

Physiotherapy Pelvic Floor Assessments

Physical pelvic floor assessments are routinely offered by pelvic health physiotherapists because it adds useful information to understand your symptoms and guide treatment. Everyone is different, so if we can tailor management based on individual presentation, we get better results, faster. However, we never force any type of assessment on anyone. We respect your choice to decline.

Regardless of the problem, pelvic floor assessments usually provide more than just assessment findings. Each of the processes can provide valuable real-time feedback to you so that you can learn how to improve your pelvic floor function.

Assessment options can include real-time ultrasound, vaginal examination or rectal examination, each of these reveal different information as detailed in the table below.

	Real-time ultrasound	Vaginal examination	Rectal examination
Set-up	<ul style="list-style-type: none"> Lying, sitting or standing Belly showing Paper towel tucked over your pants to prevent gel reaching them. 	<ul style="list-style-type: none"> Lying on your back with knees bent Towel covering your hips and pelvis Protective 'bluey' under your bottom for hygiene Standing assessment is also offered because it is proven to be better for revealing prolapse 	<ul style="list-style-type: none"> Lying on your side with knees bent Towel covering your hips and pelvis Protective 'bluey' under your bottom for hygiene
What to expect	<ul style="list-style-type: none"> Mild pressure of the ultrasound head on the lower tummy above the pubic bone when your bladder is not empty Stronger pressure when your bladder is empty 	<ul style="list-style-type: none"> Gloved finger examination externally and/or internally No speculum (the tool that opens you during a pap smear) Measuring prolapse or perineal length with a single-use miniature ruler is an option 	<ul style="list-style-type: none"> Gloved finger examination externally and/or internally Guidance on how to minimize any discomfort
What we learn	<ul style="list-style-type: none"> Whether your pelvic floor lifts correctly (50% of people don't correctly lift from verbal instruction) How much urine is in your bladder before and after a wee Whether the messages from your bladder match the volume 	<ul style="list-style-type: none"> Pelvic floor strength Pelvic floor tone (overactive or underactive) Whether the pelvic floor has been injured during birth Is muscle function equal each side and front to back Prolapse <ul style="list-style-type: none"> Type/Severity Likelihood of progression Which tasks put pressure on Is a pessary or surgery a good option? More informed decision making about future births 	<ul style="list-style-type: none"> Pelvic floor and anal strength Pelvic floor and anal tone (overactive or underactive) Sometimes this is the best way to reveal a rectocele (type of prolapse) that is not found on vaginal examination
Avoided when:	<ul style="list-style-type: none"> You have had surgery on the lower tummy in the area of the ultrasound that hasn't healed enough yet or is sore or infected 	<ul style="list-style-type: none"> You are under 18 You are in first trimester of pregnancy or have a high risk for miscarriage 	<ul style="list-style-type: none"> You are under 18

All assessment options involve:

- Guided practice of pelvic floor contraction/relaxation
- We usually check coughing, pushing or other relevant movements too.

All assessment options can tell us about your pelvic floor's:

- Endurance
- Coordination with certain functional tasks
- Ability to relax
- Likely degree of contribution to your symptoms

If you consent to any of these assessments, but have concerns or if problems arise or you change your mind, the process can always be stopped or modified. You are in charge. Assessments are very flexible. We can delay them, we can graduate your exposure to them, we can be extra gentle.



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