## **Screening for Patient with Low Back Pain and Hip Pain**

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Do you urinate more than 8 times a day?			Yes No
Do you have difficulty initiating urination?			Yes No
Do you have burning with urination?			Yes No
Do you feel that your bladder is not emptied after you have urinated?			Yes No
Do you experience any urine loss (on way to bathroom or coughing/sneezing)?			Yes No
Do you feel pelvic pressure?			Yes No
Do you have less than one bowel movement every 3 days?			Yes No
Do you have to strain or facilitate to have a bowel movement?			Yes No
Is your stool lumpy/hard or have cracks on it?			Yes No
Do you have pain during or after a bowel movement?			Yes No
Do you experience painful intercourse?			Yes No
Do you experience pelvic pain, i.e. vaginal, rectal, penile, testicular, perineal or pelvic?			Yes No
Do you have pelvic pain with sitting?			Yes No
Have you ever been diagnosed w	ith of the conditions listed below?  Chronic Prostatitis	Piriformis Syr	ndrome
Vestibulodynia	Endometriosis	Coccydynia	
Vaginismus	Pudendal Neuralgia	Proctalgia Fugax	
Dyspareunia	Chronic Pelvic Pain	Urethral Syndrome	
Interstitial Cystitis	Levator Ani Syndrome	Bladder Sphir	ncter Dysenergia
If you answered YES to any of the above questions, problems with your pelvic floor muscles, fascia or nerves may be contributing to your symptoms/pain. You may be a candidate for an assessment from a			

If you answered YES to any of the above questions, problems with your pelvic floor muscles, fascia or nerves may be contributing to your symptoms/pain. You may be a candidate for an assessment from a physiotherapist with appropriate training to assess your pelvic floor through internal palpation (vaginal or rectal exam). Please speak to your treating health care provider for more details.

