

## Pelvic Physical Therapy Distance Journal Club

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Reliability of PERFECT scheme assessed by unidigital and bidigital vaginal palpation. da Silva JB, de Godoi Fernandes JG, Caracciolo BR et al. *Int Urogynecol J* 2021; 32:3199-3207.

Doi: 10.1007/s00192-020-04629-2.

Current article PERFECT 2001	Updated version PERFECT 2008	ICS terminology 2021
		External observation and palpation
		Internal palpation at rest
P= power 0 to 5 MMT	P= performance 0 to 5 MVC	Strength
E=endurance – how long to hold	E= endurance - time in seconds a MVC can be held before strength is reduced 50%	Sustained contraction endurance test
R-repetitions of item E – how many times to repeat that length of hold (4 second rest between)	R= repetitions - #of times the MCV can be repeated (4 second rest between)	Repeatability of contraction
F= fast, number of fast contractions up to 10	F= fast, number of fast contractions up to 10	Number of rapid contractions performed
ECT = every contraction timed	E= elevation - lifting of posterior PFM during MVC	Direction of PFM movement during contraction
	C= co-contraction - co-contraction of lower abdominal muscle during MVC	Co-contraction
	T= timing - involuntary contraction with cough	
		Co-ordination Urethral lift Levator closure Levator hiatus size

Subjects – 80 healthy 18 to 35 yo (nulliparous?)

- 40 – one digit (examiner A and C)
- 40 – two digits (index and middle) (examiner B and C)

Intra-rater – same PT

Inter-rater – between PTs

Training of PTs (less than one year to 2 years experience) – standard assessment not fully described

Box #1 of ICS standard terms gives 7 points to fully describe PFM assessment

## Instruction

- Hold urine
- Movement with muscles up and inward
- Exhale squeeze
- No abdomen or legs

## One digit assessment - No assessment of right vs left PFM

- Examiner A
- Examiner C - inter-rater
- Examiner A - intra-rater

Laycock protocol calls for assessment of both sides - touching a side wall

Was the single digit touching a side wall or in the center?

## Two digit assessment with both fingers together "pointing toward the levator ani"

- Examiner B
- Examiner C - inter-rater
- Examiner B - intra-rater

## Results

- Table 2 page 3202 summarizes perfectly
- Reliability has been tested
  - in several ways
  - and in different patient populations (nulliparous, parous, symptomatic)
  - with many test of PFM
  - and conflicting results.
- The well done studies point out the issues with reproducibility of the MMT.

## Conclusion

- When two PTs are testing – use two finger method (repetition finding is not reliable - repeatability of contraction)
- When one PT is testing – it is OK to use one finger for MMT and fast test or two fingers for MMT, endurance and fast (not for repetition finding - repeatability of contraction)

## Study issues

- Subject population
- One finger technique
- Experience of raters

## Discussion questions

1. How do you use results of MMT for right and left sides in clinical decision making?
2. How often do you use two fingers to assess PFM function?