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Rehabilitation Medicine
Department**

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Rehabilitation Medicine
Department**

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**Kettering Sports Medicine
Center**

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Kettering, Ohio 45429
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**Kettering Sports Medicine at
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**Kettering Sports Medicine at
Sugarcreek**

6438 Wilmington Pike, Ste 230
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**Kettering Sports Medicine at
Tipp City**

25 S. Tippecanoe Dr.
Tipp City, Ohio 45371
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Franklin Physical Therapy

333 Conover Drive
Franklin, Ohio 45005
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Fax: (937) 746-7082

**Neuro Wellness Program at
Kettering Fitness & Wellness
Center**

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(937) 395-8882
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Welcome to the Bladder Confidence & Pelvic Floor Physical Therapy Program at Kettering Health Network. We look forward to helping you improve your quality of life and maximize your ability to manage your pelvic floor problems. In order to best serve you, we would like you to fill out the attached questionnaires. All information you provide will help us design your treatment plan and will be kept strictly confidential.

Your first appointment with us will last approximately one and a half hours and will be held in a private room due to the nature of your visit. Follow up visits will last approximately 45 minutes. Our goal is to make you comfortable so you can learn what to do to be an active participant in achieving the goals that are most meaningful to you.

Your evaluation MAY include:

- Postural assessment
- Evaluation of abdominal strength
- Observation of vaginal/rectal areas
- Internal assessment of the pelvic floor musculature
- Trans-abdominal ultrasound

Your treatment plan MAY include:

- Exercises specific to your needs (strengthening, stretching, postural, endurance, mind/body awareness)
- Electrical stimulation
- Biofeedback therapy
- Education on diet and lifestyle management strategies

Because of the personal nature of your therapy program, the one time purchase of an individual-use sensor is required. The non-refundable cost of the sensor is \$50.00. Payment for this sensor will be requested when you check in for your initial appointment.

Again, welcome to the program and please allow us to assist you in anyway to make this a pleasant experience!

Thank you for taking the time to read this information sheet and for actively participating in your therapy!