

APTA Pelvic Health, an academy of the American Physical Therapy Association Academy of Pelvic Health Physical Therapy (APTA Pelvic Health) of APTA supports examination and intervention by licensed physical therapists in the management of individuals with pelvic dysfunctions.

Internal vaginal and rectal examination and intervention of pelvic dysfunction, to include external and internal examination of pelvic floor muscles and/or examination of external genitalia specific to diagnoses when those apply, is within the scope of practice of the licensed physical therapist (PT).

In addition, physical therapy assistants (PTAs) may provide internal pelvic floor muscle intervention after the physical therapist performs an internal pelvic floor evaluation examination. PTAs may provide pelvic floor physical therapy interventions 1) under general supervision of the PT 2) under the established PT management plan and plan of care 3) with documented training and competency and 4) within their state Practice Act. Interventions available for PTA use in the treatment of pelvic floor disorders are listed in APTA Pelvic Health's Position Statement on PTA education, revised in January 2021. Physical therapy students may provide internal pelvic floor physical therapy after they have completed documented training and while working under the supervision of a physical therapist.

Licensed physical therapists, student physical therapists and physical therapy assistants (PTAs) should, at all times know, understand, and adhere to their individual State Practice Acts and any rules/regulations that govern PT and PTA professional licenses as they relate to internal pelvic floor muscle examination and interventions.

APTA Pelvic Health advises that physical therapy examination of and interventions to the internal pelvic muscles be taught to physical therapists, supervised physical therapist students and PTAs. PTAs may be instructed in examination and interventions of the internal pelvic muscles under the provision that this education is intended for foundational knowledge and that examination of the pelvic dysfunction should remain within the scope of the licensed physical therapist.

APTA Pelvic Health also recommends the following:

- I. The supervising PT must have didactic and psychomotor training and experience in pelvic health before mentoring a PTA or PT student.
- II. Interventions for pelvic dysfunction including, but not limited to, therapeutic exercise, neuromuscular re-education, manual therapy and behavioral retraining may require immediate and continuous examination and evaluation throughout the intervention while at other times may be relatively routine. In routine circumstances, those interventions may be delegated to PTAs and student physical therapists under direct supervision. When immediate and continuous examination and evaluation is necessary, those interventions should be performed only by a licensed physical therapist.
- III. APTA Pelvic Health recommends that patient/guardian informed consent be well documented when performing external and internal pelvic muscle examination and intervention. A separate written consent is **not** recommended since external and internal pelvic muscle examination is within the scope of practice of the physical therapist.
- IV. All clinicians should thoroughly review intake forms and be alert to previous or current sexual abuse

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that may affect the patient/client's ability to proceed with internal exam. Many patients with a history of trauma will not divulge this information on intake forms but instead verbally share this information with the clinician during the course of treatment.

- V. APTA Pelvic Health offers the following recommendations for the examination and intervention of special populations:
- A. **Antenatal, peripartum and postpartum:**
 - 1. APTA Pelvic Health supports internal pelvic muscle examination and intervention in the management of antepartum, peripartum and postpartum women with pelvic dysfunctions.
 - 2. APTA Pelvic Health recommends internal pelvic muscle examination and intervention be considered for the comprehensive standard musculoskeletal assessment of pelvic dysfunction in antepartum, peripartum and postpartum women.
 - 3. The standard assessment in the antepartum and peripartum population should include external pelvic muscle examination.
 - 4. Caution should be advised when performing internal examination and intervention during the first trimester of pregnancy, during any high-risk antepartum diagnosis, and immediately postpartum prior to medical clearance post delivery. If the licensed physical therapist has concerns regarding such circumstances the Academy recommends documenting medical clearance before proceeding with internal pelvic physical therapy.
 - B. **Pediatric:**
 - 1. The Academy of Pediatrics' definition of pediatric age ranges are as follows –
 - a) Infancy – birth-2 years
 - b) Childhood – 2-12 years
 - c) Adolescence – 12-21 years (Hardin AP, 2017)
 - 2. Patient and parent/guardian's informed consent must be clearly documented.
 - 3. The parent/guardian must be in the room during examination and intervention with a provision for appropriate privacy if requested by the patient.
 - 4. Standard first line examination for a pediatric pelvic patient includes visualization and external surface electrode biofeedback of the external genitalia of the patient.
 - 5. However, APTA Pelvic Health advises that no internal pelvic examination, either vaginal or rectal, be performed by a physical therapist on a minor or a patient who has not previously had an internal pelvic exam unless there is a written referral from the physician and clear documented consent by the parent/guardian and patient.
 - 6. The physical therapist should be aware of and in compliance with state law in reference to age of consent.
 - 7. In regard to Direct Access, a pelvic exam is dependent on the state PT Practice Act, a signed written consent and verbal consent from the parent/guardian and patient, and any facility regulations in place.
 - 8. APTA Pelvic Health recommends that the referring physician be contacted with a request for verbal/written referral for a pediatric patient under the age of 16 years or under the legal consent age of 18 years of age.
 - 9. The referring physician should be contacted with any questions, need for clarification of diagnosis, or to be made aware of any questions/concerns regarding the pelvic floor practice by the parent, child, or family member.
 - 10. Pelvic floor therapy in the pediatric population should be performed only by qualified physical therapists with documented competency and training in pediatric pelvic dysfunction.
 - C. **Cognitively impaired**
 - 1. APTA Pelvic Health advises internal pelvic muscle examination and interventions only be

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performed to individuals who can express clear understanding of the nature of the examination and can provide their informed consent and/or the consent of a guardian.