

Academy of Pelvic Health Physical Therapy Position Statement¹ on Use of Chaperones

The Academy of Pelvic Health Physical Therapy (APHPT) of the American Physical Therapy Association supports the right of a patient to both request and have a chaperone present during sensitive pelvic floor physical therapy examinations, procedures, or treatments. The APHPT recognizes the patient's decision to have a chaperone present as an integral part of the patient's treatment and individualized plan of care. A chaperone is a member of the healthcare team who upholds the professional standards of ethical practice, privacy, and confidentiality. Family members and friends may be present as requested by the patient but would not be defined as formal chaperones.

This is an evolving document as there is a lack of research specific to chaperone use during pelvic and sensitive examinations amongst all healthcare providers. The remainder of this document should be considered with the following caveats:

1. There is no standardized definition of “best care.” Most definitions include “evidence-based.” However, organizations may define “best care” based on anecdotal evidence and professional opinion when there is a lack of evidence. The organizations and references cited in this paper describe “best practice” based on their professional opinions.
2. As noted there is a lack of research specific to chaperone use with physical therapy, physician, nursing, and other medical and physician-extender examinations involving the genitalia, breasts, or other sensitive body parts/natures (as defined later in this document).
3. Additionally, there is no known reported research on any potential negative impact of offering or requiring a medical chaperone during a sensitive examination.
4. The intent of offering and using a chaperone during sensitive examinations is to increase patient safety and comfort; improve patient experiences and outcomes; reduce clinician litigation risk; and promote “best” practices, despite lack of evidence for or clear definition thereof.
5. The various professional medical organizations that have offered position statements on chaperone use during these examinations are often vague or conflicting with one another. Thus, chaperone use is generally determined on a case-by-case basis (Pimienta, A. L., & GIBLON, R. E. (2018). The case for medical chaperones. *Family Practice Management*, 25(5), 6-8).

Background

The [American College of Obstetricians and Gynecologists, 2020](#) and the [American College Health Association, 2019](#) advise that chaperones should be used for all breast, genital, and/or rectal examinations. The [American College of Physicians, 2021](#) and the [American Medical Association, 2021](#) support joint decision-making between the provider and the patient regarding the presence of a chaperone. It is generally recommended that

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all healthcare settings should have policies in place to ensure patient safety and minimize risk during sensitive examinations ([American College Health Association, 2019](#)).

The information shared in this document is based on what other healthcare organizations have defined as “best practices” in treating patients similar to those treated by pelvic floor physical therapists in their practices.

A physical therapy examination and evaluation is an essential part of assessing the patient and establishing a diagnosis, prognosis, list of treatment goals, and/or outcomes. The scope of the examination is dependent on the reason for the visit, diagnostic needs, and specialization of the physical therapist. Careful communication about the purpose and scope of the examination should be provided in a way that is easily understood by the patient. The provider-patient relationship is compromised when there is misunderstanding and confusion regarding therapist roles and behaviors, especially when the evaluation or treatment involves a sensitive area. This can lead to complaints as well as allegations of sexual misconduct or abuse. (American Society for Health Care Risk Management 2019)

The American Medical Association (AMA), the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), and the General Medical Council (GMC) in the United Kingdom all have recommendations regarding the use of chaperones for sensitive examinations related to medical pelvic examinations (not specific to pelvic floor physical therapy examinations).

Chaperones are intended to protect patients and practitioners by serving as observers and potential witnesses during sensitive examinations and treatments. When sensitive examinations are performed, the tenets of trauma-informed care created by the Substance Abuse and Mental Health Services Administration (SAMHSA) are recommended to be utilized by both chaperone and the physical therapist. Trauma-informed care honors patient choice and safety as detailed in the SAMSHA six principles - safety, trustworthiness & transparency, peer support, collaboration & mutuality, empowerment & choice, cultural, and historical & gender issues. It is important to note that physical therapists are often not informed of a patient's prior experiences, including sexual trauma, even if screening for these experiences; therefore, adopting the tenets of trauma-informed care is crucial to avoid potential re-traumatization (American College Health Association's Guidelines 2019). Offering a chaperone for support is one demonstration of respecting patient safety and practice standards ([Barbieri, 2020](#)).

Definitions

A sensitive exam or procedure includes, but is not limited to, an exam, evaluation, palpation, placement of instruments in genitalia, or exposure of: genitalia; rectum; breast.

A patient's personal and cultural experiences may broaden their own definition of a sensitive exam or procedure. Some patients may include in their definition of a sensitive exam an examination or procedure that involves partial exposure or palpation of body parts near sensitive areas (e.g., exposure of undergarments, palpation of the groin or buttocks, or auscultation near the breast), and a chaperone should be offered. (American College Health Association's Guidelines 2019)

Patients who identify as lesbian, gay, bisexual, transgender, and nonbinary may have increased sensitivity to pelvic examination and may prefer a 2nd person (chaperone) in the room. ([Tillman, 2020](#))

A chaperone is a trained person who has been oriented to support and be a witness for a patient and a provider during a sensitive exam or procedure and who does not report directly to the care provider who is performing the examination (Flaughner, B., Penoyer, D., & Phillips, L. BEST PRACTICES FOR SEXUAL HEALTH SERVICES IN COLLEGE HEALTH). A chaperone is utilized to help protect and enhance the patient's comfort, safety, security, and dignity during a sensitive exam or procedure, and should be provided at the patient's and/or provider's request. (American College Health Association's Guidelines 2019)

The following factors may influence the decision to have a chaperone present and the choice of the best person to function as the chaperone: patient's request, urgency and type of examination or treatment, gender of the health care provider, and facility protocol. The patient's request may also include having a family member or friend present in addition to the chaperone. Additional considerations that may influence the request for a chaperone include age, cultural and/or religious beliefs, mental health status, cognitive ability, and history of sexual assault or dysfunction. A chaperone or healthcare provider of the same gender may be needed to support the patient's cultural and religious beliefs. ([Guimond and Salman, 2013](#))

Consent

To help protect the therapist from any potential misunderstandings or accusations of sexual misconduct by the patient during a sensitive physical therapy examination or treatment, obtaining informed consent and offering a chaperone to the patient is essential. The therapist should thoroughly explain the examination/treatment including the rationale and reason. Once the patient has been properly educated, the therapist should then explicitly ask for permission to perform the examination/treatment and wait for verbal consent before proceeding. One should not assume that a patient consents to a sensitive examination or treatment because they made a therapy appointment. ([Keller, 2019](#)) Consent for sensitive pelvic floor physical therapy procedures should be documented in the medical record for each visit or treatment session.

Patients should be informed of the institution's policy on the use of chaperones before the initial encounter.

The patient's preference regarding the use of a chaperone should be documented in the medical record for reference in future visits ([Pimienta and Giblon, 2018](#)). Since the patient's preference may change, it is recommended at each visit to ask the patient about their wish to have a chaperone present and to document the patient's response and the name of the chaperone who will be present; however, positive or negative effects of asking the patient at each visit about chaperone use is unknown.

Organizational Policies

The American College Health Association's Guidelines 2019 list offers three recognized options for a chaperone policy – opt-out, opt-in, and mandatory. The APHPT recommends that members consult their state practice act and organizational risk management department first in determining which policy is best for their clinic.

1. **Opt-out policy** is one in which a chaperone is planned and provided for at every sensitive exam or procedure and available for any exam upon patient or provider request. A patient has a right to decline a chaperone after being provided adequate education that explains the nature of the sensitive exam and the role of the chaperone. The patient's declination should be documented at each visit.
2. **Opt-in policy** is one in which a chaperone is offered and available upon the request of the patient. Institutions should provide patient education regarding the option of a chaperone and the nature of the sensitive examination. Signage alone as patient education is insufficient.

3. **Mandatory policy** is one in which a chaperone must be present during a sensitive exam or the exam will not be performed. Institutions that adopt a mandatory policy should not allow their policy to impede emergency care.

The Academy of Pelvic Health Physical Therapy recognizes that the practices of pelvic health physical therapy may differ from those of other healthcare professionals. As such, some pelvic health physical therapy practices may have a "No chaperone available policy," which means that patients are provided with information that a chaperone is not available and can choose whether or not to participate in the practice. If a chaperone is not available, patients may have the option to reschedule the appointment until a chaperone is available, or they may choose to participate in the appointment despite the lack of a chaperone. It is important for patients to communicate their preferences and concerns with their healthcare provider to ensure that they feel safe and comfortable during the appointment. If requested by the patient, examinations, and interventions may be declined or deferred to a time when a chaperone is available.

It is within the provider's discretion to require a chaperone to be present during certain procedures or examinations, as a way to ensure the safety and comfort of the provider. If a chaperone is not available at the time of the appointment, the provider may choose not to proceed with the procedure or examination if they feel that having a chaperone is necessary for the safety of the provider. In such cases, it is important for the provider to communicate clearly with the patient and explain the reasons why a chaperone is required, and work with the patient to reschedule the appointment when a chaperone is available.

The APHPT recognizes the following in regard to the use of chaperones while performing pelvic health physical therapy:

- Patient consent for sensitive pelvic floor physical therapy procedures should be documented in the medical record.
- Chaperones are offered to every patient regardless of the gender of the clinician.
- Patient's decision in regard to accepting or declining the presence of a chaperone should be documented.
- Documentation of the chaperone's name should be noted.
- If a patient requests a family member be present, the name of the family member should be documented.
- Physical therapists develop policies to include provisions for the training of chaperones.
- Processes are in place for reporting questionable practices.
- Clinicians are responsible to obtain training on how to communicate with patients and chaperones about examinations and procedures.
- Follow your facility's chaperone policies and procedures.
- APHPT recommends members follow their state law and institutional policies regarding parental/guardian consent requirements for minors receiving treatments in sensitive areas.
- Therapists treating minor students in the school system should follow their specific school system guidelines in regard to chaperones.
- For pediatric patients, pelvic floor physical therapists will follow the American Academy of Pediatrics (AAP) Guidelines regarding consent.

References

1. American College Health Association *Best practices for sensitive exams*.
https://www.acha.org/documents/resources/guidelines/ACHA_Best_Practices_for_Sensitive_Exams_October2019.pdf Date: 2019
2. Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
3. Tillman S. Consent in pelvic care. *Journal of Midwifery & Women's Health*. 2020; 65: 749-758
<https://doi.org/10.1111/jmwh.13189>
4. Guimond M.E., Salman K Modesty matters: Cultural sensitivity and cervical cancer prevention in Muslim women in the United States. *Nursing for Women's Health*. 2013; 17: 210-216
<https://doi.org/10.1111/1751-486X.1203>
5. Keller J. Consent in the exam room. *Journal of Sexual Medicine*. 2019; 16: 618-620
<https://doi.org/10.1016/j.jsxm.2019.02.013>
6. Pimienta A.L., Giblon R.E. The case for medical chaperones. *Family Practice Management*. 2018; 25: 6-8
<https://www.aafp.org/fpm/2018/0900/p6.html>
7. Barbieri R.L. In your practice, are you planning to have a chaperone present for all intimate examinations?. *OBG Management*. 2020; 32
https://cdn.mdedge.com/files/s3fs-public/issues/articles/obgm0320606_editorial_1.pdf

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Samples

Chaperone Orientation Sample Guidelines

- **Introduction:** Explain the role and responsibilities of a chaperone in healthcare settings, including maintaining patient privacy and dignity.
- **Privacy and Confidentiality:** Explain the importance of maintaining patient confidentiality and the need to ensure that all conversations and actions within the healthcare setting are kept private.
- **Communication:** Provide guidelines on how to communicate effectively with patients, healthcare providers, and other chaperones, and emphasize the importance of clear communication.
- **Professionalism:** Explain the importance of maintaining a professional demeanor at all times and the need to avoid any behavior that could be considered inappropriate or unprofessional.
- **Safety:** Explain the importance of ensuring the safety of the patient, the chaperone, and the healthcare provider at all times, including during procedures or examinations.

Chaperone Orientation Instructions Throughout the Exam/Treatment

BEFORE THE PATIENT EXAM -What should be done before the exam? 1

- The provider should have explained the purpose of the exam and the role of the chaperone.
- The provider should introduce the chaperone upon their arrival by name.
- The provider and chaperone should allow the patient to disrobe in private, include any instructions to be in a set position for the exam, and ask the patient for readiness before entering the room.

DURING THE PATIENT EXAM - What should I do when I'm chaperoning?

- Remain involved, compassionate, and courteous.
- Be engaged in the procedure while maintaining respect for the patient and the intimacy of the exam.
- Observe for verbal and nonverbal indications of distress, if observed, clarify the behavior with the patient.
- "[Patient name] I see you are [observed behavior ie grimacing] are you in pain, do you need something?"
- If unusual or unacceptable behavior is demonstrated by the patient or the provider follow your escalation process.
- Should I be looking at what the provider is doing, even if it is in a sensitive area? Yes, you are a healthcare worker in a professional environment. For the safety of our patients and our providers please know what is going on during the exam.
- **Remain in the room at all times.** The chaperone should be present before the start of the intimate examination until the intimate exam is completed and the intimate areas are no longer exposed.

WHEN THE EXAMINATION IS COMPLETE

- Ask the provider if further assistance is needed.
- You may be asked to remain in the room for the entire office visit.
- If asked, leave the room so the consultation can continue in private.
- Ensure privacy as you exit the room.

UNSURE WHAT TO DO?

- Ask the provider how you can assist, for example, get additional draping, hold a light, prepare instruments, or specimen collection (whatever is approved in your job description).

WHAT SHOULD I NOT DO WHEN I'M CHAPERONING?

- Do not stand awkwardly in the corner of the room, be uninvolved, avoid eye contact, or appear to be uncomfortable or in a hurry to exit.
- Conversation should be kept to a minimum that is not related to the patient's care. Always act professionally.

WHAT HAPPENS IF I CAN'T CHAPERONE AFTER BEING ASKED?

- Examples - knowing the patient, feeling unwell, being sensitive to a smell or procedure.
- As soon as possible, inform the provider BEFORE you enter the exam.
- If you are in the exam and cannot complete your duty, please discreetly inform the provider you have to "step out" and will return OR send a "named chaperone" to complete the visit. The provider will then stop the examination and wait until chaperoning can resume.
- As soon as possible after the incident, inform your provider of the problem that was encountered so plans can be made for alternate options for future visits.

Chaperone Competency Checklist Sample

- Completed basic HIPAA training
- Ability to maintain patient privacy and dignity
- Knowledge of the importance of confidentiality in healthcare settings
- No communication with the patient during treatment unless approved by the clinician
- Professional demeanor and behavior
- Awareness of safety procedures and the ability to ensure the safety of all parties involved
- Ability to recognize and respond appropriately to incidents or concerns that may arise
- Knowledge of the chaperone's role and responsibilities in healthcare settings
- Understanding of the procedures and examinations for which a chaperone may be required
- Ability to work effectively with healthcare providers and other chaperones.

Patient Question Samples for Provider / Patient FAQs

- Would you feel more comfortable having someone else in the room with us during the examination/procedure, to provide support or help you feel safe?
- An internal pelvic floor exam is a procedure that involves the insertion of fingers into the vagina and/or rectum to examine the muscles and tissues of the pelvic floor. During the exam, the PT may ask you to relax and contract your pelvic floor muscles to assess their strength and tone.
- It is important to know that this exam may feel uncomfortable, but it should not be painful. If at any point during the exam, you feel uncomfortable or want to stop, you can communicate this to your PT and they will pause or stop the exam.
- If you have experienced trauma, it is important for your PT to know about this so that they can take steps to ensure your comfort and safety during the exam. They may provide extra support or allow you to bring a trusted support person with you. It is also important to communicate any concerns or questions you may have with your PT before the exam so that they can help you feel more comfortable and informed.

Waiver of Chaperone Sample Form

*Please consult with your legal counsel for appropriate documentation needed for your clinic.
This document is meant to serve as a sample waiver form.*

Instructions: If you wish to decline having a chaperone be present during your examination, please complete this form to declare that a chaperone was offered for this examination, but you requested that a chaperone not be present.

It is **[Insert Clinic Name]** policy that, for the protection of the patient and the **[Insert Clinic Name]** Staff, any patient or provider may request that a second healthcare professional serve as a chaperone during any medical examination.

Your rights as a patient include:

1. **[Insert Clinic Name]** should accommodate patient preference as to chaperone gender whenever appropriate and feasible.
2. If a chaperone of the requested gender is not available, the patient shall be given the opportunity to reschedule the appointment within a reasonable amount of time from the originally scheduled date.
3. If a patient refuses to have a chaperone for an examination where one is required or one where the provider has requested a chaperone, **[Insert Clinic Name]** may transfer care to another provider or clinic.
4. The provider must document their discussion with the patient regarding, **[Insert Clinic Name]** chaperone requirement and the patient's refusal.
5. In a non-emergency situation, the provider may either perform the examination without a chaperone or refer the patient to another qualified provider. The provider must document the referral and the reason for it.

Signatures:

Patient / Legal Representative: By signing this form, you are waiving the need for a chaperone for office visits, testing, and procedures. At any time, a patient may rescind this waiver and request a chaperone. This waiver will remain in place for 1 year from the date of signature and will be renewed on an annual basis. If you have any questions, please do not hesitate to ask the clinical staff, or ask to speak to a member of management.

Print Full Name (Patient)	Signature	Signed Date

Print Full Name (Legal Representative)	Signature	Signed Date

Clinician: A chaperone was offered for this sensitive examination, but the patient requested that a chaperone not be present.

Print Full Name (Clinician)	Signature	Signed Date