Pelvic Physical Therapy Distance Journal Club
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This 44 page document is the result of 4 years and many (many, many) meetings between the co chairs (myself, Helena and Melanie) along with the others on the working group and several key experts.

Outline - poor formatting is being corrected

**Symptoms** (pgs 10 and 12) - what the patient says

**Signs** (pgs 5-13, 15, 17) - tests completed without machines (15 pgs)

**Investigations** (pgs 14-16, 18 - 32) tests completed with machines (17 pgs)

- Dynamometry
- Myotonometry
- Manometry (vaginal and rectal)
- EMG
- Imaging (ultrasound, MRI)
- Algometry

**Diagnosis** (pg 33 - 36) only PFM diagnosis here

- Disorder of increased tone
  - Pelvic floor tension myalgia
  - Pelvic floor myofascial pain syndrome
- Disorder of PFM pain
  - Pelvic floor myalgia
- Disorder of decreased PFM tone
- Disorder of PFM coordination
  - PFM dyssynergia
    - Vaginismus
    - Animus
- Pudendal neuralgia

**References** (pg 38-44 ) - 209 of them

What is included

- Adult male and female, including elderly and neurological disease
- Written for clinicians and researchers
- Structure and function - neuro-myo-fascial
  - PFM
    - nerve as it relates to PFM
    - connective tissue / fascia / skin as it related to PFM
- External - per perineum
- Internal - per vaginam and per rectum
- Definition of the assessment term and interpretation - 185 definition
- Focused on describing the status of the PFM

What is not included

- This is not a instruction for how to perform a PFM assessment
• It does not include a detailed account of how to perform the test or interpret the results
• Does not include assessment of
  o Boney structures / joints of the pelvis
  o Extra - PFM muscles (hips and trunk)
  o Central nervous system
• Psychometrics of the tests or normative values - phase two
• This is not an evidence based suggestions of which tests should be included in PFM assessment

Overall
• Avoid use of "abnormal" as in most cases we do not know what normal is
• Report the value if possible (ie number of seconds or cm)
• Describe the finding (ie redness, hyperalgesic)
• When there is no scale we have only the subjective terms
  o "increased/ elevated / higher/ faster"
  o "decreased / reduced / lower / slower"
• Box one (pg 4) - aspects to standardize and details to report

Symptoms (pg 10 and 12) - what the patient says
• Symptoms - what the patient says, avoid assessor interpretation
• This document only includes PFM terms not those related to UI or POP
• PFM sensory symptoms include
  o numbness, reduced feeling, decreased sensation
  o tingling, pins and needles, unusual sensations
  o sensitivity / hypersensitivity
  o pain, tender, ache, burning, discomfort
• PFM motor symptoms include
  o loose, lax, gaping, sagging, open, weak, bulging, heaviness, full, loss of control
  o difficulty to relax, tight, tense, narrow, constricted
  o vaginal wind
  o anal wind
• Absent or Present (include bother scale)

Signs (pg 5-13, 15, 17) - tests completed without machines (15 pgs)
"Exercise great caution in interpretation of finding measured by visual observation and digital palpation as these tests yield subjective and highly variable findings."
Some of these findings are better tested with investigations
Type of tests
• Visual observation
• Palpation
• Simple tests (reflex, cotton swab)
Summary of signs
• External per perineum observation
• External per perineum digital palpation
• Internal assessment resting
• Internal assessment contraction
External per perineum observation - table 2 pg 5, 6
• visual observation at rest
• visual observation with contraction
• visual observation with increased IAP
External per perineum digital palpation - table 3 pg 7, 8
• palpation at rest
• palpation for sacral reflex function
• palpation with contraction

Internal assessment resting
• table 4 pg 9 including vaginal and rectal, and rectal only
• table 5 pg 10 vaginal only
• tone - pg 10 figure 2 and 3 good summary with text pg 15 and 17

Internal assessment contraction
• table 6 pg 11, 12 vaginal and rectal
• table 7 pg 13 vaginal only