



Objective Assessment - External Pelvic Floor Muscle Exam

External Pelvic Floor Muscle Exam

☐ Informed consent for Assessment - Verbal consent obtained

Select which exam has been performed and add additional information as needed:

- ☐ General observations:
- ☐ Skin (describe condition/colour/etc...):
- ☐ Trophicity (healthy or other):
- ☐ Perineal scarring:
- ☐ Resting position of vagina:
- ☐ Resting position of perineal body:
- ☐ Visibility of pelvic floor muscle contraction/relaxation:

Please provide more details for any of the above you've checked off.

Paradoxical contraction:

☐ Contract:

Please provide more details.

☐ Relax:

Please provide more details.



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Ability to relax post-contraction:

- ☐ Yes
- ☐ No

Direction of push at valsalva/cough:

- ☐ Cranial
- ☐ Caudal

Dermatomes (select those with positive dermatomal testing):

- ☐ S2
- ☐ S3
- ☐ S4

Please provide more details for any of the above you've checked off.

Anal Wink:

- ☐ Present
- ☐ Decreased
- ☐ Absent