Drafted Revision

Position Statement

Internal Physical Therapy Pelvic Examinations and Interventions

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Navigation

Purpose and Scope

The Academy of Pelvic Health Physical Therapy (APTA Pelvic Health) supports examination and intervention by licensed physical therapists in managing individuals with pelvic dysfunction.

Scope of Practice

Physical Therapist (PT)

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 PT.

Physical Therapist Assistant (PTA)

PTAs may provide internal pelvic floor muscle intervention after the PT 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.

Student Physical Therapist

Student physical therapists may provide internal pelvic floor physical therapy after completing documented training and while working under the supervision of a licensed PT.

Compliance With State Laws and Regulations

Licensed PTs, PTAs, and student physical therapists 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.

Education, Training, and Competency

APTA Pelvic Health advises that PTs, PTAs, and supervised student physical therapists receive hands-on training in the examination and treatment of the internal pelvic floor muscles. Although internal examination or intervention may not be clinically indicated or consented to by every patient, practitioners should have the knowledge and skills necessary to perform these techniques safely and competently when appropriate and within their scope of practice. 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 PT.

Recommendations for Clinical Practice

APTA Pelvic Health also recommends the following:

Supervision and Delegation

1. The supervising PT must have didactic and psychomotor training and experience in pelvic health physical therapy before mentoring a PTA or PT student.
2. 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, only a licensed PT should perform those interventions.

Informed Consent and Trauma-Informed Care

1. 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 because external and internal pelvic muscle examination is within the PT's scope of practice, unless noted in the exceptions below.
2. All clinicians should thoroughly review intake forms and be alert to previous or current sexual abuse that may affect the patient/client’s ability to proceed with the 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.

Recommendations for Special Populations

APTA Pelvic Health offers the following recommendations for the examination and intervention of special populations.

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 that 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 before medical clearance post-delivery. If the licensed PT has concerns regarding such circumstances, the Academy recommends documenting medical clearance before proceeding with internal pelvic physical therapy.

Pediatric and Adolescent

1. This statement applies to children and adolescents under the age of 18.
2. An internal examination or interventions should only be performed on individuals who can express a clear understanding of the nature of the examination and can provide their informed consent and/or the consent of a guardian. The PT should be aware of and in compliance with state law in reference to the age of consent.
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 of the pelvic floor musculature for a pediatric or adolescent patient can include visualization, external palpation, use of external surface electrodes, and/or musculoskeletal ultrasound of the external genitalia of the patient.
5. Internal vaginal and rectal examinations are less common in the treatment of pediatric and adolescent patients, and should not be performed as a first-line technique.
6. Pelvic floor therapy in the pediatric and adolescent population should be performed only by qualified PTs. Internal vaginal and rectal examinations can only be performed by PTs who have specific training in performing this technique.
7. If an internal vaginal or rectal examination is indicated for evaluation or treatment, the PT should not perform this technique on a minor 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.
8. 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.
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.

Individuals With Cognitive Impairments

1. APTA Pelvic Health advises that internal pelvic muscle examination and interventions only be performed on individuals who can express a clear understanding of the nature of the examination and can provide their informed consent and/or the consent of a guardian.