

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. Hypermobile 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

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