

Internal Vaginal/Pelvic Floor Exam
Informed consent for Assessment - Verbal consent obtained
Global muscle tone: -3 -2
 -1 0 1 2 3
Please provide more details for any of the above you've checked off.
Global muscle relaxation: 0 1 2 3
Please provide more details for any of the above you've checked off.





Select which internal vaginal/pelvic floor exam has been performed and add additional information as needed:
☐ Introitus:
Anterior levator ani:
Pubovaginalis:
Pubococcygeus:
☐ Iliococcygeus:
Obturator internus:
☐ Ischiococcygeus:
Cervix:
Visceral mobility (at contraction and Valsalva):
Please provide more details for any of the above you've checked off.





Prolapse: note if it is at rest, with cough, or with Valsalva:
☐ Cystocele
Rectocele
☐ Uterine
☐ Urethral
Entrocele
Rectal
Please provide more details for any of the above you've checked off.
Global PFM strength testing:
Not tested
(0) Absent
(1-2) Weak
(3) Normal
(4-5) Strong
Please provide more details for any of the above you've checked off.





Global PFM strength testing:	
Sluggish	
Slow	
Normal	
Please provide more details for any of the above you've checked off.	
PFM endurance:	
Seconds before PFM drops by 50%:	
How many reps in 10 seconds: Concentration with TA:	
 Co-contraction with TA: Timing of involuntary contraction with cough (KNACK): 	
Other:	

