

# Pelvic Floor Exam

## Patient Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Gender: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Patient Education:

Assess:	Notes and findings:
<ul style="list-style-type: none"><li>• Explain the purpose and importance of the pelvic floor exam.</li></ul>	
<ul style="list-style-type: none"><li>• Discuss the procedure, addressing any concerns or questions.</li></ul>	

## Informed Consent:

<ul style="list-style-type: none"><li>• Obtain written consent, ensuring the patient understands the nature of the exam and any potential discomfort.</li></ul>	
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## Pre-Exam Preparation:

<ul style="list-style-type: none"><li>• Advise the patient to empty their bladder before the exam.</li></ul>	
<ul style="list-style-type: none"><li>• Provide clear instructions on clothing choices for ease of examination.</li></ul>	

**Private Environment:**

<ul style="list-style-type: none"><li>• Ensure a private space for changing into a gown if needed.</li></ul>	
<ul style="list-style-type: none"><li>• Maintain a comfortable and respectful environment for the examination.</li></ul>	

**External Examination:**

<ul style="list-style-type: none"><li>• Conduct a thorough external examination of the genital and pelvic regions.</li></ul>	
<ul style="list-style-type: none"><li>• Check for abnormalities, swelling, or signs of discomfort.</li></ul>	

**Internal Examination:**

<ul style="list-style-type: none"><li>• Explain the internal examination process and obtain consent.</li></ul>	
<ul style="list-style-type: none"><li>• Use gloves and lubrication for patient comfort.</li></ul>	

**Muscle Tone Assessment:**

<ul style="list-style-type: none"><li>• Assess pelvic floor muscle tone, strength, and coordination.</li></ul>	
<ul style="list-style-type: none"><li>• Encourage the patient to perform specific muscle actions for evaluation.</li></ul>	

**Communication:**

<ul style="list-style-type: none"><li>• Maintain open communication throughout the exam.</li></ul>	
<ul style="list-style-type: none"><li>• Address any discomfort or concerns raised by the patient.</li></ul>	

**Speculum Use (if applicable):**

<ul style="list-style-type: none"><li>• Explain the purpose of the speculum for visualizing the vaginal canal.</li></ul>	
<ul style="list-style-type: none"><li>• Emphasize the importance of relaxation during its insertion.</li></ul>	

**Biofeedback (if applicable):**

<ul style="list-style-type: none"><li>• Introduce biofeedback if used for muscle awareness.</li></ul>	
<ul style="list-style-type: none"><li>• Explain the feedback mechanism and its role in pelvic floor health.</li></ul>	

**Patient Feedback:**

<ul style="list-style-type: none"><li>• Encourage the patient to provide feedback during and after the exam.</li></ul>	
<ul style="list-style-type: none"><li>• Document any symptoms, tenderness, or pain reported by the patient.</li></ul>	

**Post-Exam Instructions:**

<ul style="list-style-type: none"><li>• Provide any necessary post-exam instructions.</li></ul>	
<ul style="list-style-type: none"><li>• Discuss follow-up steps or additional tests if required.</li></ul>	

**Follow-Up Plan:**

<ul style="list-style-type: none"><li>• Discuss the results of the exam with the patient.</li></ul>	
<ul style="list-style-type: none"><li>• Collaborate on a treatment plan based on findings and symptoms.</li></ul>	

**Patient Comfort:**

<ul style="list-style-type: none"><li>• Ensure the patient feels comfortable and supported throughout the process.</li></ul>	
<ul style="list-style-type: none"><li>• Allow the presence of a support person if desired by the patient.</li></ul>	

**Documentation:**

<ul style="list-style-type: none"><li>• Thoroughly document the exam findings and any recommendations.</li></ul>	
<ul style="list-style-type: none"><li>• Maintain patient confidentiality in record-keeping.</li></ul>	

This checklist serves as a guide for healthcare providers to ensure a systematic and patient-centered approach to pelvic floor examinations.

**Physician's Notes and Recommendations**

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_