

Workshop Door-to-door 'Peripartum women knocking'

Title: Pelvic Floor Assessment during the peripartum period. Bary Berghmans

The Pelvic Floor Assessment is an important part of the **Physiotherapeutic Diagnostic Process (PDP)**;

The pelvic physiotherapist should inspect:

- 1) Patient's sitting and standing posture; (urethral angle, anorectal angle, abdominal pressure, and toileting behavior)
- 2) Respiration (breath holding and vocal behavior)
- 3) Movements (mobility and tonicity of the spinal column, abdominal, and pelvic regions and movement patterns)
- 4) Abdominal, buttock, and leg muscles (patients with fatigued PFM often show increased activity of other muscles)

To evaluate PFM function, an assessment schedule has been described in the Royal Dutch Society for Physiotherapy (KNGF) practice guidelines 'Dutch Guidelines for Physiotherapy in Patients with Stress Urinary Incontinence (Slieker 2009; Bernards 2011)

The pelvic physiotherapist should ascertain to what extent the patient has voluntary control, awareness over her pelvic floor, as exercising or training the pelvic floor muscles can only be adequately done if the patient is able to voluntarily contract and relax her pelvic floor muscles. The 'ability to contract' and 'relax' can be assessed by means of clinical observation, vaginal or anal palpation, ultrasound, and/or Electromyography (EMG), although the correlation between EMG findings and muscle function in terms of strength, power, and endurance remains unclear.

- 1) Assess whether the patient is capable to voluntarily contract and relax the PFM, and evaluate the performance
- 2) Assess the effectiveness of the voluntary contraction and relaxation of the PFM
- 3) Assess the effectiveness of involuntary contraction of the PFM associated with a sudden increase in intra-abdominal pressure (forceful coughing) and subsequently during coughing after the patient has been instructed to contract their pelvic floor first
- 4) Assess the effectiveness of involuntary relaxation of the PFM during straining
- 5) Observe the voluntary contraction and relaxation of the PFM in relation to the abdominal muscles
- 6) Establish any differences between the right and left side during an intravaginal digital palpation while the patient contracts and relaxes the PFM
- 7) Quantify the strength, endurance, and explosive strength of the PFM using manual muscle tests, such as vaginal or anal palpation or using manometry or dynamometry .

The **Pelvic floor muscle function can be:** normal PFM ; overactive PFM; underactive PFM, no coordination of PFM and non-functioning PFM.

To show the evaluation movies will be shown discussing its content in order to make clear how to do every part of the evaluation.