
<table>
<thead>
<tr>
<th>Current article PERFECT 2001</th>
<th>Updated version PERFECT 2008</th>
<th>ICS terminology 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>P= power 0 to 5 MMT</td>
<td>P= performance 0 to 5 MVC</td>
<td>Strength</td>
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<tr>
<td>E= endurance – how long to hold</td>
<td>E= endurance - time in seconds a MVC can be held before strength is reduced 50%</td>
<td>Sustained contraction endurance test</td>
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<tr>
<td>R-repetitions of item E – how many times to repeat that length of hold (4 second rest between)</td>
<td>R= repetitions - #of times the MCV can be repeated (4 second rest between)</td>
<td>Repeatability of contraction</td>
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<tr>
<td>F= fast, number of fast contractions up to 10</td>
<td>F= fast, number of fast contractions up to 10</td>
<td>Number of rapid contractions performed</td>
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<tr>
<td>ECT = every contraction timed</td>
<td>E= elevation - lifting of posterior PFM during MVC</td>
<td>Direction of PFM movement during contraction</td>
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<tr>
<td>C= co-contraction - co-contraction of lower abdominal muscle during MVC</td>
<td></td>
<td>Co-contraction</td>
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</tbody>
</table>
| 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?