

# Cozean Pelvic Dysfunction Screening Protocol

Instructions: Check all that apply

- ☐ I sometimes have pelvic pain (in genitals, perineum, pubic, or bladder area, or pain with urination) that exceeds a '3' on a 1-10 pain scale with 10 being the worst pain imaginable.
- ☐ I can remember falling onto my tailbone, lower back or buttocks (even in childhood).
- ☐ I sometimes experience one or more of the following urinary symptoms:
  - Accidental loss of urine
  - Feeling unable to completely empty my bladder
  - Having to void within a few minutes of a previous void
  - Pain or burning with urination
  - Difficulty starting or frequent stopping/starting of urine stream
- ☐ I often or occasionally have to get up to urinate two or more times a night.
- ☐ I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out.
- ☐ I have history or pain in my low back, hip, groin, or tailbone or have sciatica.
- ☐ I sometimes experience one or more of the following bowel symptoms:
  - Loss of bowel control
  - Feeling unable to completely empty my bowel movements
  - Straining or pain with a bowel movement
  - Difficulty initiating a bowel movement
- ☐ I sometimes experience pain or discomfort with sexual activity or intercourse.
- ☐ Sexual activity increases one or more of my other symptoms.
- ☐ Prolonged sitting increases my symptoms.

If you checked 3 or more boxes, pelvic floor dysfunction is likely.



PHYSICAL THERAPY  
— YOUR WAY —  
ADVANCED SPECIALTY CARE