OT Mastery

Pelvic Floor Therapy

1. What is the most important way that OTs help people with pelvic floor dysfunction?

A. Improved management of incontinence solely for the sake of peace of mind
B. Improve their ability to function by relieving symptoms of pelvic floor dysfunction
C. Eliminate pain entirely
D. Implement assistive devices

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2. What is not one of the three pelvic floor concerns?

A. Organ prolapse
B. Urinary incontinence
C. Fecal incontinence
D. Pelvic pain

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3. Can men be affected by pelvic floor concerns?

A. No, only women are prone to weakness of pelvic floor anatomy
B. No, only women have pelvic floor anatomy
C. Yes, men can experience many of the same pelvic concerns women do
D. Yes, men experience some of the pelvic concerns women do

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4. What is not considered a contributing factor/cause of pelvic floor dysfunction?

A. Hypermobile hips
B. Obesity
C. Chronic headaches
D. Decrease in estrogen levels

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5. Why might pregnancy cause a woman to develop pelvic floor dysfunction?

A. Pregnancy can cause immediate organ prolapse
B. Pregnancy places undue strain on the pelvic floor muscles and can excessively weaken them
C. Pregnancy causes the muscles to grow stronger and get too tight
D. Pregnancy does not have any impact on the pelvic floor muscles

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6. How does someone's emotional health contribute to pelvic floor dysfunction?

A. Someone with chronic anxiety often has shallow breathing and muscle tension, which can worsen pelvic floor concerns
B. It does not; there is no connection
C. This gives someone with pelvic floor dysfunction a better outlook/prognosis
D. The stronger someone's emotions are, the better they can manage pelvic floor dysfunction

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7. How might an OT modify treatment/exams for someone who has experienced sexual assault?

A. Directly ask about the patient's priorities, needs, and how to make them feel safe
B. Emphasize the option to decline any aspect of treatment they are uncomfortable with
C. Both A & B
D. None of the above

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8. What should NOT be part of an occupational profile for someone with pelvic floor dysfunction?

A. Menstrual care and management, if applicable
B. Sexual function/intercourse habits
C. Bowel and bladder habits
D. None of the above; all are important areas to cover

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9. How can someone test the strength of the pelvic floor muscles?

A. An internal examination
B. Dynamic palpation
C. Manual muscle testing
D. Both A & B

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10. What is an advantage to the internal examination process for pelvic floor dysfunction?

A. There is the possibility for subjective bias
B. The tester needs experience
C. No equipment is needed
D. It may make some patients uncomfortable

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11. Which of the following is NOT an assessment tool used for dynamic palpation of the pelvic floor?

A. The Brink Scale
B. MOGS
C. The Worth Scale
D. The Kegel Test

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12. What evaluation is considered the gold standard for pelvic floor strength?

A. MOGS
B. The Worth Scale
C. The ICS Scale
D. The Brink Scale

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13. What is NOT a component of the ICS?

A. Twitch
B. Asymmetry
C. Pain
D. Muscle behavior after abdominal pressure

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14. What is NOT a symptom of excessive pelvic floor tone?

A. Incomplete bowel or bladder emptying
B. A tampon slipping out of the vaginal canal
C. Muscle spasms in the abdominal or pelvic region
D. Bloating and cramping

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15. How might a male with hypertonic pelvic floor muscles present?

A. Erectile dysfunction
B. Inability to urinate
C. Premature ejaculation
D. Both A & C

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16. What type of pelvic floor dysfunction might be associated with vulvodynia?

A. Urinary retention
B. Hypertonic pelvic floor muscles
C. Urinary leakage
D. Hypotonic pelvic floor muscles

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17. How is peristalsis part of pelvic floor dysfunction?

A. Peristalsis is not present in the lower body
B. Peristalsis does not occur in people with pelvic floor dysfunction
C. Overly tight muscles have difficulty with rhythmic contraction and relaxation to effectively push feces out of the bowels
D. People with pelvic floor dysfunction will have inconsistent peristalsis, which impacts the flow of urine

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18. What type of pelvic floor dysfunction might be associated with painful sex?

A. Hypertonic pelvic floor muscles
B. Organ prolapse
C. Hypotonic pelvic floor muscles
D. Both A & B

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19. What could be the culprit if a woman has decreased vaginal sensation?

A. Entrapment of the femoral artery
B. A low-level spinal cord injury
C. Involvement of the pudendal nerve
D. All of the above

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20. Which of the following is NOT considered behavior modification for pelvic floor dysfunction?

A. Belly breathing
B. Surface EMG biofeedback
C. Urge control strategies
D. Limiting fluid intake

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21. What yoga stretches should an OT recommend to decrease pelvic tone?

A. Toe taps and heel slides
B. Happy baby and child's pose
C. Flat frog pose and chair pose
D. Boat pose and flat frog pose

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22. What is the purpose of a TheraWand?

A. To boost circulation
B. To increase range of motion
C. To help with self-release of tight pelvic floor muscles
D. To help massage and decrease inflammation

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23. What is NOT considered an urge strategy?

A. A toileting schedule
B. Double voiding
C. Distraction through activity engagement
D. Dietary modification

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24. What type of interventions are most appropriate for younger adults who are active?

A. Dietary changes only
B. Stretches and lifestyle changes

C. Stretches
D. Assistive devices

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25. What type of interventions are most appropriate for elderly or middle-aged men and women?

A. Assistive devices
B. Stretches and lifestyle changes
C. Stretches
D. Dietary changes only

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26. What tool might be part of surface EMG biofeedback for pelvic floor dysfunction?

A. Dynamic palpation
B. Electrical stimulation
C. Real-time ultrasound
D. Fluidotherapy

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27. What type of interventions are most appropriate for people with pelvic floor dysfunction AND cognitive deficits?

A. Strengthening exercises
B. Assistive devices and stretches managed with caregiver assist
C. Behavior modifications
D. Tone management exercises

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28. How can someone use MBSR to improve pelvic floor dysfunction?

A. MBSR can only be used in conjunction with assistive devices to manage pelvic floor dysfunction
B. MBSR can help relieve muscle tension by improving awareness
C. MBSR can be used with behavior modifications to assist in improving pelvic floor dysfunction
D. MBSR cannot help with pelvic floor dysfunction

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29. What are Kegel exercises?

A. Sliding feet in and out while laying on your back and engaging your core
B. Locating pelvic floor muscles while urinating
C. Assuming a marching position wihle laying on your back and engaging your core
D. Rapid tensing and release of pelvic floor muscles

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30. What is the intent of the flat frog pose?

A. To stretch hip adductor muscles
B. To shorten hip abductor muscles

C. To strengthen hip adductor muscles
D. To strengthen hip abductor muscles

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