through the day. It can be very difficult to remember at the end of the day exactly what happened in the morning.

Instructions

Column 1-Time of day

The log begins with midnight and covers a 24 hour period. Afternoon times are in bold. Select the hour block that corresponds with the time of day you are recording.

Column 2-Type and amount of fluid and food intake

- Record the type and amount of **fluid** you drank
- Record the type of **food** you ate (not detail, general types/items)
- Record when you woke up for the day and the hour you went to sleep

Column 3-Elimination of Urine and Bowel movements (BM)

Record the time of day and amount of urine emptied by writing a “U” for urinate. Instead of using a measuring device to report urination, please count the number of seconds that you have urinary flow. If the flow starts and stops, please mark a + sign to annotate that next to the total number of seconds of flow. That will help give an estimate but avoid the use of a cup when in a public bathroom, etc.

Record a bowel movement with “BM”.

Place a “U” or “BM”, in the box at the corresponding time interval each time you empty. Also note the stool consistency using the following Bristol Stool type scale:

- Type 1-Separate hard lumps, like nuts (hard to pass)
- Type 2-Sausage shaped but lumpy
- Type 3-Like a sausage but with cracks on its surface
- Type 4-Like a sausage or snake, smooth and soft
- Type 5-Soft blobs with clear cut edges (passed easily)
- Type 6- Fluffy pieces with ragged edges, a mushy stool
- Type 7-Watery, no solid pieces; entirely liquid

Column 4-Amount of leakage/stool loss

Record the amount of urine lost at the time it occurred

S-SMALL = drop or two of urine

M-MEDIUM = wet underwear

L-LARGE = wet outerwear or floor

Record the amount of stool lost at the time it occurred

S=Small stain

P=Pea size

T=1-2 tablespoons

C=Complete BM lost

Column 5-Was urge present? Urgency is abnormally strong sensation of needing to void; it often involves some feeling of panic

Describe the urge sensation you had:

1-MILD = first sensation of need to go

2-MODERATE = stronger sensation or need

3-STRONG = need to get to toilet, move aside!

Column 6-Activity with leakage triggers

Describe the activity associated with the leakage, i.e. coughed, heard running water, sneezed, bent over, lifted something or had a strong urge. Triggers are situations that tend to make one feel like they need to go (washing dishes, garden hose....)

Comments-Special problems and new or changed medications go here. If a pad change was needed, record the number used during the day at the bottom of the page.

Daily Void Sample

| Time of day | Type & amount of food & fluid intake | Elimination U=Urine BM=Bowel Movement type | Amount of leakage S/M/L S/P/T/C | Was urge present? 1/2/3 | Activity with leakage/triggers |
|--------------------|--|--|---------------------------------------|----------------------------|--------------------------------|
| Midnight | | | | | |
| 1:00:00 AM | | | | | |
| 2:00:00 AM | | | | | |
| 3:00:00 AM | | | | | |
| 4:00:00 AM | | | | | |
| 5:00:00 AM | | | | | |
| 6:00:00 AM | woke up at 6:45 | U | | 3 | |
| 7:00:00 AM | 8oz coffee, bagel, 8oz water | BM type 4 | | | |
| 8:00:00 AM | | | M | | fast walking |
| 9:00:00 AM | apple, 6 oz water | U BM | pea sized | 3 | no urge control |
| 10:00:00 AM | | | | | |
| 11:00:00 AM | | U | | 1 | key in the door |
| NOON | Tuna sandwich, 6oz milk, pear | | | | |
| 1:00:00 PM | 32oz water 12-3pm | | | | |
| 2:00:00 PM | | U | | 2 | |
| 3:00:00 PM | 4oz tea, cookies | | S | | running water |
| 4:00:00 PM | | | | | |
| 5:00:00 PM | | | | | |
| 6:00:00 PM | chicken, corn pudding, salad, 8oz apple juice, 16 oz water | U | | 3 | |
| 7:00:00 PM | 12 oz beer | | | | |
| 8:00:00 PM | | | S | 3 | |
| 9:00:00 PM | 6 oz tea | | | | |
| 10:00:00 PM | bed at 1030 | U | | 3 | |
| 11:00:00 PM | | | | | |

Comments: "week before period"

Number of pads used today: "1 mini, 1 regular"

Record of Bowel and Bladder Function

| Time of day | Type & amount of food & fluid intake | Elimination U=Urine BM=Bowel Movement type | Amount of leakage S/M/L S/P/T/C | Was urge present? 1/2/3 | Activity with leakage/triggers |
|--------------------|--------------------------------------|--|---------------------------------------|----------------------------|--------------------------------|
| Midnight | | | | | |
| 1:00:00 AM | | | | | |
| 2:00:00 AM | | | | | |
| 3:00:00 AM | | | | | |
| 4:00:00 AM | | | | | |
| 5:00:00 AM | | | | | |
| 6:00:00 AM | | | | | |
| 7:00:00 AM | | | | | |
| 8:00:00 AM | | | | | |
| 9:00:00 AM | | | | | |
| 10:00:00 AM | | | | | |
| 11:00:00 AM | | | | | |
| NOON | | | | | |
| 1:00:00 PM | | | | | |
| 2:00:00 PM | | | | | |
| 3:00:00 PM | | | | | |
| 4:00:00 PM | | | | | |
| 5:00:00 PM | | | | | |
| 6:00:00 PM | | | | | |
| 7:00:00 PM | | | | | |
| 8:00:00 PM | | | | | |
| 9:00:00 PM | | | | | |
| 10:00:00 PM | | | | | |
| 11:00:00 PM | | | | | |

Comments: _____

Number of pads used today: _____

Record of Bowel and Bladder Function

| Time of day | Type & amount of food & fluid intake | Elimination U=Urine BM=Bowel Movement type | Amount of leakage S/M/L S/P/T/C | Was urge present? 1/2/3 | Activity with leakage/triggers |
|--------------------|--------------------------------------|--|---------------------------------------|----------------------------|--------------------------------|
| Midnight | | | | | |
| 1:00:00 AM | | | | | |
| 2:00:00 AM | | | | | |
| 3:00:00 AM | | | | | |
| 4:00:00 AM | | | | | |
| 5:00:00 AM | | | | | |
| 6:00:00 AM | | | | | |
| 7:00:00 AM | | | | | |
| 8:00:00 AM | | | | | |
| 9:00:00 AM | | | | | |
| 10:00:00 AM | | | | | |
| 11:00:00 AM | | | | | |
| NOON | | | | | |
| 1:00:00 PM | | | | | |
| 2:00:00 PM | | | | | |
| 3:00:00 PM | | | | | |
| 4:00:00 PM | | | | | |
| 5:00:00 PM | | | | | |
| 6:00:00 PM | | | | | |
| 7:00:00 PM | | | | | |
| 8:00:00 PM | | | | | |
| 9:00:00 PM | | | | | |
| 10:00:00 PM | | | | | |
| 11:00:00 PM | | | | | |

Comments: _____

Number of pads used today: _____

Pregnancy Mobility Index

| Daily Mobility in the House | | | | |
|---|------------|----------------------|----------------------|---|
| How difficult is it for you to perform the following tasks? | No Problem | Some Effort Required | Much Effort Required | Impossible or only Possible with Assistance |
| 1. Standing up from a hard chair | | | | |
| 2. Standing up from a soft chair | | | | |
| 3. Standing up from the bed | | | | |
| 4. Getting things from the floor | | | | |
| 5. Putting on shoes | | | | |
| 6. Turning around in bed | | | | |
| 7. Standing up from floor | | | | |

| Household Activities | | | | |
|---|------------|----------------------|----------------------|---|
| How difficult is it for you to perform the following tasks? | No Problem | Some Effort Required | Much Effort Required | Impossible or only Possible with Assistance |
| 1. Vacuum cleaning | | | | |
| 2. Doing laundry | | | | |
| 3. Hanging wash to dry | | | | |
| 4. Working on the knees | | | | |
| 5. Sitting in squatted position | | | | |
| 6. Working standing up | | | | |
| 7. Lifting 5 kilograms (\approx 11 lb) | | | | |
| 8. Lifting 10 kilograms (\approx 22 lb) | | | | |
| 9. Walking stairs | | | | |

| Mobility Outdoors | | | | |
|---|------------|----------------------|----------------------|---|
| How difficult is it for you to perform the following tasks? | No Problem | Some Effort Required | Much Effort Required | Impossible or only Possible with Assistance |
| 1. Traveling by train | | | | |
| 2. Traveling by car | | | | |
| 3. Traveling by bicycle | | | | |
| 4. Traveling by bus | | | | |
| 5. Walking 50 (\approx 55 yards) meters | | | | |
| 6. Walking 200 (\approx 219 yards) meters | | | | |
| 7. Walking 500 (\approx 0.31 miles) meters | | | | |
| 8. Walking on uneven surfaces | | | | |

Reference:

The influence of psychosocial factors on pregnancy related pelvic symptoms – Geerte van de Pol

Score:

- Daily Mobility: Section average (0-3)
- Household Activities: Section average (0-3)
- Mobility Outdoors: Section average (0-3)

Key:

- No problem = 0
- Some Effort Required = 1
- Much Effort Required = 2
- Impossible or only Possible with Assistance = 3

Higher scores indicate increased effort (0-3)

Women's Health Rehabilitation
Sacramento Spine & PT-Roseville

Cancellation & No Show Agreement

Please allow 24 hours.

Due to the high demand for specialized rehabilitation services, women's health rehabilitation frequently has a wait list of patients needing treatment. I work hard to deliver highly individualized treatment approaches to often complex issues, along with extensive evaluation & assessment techniques. These types of cases often require longer appointment slots than traditional rehabilitation, due to the nature of what is being addressed.

A credit card is required below to secure the initial evaluation & I request 24 hours cancellation notice to avoid a charge. This enables our office, & other patients who may be waiting, to have adequate time to fill the cancelled slot.

Appointments cancelled less than 24 hours incur a missed appointment fee of \$100. Our scheduling software does send notifications 24 hrs prior to your appointments; please confirm with the front desk what method, text or email you'd prefer these notifications. Thank you for partnering together on this issue.

I understand that this agreement means that I could be charged for missed appointments & that my insurance company will not reimburse me for such charges.

Name as it appears on credit card: _____

Card #: _____

Expiration: _____ CVV: _____ Billing zip code: _____

Signature: _____ Date: _____