

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

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=Urinate 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=Urinate 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					
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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: _____