



Endometriosis Foundation of Houston Healing Hou PFPT Scholarship Program

About us:

The Endometriosis Foundation of Houston (EFHou) is a 501(c)(3) charitable organization created with the purpose of increasing disease recognition, offering vital support services to individuals battling endometriosis in the Bayou City, and helping connect patients, communities, stakeholders and healthcare providers to promote advocacy programs nationwide. We collaborate with local experts and national organizations to promote reliable, accurate endometriosis information.

What is endometriosis?

Endometriosis is a complex disease in which cells similar to—but not the same as—the lining of the uterus are found elsewhere in the body, causing pain, inflammation, and organ dysfunction. It is estimated that endometriosis affects 200 million individuals worldwide, that's about 1 in 10 individuals assigned female at birth and is rare in individuals assigned male at birth. The most common symptom of endometriosis is severe, often debilitating, pelvic and abdominal pain, with or without a period. While we often think of intensely painful periods with excessive bleeding as the hallmark of endometriosis, other common symptoms include: pain with sex, pain with defecation, urinary pain, backaches, abdominal bloating (aka endo belly), severe fatigue, pain with exercise, hip and leg pain, nausea, constipation, headaches/migraines, diarrhea, and infertility.

What is the EFHou Healing Hou PFPT Scholarship Program?

EFHou has partnered with Empower Yourself PT to provide pelvic floor physical therapy services to two (2) Houston area residents, who are eighteen (18) years old and older, no matter where they are in their endometriosis journey. This includes *up to* twelve (12) pelvic floor therapy sessions to be completed by 12/31/2023. **Payments will be made directly to the provider. Superbills, EOBs, itemized receipts, or any other type of financial information will not be provided to the patient for services rendered. PLEASE NOTE: Each recipient will have a care plan tailored to them and their needs. Some patients may be awarded more sessions than others.**

How can pelvic floor physical therapy help?

Endometriosis is a systemic disease impacting the whole body. The body reflexively reacts to pain by tensing muscles at or near the pain. Over time, this results in distress and dysfunction, locking muscles in a shortened, tight, and painful state. This, itself, becomes a pain generator layered on top of endometriosis pain. Pelvic floor physical therapists can use techniques to ease muscle tension, retrain and correctly strengthen muscles, mobilize organs and scar tissue, release restrictions, improve alignment, and enhance blood flow. They can help retrain bladder, bowel, and sexual function. Over time, the changes brought about by PFPT can also help quiet an irritated central nervous system.

Who are the physical therapists EFHou is partnering with for Healing Hou?

Last year, we worked with Karen Kowenski, PT, DPT, owner of Empower Yourself PT, a Houston-based pelvic floor physical therapy practice. This year, we are excited to work with two of her practice partners at Empower Yourself PT. One scholarship recipient will work with Aya Cardellini at the main office in Bellaire. Another scholarship recipient will work with Leslie Guier at a satellite location in Old Town Spring. Both PTs have experience treating patients with pelvic pain and endometriosis. **Please note that Leslie's office shares a building with doulas and lactation consultants, which may be triggering to some people dealing with endometriosis. Please select Aya as the PT you would prefer to work with if you are not comfortable with this location.**

Aya Cardellini, PT, MS, ASSECT is a pelvic floor therapist and sexual coach with more than 20 years of experience treating patients with orthopedic and pelvic floor conditions, with an emphasis on related sexuality concerns. She is able to combine physical and manual therapy with sexual counseling for those patients who are interested, and therefore offer a unique holistic perspective to treatment. Aya believes every person is different, thus every treatment is different as each patient's unique physical, emotional, and cultural story shapes that. Her mission is to build a relationship of trust and openness with patients as we deal with the physical condition, and to explore their sexual concerns.

Availability: Monday and Wednesday: 7:30 am to 2 pm, Tuesday: 12 pm to 5 pm

Location: 4909 Bissonnet St Suite 115, Bellaire, TX 77401

Leslie Guier, PT, DPT has over 10 years of physical therapy experience treating patients with orthopedic and pelvic floor conditions. She has completed advanced coursework in Pelvic Health and looks at the whole person. It is her mission to educate people on pelvic health and work with you on an individualized plan to help you reach your optimum level of pelvic health and wellness. She believes it is important to accomplish this through one on one treatment sessions with your specific goals in mind. Whether it is returning to the same activities or finding new ways of living a healthy life, she is here to walk beside you on your journey!

Availability: Monday and Thursday: 9:30 am to 3 pm

Location: 26602 Keith Street, Spring, TX, 77373

To learn more about Empower Yourself PT, please visit: <https://www.empoweryourselfpt.com>

Who should apply?

Scholarship eligibility depends on the applicant's circumstances (i.e., Underlying cause of pain, endometriosis diagnosis, financial situation and other life factors) and their meeting a set of requirements, as listed below.

Applicants must be 18 years old or older.

Applicants must be a resident of the greater Houston area.

We strive to be diverse and inclusive regarding ethnicity, sexual orientation, socioeconomic status.

PLEASE NOTE: meeting scholarship requirements does not assure receiving a scholarship. We are unable to fund all of those who apply at this time.



**Endometriosis Foundation of Houston
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REQUIRED DOCUMENTS

Please submit the following **REQUIRED** documents along with this completed application via email to healinghou@gmail.com

Please black out/redact your social security number on any documents you submit.

REQUIRED - Personal story: We want to know your journey with endometriosis (250-500 words). Where are you now with your endo journey? We want to know who you are – hobbies, profession, family history, why you would be a worthy candidate. You are encouraged to tell the committee why you think you need a scholarship and they should present the opportunity to you.

REQUIRED - Copy of most recent household tax return **OR** copy of the last two (2) pay stubs. If self-employed, please provide a self-employment letter confirming occupation type and monthly gross income. If unemployed, a copy of any financial award letters from disability, social security, or unemployment offices. **PLEASE REDACT YOUR SOCIAL SECURITY NUMBER.**

REQUIRED – Copy of government issued identification.

REQUIRED – Application form: The entire application form herein, including release form and compliance form. Incomplete applications will not be considered.

DEADLINE: Applications must be received by EFHou by the deadline date of **May 31, 2023**. No late submissions accepted. We **do not** accept applications submitted via fax or mail. We strongly suggest that you retain a copy of your submission for your records. The EFHou office will not photocopy and return any documents.

INTERVIEW: Finalists will be asked to attend an interview via Zoom in June 2023. Decisions will be made by July 1, 2023.

Once you have completed the application, please email it to us at healinghou@gmail.com with the subject line “**2023 Healing Hou Application.**”

For questions regarding the EFHou Healing Hou PFPT Scholarship Program, please contact:
Alison Landolt, Program Director at healinghou@gmail.com.



**Endometriosis Foundation of Houston
Healing Hou PFPT Scholarship Program Application**

Please email the complete application to us at **healinghou@gmail.com** with the subject line **“2023 HEALING HOU APPLICATION”**. *Please remove social security number from documents.*

1. BASIC INFORMATION

Applicant Name: _____ Date: _____
(First Name Last Name)

Birth Date (MO/DD/YY): _____

Email: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Address Street: _____

City: _____ State: _____ Zip Code: _____

County of residence: _____

Optional:

Race: White Black/African American Hispanic/Latin Asian

Native Hawaiian/Pacific Islander American Indian/Alaska Native Other _____

Gender identity: _____

2. ENDOMETRIOSIS

How did you hear about EFHOU? _____

Have you been diagnosed with or suspect you have endometriosis? _____

Please explain:

What have you tried in order to manage endometriosis symptoms?

Who is the physician managing your endometriosis care? _____

3. HEALTH INSURANCE

Do you have health insurance?

NO

YES Name of Company: _____

Do they pay for PT services? YES NO

Do you have a copay/coinsurance for PT services? YES NO

Copay/coinsurance amount? _____

What is the annual out of pocket max? \$ _____

What is the annual deductible amount? \$ _____

Has your deductible been met? YES NO

4. FINANCIAL

All financial information provided will remain confidential. Financial need will play a role in determining scholarship eligibility.

We require a copy of the first page of your most recent federal tax return OR two (2) recent pay stubs.

PLEASE NOTE: Please black out/redact your social security number on any documents you submit.

Applicant Annual Income: _____

Annual Household Income (if different): _____

Select one:

Employed Unemployed Since _____ Retired Since _____

Permanent disability Since _____ Active Military Since _____

Total number of persons in household: _____

Total number of wage earners in household: _____

Total number of dependents in household: _____

Please list the amount of your total monthly expenses: Total _____

Optional:

Rent/Mortgage _____ Utilities _____ Telephone _____ Food _____ Car
_____ Other _____

Are you solely responsible for your medical care expenses? Do you receive assistance from another person in your household?

Is there any other information you would like us to consider while reviewing your financial information?

5. **PHYSICAL THERAPY**

A referral is required for physical therapy from your physician. Will you be able to obtain a referral?

YES NO

Are you currently in pelvic floor physical therapy? YES NO

Have you ever had pelvic floor physical therapy? YES NO

If so, who is/was your physical therapist? _____

If so, please tell us about this experience.

If you are **NOT** currently in pelvic floor physical therapy, what are the barriers to care? What is preventing you?

If you **ARE** currently in pelvic floor physical therapy, what have been your biggest challenges?

What are your goals for physical therapy? What do you want to get out of this opportunity?

Realistically, how much time are you able to devote to doing PT homework each week?

What would prevent you from fully participating in physical therapy if you were awarded this scholarship?

6. PHYSICAL THERAPIST PREFERENCE:

I am willing to work with:

- Aya Leslie Either Aya or Leslie

If you are willing to work with either therapist, do you have a first choice? _____

Aya Cardellini is in the Bellaire office **Mondays and Wednesdays from 7:30 am to 2 pm and on Tuesdays from 12 pm to 5 pm.** Please list all of your availability during these times.

Leslie Guier is in the Spring satellite office **Mondays and Thursdays from 9:30 am to 3 pm.** Please list all of your availability during these times.

I understand that Leslie works in the same building as doulas and lactation consultants, and I am comfortable with this location.

- YES NO

The following documents must be attached to this application:

1. First page of your latest federal tax return OR 2 recent pay stubs (**black out/redact social security number**)
2. Patient Compliance Form
3. Personal story (see attached for instructions)
4. Copy of driver's license or government issued identification card.

Deadline: May 31, 2023

I understand that I may be asked to participate in an interview via Zoom in June 2023 if I am selected as a finalist.

YES NO

I am confirming that I live in Texas permanently and the information listed above is accurate to the best of my knowledge. I understand that if I qualify as an EFHou Healing Hou PFPT Scholarship Program recipient, my status as a Scholarship Program recipient may be IMMEDIATELY revoked if any evidence of fraud or misrepresentation of my diagnosis and financial status is uncovered.

Applicant's Signature

Date

Applicant's Name (print)



**Endometriosis Foundation of Houston
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Patient Compliance Form

I, _____ (print patient name), understand if accepted for EFHou assistance, I must comply with the following terms or I shall be terminated from the program:

1. Show up on time. Please be respectful of the provider's schedule as they also have a private practice with other scheduled appointments. Patient Initials: _____

2. Avoid cancellations. If you are unable to attend your appointment for whatever reason, you must contact your physical therapist's office to reschedule a minimum of twenty-four (24) hours in advance. Failure to do so will result in a One Hundred Fifty Dollar (**\$150**) **late cancellation fee paid for by you** and not by EFHou. You will be required to keep a card on file with the provider in case of late cancellation. Patient Initials: _____

3. Adhere to your physical therapist's clinical policies and patients' rules of treatment. You must follow your physical therapist's policies and patients rules of treatment through the entirety of your foundation status, including attending all scheduled appointments, completing your home program, and follow through with all treatment plans. Scholarship status will be terminated due to excessive absences determined by provider's policy and agreement. Patient Initials: _____

4. Patient is responsible for transportation and lodging, if needed. Physical therapy sessions will be held either in Bellaire or Spring, depending on the selected therapist. While the EFHou Healing Hou PFPT Scholarship Program Services are covered one hundred percent (100%), you acknowledge that you are responsible for your own transportation to and from appointments. If coming from out of town, you acknowledge that you are responsible for your own lodging accommodations if you need to spend the night. No special accommodations will be made. Patient Initials: _____

5. If you and the physical therapist determine together that PT is not a good fit for you at this time, you may withdraw from the Scholarship Program and forfeit the remainder of your sessions. Patient Initials: _____

6. You understand that pelvic floor physical therapy can be emotionally triggering for some people and you feel psychologically prepared to participate in these sessions. Patient Initials: _____

7. Per Texas state law, you will be required to obtain a referral for physical therapy services from a physician prior to the start of treatment. Patient Initials: _____

8. Scholarship recipients will be announced by 07/01/2023. Scholarship recipients are required to schedule an appointment **within one (1) month** of award and finish treatment by **December 31, 2023**. At

the joint discretion of EFHou and the provider, exceptions may be made for extenuating circumstances, including but not limited to change in status or disruption due to surgery. Patient Initials: _____

Please note that the Endometriosis Foundation of Houston pays for up to twelve (12) physical therapy sessions on your behalf based on your individual treatment plan.

I have read, understand, and agree to comply with this policy. I understand if I fail to comply with the above mentioned policies, my foundation status shall be terminated.

Patient's Signature

Date

Patient Name (print)



Endometriosis Foundation of Houston Healing Hou PFPT Scholarship Program

Informed Consent and Acknowledgement of Risk

IN CONSIDERATION for the opportunity to apply for participation in the EFHou Healing Hou PFPT Scholarship Program, the undersigned applicant understands and agrees that:

1. There is some risk in undergoing pelvic floor therapy treatment including but not limited to a temporary increase in patients' current level of pain or discomfort, or an aggravation of their existing condition. Undergoing pelvic floor physical therapy may be physically or emotionally uncomfortable for some patients.
2. Patient assumes all risk of and financial responsibility for any loss or injury related directly or indirectly to participation in the program and agree to indemnify and hold EFHou harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suit and actual attorneys' fees incurred or suffered by the applicant as a result of, or arising out of, the applicant's participation in the EFHou Healing Hou PFPT Scholarship Program except for claims resulting wholly from the gross negligence of EFHou;
3. EFHou itself is not a medical expert or provider of any medical services and makes no determination as to whether this program is advisable or appropriate for anyone; participation in this program is voluntary and participants in the program agree to evaluate the risks of participating in the program independently and with the aid of their personal medical professionals to determine if the program is appropriate for them and their medical and personal needs;
4. All aspects of the program including without limitation the services donated, the criteria for participation, the application and review process and the methods used to publicize the program are subject to change at anytime, without notice, in EFHou's sole discretion based on the availability of donated services, funding and the best interests of EFHou and the public;
5. The physical therapists, clinics and other donating medical services for this program may require additional consents and releases prior to allowing applicants selected by EFHou to participate in the program and receive pelvic floor therapy treatment; and,
6. This agreement shall be construed and interpreted in accordance with the laws of the State of Texas without regard to its conflicts of laws provisions and agree further to the submission of any dispute under this agreement or the EFHou Healing Hou PFPT Scholarship Program as a whole to Federal or Texas courts located solely within the State of Texas.
7. Any questions or issues concerning the interpretation of this agreement shall be first resolved through local mediation, and if mediation is unsuccessful, the parties agree that all claims will then proceed solely through the courts located in the jurisdiction of Harris County.

This Informed Consent and Acknowledgement of Risk shall not be amended, supplemented or abrogated without the written consent of EFHou. The undersigned applicant has read and understands the content of this Informed Consent and Acknowledgement of Risk and executes this agreement freely and voluntarily.

Patient's Signature

Date

Patient Name (print)



MEDIA RELEASE FORM

I, _____, grant permission to Endometriosis Foundation of Houston, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos
- Email Blasts
- Recruiting Brochures
- Newsletters
- Magazines
- General Publications
- Website and/or Affiliates
- Social Media
- Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. Any issues concerning the interpretation of this agreement shall be governed by Texas law in the jurisdiction of the state or federal courts located in Harris County, Texas.

Signature: _____

Date: _____

Name (please print): _____

Address: _____