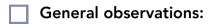
## Objective Assessment - External Pelvic Floor Muscle Exam

**External Pelvic Floor Muscle Exam** 

Informed consent for Assessment - Verbal consent obtained

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



- 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.



## Objective Assessment - External Pelvic Floor Muscle Exam

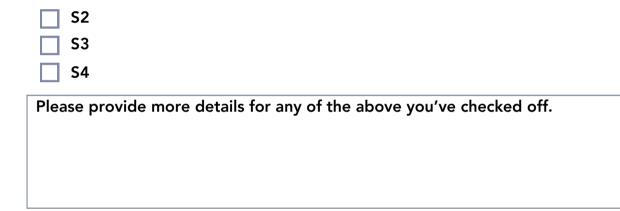
Ability to relax post-contraction:

$\bigcirc$	Yes
$\bigcirc$	No

Direction of push at valsalva/cough:

- Cranial
- Caudal

Dermatomes (select those with positive dermatomal testing):



## Anal Wink:

Present

Decreased

Absent

