

Pelvic Physical Therapy Distance Journal Club

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Meghan Swenck

Interrater reliability among novice raters in the assessment of pelvic floor muscle tone using the Reissing Tone Scale. Fonteyne L, Guinois-Cote S, Perugino L, et al. *Physiotherapy Canada* 2021; 73(4);313-321. Doi:10.3138/ptc-2019-0093.

Introduction: Abnormal pelvic floor tone may be present in various pelvic floor diagnoses. Therapists need reliable evidence-based approaches to evaluate pelvic floor tone.

Aim/Primary Aim: To determine (1) interrater reliability of novice raters of intra-vaginal palpation of tone and (2) correlation of score of novice raters compared to an expert physiotherapist

Study Design/Study Format: randomized, observational study

Methods: 31 Participants recruited and completed Pelvic Floor Distress Inventory, Pelvic Floor Impact Questionnaire, Female Sexual Function Index.

- Raters:
- 3 novice raters and 1 experienced rater
 - Confirmed pelvic floor contraction first.
 - Alternated contract/relax to allow slow insertion during the relax phase to the muscle of interest (pubococcygeus).
 - Palpation of 6:00, 9:00, 3:00 for tone assessment.
 - Rater was allowed to palpate several times but only assigned a single score per location.
 - Randomized: order of assessors of each participant

| | |
|-----------------------|----|
| very hypotonic | -3 |
| Moderately hypotonic | -2 |
| Mildly hypotonic | -1 |
| Normal | 0 |
| Mildly hypertonic | +1 |
| Moderately hypertonic | +2 |
| Very hypertonic | +3 |

Results:

| location | Novice Inter-rater reliability | Correlation with expert (r) |
|----------|--------------------------------|-----------------------------|
| 6:00 | 0.523 | 0.580 |
| 9:00 | 0.274 | 0.320 |
| 3:00 | 0.346 | 0.342 |

Discussion:

Strengths: article has a nice discussion about other assessment techniques of the pelvic floor – transperineal ultrasound imaging, elastography, intra-vaginal dynamometry.

Weaknesses: assuming the expert clinician is a “gold standard” for comparison (the other article refutes this); only 1 expert clinician for comparisons and did not have this therapist interrater data collected; Use of “hypertonic and hypotonic” which is not in agreement with the recently published ICS terminology recommendations. Authors acknowledged that the novice raters mostly had experience with young, nulliparous women prior to the study.

Conclusion/Summary: Manual digital assessment of intravaginal pelvic floor tone should not be used as a stand-alone assessment tool *for novice raters*.

Clinical Application: Clinicians should consider including more than one assessment technique in determining “tone” and making decisions regarding treatment.

List discussion questions:

1. What do you consider an expert physiotherapist?

Other References:

Reissing ED, Brown C, Lord MJ, et al. Pelvic Floor muscle functioning in women with vulvar vestibulitis syndrome. *J Psychosom Obstet Gynaecol.* 2005;26(2):107-13.