

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
-

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

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

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
-

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

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

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
-

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
-

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
-

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
-

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
-

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
-

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
-

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
-

13. What is NOT a component of the ICS?

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

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
-

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
-

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
-

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
-

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
-

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
-

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
-

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
-

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
-

23. What is NOT considered an urge strategy?

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

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
-

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
-

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
-

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
-

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
-

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 while laying on your back and engaging your core
 - D. Rapid tensing and release of pelvic floor muscles
-

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
-

Copyright © 2026 OT Mastery

Visit us at <https://www.otmastery.com>