

Co-Management and Referral Guidelines

Management of Pelvic Floor Dysfunction

Legacy Physical Therapy

Phone: 503-413-3707

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Introduction

After appropriate evaluation by your care providers, patients may be referred to pelvic floor physical therapy for management of pelvic floor muscle dysfunctions/pain, incontinence of urine or fecal matter, pelvic floor/girdle physical therapy.

- Hypertonic pelvic floor dysfunction — vaginismus, dyspareunia, levator ani syndrome
- Hypotonic pelvic floor muscles — organ prolapse, rectus diastasis
- Continence issues after abdominal surgeries in male and female (prostate or hysterectomies), overactive bladder
- Endometriosis, pelvic pain
- Chronic constipation

Evaluation and Management

Evaluation

A careful history and evaluation/physical exam will be performed to assess the origin and functional limitations of the patient.

Muscle tone assessment, organ mobility, scar tissue mobility, bladder and/or bowel diary

Treatment

Strengthening or down-training PF muscles, with or without biofeedback, manual therapy, scar tissue release, electrical stimulation, trigger point release, visceral and myofascial mobilization, body mechanics and core stabilization.

Duration

One to six 60-minute visits with the physical therapist

When to refer

Refer when pain is limiting normal activities of daily living, if patient is not able to get to the bathroom dry, if sexual activity is painful (although dyspareunia alone is often not covered by insurance)

Commonly referred ICD10 codes and descriptors for PT diagnoses

R10.9	Abdominal pain
K59.4	Anal spasm/proctalgia fugax
R39.89	Bladder pain
M53.3	Coccygodynia
K59.00	Constipation, unspecified
N81.10	Cystocele, unspecified (prolapse of anterior vaginal wall NOS)
M62.0	Diastasis rectus post-partum
N94.1	Dyspareunia — excludes psychogenic dyspareunia (F52.6). Code also any associated diagnoses
R15	Fecal incontinence

(continued)

Commonly referred ICD10 codes and descriptors for PT diagnoses (continued)

R35.0	Frequency of micturition
N30.1	Interstitial cystitis (chronic)
N39.46	Mixed incontinence
M62.83	Muscle spasm
R35.1	Nocturia
K59.02	Outlet dysfunction constipation
N32.81	Overactive bladder
M25.55	Pain in hip
N81.84	Pelvic muscle wasting
R10.2	Pelvic pain in female
N81.6	Rectocele (prolapse of posterior vaginal wall)
L90.5	Scar conditions and fibrosis of skin
M54.3	Sciatica
K59.01	Slow transit constipation
N39.3	Stress incontinence (female) (male). Code also any associated overactive bladder (N32.81)
N39.41	Urge incontinence — excludes mixed incontinence (N39.46)
N81.4	Uterovaginal prolapse, unspecified (prolapse of uterus NOS)
N94.2	Vaginismus — excludes psychogenic vaginismus (F52.5)

Referral process

To refer to Legacy Physical Therapy, call outpatient scheduling at 503-413-3707 for any of our convenient locations:

Legacy Emanuel Medical Center

Medical Office Building 3
300 N. Graham St., Ste. 430
Portland, OR 97227
Phone: 503-413-1500

Legacy Mount Hood Medical Center

Medical Office Building 1
24900 S.E. Stark St., Ste. 106
Gresham, WA 97030
503-674-1123

Legacy Good Samaritan Medical Center

Medical Office Building 3
1130 N.W. 22nd Ave., Ste. 200
Portland, OR 97210
Phone: 503-413-7753

Legacy Salmon Creek Medical Center

Medical Office Building A
2121 N.E. 139th St., Ste. 410
Vancouver, WA 98686
Phone: 360-487-3750

Legacy Meridian Park Medical Center

Medical Plaza Office Building 2
19260 S.W. 65th Ave., Ste. 285
Tualatin, OR 97062
Phone: 503-692-7416

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Find this and other co-management/referral guidelines online at www.legacyhealth.org/womenshealth

