

### PFM Assessment: a clinical proforma

Compiled from: Frawley H, Shelly B, Morin M, et al. An International Continence Society (ICS) report on the terminology for pelvic floor muscle assessment. *Neurourol and Urodynam* 2021; 40:1217-1260.

#### External perineal visual observation

Test	Rating		
Perineal Skin assessment	Normal skin	Altered	
Perineal body length (f)	< 3 cm	> 3 cm	
Perineal body position at rest	Normal	Descended perineum Elevated	
Introital gaping	Absent	Present	
Keyhole deformity	Absent	Present	location
Anal gaping	Absent	Present	location

#### External perineal movement, visual observation

Test	Rating	
Voluntary contraction of the PFM	Present	Uncertain Absent
Direction of movement with PFM contract	Perineal elevation	Perineal descent No change
Sex – specific movement on PFM contraction	Clitoral nod (f) Urethral meatus wink (f) Closure of anus (m) Testicular lift (m) Penile retraction (m)	
Relaxation of the PFM	Yes	Partial relaxation Delayed relaxation Non relaxing PFM
Perineal movement with sustained IAP / bearing	No change Perineal descent	Perineal elevation Excessive perineal descent
Perineal movement with rapid IAP / cough (note if precontraction or naive)	Perineal elevation Involuntary contraction No change	Perineal descent

#### External digital palpation

Test	Rating		
Sensation	Normal sensation	Altered	allodynic, hyperalgesic, hyperesthetic, anesthetic, hypoalgesic, hypoesthetic, dysesthetic, paresthetic, neuralgic
Perineal scaring	Absent	Present	Location, degree of healing, adhesion extent and location, pain
Tone	Normal	Decreased Increased	
Tenderness	Absent	Present	Location, referral
Tender point	Absent	Present	Location, referral
Pudendal neurodynamics	Negative	Positive	/ 10 R L
Cotton swab test (f)	Negative	Positive	/ 10 location
Bulbocavernosus reflex (f)	Present	Absent	
Bulbospongiosus reflex (m)	Present	Absent	
Anal reflex	Present	Absent	
Voluntary contraction of PFM	Present	Uncertain Absent	

#### Internal digital palpation at rest

Test	Rating		
Sensation	Normal sensation	Altered	allodynic, hyperalgesic, hyperesthetic,



			anesthetic, hypoalgesic, hypoesthetic, dysesthetic, paresthetic, neuralgic
Presence of scaring	Absent	Present	Location, degree of healing, adhesion extent and location, pain
Resting tone in a patient without a neurological condition	Normal	Increased tone - Transient increase tone - Muscle spasm Decreased tone	
Resting tone in a patient with a neurological disorder	Normal	Hypertonicity Hypotonicity Dystonia	
Fasciculation	Absent	Present	
Tenderness	Absent	Present	Location, referral
Pudendal nerve provocation test	Negative	Positive R / L	
Palpable anal sphincter gap	Absent	Present	Location
Flexibility of the vaginal opening (f)			# finger width
Levator injury/ avulsion (f)	Absent	Present	# finger width

*Internal digital palpation on PFM contraction*

Test	Rating	
Voluntary contraction of PFM	Present	Uncertain Absent
DMT	Moderate Strong	Absent Weak
Direction of pelvic floor movement	Pelvic floor elevation	Pelvic floor descent No change
Sustained contraction endurance	# seconds	
Repeatability of contraction	# repetitions Length of each contraction	
Number of rapid contraction	# of contractions within a specific time	
	# of seconds to perform a pre-specified number of contractions	
Relaxation post-contraction	Yes	Partial relaxation Delayed relaxation Non relaxing PFM
Co-ordination: describe specifics	Present	Absent
Co-contraction: describe specifics	Present	Absent
Urethral lift (f)	Yes	No
Levator closure (f)	Yes	No Partial Uncertain
Levator hiatus size (f)	LH transverse # fingers LH sagittal # fingers	