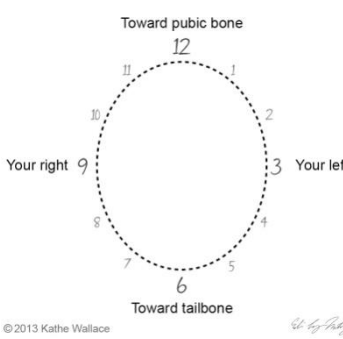


PF Muscle Identification



| | |
|---|--|
| Internal vaginal exam | |
| Preparation | Lubricate the vulvar vestibule and the gloved exam finger. |
| Consider warming the lubrication | Separate labia with either thumb and middle finger or hypothenar eminence technique. Check for patient's comfort / response to the exam. |
| <p>Specific Layer Exam</p> <p>You can ask for contractions at each layer with specific cues but standard MMT is with fingers at layer 3 to feel the effects of all the layers.</p>  | <p>Layer 1 – Insert finger (fingernail superior) to DIP / 1st knuckle. Sweep the introitus from 6 to 1 on the patient's left, from 6 to 11 on the patient's right. Verbal cue: "Close the vagina, bring vaginal lips together, nod clitoris."</p> |
| | <p>Layer 2 – Insert finger (fingernail inferior) to PIP/ 2nd knuckle at 10-11. Avoid the urethra that feels like a "noodle" or "pencil eraser." Verbal cue: "Shut off the urine flow or create a low level deep tension in your lower belly (contract the transversus abdominus)."</p> <p>Repeat these steps with finger inserted at 2-1.</p> |
| | <p>Layer 3 – Insert finger (fingernail superior) to between PIP/ 2nd knuckle and MCP/ 3rd knuckle. You should feel the ledge of the levator ani muscles on each side. Verbal cue: "Lift and pull the exam finger inward and bring the pubic bone to tailbone."</p> |
| | <p>Assess sensation of vaginal walls (left and right) – do they feel the same to the patient?</p> |
| | <p>Assess tone of vaginal walls (left and right)</p> |
| Global Muscle Assessment | <p>Place the finger midline, ask for a squeeze and lift around the fingers – do you feel a lift? This is the traditional muscle testing position. Grade 3 is a lift.</p> |