

AMERICAN BOARD OF PHYSICAL THERAPY RESIDENCY AND FELLOWSHIP EDUCATION

Description of Residency Practice
Women's Health

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Preamble

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), a board-appointed group of the American Physical Therapy Association (APTA), has created the following Description of Residency Practice (DRP) to reduced unwarranted curriculum variability; provide residents minimum consistency in learning experiences for that area of practice; and streamline the accreditation process for reporting.

This DRP is the product of collaborative work by ABPTRFE and the APTA Physical Therapy Outcomes Registry staff, and is based on feedback received from members of the American Board of Physical Therapist Specialties (ABPTS) and directors of residency programs. Feedback was analyzed and incorporated into the DRP as ABPTRFE refined the document.

While all programs are required to meet the comprehensive curriculum and program requirements as outlined within the *ABPTRFE Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs*, the purpose of the DRP is to: (1) establish a consistent curriculum expectation for residency programs within the same specialty area, and (2) provide consistency in program reporting for accreditation processes. The DRP allows flexibility for programs to incorporate additional learning experiences unique to the program's environment that are beyond the minimum standard expectations.

The DRP for each residency area will undergo revalidation at least once every 10 years. The process for revalidation will be a collaborative process with ABPTS, for specialty areas recognized by ABPTS, and will occur as part of the revalidation of that specialty area by ABPTS.

I. Type of Program

Women's Health is a clinical area of practice.

II. Learning Domain Expectations

A residency program must have a curriculum inclusive of the learning domains identified within that area's current validated analysis of practice.

The following information is extracted directly from chapter 2 of the *Women's Health Description of Specialty Practice*.²

A. Knowledge Areas of Women's Health Practice

Foundation Sciences

- Anatomy
 - Cardiovascular system (including lymphatic system)
 - Endocrine system
 - Gastrointestinal system (including colorectal and anal sphincter anatomy)
 - Integumentary system
 - Musculoskeletal system (including osteology, myology, connective tissues, and changes during pregnancy; for example, ribs, abdominals, and feet)
 - Nervous system
 - Pulmonary system
 - Reproductive system (including breasts and genitalia)
 - Urologic system (including urogenital and anal triangles, pelvic diaphragm, urinary sphincters, and viscera)
- Physiology
 - Cardiovascular system (including lymphatic system)
 - Endocrine system (including hormonal mechanisms)

- Gastrointestinal system (including colorectal physiology)
- Integumentary system
- Musculoskeletal system (including bone and muscle physiology)
- Nervous system
- Reproductive system (including placental development, physiologic changes of pregnancy and lactation, menstrual cycle, and sexual function)
- Urologic system (including physiology of urine storage/emptying)
- Kinesiology
 - Movement sciences
 - Gait
 - Clinical biomechanics

Behavioral Sciences

- Psychology
 - Developmental psychology (including body image in adolescent girls and the impact of body image on health and rehabilitation/prevention efforts; for example, in the postmastectomy patient)
 - Social psychology (eg, issues of emotional, physical, and sexual abuse and domestic violence)
 - Abnormal psychology (eg, pathology of mental illnesses prevalent in women, including depression, postpartum psychosis)
- Sociology (best methods of communication and nonverbal language expression related to sensitive issues, such as terms used for the genitalia, partner intimacy, defecation and urination, and various forms of sexual identity/expression)
- Teaching and learning theory (eg, learning styles, teaching methods, assessment of learning)

Clinical Sciences

Recognition of clinical signs, symptoms, etiology, course, and manifestations of dysfunction of the

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musculoskeletal, neuromuscular, reproductive, endocrine, cardiovascular/pulmonary, renal, and integumentary systems, to include the following underlying sciences:

- Pathology
- Pathophysiology
- Exercise physiology (eg, effects of exercise in pregnancy)

Ancillary Tests

- Imaging procedures (eg, MRI, CT, radiographs)
- Laboratory tests
- Clinical diagnostic procedures (eg, urodynamic tests, nonstress test in pregnancy, bone density measures)

Medical Interventions

- Nonsurgical medical interventions (eg, dietary modifications, stress reduction)
- Surgical medical interventions (eg, mastectomy, kyphoplasty, hysterectomy, cesarean section, coronary artery bypass graft, episiotomy)
- Pharmacology/pharmacokinetics (eg, hormone replacement therapy and drug actions and interactions)

Critical Inquiry

- Appraisal of research findings specific to women's health practice
- Application of research findings to women's health practice
- Assessment of research design and methods to include statistical concepts
- Dissemination of research finding

B. Professional Competencies of Women's Health Physical Therapists

Professional Responsibilities

- Exhibit knowledge of federal and state laws regarding the reporting of issues including sexual abuse, domestic abuse and violence, spousal abuse, and presence of sexually transmitted diseases (STDs).

- Exhibit knowledge of legal/liability issues relevant to providing primary care in women's health.
- Maintain current knowledge of state practice act in relation to performing a pelvic floor examination and other women's health examinations and intervention procedures.
- Demonstrate professional behavior in all interactions with patients/clients, caregivers, other health care providers, students, other consumers, and payers.
- Demonstrate sensitivity in all patient/client interactions especially during examination, intervention, and education/instruction regarding the genitourinary systems, colorectal system, and reproductive systems.
- Demonstrate cultural sensitivity in all professional interactions.

Risk Management

- Practice risk management strategies, including informed consent, during physical therapy examination and intervention to genitalia and breasts to minimize the risk of accusations of sexual misconduct.
- Adhere to domestic violence and sexual abuse policies in the professional setting.
- Maintain a referral base of content experts in women's health when necessary for practice in areas such as osteoporosis, fall risk reduction, incontinence, domestic violence, sexual abuse, high-risk pregnancy, elder abuse, sex therapy, rape counseling, and psychosocial issues.
- Access community/hospital resources for emergency care issues and psychosocial issues related to all women, such as osteoporosis, fall risk reduction, incontinence, domestic violence, sexual abuse, high-risk pregnancy, elder abuse, sex therapy, rape counseling, and psychosocial issues.

Professional Development

- Formulate a personal plan for continuing professional development in women's health physical therapy.

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- Maintain current knowledge and skill in women's health physical therapy by participating in continuing professional development (eg, residency education, continuing education seminars, self-study, journal clubs).
- Maintain currency on national and international developments in women's health (eg, Nurses' Health Study I and II and National Institutes of Health Women's Health Initiative and how this information applies to the physical therapy intervention for patients/clients with women's health diagnoses).

Evidence-Based Practice

- Critically evaluate new information associated with women's health, including techniques and technology, legislation, policy, and environments related to patient/client care.
- Critically evaluate research findings specific to women's health physical therapist practice.
- Apply principles of evidence-based practice to women's health physical therapist practice (examination, evaluation, diagnosis, prognosis, and intervention).
- Participate in collaborative or independent research to contribute to the science associated with women's health physical therapist practice.
- Participate in other scholarly activity (eg, outcomes studies, literature reviews).

Education

- Provide women's health physical therapy educational programs to a variety of audiences, including physical therapy students, other health care professionals, the public, and third-party payers.
- Provide mentorship to physical therapist and physical therapist assistant students and licensed physical therapists by participating in clinical education related to women's health.

Consultation

- Develop and implement programs to promote women's health issues and women's health physical therapy services.

- Advocate for women's health issues with research, policymaking, and lawmaking bodies.
- Work effectively in multidisciplinary teams to meet the physical therapy needs of women's health patients/clients.
- Render an opinion or advice about patients/clients to external organizations (eg, expert witness and media outlets).

Participation in Professional Organizations

- Participate in professional organizations and activities related to women's health.
- Maintain current knowledge of the activities of national and international organizations of physical therapy in women's health.
- Represent women's health physical therapy to other professional organizations.

Social Responsibility

- Demonstrate social responsibility, citizenship, and advocacy, including participation in community and human service organizations and activities related to women's health.
- Identify available pro bono services in the community for women to share with patients/clients.
- Organize pro bono educational presentations to support preventive education for women across the life span.

Roles in Women's Health Physical Therapy Care Settings

- Assume the role of a physical therapy primary care provider as appropriate when managing patients/clients with neuromusculoskeletal disorders.
- Provide women's health physical therapy in the role of a secondary (highly specialized settings or in response to other health care providers' requests for consultation and specialized services) care provider.
- Provide women's health physical therapy in the role of a tertiary (patients/clients may have been treated initially by another health care provider and are then referred for physical therapy for care) care provider.

Prevention/Wellness/Health Promotion

- Provide culturally competent physical therapy services for prevention, health promotion, and fitness and wellness programs to individuals, groups, and communities.
- Promote health and quality of life for women's health patients/clients by providing information on health promotion, fitness, wellness, disease, impairment, functional limitations, disability, and health risks related to age, gender, culture, and lifestyle.

C. Psychomotor Skills of Women's Health Physical Therapists in the Patient/Client Management Model

History and Systems Review

- Perform a systems review to assess physiological and anatomical status (eg, cardiovascular/pulmonary, integumentary, musculoskeletal, and neuromuscular systems)
- Obtain patient/client history through interviews and data from other sources (eg, medical records, tests results) specific to women's health issues, to include:
 - Medication interview.
 - Childbearing status, gynecological status, lactation status.
 - Signs, symptoms, and behaviors of current or past physical or sexual abuse.
 - Information that may be vital to the patient's/client's complete recovery (eg, marital problems, difficulty with a child at home, traumatic childbirth, prior dismissal of symptoms by other health care providers).

Examination: Test and Measures

- Select and prioritize tests and measures based on history, systems review, scientific merit, clinical utility, and physiologic or fiscal cost to patient/client, relative to criticality of data.
- Select tests and measures considering sex differences in health status across the life span.
- Select measures that result in accurate and precise data.

- Appropriately examine communication, cognition, affect, and learning style.
- Perform tests and measures to include:
 - Active range of motion (eg, assessment of muscle length, single-joint and multisegmental movements).
 - Assistive and adaptive devices (eg, assessment of appropriateness, alignment and fit, safety).
 - Biofeedback (eg, electromyography and pressure).
 - Circulation (eg, screen for circulatory abnormalities, lymphedema).
 - Community, work (job/school/play), and leisure integration or reintegration (eg, Instrumental Activities of Daily Living (IADLs), intercourse).
 - Ergonomics and body mechanics.
 - Environmental, home, and work (job/school/play) barriers (eg, architectural barriers).
 - Gait, locomotion, and balance (eg, analysis with and without assistive or other devices, on various terrains, in different environments, safety assessment)
 - Integumentary tissue quality (eg, signs of inflammation, soft tissue swelling/inflammation/infection).
 - Joint integrity (eg, mobility assessment of joint hyper and hypomobility, to include passive range of motion, passive accessory motions, response to manual provocation).
 - Motor function (eg, assessment of motor learning and motor control).
 - Muscle performance, including strength, power, and endurance.
 - Neural mobility (eg, limb tension tests).
 - Neuromotor development and sensory integration (eg, assessment of appropriate development, dexterity, coordination, and integration of somatosensory, visual, and vestibular systems).
 - Orthotic, protective and supportive devices (eg, assessment of appropriateness, use, remediation of impairment, alignment and fit, safety).

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- Pain (eg, assessment using questionnaires, behavioral scales, visual analog scales).
- Pelvic floor examination, both vaginal and rectal.
- Peripheral nerve integrity (eg, pudendal nerve).
- Posture (eg, assessment of body or body segment(s) structure, alignment, changes in different positions, body contours).
- Reflex integrity (eg, assessment of normal and pathological reflexes).
- Screening for voiding/defecation dysfunction.
- Sensory integrity (eg, assessment of superficial sensation, dermatomes, myotomes, proprioception, and kinesthesia).
- Soft tissue assessment (eg, myofascial mobility, trigger point assessment).

Reexamination

- Administer selected specific tests and measures for additional problems not detected by history or reassessment.

Evaluation

Evaluation is the dynamic process of clinical judgment in interpreting examination data.

- Interpret data from history and systems review (eg, identify relevant, consistent, accurate data; prioritize impairments; and assess patient's/client's needs, motivations, and goals).
- Select tests and measures that are comprehensive, consistent with history and systems review, age appropriate, appropriately sequenced, and that have acceptable measurement properties (eg, valid, reliable, high specificity/sensitivity).
- Evaluate and interpret data from the examination, correlating history and physical exam findings and special tests, including:
 - Specific findings of pelvic floor dysfunction testing (eg, biofeedback, palpation, manual muscle testing).
 - Effects of certain medications, foods, or fluid intake on bladder, bowel, or pelvic floor muscle function.
 - Information gleaned from a bladder diary (eg,

voiding intervals, leakage, fluid intake, and average number of voids per day.

- Determine when patients/clients need further examination or consultation by a physician or other health care professional (eg, signs and symptoms of fetal distress, preeclampsia, high-risk pregnancy, gynecological cancers).
- Determine when signs and symptoms indicate that referral to a physician or other health care provider is appropriate, based on specialized knowledge of women's health.
- Respond to emerging data from examinations and interventions by modification and redirection of intervention.

Diagnosis

Based on evaluation, organize data into recognized clusters, syndromes, or categories.

- Establish differential diagnoses based on awareness of diseases disorders and conditions that affect women's health and can mimic neuromusculoskeletal conditions.
- Determine a diagnosis that guides future patient/client management.
- Consider hormonal influences and physiological changes with aging that are specific to the diagnostic process.
- Differentiate impairments/functional limitations/disabilities that can be addressed with physical therapy intervention.
- Establish a diagnosis for patients/clients of any age, considering pathology, impairment, or functional limitations associated with, but not limited to, the following:
 - Pediatric voiding disorders.
 - Pelvic floor dysfunction (eg, supportive, incoordination, hypertonus, disuse, stress incontinence, urge incontinence, constipation).
 - Musculoskeletal disorders associated with gynecological conditions (eg, endometriosis, amenorrhea, dysmenorrhea).
 - Pelvic floor scar tissue/adhesions.

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- Neuromusculoskeletal and cardiopulmonary dysfunctions associated with teen eating disorders.
- Childbearing prenatal/postpartum musculoskeletal pain.
- Musculoskeletal dysfunction associated with diastasis recti.
- Musculoskeletal dysfunction associated with cesarean section or vaginal delivery.
- Musculoskeletal dysfunction associated with fibromyalgia.
- Soft tissue and musculoskeletal dysfunction following gynecologic surgery (eg, bladder surgery, hysterectomy, cauterization).
- Neuromusculoskeletal dysfunction associated with breast cancer treatment (medical or surgical).
- Musculoskeletal dysfunction associated with lymphedema.
- Visceral dysfunction associated with diseases, disorders, or conditions managed by physical therapists.
- Hormonal influences related to gender differences.
- Dysfunctions associated with advanced or complex cases of osteoporosis.
- Consider the recurring risk factor of lymphedema on long-term prognosis.
- Consider the prognostic impact of chemotherapy and radiation therapy on musculoskeletal function following breast or urogenital cancers.
- Consider outcomes data when determining a prognosis.
- Consider the impact of depression and other psychosocial issues when determining prognosis (eg, in the case of dyspareunia and vulvar pain syndromes, cancer, lymphedema).
- Consider the impact of a disability or illness such as spinal cord injury or diabetes on women's health when determining a prognosis.
- Formulate a plan of care for a patient/client with a women's health diagnosis reflecting women's life cycle and needs.
- Develop a plan of care that prioritizes interventions related to the diagnosis, recovery process, patient/client goals, resources, health, and wellness.
- Develop a plan of care that takes unique safety concerns into consideration (eg, high-risk pregnancy, postpartum care, and operative care such as post mastectomy/axillary dissection, and pelvic floor surgery).
- Determine the most effective plan of care based on limitations in service availability (either due to payment limits or access to care), and document what would be expected with fewer limitations.

Prognosis

Determine the level of optimal improvement that may be attained through intervention and the amount of time required to reach that level, including plan of care.

- Utilize knowledge of past medical history, hereditary factors, surgical history, other pertinent risk factors, and current examination findings specific to gender to determine patient/client prognosis.
- Consider the prognostic effect of a history of sexual dysfunction and abuse.
- Consider the impact of a disability or illness on women's health when determining a prognosis (eg, diabetes, spinal cord injury, preeclampsia, cancer).
- Consider the prognostic effect of hormonal changes throughout the life cycle.

Intervention

- Coordination, Communication
 - Communicate effectively with patients/clients, family members, caregivers, practitioners, consumers, payers, and policymakers about women's health issues.
 - Discuss rationale for physical therapy examination and intervention procedures, including use of current best evidence, with patients/clients, peer professionals, and payers.
 - Collaborate as a health care team member and leader to ensure that physical therapy is

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- a part of an appropriate, culturally competent, comprehensive plan for the care of women.
- Adapt communication to appropriate educational level.
- Patient/Client-Related Instruction
 - Provide patient/client instruction about diagnosis, prognosis, and intervention strategies.
 - Provide patient/client-related instruction to increase patient/client understanding of individual impairments, functional limitations, or disabilities.
 - Provide patient/client-related instruction aimed at risk reduction/prevention, as well as women's health, wellness, and fitness prognosis and intervention.
 - Provide patient/client-related instruction in the following areas of women's health:
 - Prenatal/postpartum exercise.
 - Posture and body mechanics during the childbearing year.
 - Progressive pelvic floor therapeutic exercises.
 - Breast surgery recovery (eg, wound care, body mechanics, exercise).
 - Bladder training.
 - Pelvic floor muscle dysfunction.
 - Pelvic pain self-care (eg, hygiene, toileting habits, diet).
 - Effects of daily habits on bladder control.
 - Behavioral techniques for pelvic floor dysfunction.
 - Behavioral techniques for lymphedema management and prevention.
 - Positioning options for sexual intercourse that might minimize pelvic pain, dyspareunia, or back pain.
 - Guidelines for positioning for labor and delivery for a client with preexisting spinal dysfunction.
- Procedural Interventions
 - Therapeutic exercise, including, but not limited to, the following:
 - Strength, power, and endurance muscle training for pelvic floor musculature.
 - Assistive—manual facilitation, overflow from associated muscles.
 - Active—with and without feedback (eg, sEMG/manometry biofeedback).
 - Resistive—vaginal weights.
 - Body mechanics.
 - Postural stabilization activities.
 - Strengthening of identified weak musculature.
 - General and aerobic conditioning.
 - Relaxation strategies/techniques.
 - Coordination training.
 - Neuromuscular education or reeducation.
 - Activities of daily living (ADL) training including toileting, including, but not limited to, avoidance of valsalva maneuver, dressing/undressing and clothing options, hygiene, skin and nail care, bowel and bladder training techniques, sensorimotor performance (walking, transfers, bed mobility, etc), basic nutritional and fluid intake education, and assistive or adaptive devices or equipment training.
 - Manual therapy techniques, including, but not limited to:
 - Connective tissue massage (eg, internal vaginal/rectal and external myofascial release, visceral mobilization).
 - Soft tissue mobilization/manipulation.
 - Therapeutic massage.
 - Joint mobilization/manipulation, including muscle energy and direct joint mobilization.
 - Passive range of motion.
 - Manual traction.
 - Manual lymphatic drainage.
 - Electrotherapeutic modalities:
 - Biofeedback—sEMG, manometry.
 - Neuromuscular electrical stimulation (eg, strengthening/influencing sacral micturition, reflex arc/pain management).
 - Physical agents and mechanical modalities
 - Nonthermal modalities (eg, pulsed ultrasound, pulsed electromagnetic fields).

- Cryotherapy.
 - Thermotherapy (eg, deep heat, such as ultrasound, phonophoresis, and diathermy, and superficial heat, such as hot packs).
 - Vaginal and rectal dilators.
 - Compression bandaging and garments.
- Prescription, application, and, as appropriate, fabrication of assistive, orthotic, prosthetic, protective, and supportive devices and equipment (eg, crutches, walkers, splints, pessaries, sacroiliac joint belts, compression garments, elastic wraps).

Outcomes Assessment

- Assess individual and collective outcomes of patients/clients using valid and credible measures that consider practice setting patient/client culture and effect of societal factors such as reimbursement.
- Choose appropriate outcomes measurement tools for women's health diagnoses based on the patient's/client's needs and examination findings (eg, specific impairment tools, patient/client satisfaction measures, clinical and function assessment tools, and quality of life scales).

III. Practice Settings

The clinical curriculum of all accredited residency programs must include a variety of practice settings, as noted below. A resident should experience a minimum of 5% of their time in each setting, as required by the ABPTRFE Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs.

If a residency program is unable to provide each participant with an opportunity to engage in patient care activities within these settings, the program must provide additional learning opportunities (eg, observation, didactic, journal club, research) related to patient care within these settings for the minimum required hours noted above.

The minimum required practice settings for women's health residency programs are:

- Outpatient facility

IV. Patient Populations

The clinical curriculum of all accredited residency programs must include a variety of patient populations, specific to sex and age group as listed below, for a minimum of 5% of the program hours required by the ABPTRFE Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs.

If a residency program is unable to provide each resident with an opportunity to engage in patient care activities within these populations, the program must provide additional learning opportunities (eg, observation, didactic, journal club, research) related to patient care within these populations for the minimum required hours noted above.

The minimum required patient populations for women's health residency programs are:

Age:

- Pediatrics (0-21 years of age)
- Adults (22-59 years of age)
- Geriatrics (60 years of age to end of life)

Sex:

- Female
- Male

V. Primary Health Conditions

The clinical curriculum of all accredited residency programs must include a variety of primary health conditions associated with the program's area of practice (see below list).

If a residency program is unable to provide each resident with an opportunity to engage in patient care activities within the majority of these populations, the program must provide additional learning opportunities (eg, observation, didactic, journal club, research) related to patient care within these conditions.

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The following template must be used when logging resident–patient encounters as part of the residency curriculum. Patients evaluated, treated, or managed by the resident as part of the resident's education throughout the course of the residency program should

be included within the template. The patient's primary health condition is only counted during the first patient encounter. **Patient encounters beyond the initial visit should not be included in the frequency count.**

Name of Resident:	
Primary Health Conditions Women's Health	Number of Patients Evaluated, Treated, or Managed by the Resident as Part of the Program's Curriculum
ENDOCRINE SYSTEM	
Irritable bowel syndrome	
INTEGUMENTARY SYSTEM	
Connective tissue disorder (eg, marfans, Ehler's Danlos)	
NERVOUS SYSTEM	
Chronic pain syndrome	
Neurogenic bladder	
Interstitial cystitis	
Nocturnal enuresis	
Pelvic girdle pain	
Pelvic pain (internal)	
Urinary frequency	
Urinary urgency	
Vulvar vestibulitis	
Vulvodynia	
MUSCULOSKELETAL SYSTEM	
Amenorrhea/dysmenorrhea	
Autoimmune disorders (eg, RA, lupus)	
Bone density below reference range (eg, osteopenia, osteoporosis)	
Diastasis recti	
Dyspareunia	
Endometriosis	
Fecal incontinence	
Female athlete/Female athlete triad	

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Fibromyalgia	
Gynecologic conditions/surgery	
High-risk pregnancy	
Hysterectomy	
Neoplasm of breast (eg, associated musculoskeletal conditions)	
Pain in the coccyx (coccygodynia)	
Pelvic adhesions	
Pelvic organ prolapse	
Scar tissue (eg, pelvic, abdominal, perineal)	
Vaginismus	
INVOLVEMENT OF MULTIPLE SYSTEMS	
Constipation	
Lymphedema	
Menopause	
Other colorectal disorders	
Retention of urine	
Urinary incontinence (stress, urge, mixed)	
Uterine/Ovarian cancer	
OTHER	
Please indicate the percentage of total patients seen that are pediatric cases:	
Please indicate the percentage of total patients seen that are ante/postpartum or pregnancy related cases:	
Please indicate the percentage of total patients that are males:	