



PELVIC HEALTH &
REHABILITATION CENTER

Dear Patient,

Welcome to the Pelvic Health and Rehabilitation Center! We specialize in physical therapy management of numerous pelvic pain disorders. We believe in a multi-disciplinary collaborative approach to diagnose and treat all components of pelvic pain. We support both the physical and emotional health of each patient and their families in a respectful and compassionate environment.

We have assembled this packet to educate you and your family about our evaluation and treatment process, the services we offer, our multi-disciplinary network of medical professionals, and how to navigate the insurance reimbursement process.

Included in this packet is our new patient paperwork and intake questionnaire which you are welcome to complete and bring to your first appointment if you are scheduled for an initial evaluation.

We hope this informational packet will help to answer any preliminary questions you may have about your evaluation and treatment at PHRC. If you have any other questions regarding your treatment or administrative issues, please feel free to contact our office. We look forward to meeting you and helping you restore your health.

Sincerely,

The Pelvic Health and Rehabilitation Center

About Us

In August of 2006 Stephanie A. Prendergast, MPT and Elizabeth H. Rummer, MSPT formed the Pelvic Health and Rehabilitation Center. Their vision is to work with a multidisciplinary team to treat men and women suffering from pelvic pain. Within their network of urologists, gynecologists, pain management physicians, physiatrists, psychologists and other physical therapists, patients will receive a comprehensive and holistic treatment plan. This team approach successfully eliminates pelvic pain and restores physical and emotional health.

The Pelvic Health and Rehabilitation Center is extremely dedicated to the profession and their patients. They pledge to continue to educate the community and increase public and professional awareness of pelvic pain and dysfunction. They are committed to increase their knowledge and physical therapy skills in order to offer the highest quality of care to their patients.

PHRC has 3 specialized physical therapists with varying scheduling capabilities to meet your specific needs. We do our best to ensure a minimal wait for an initial evaluation as well as accommodate to your specific scheduling requirements for follow-up appointments.

Stephanie A. Prendergast, MPT received her Master of Physical Therapy degree from the Medical College of Pennsylvania and Hahnemann University. She has been committed to the diagnosis and treatment of pelvic pain since 2001. She has published several articles on pelvic pain, conducted research, treated hundreds of patients and trained several physical therapists to work in the field. She has been on the Board of Directors of the International Pelvic Pain Society since 2002 and is one of the original members of the Board of Directors for The Society for Pudendal Neuralgia. She lectures and teaches nationally and internationally.

Elizabeth H. Rummer, MSPT received her Master of Science in Physical Therapy from the University of Miami Medical School. Early on, Elizabeth specialized in orthopedic dysfunctions and chronic pain. Elizabeth began focusing on pelvic pain and dysfunction in 2004. Elizabeth has participated in clinical research, currently contributes to published articles on pelvic pain, and trains other physical therapists from around the country. In 2006 Elizabeth opened the Pelvic Health and Rehabilitation Center with Stephanie Prendergast. Currently, she lectures and teaches nationally and internationally.

Elizabeth M. McBride, MSPT received her Master of Science in Physical Therapy from Texas Woman's University School of Physical Therapy. She began her career treating patients limited by cardiopulmonary disorders at UCSF medical center. While at UCSF, Elizabeth served as a clinical instructor and received mentoring at the Women's Health Resource Center with a focus on urinary incontinence and dyspareunia. In 2007 she made the decision to concentrate her practice in the area of pelvic physical therapy and joined Stephanie Prendergast and Elizabeth Rummer at the Pelvic Health and Rehabilitation Center. Presently, she participates in the development and organization of lectures and continuing education courses.

Jill Conner, office manager, received her bachelor's degree from the University of Oregon, with a major in psychology. She is an excellent addition to our team, utilizing her communication skills to help make our patients feel at ease with any questions or concerns they have regarding their treatment and provide appropriate scheduling based on their condition.

Why do I need to see a Physical Therapist for pelvic pain and dysfunction?

Many patients with urinary, bowel and/or sexual symptoms and/or pelvic pain often have dysfunctional pelvic floor muscles, specifically, a group of muscles called the Levator Ani and Obturator Internus. These muscles lie between the pubic bone and tailbone. These muscles are responsible for bladder and bowel control as well as sexual functioning. Therefore, when the muscles are tight they can cause pain and/or dysfunction of the bladder, bowel, and genitals (sexual organs). A specialized physical therapist can evaluate these muscles and determine if they are contributing to your symptoms. This is done with an internal examination by gently inserting one finger into the vagina and/or anus and palpating each muscle group.

What causes Pelvic Floor Dysfunction?

There are many causes of pelvic pain and dysfunction. Very rarely are symptoms initiated by a single cause. Typically, cumulative insults to the pelvis can lead to pain and/or dysfunction. In general, causes include structural or somatic abnormalities, visceral disease or dysfunction, activity-related injuries, or physical trauma.

Structural and somatic abnormalities include scoliosis, leg-length discrepancies, sacro-iliac joint or spine dysfunction, joint hypermobility or hypomobility, muscle hypertonus or hypotonus, muscle weakness or imbalance, faulty neuromuscular recruitment patterns, and postural abnormalities.

Visceral disease and dysfunction is an important factor for many in pelvic floor dysfunction and pain. A physiological reflex exists between viscera (organs) and the somatic system (skeletal muscles, connective tissue, nerves). An example of this reflex is when a patient experiences pain in his/her left arm (somatic) during a heart attack (visceral). Another common example is when an active myofascial trigger point in the abdominal wall or adductor muscle cause apparent bladder dysfunction: urinary frequency and/or urgency. In the pelvis, endometriosis, interstitial cystitis, hormonal changes, irritable bowel syndrome and bacterial, yeast, and prostate infections can induce pathological changes in the muscles, tissues, and nerves that then cause pelvic pain and dysfunction. The dysfunctional musculoskeletal system can continue to mimic the original infection long after the infection has been resolved.

A few activities that can result in pelvic pain are prolonged bicycle riding, horseback riding, prolonged sitting, squatting exercises with heavy weights, excessive abdominal exercises, and sitting adduction and abduction strengthening.

Physical Trauma refers to any injury or insult to the body. The following examples of physical trauma can contribute to pelvic pain syndromes, falls on the tailbone (snow boarding, rollerblading, gymnastics, dance, skiing), surgical-related trauma or scars, vaginal deliveries/episiotomy scars or perineal tears, car accidents, chronic constipation and straining to have a bowel movement, physical/sexual/emotional abuse.

Many people ask why they get pelvic floor dysfunction when others who do the same activities do not. Often there is more than one of the above combined factors, including increased stress in a persons life that can contribute to what we call “the perfect storm.”

Many patients ask us what our success rate is and this is a difficult question to answer. Again, this is dependent upon your condition, the length of time you have been suffering, the type and number of surgical procedures you have undergone and how quickly you individually respond to treatment.

Treatment length can be a couple of months to a year depending on your condition. Our success rate for the conditions listed is high, in the 90th percentile, for those who complete the prescribed plan of care. We recommend you take a look at the many testimonials from similar patients as yourself which can be found at the bottom of each page of our website at www.pelvicpainrehab.com.

What are some of the symptoms pelvic floor physical therapy can help?

- Urinary dysfunction and/or pain including:
 - Urinary hesitancy (shy bladder)
 - Urinary frequency (urinating more than every 3 hours)
 - Urinary urgency (strong urge to void, but often the bladder is not full)
 - Urinary burning/pain (often misdiagnosed as urinary tract or bladder infection)
 - Stress incontinence (loosing urine w/ coughing/sneezing)
 - Urge incontinence (inability to hold urine during strong urges)
 - Interstitial Cystitis, aka Painful Bladder Syndrome

- Bowel dysfunction and/or pain
 - Pain before, during or after a bowel movement
 - Irritable bowel syndrome
 - Constipation (bowel movements less than once daily, often associated with straining)

- Coccygodynia – tailbone pain

- Low Back, Sacro-Iliac Joint, or sit bone pain and dysfunction

- Pain and dysfunction associated with orgasm
 - Inability to achieve or maintain erection
 - Pain with erection or ejaculation, often lasting well after ejaculation
 - Inability to achieve orgasm
 - Clitoral sensitivity

- Vulvar/Vaginal Pain Syndromes
 - Vulvodynia
 - Vulvar vestibulitis
 - Vestibulodynia

- Pudendal Neuralgia
- Pudendal Nerve Entrapment
- Nonbacterial Chronic Prostatitis
- Endometriosis
- Fibromyalgia
- Genital numbness, pain, burning or itching
- Pain and dysfunction associated with bike riding
- Pain and dysfunction associated with sitting
- Dysmenorrhea – painful periods
- Perineal pain/burning (area between opening of vagina and anus in women, between scrotum and anus in men)
- Anismus, anal and/or rectal pain
- Dyspareunia – pain with intercourse

We also offer post-operative rehabilitation for the following procedures:

- Pudendal Nerve Decompression
- Pelvic Prolapse Repair
- Hysterectomy
- Laproscopy
- Prostatectomy
- Sphincterotomy
- Hemorrhoidectomy

In addition, we offer pre and post-partum rehabilitation for the following:

- Post-op Cesarean Section
- Persistent vulvo-vaginal, low back, or SI joint pain
- Dyspareunia/pain with intercourse
- Urinary/fecal incontinence
- Persistent episiotomy scar pain

Evaluation and Treatment

What to expect during your initial evaluation

During a patient's first appointment at the Pelvic Health and Rehabilitation Center, a physical therapist will take an extensive medical history. Following the history, the physical therapist will perform a thorough external and internal musculoskeletal examination. The patient will disrobe from the waist down with proper draping during this portion of the evaluation/treatment. Internal assessment necessitates manual access. This is done by gently inserting one finger into the vagina or anus and palpating each muscle group. If this is not tolerable the session can be completed with solely external work. However, internal assessment is necessary for a comprehensive evaluation. You are always welcome to have another individual in the room during evaluation and/or treatment.

Your initial evaluation will include:

- Postural and structural assessment
- Evaluation of connective tissue
- Myofascial evaluation
- Examination to identify myofascial trigger points
- Pelvic floor examination: neural mobility and tenderness, muscle tone, connective tissue mobility, motor control
- Skin inspection
- Peripheral adverse neural tension testing

After the evaluation has been completed, the physical therapist will discuss the assessment and treatment plan with the patient. The patient is welcome to bring another person with them to any and all physical therapy appointments.

What to expect during treatment

Treatment sessions are at least one hour in length. Based upon the established treatment plan, most patients are seen 1-2 times per week. The duration of the treatment depends on the chronicity and severity of the problem. Treatment duration can range from 12 weeks to one year. A treatment session involves internal and external manual therapy and may include some or all of the following:

- Connective tissue manipulation
- Neural mobilization
- Myofascial release
- Myofascial trigger point release
- Neuromuscular re-education
- Sacro-iliac joint/lumbar spine mobilization
- Home exercise program development
- Pelvic floor stretching, connective tissue manipulation, neural mobilization
- Family training
- Patient education

**Disclaimer: The Pelvic Health and Rehabilitation Center seeks to educate the community on musculoskeletal causes of pelvic pain. Specific medical advice and/or answers to your personal health questions will require a full examination by one of our physical therapists. This informational packet is not intended to be a substitute for a medical evaluation, but rather as an educational resource.*

How to pay/ get reimbursement for your PHRC visits:

We do not contract with any insurance companies. We are a fee-for-service clinic, which means that patients are responsible for payment at the time of service. We will provide you with a bill with all the necessary information to you to submit to your insurance company for reimbursement.

An initial evaluation for an out of town patient typically lasts 2 hours. The first hour is billed at our initial evaluation rate of \$260 and the second hour is billed at our treatment rate of \$200 for a total of \$460. Each treatment thereafter is billed at the regular treatment rate of \$200 an hour, or \$400 for a two hour treatment. We do not have a payment plan or sliding scale for payment. We accept cash, check, Visa, MasterCard, American Express and Discover.

Step 1: Call your insurance company and ask what they will reimburse for **OUT OF NETWORK** physical therapy services. Typically, insurance companies reimburse a percentage of billed 'out of network' physical therapy services. Determine whether you have a PPO or a HMO. PPOs will typically reimburse 40-80% for out of network physical therapy services. HMOs require pre-authorization to reimburse for out of network physical therapy services.

Step 2: Most insurance companies require that you submit the bill from PHRC as well as their claim form. Ask your insurance where to get this form. Most are available on your insurance company's website.

Step 3: Ask your insurance company what information they require for reimbursement for physical therapy services. Examples of required information may be: physician's referral, diagnostic codes (ICD-9), procedural codes (CPT codes), physical therapist's credentials and/or license number, evaluation summary, and/or treatment notes.

We do not have a physician on staff. If your insurance company requires a referral you will need to obtain this prior to treatment.

The ICD-9 code we use most often is "muscle spasm: 728.85". You may have additional codes depending on your diagnosis. The CPT code we use for the first hour of your initial evaluation is "physical therapy evaluation: 97001". The CPT code we use for each follow up treatment is "manual therapy techniques: 97140".

Keep in mind that these codes are for one unit of physical therapy, which is 15 minutes. So, multiply the reimbursement amount for the appropriate amount of time in the clinic. For example, one hour of treatment would be billed as 4 units of "manual therapy techniques: 97140" at \$50.00 a unit = \$200.00. This is a universal billing system used by insurance companies.

Step 4: Discuss with your physical therapist and/or office manager your insurance needs. The staff at PHRC will do their best to ensure you receive maximum reimbursement from your insurance company.

Step 5: Submit the completed claim form, the bill from PHRC, and any other required information to your insurance company to receive reimbursement. Be sure to make copies of all forms/bills. Insurance companies occasionally misplace claims. We recommend you log the date you submitted your claim.

Step 6: Call your insurance company and ask how long it takes them to process a claim and when you can expect a reimbursement check. Insurance companies typically have a minimum of 30 days and a maximum of 90 days processing time.