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Pelvic Floor and Vaginal or Ano-rectal Assessment

Guidance for Post-Graduate Physiotherapists

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1. INTRODUCTION

Members of the Chartered Society of Physiotherapy are always obliged to follow the Rules of Professional Conduct (see rule 1).

This information sheet sets out a range of options for acquiring the skill needed to undertake a vaginal or ano-rectal examination as part of a pelvic floor assessment.
For information on guidance for tutors in teaching these skills, please see CSP information paper 19B.

1.1 Traditionally, physiotherapists have acquired assessment and treatment skills by practising on colleagues**,** either as pre-registration or post-graduate students. This is based on the need for physiotherapists to know and recognise the 'normal' in order to assess accurately and facilitate rehabilitation of the 'abnormal'. Practical assessment of the vagina or ano-rectum and pelvic floor muscles **should not be** performed on or by student physiotherapists**.** The Association of Chartered Physiotherapists in Women's Health (ACPWH) considers pelvic floor assessment skills to be part of post-graduate training; however, observation by a student is acceptable.

1.2 Physiotherapists involved in the care of patients with continence problems take a relevant patient history, may assess neurologically**,** and perform a vaginal and /or ano-rectal examination with consent. This part of the pelvic floor assessment is used to examine muscle tissue quality*,* presence of prolapse and any other abnormality*.* It may also be used to assist in teaching women to perform an effective pelvic floor muscle (PFM) contraction, since it is essential to ensure that the contraction is performed correctly and optimally; and to evaluate PFM function in order to provide an appropriate exercise programme.

1.3 Gynaecologists, obstetricians and midwives usually undertake vaginal examinations for different reasons from physiotherapists. Gynaecologists and

obstetricians are generally seeking information regarding the pelvic organs and any potential pathology whereas midwives and obstetricians are assessing the condition of the vagina and dilatation of the cervix. Similarly, this is the case when a surgeon or general practitioner performs an ano-rectal assessment.

1.4 Physiotherapists should also be able to recognise pathology but their main aims are to**:**

- evaluate and record the power, strength, endurance, repetition ability, co-ordination and cortical awareness of a pelvic floor muscle contraction, and the integrity of the perineum;

- assess for areas of asymmetry, atrophy, pain, increased or decreased sensitivity, scarring, size and tone of the vagina or anus and rectum and the musculature, and to assess a reflex contraction on coughing;

- recognise and identify uro-genital prolapse and differentiate between anterior and posterior wall defect and utero-vaginal prolapse
  or, recognise ano-rectal prolapse and any defects in the anal canal.

- observe urine loss or a rise in intra-abdominal pressure.

2. VAGINAL / ANO-RECTAL AND PELVIC FLOOR EXAMINATIONS MAY BE UNDERTAKEN:

2.1 Digitally

Given the sensitivity developed by physiotherapists in their hands and the range of information that can be gained by palpation, digital pelvic floor and vaginal /ano-rectal examinations are a legitimate part of physiotherapy practice.

2.2 By perineometer

Although this gives certain information regarding muscle contraction, it is not always a true reflection of PFM strength as it can record increase in abdominal pressure and does not give information regarding tissue quality. Great care has to be taken to ensure accurate placement of the probe**,** and that there is no breath holding or rectus abdominis contraction to minimize the risk of an increase in abdominal pressure.

2.3 By electromyography (EMG)

This should be considered to monitor the trend of PFM activity and is not an objective measure by itself.

There can be good correlation between digital assessment, perineometry and EMG assessment but it is dependent upon the operator skills and the relevant use of equipment available.

3. HOW CAN THIS SKILL BE ACQUIRED?

3.1 By self-examination.

3.2 Specially designed teaching aid.

3.3 On a patient

3.3.1 following referral for physiotherapy, this can be undertaken, after documented consent is given by the patient, with a tutor or senior therapist who is skilled in the assessment and teaching of vaginal / ano-rectal and PFM assessment.

3.3.2 it may be appropriate to visit a gynaecological or bowel clinic to observe and undertake vaginal / ano-rectal assessments with the patient's consent. This can be an excellent way to observe gynaecological or ano-rectal assessments. However, not all clinics have a specific expert in PFM assessment.

However, methods 3.1 - 3.2 will not necessarily give information in respect of the range of 'normal' against which changes in muscle tone, strength and tissue quality can be tested.

It is inappropriate for a physiotherapist to examine a patient under anaesthetic.

There are many issues concerning consent such as legal issues, confidentiality, chaperoning and infection control. Information is available from several sources; see References .

3.4 On course colleagues

3.4.1 by physiotherapists on a specialist vaginal and PFM assessment or ano-rectal and PFM assessment course practicing on other members of the course. This can assist in enabling physiotherapists to become aware of the range of PFM activity in order to be able to assess patients effectively.

4. PRE-COURSE INFORMATION

4.1 the teaching method to be used for vaginal or ano-rectal and PFM examination must be made clear and highlighted in the pre-course material and an offer made to discuss this matter further if required.

4.2 the course participants must be given the opportunity to 'opt-in' or opt out to this section of the course and a consent form signed which sets out the various options available. Members must be allowed to decide whether they wish to model and/or participate in this part of the course without being subject to peer pressure. Consent to their choice of level of participation must be received in writing prior to the course but the decision to opt in or out may be changed at any time up to the start for the practical session.

4.3 the pre-course material must set out the reasons and the advantages of each course participant being an examiner, a model and an observer during the course.

4.4 male physiotherapists should not be excluded from pursuing an interest in continence care, although the need for a chaperone during assessment and treatment sessions should be considered.

It should also be made clear whether or not the course is open to men. If male physiotherapists attend the course it may be necessary to make alternative arrangements to acquire the skills of examination.

5. ON THE DAY

5.1 care must be taken that colleagues are given respect regarding their decision to be a model or not. There are many reasons for someone to decline being a model, such as menstruation, pregnancy, previous surgery, infection, sexual trauma or pain. No one should be coerced, or feel the need to divulge their reasons for refusal. Signed consent must be obtained from willing participants and then countersigned and dated at the time of the procedure. As with patients, the course participants have the right to withdraw from examination at any time. They may also opt in to examination even if they had previously declined.

6. CONCLUSIONS

Practical pelvic floor muscle, vaginal and ano-rectal examinations should be taught as part of post-registration education only. The examination of colleagues must always be treated with sensitivity. Consent is essential.

References

1. CSP documents:

a. Rules of Professional Conduct, 2002

b. Standards of Physiotherapy Practice, 2005

c. Clinical guidelines for the physiotherapy management of females aged 16-65 years with stress urinary incontinence, 2003

d. Consent. Information Paper No. PA60, February 2005

CSP documents are available from www.csp.org.uk or from the Enquiry Handling Unit on 020 7306 6666

2. Department of Health website: www.dh.gov.uk/consent

3. General Medical Council website: www.gmc-uk.org/standards/intimate

4. Government Legislation website:
http://www.legislation.hmso.gov.uk/si/si2002/20022677.htm 07 March 2005

5. Gynaecological Examinations: Guidelines for Specialist Practice. RCOG, 2002.