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Pelvic Floor and Vaginal or Ano-rectal Assessment

Guidance for Post-Graduate Physiotherapists

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Pelvic Floor and Vaginal or Ano-Rectal Assessment

Guidance for Post-Graduate Physiotherapists

1. INTRODUCTION

Members of the Chartered Society of Physiotherapy are always obliged to follow the Rules of Professional Conduct (see rule 1).

This information sheet sets out a range of options for acquiring the skill needed to undertake a vaginal or ano-rectal examination as part of a pelvic floor assessment.

1.1 Traditionally, physiotherapists have acquired assessment and treatment skills by practising on colleagues, either as pre-registration or post-graduate students. This is based on the need for physiotherapists to know and recognise the 'normal' in order to assess accurately and facilitate rehabilitation of the 'abnormal'. Practical assessment of the vagina or ano-rectum and pelvic floor muscles **should not be** performed on or by student physiotherapists. The Association of Chartered Physiotherapists in Women's Health (ACPWH) considers pelvic floor assessment skills to be part of post-graduate training; however, observation by a student is acceptable.

1.2 Physiotherapists involved in the care of patients with continence problems take a relevant patient history, may assess neurologically, and perform a vaginal and /or ano-rectal examination with consent. This part of the pelvic floor assessment is used to examine muscle tissue quality, presence of prolapse and any other abnormality. It may also be used to assist in teaching women to perform an effective pelvic floor muscle (PFM) contraction, since it is essential to ensure that the contraction is performed correctly and optimally; and to evaluate PFM function in order to provide an appropriate exercise programme.

1.3 Gynaecologists, obstetricians and midwives usually undertake vaginal examinations for different reasons from physiotherapists. Gynaecologists and obstetricians are generally seeking information regarding the pelvic organs and any potential pathology whereas midwives and obstetricians are assessing the

condition of the vagina and dilatation of the cervix. Similarly, this is the case when a surgeon or general practitioner performs an ano-rectal assessment.

1.4 Physiotherapists should also be able to recognise pathology but their main aims are to**:**

- evaluate and record the power, strength, endurance, repetition ability, co-ordination and cortical awareness of a pelvic floor muscle contraction, and the integrity of the perineum;
- assess for areas of asymmetry, atrophy, pain, increased or decreased sensitivity, scarring, size and tone of the vagina or anus and rectum and the musculature, and to assess a reflex contraction on coughing;
- recognise and identify uro-genital prolapse and differentiate between anterior and posterior wall defect and utero-vaginal prolapse;
- recognise ano-rectal prolapse and any defects in the anal canal.
- observe urine loss or a rise in intra-abdominal pressure.

2. VAGINAL / ANO-RECTAL AND PELVIC FLOOR EXAMINATIONS MAY BE UNDERTAKEN:

2.1 digitally
Given the sensitivity developed by physiotherapists in their hands and the range of information that can be gained by palpation, digital pelvic floor and vaginal /ano-rectal examinations are a legitimate part of physiotherapy practice.

2.2 by perineometer
Although this gives certain information regarding muscle contraction, it is not always a true reflection of PFM strength as it can record increase in abdominal pressure and does not give information regarding tissue quality. Great care has to be taken to ensure accurate placement of the probe**,** and that there is no

breath holding or rectus abdominis contraction to minimize the risk of an increase in abdominal pressure.

2.3 by electromyography (EMG)
This should be considered to monitor the trend of PFM activity and is not an objective measure by itself.

There can be good correlation between digital assessment, perineometry and EMG assessment but it is dependent upon the operator skills and the relevant use of equipment available.

3. HOW CAN THIS SKILL BE ACQUIRED?

3.1 By self-examination.

3.2 Specially designed teaching aid.

3.3 On a patient

3.3.1 following referral for physiotherapy, this can be undertaken, after documented consent is given by the patient, with a tutor or senior therapist who is skilled in the assessment and teaching of vaginal / ano-rectal and PFM assessment.

3.3.2 it may be appropriate to visit a gynaecological or bowel clinic to observe and undertake vaginal / ano-rectal assessments with the patient's consent. This can be an excellent way to observe gynaecological or ano-rectal assessments. However, not all clinics have a specific expert in PFM assessment.

However, methods 3.1 - 3.2 will not necessarily give information in respect of the range of 'normal' against which changes in muscle tone, strength and tissue quality can be tested.

It is inappropriate for a physiotherapist to examine a patient under anaesthetic.

There are many issues concerning consent such as legal issues, confidentiality, chaperoning and infection control. Information is available from several sources; see Appendix 1.

3.4 On course colleagues

3.4.1 by physiotherapists on a specialist vaginal and PFM assessment or ano-rectal and PFM assessment course practicing on other members of the course. This can assist in enabling physiotherapists to become aware of the range of PFM activity in order to be able to assess patients effectively.

4. PRE-COURSE INFORMATION

4.1 the pre-course material must set out the reasons why and the advantages of being an examiner, a model and an observer during the course.

4.2 the teaching method to be used for vaginal or ano-rectal and PFM examination must be made clear and highlighted in the pre-course material and an offer made to discuss this matter further if required.

4.3 the course participants must be given the opportunity to 'opt-in' to this section of the course and a consent form signed which sets out the various options available. Members must be allowed to decide whether they wish to model and/or participate in this part of the course without being subject to peer pressure. Consent to their choice of level of participation must be received in writing prior to the course.

4.4 male physiotherapists should not be excluded from pursuing an interest in continence care, although the need for a chaperone during assessment and treatment sessions should be considered.

4.5 it should also be made clear whether or not the course is open to men, for the women to make an informed decision regarding their consent to be models.

4.6 if male physiotherapists attend the course it may be necessary to make alternative arrangements to acquire the skills of examination.

5. ON THE DAY

5.1 care must be taken that colleagues are given respect regarding their decision to be a model or not. There are many reasons for someone to decline being a model, such as menstruation, pregnancy, previous surgery, infection, sexual trauma or pain. No one should be coerced, or feel the need to divulge their reasons for refusal. Signed consent must be obtained from willing participants and then countersigned and dated at the time of the procedure. As with patients, the course participants have the right to withdraw from examination at any time.

6. CONCLUSIONS

Practical pelvic floor muscle, vaginal and ano-rectal examinations should be taught as part of post-registration education only. The examination of colleagues must always be treated with sensitivity. Consent is essential.

Appendix 1

Information on the issues of Informed Consent

1. CSP documents**:**

   a. Rules of Professional Conduct 2002

   b. Standards of Physiotherapy Practice 2005

   c. Clinical guidelines for the physiotherapy management of females aged 16-65 years with stress urinary incontinence 2003

   d. Consent. Information Paper No. PA60, February 2005

2. Department of Health website**:** www.dh.gov.uk/consent

3. General Medical Council website**:** www.gmc-uk.org/standards/intimate

4. Government Legislation website:
http://www.legislation.hmso.gov.uk/si/si2002/20022677.htm 07 March 2005

5. Gynaecological Examinations**:** Guidelines for Specialist Practice. RCOG, 2002.

ACPWH GUIDANCE FOR TUTORS TEACHING PELVIC FLOOR AND VAGINAL OR ANO-RECTAL ASSESSMENT

This document was developed to provide guidance for tutors teaching physiotherapists on any post-registration ACPWH Women's Health course or workshop and must be used in conjunction with the CSP Information paper 'Pelvic floor and Vaginal or Ano-rectal Assessment'. All tutors when teaching pelvic floor, vaginal and ano-rectal assessment, should use it. Tutors should also refer to the CSP document *Planning and Delivering Postgraduate Courses: Guidelines for Good Practice*.

1. Introduction

Physiotherapists develop their clinical skills by increasing their knowledge of anatomy, physiology and exercise specifically by oral, literary and practical means. Traditionally these skills are enhanced by practising on fellow clinicians, which is of benefit to both practitioner and 'model'. The practical method of teaching pelvic floor and vaginal or ano-rectal assessment should be part of post-registration education only.

The pelvic floor and vaginal or ano-rectal assessment training are considered to be an essential part of an ACPWH approved course or workshop .The teaching sessions are held separately and, before the session, the tutor ensures that all the participants are aware of the procedures to be followed when practising a vaginal or ano-rectal assessment.

2. Aim of the session

To teach the participants the necessary clinical skills to examine a woman vaginally or ano-rectally. This enables them to give an informed and accurate opinion on the findings of the assessment and to formulate an appropriate treatment plan.

3. Learning outcomes

At the end of the session the participants will:

3.1 be aware of, and respect, the woman's wishes in relation to such examinations.

3.2 be aware of the ethical considerations in relation to such examinations, and of the necessity for documented consent prior to examination, in accordance with local trust policy, CSP rules of professional conduct, and DH guidelines. See appendix 1.

3.3 have learnt to examine a woman vaginally or ano-rectally and to assess the pelvic floor muscle (PFM) without causing any discomfort.

3.4 be able to evaluate and record power, strength, endurance, repetition, co-ordination and cortical awareness of a pelvic floor muscle contraction and assess integrity of the vulva and perineum.

3.5 have learnt to assess for areas of asymmetry, atrophy, pain, increased or decreased sensitivity, scarring, size and tone of the vagina and musculature and to assess a reflex contraction on coughing.

3.6 have learnt to assess the anus and rectum for any scarring, decreased sensitivity, change in tone and to be able to recognize possible pathology, which requires referral elsewhere.

3.7 be able to recognise and identify uro-genital prolapse and differentiate between anterior wall and posterior wall defects and utero-vaginal prolapse.

3.8 be able to recognize ano-rectal prolapse.

3.9 be fully conversant with the recommendations of infection control in conjunction with local Trust policies in relation to such an examination.

3.10 be able to plan an appropriate treatment regime, including the possible need for a referral elsewhere (see 3.6 above).

4. Tutor

Teaching vaginal or ano-rectal assessment requires a high degree of professionalism from all concerned to ensure that there can be no possible grounds for complaint or pressure to participate. The session should be conducted by a physiotherapist who is

an expert in the practice of assessment of the pelvic floor musculature and is sensitive to any disquiet or discomfort in a participant and be able to deal with this discreetly and wisely.

5. Venue

Careful consideration must be given to the venue:

5.1 Complete privacy must be maintained at all times. The area in which the session is being held must have a door which closes, with an appropriate notice on the door and the bed screened or curtained if possible. There must also be access to toilet facilities.

5.2 Hand washing facilities must be readily available for use between each assessment.

6. Equipment

Non-sterile appropriate examination gloves and a water-based lubricant must be available for use. Non-latex gloves must be available in case of latex allergy in the examiner or model e.g. Nitrile

6.1 Disposable paper roll / sheets must be provided to lie on.

6.2 Disposable paper roll / sheets, and blankets if necessary, should be provided to cover the models.

7. Gynaecologist or colorectal/general surgeon

The presence of a gynaecologist or in the case of ano-rectal assessment a colo-rectal or general surgeon will be advantageous during the session. The specialist should be involved in discussion and debate before the practical session, and available during the session to identify and / or confirm any abnormality which may be discovered during the examination.

8. Pre-session information

8.1 If attending the vaginal examination course all female participants are advised to assess themselves vaginally prior to the course. This will give an insight into both examining and being examined vaginally.

Written information and a clear explanation that participation is entirely voluntary should be sent to the students in advance. Participants should also be informed that they may opt out at any time. The onus is on the participant to opt in or out of the practical session by completing an appropriate reply slip without any need to give an explanation. See appendices 2 & 3.

8.2 It is made clear that any known infection, either of the hands or area to be examined, is considered a contra-indication to participation.

8.3 Special consideration should be given to participants who are pregnant or likely to be menstruating heavily. Individual risk assessment is necessary.

8.4 Participants should be advised if the course is to be open to males.

9. During the session

9.1 Participants may opt out at any time.

9.2 It is suggested that no more than three participants should examine any one model.

9.3 Privacy and confidentiality must be maintained.

9.4 Control of infection:

9.4.1 any known or suspected infection must be reported to the tutor (see 8.3).

9.4.2 disposable roll / sheets are placed above and below each model.

9.4.3 care should be taken when removing gloves after each assessment, and when handling the lubricant *so* that no contamination takes place.

9.4.4 gloves are discarded (in yellow bags marked for incineration) and the examiner must wash his / her hands after each assessment. For more information on this, see The Control of Substances Hazardous to Health Regulations (COSHH) 2002.

10. On completion of the practical session

Debriefing. After the session, time should be allowed for discussion to take place:

- questions and answers arising from the session
- comments and consideration of the practical aspects of pelvic floor and vaginal or ano-rectal assessment
- consideration of those aspects in relation to patient care in the clinical setting.
- discussion of appropriate equipment, e.g. type of gloves and lubricant used.

10.1 Local infection control guidelines will apply in the workplace, therefore each participant is advised to liaise with the infection-control officer in their own locality before treating patients (see 7).

10.2 After the session each participant completes evaluation questionnaires anonymously.

Appendix 2

PRACTICAL SESSION ON VAGINAL AND PELVIC FLOOR ASSESSMENT

1. I wish to attend a session at which I can learn pelvic floor and vaginal assessment using fellow clinicians as models.

2a. I am willing to allow other physiotherapists to practise pelvic floor and vaginal assessment on me. *

2b. I understand that I may attend the session in order to practise pelvic floor and vaginal assessment clinical skills on other physiotherapists, but I do not/may not wish to be assessed myself. *

- **Please delete 2a or 2b as appropriate.**

3. I believe that I do not have an infection of either my hands or the area to be examined.

4. I believe I am not pregnant.

5. I believe I am not allergic to latex.

6. I am aware that I may opt out of assessment at any stage.

Name in full ………………………………………………………………

Signature ………………………………………Date ……………………….

Confirmed on day of course

Signature ………………………………………Date……………………….

Appendix 3

PRACTICAL SESSION ON ANO-RECTAL AND PELVIC FLOOR ASSESSMENT

1. I wish to attend a session where I can learn about pelvic floor and ano-rectal assessment by examining fellow colleagues.

2a. I am willing to allow other physiotherapists to practise pelvic floor and ano-rectal assessment on me. *

2b. I understand that I may attend the session in order to practise pelvic floor and ano-rectal assessment clinical skills on other physiotherapists, but I do not/may not wish to be assessed myself. *

*__Please delete 2a or 2b as appropriate.__

3. I believe that I do not have any infection of either my hands or the area to be examined.

4. I believe I am not pregnant.

5. I believe that I am not allergic to latex.

6. I am aware that I may opt out of assessment at any stage

Name in full …………………………………………………………..

Signature………………………………..Date………………………..

Confirmed on day of course

Signature……………………………….Date…………………………