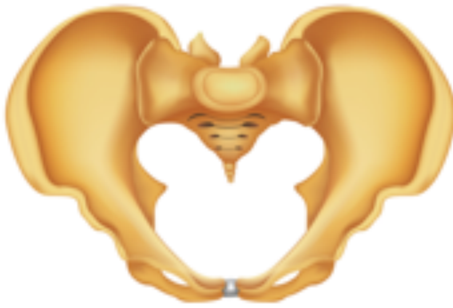
PF2B Prerequisite Skills and Knowledge

- This brief handout is a document that you can use to ensure that you are ready for the upcoming intermediate level course with the Herman & Wallace Pelvic Rehabilitation Institute
- Please be prepared for the following review skills in the Pelvic Floor 2B course
- You may find the Level 1 course binder as well as an anatomy book to be helpful in preparing should you need to refresh skills

Knowledge and Skills



Activity	Specifics
NO GLOVES!	
Patient Interview	Medical history: bowel, bladder and sexual
Perineal Observation	No gloves! Look for skin health, symmetry, scars
Perineal Rest Position	Locate the perineal body- is it lowered or elevated? If not sure-
Lifting contraction	Instruct patient to tighten pelvic floor and assess for anal wink perineal body, clitoral nod. Does the person bear down instead
Perineum bulging or descent	Instruct patient to bear down or bulge "like trying to pass gas bowel movement." Is there distension or bulge around anus?
Observation of cough	Instruct patient to cough, and observe the perineum for lifting lift is considered optimal and protective.)
Teach protective contraction prior to cough, aka "The Knack"	If the patient tightened PFM during cough, tell her "great job" encourage her to continue to do that. If PFM bulged or did no lifting contraction before a cough, she can use mirror for feedb
PUT ON GLOVES WITHOUT LUBRICANT	
Bony Landmarks	Palpate pubis symphysis, ischial tuberosities, ischiopubic rami
Identify structures	Mons pubis, labia majora and minora, perineal body, clitoris, or hymenal remnants, urethral meatus, vulvar vestibule region, scar, anus
PUT ON NEW GLOVES WITH LUBRICANT ON EXAMINING FIN	
INTERNAL EXAM 1st Layer	After affirming permission, gently spread the labia and insert finger to level of your first knuckle. Instruct in contraction, wh

While we acknowledge that there is a wide range of both years of experience and visits seen in pelvic health, the Institute aims to make each class experience postive and useful. In order to be efficient with our lab and lecture time in 2B, we are sharing the expectations for skills and knowledge with which a participant comes into the 2B class. Recall that every day in class we will complete lab activities that utilize a lab checklist. This brief document contains a short list of expected skills as well as a small amount of review material.

Pelvic Floor Muscle Function Overview

- Dr. Arnold Kegel identified the "3 S's": supportive, sexual, and sphincteric
- Other researchers and authors added: Breathing, posture, lymphatic drainage, stability

PFM have cranial and caudal excursion

PFM can contract, relax, and descend or drop as they support mobility and stability

Sensation and proprioceptive awareness of superficial and deep layers are needed with contraction or relaxation

Tone is present as a function of muscle innervation and level of activity

Symmetry should be present

Phasic and tonic muscle activity is needed for function

Motor control with volitional and trained or automatic use is present

Patient Interview

- Participant should be able to interview a patient for data about topics such as patient demographics, medical history, surgical history, pregnancy and childbirth history, pharmacology, and to collect information about the many systems in the body including the genitourinary, reproductive, bowel, and sexual health systems.

In order to complete a medical and symptom history review, the participant should feel comfortable inquiring about the following aspects of pelvic health (partial list):

<u>Urinary</u>
-discomfort related to bladder filling and/or emptying
-difficulty emptying the bladder
-any loss of urine with activities
-functional impairments related to bladder dysfunction
-history of urinary tract infections, kidney stones, surgeries

<u>Bowel</u>
-pain or discomfort related to bowel health
-bleeding related to bowel function
-history of hemorrhoids, fissures, surgeries
-history of constipation or fecal incontinence

<u>Sexual</u>
-current sexual partner or partners
-dysfunction or limitation in sexual health
-history of sexual-related infections
-orgasm dysfunction, ability to enjoy sexual pleasure

<u>Additional</u>: Neuromusculoskeletal, Obstetric/Gynecologic, Hormonal, Lifespan Issues, Dermatologic, Psychiatric Issues

Observation

- Many pelvic rehab clinicians come to continuing education through the lens of outpatient orthopedic practice
- We need pelvic health providers from all settings and backgrounds, with that said, basic orthopedic evaluation skills are needed including general observation of movement, load transfer, observation of breathing, compensatory patterns, etc.
- If you find "gaps" in your knowledge, you can work to fill them

Following are some basic observational skills that are useful in pelvic health practice:

Observation of gait and transitional movements

Movement assessment for trunk, pelvic and hip ROM

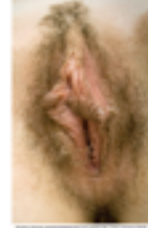
Observation of breathing patterns and technique

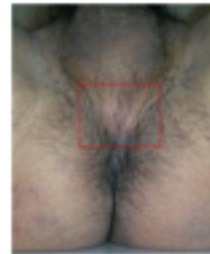
Observation of global muscle holding patterns

Perineal observation (see next page)

Perineal observation

- Perineal observation is key in pelvic health exam
- Perineal observation allows for checking skin health, resting position, and ability of patient to contract, relax, bear down
- Hair patterns, swelling, glandular issues, atrophy can be noted
- Specific structures can be identified through perineal observation (next page)





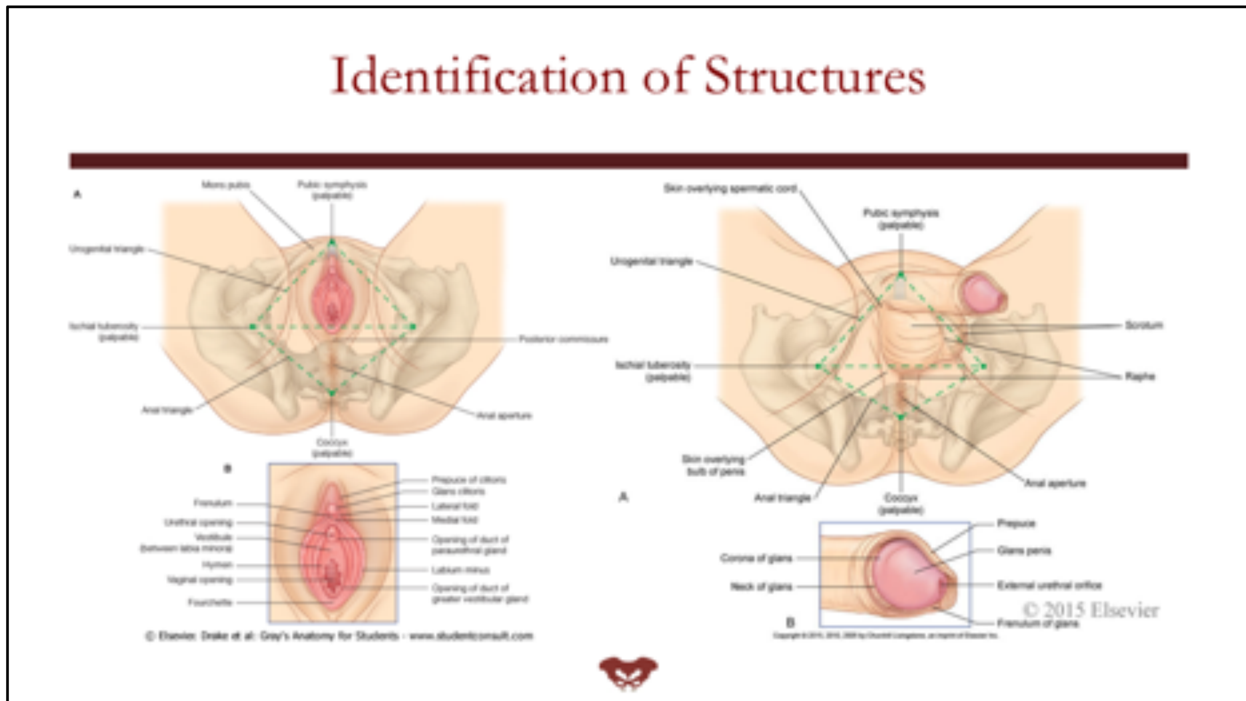
With perineal observation, the therapist will be able to note:

General position of the perineum (elevated, neutral, lowered)

Coloration of the tissues (erythema, rashes, lesions, pallor)

Ability to complete volitional contraction, relaxation, and bearing down of the pelvic floor

Action of the pelvic area with a cough (leakage, dropping of perineum, contraction)



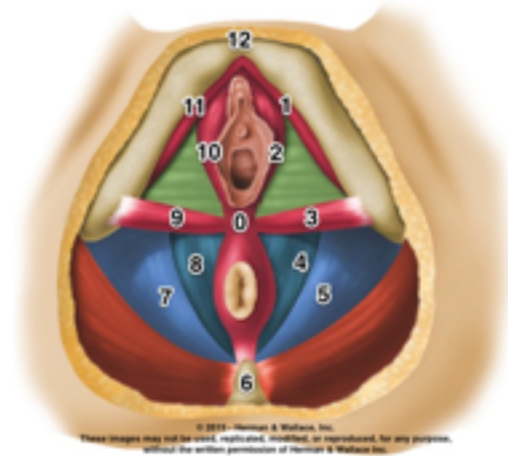
It is expected that participants in the 2B course can identify the following structures:

Bony landmarks such as pubic symphysis, ischial tuberosities, coccyx, ischiopubic rami
Mons pubis
Labia majora and minora
Posterior fourchette
Clitoris, clitoral hood
Perineal body
Vulvar vestibule
Urethral opening
Vaginal opening
Hymen tissue
Vestibular glands- greater and lesser
Anal opening

We recognize that access to perineal structure identification for penile and scrotal tissues may be new, and will be added to 2B in various lectures. These structures may include: Penis, Glans penis, Prepuce, Scrotum, Spermatic cord

Identifying muscles

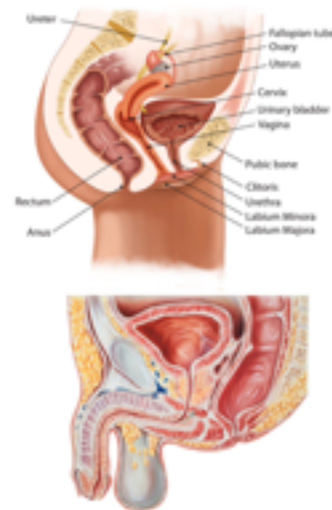
- Ischiocavernosus = 1,11
- Bulbocavernosus = 2,10
- Superficial Transverse Perineal= 3,9
- Perineal Body/Central Tendon = 0
- Pubic Symphysis Inferior angle = 12
- Levator ani: Pubococcygeous = 4,8
- Levator ani: Iliococcygeous = 5,7
- Coccyx = 6



There is value in understanding where the muscles are located among the other soft tissues, under the skin. Please review the locations of the muscles in relationship to the bony landmarks and to each other.

Palpation

- Palpation of the low back, abdomen, thighs are often valuable in pelvic health examination
- External and internal palpation via canals is valuable skill for many conditions
- All 2B participants should have had training in internal canal assessment for vaginal canal, some who have taken other training such as PF2A will have had training in anorectal canal



We expect participants to be able to accomplish the following

External palpation to:
Superficial structures such as skin, locations of pelvic muscles, nerves, fascia, ligaments
Bony landmarks such as the pubic bone, ischial tuberosity, coccyx
External soft tissues with pelvic muscle contraction, relaxation and bearing down

Internal palpation to:
Intermediate and deeper layers of pelvic muscles nerves, fascia and ligaments (sacrospinous, sacrotuberous)
Bony landmarks such as pubic bone, ischiopubic rami, ischial spine, ischial tuberosity
Pelvic muscles with contraction, relaxation, bearing down

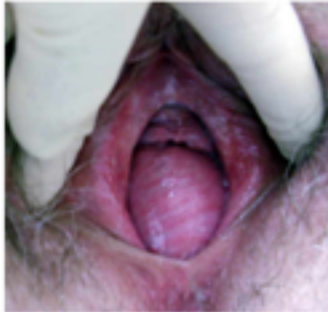
Pelvic Muscle Strength Assessment

- Pelvic muscle power, coordination, and awareness may be valuable variables to measure in patient evaluation
- Having tools to measure strength is important
- Although strength testing manually (digitally) has limitations, for intra-tester use, this is commonly used in clinical care as it's a low cost, conservative measure
- Modified Oxford/Harford scale is applied in varied ways to come up with measures for the canal and for the pelvic muscles

Laycock's "Modified Oxford Scale"

0-Zero No palpable contraction
1-Trace Flicker or pulsation
2-Poor Contraction no lift
3-Fair Moderate contraction lift posterior > anterior
4-Good Contraction and lift with compression from anterior, posterior and side walls
5-Strong Stronger lift and compression with cephalic lift of the finger with resistance against posterior vaginal wall

Assessment for Prolapse



- Pelvic organ prolapse or descent is instructed as beginning level technique in PF1, and instructed with further details and more complexity in PF2B
- Participants should be able to readily demonstrate testing for pelvic organ prolapse in supine hooklying as per notes

Recall the following information about grading prolapse from PF1 coursework.

Prolapse grading scales are numerous, hymen will act as marker for scoring

Use a 0-4 scale with bear down
Grade 0= absent, none
Grade 1= > 1 cm above hymen
Grade 2= 1 cm above or below the hymen
Grade 3= > 1 cm below hymen
Grade 4= complete eversion

Common Prolapse Types

Name	Wall	Refers to
Cystocele	Anterior	Bladder
Urethrocele	Anterior	Urethra
Urethrocystocele	Anterior	Urethra and bladder
Rectocele	Posterior	Rectum
Enterocele	Posterior	Small intestine
Vaginal vault prolapse	Apical vagina	Vagina
Rectal prolapse	N/A	Rectum