



The Pelvic Floor Complex examination – a guidance paper

**Expectations of educational programmes in
vaginal and/or anorectal examination and/or
interventional procedures for physiotherapists**

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It is the responsibility of the programme provider to ensure that participants have the required registration, skills, knowledge, experience and insurance, relevant for the programme to which they are applying. It is also the responsibility of the programme provider to have appropriate liability insurance in place.

Introduction

This document sets out the expectations of the Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) organisation for the education, learning and professional development in the areas of:

- examination and assessment of the Pelvic Floor Complex (PFC), Vaginal Examination (VE), Anorectal Examination (ARE) and/or associated external genital structures/anatomy including the supra-pubic area
- interventional assessment and treatment techniques involving PFC, VE, ARE and/or external genital structures, including the suprapubic area.

POGP believe that public interest and patient/practitioner safety and clinical excellence needs can be addressed by setting out clear and concise expectations of additional training including internal assessment and treatment techniques.

These expectations are focused on physiotherapists gaining and demonstrating their competence in the examination and assessment of the PFC and/or physiotherapeutic management of identified dysfunction of the PFC. POGP recognise the importance of members maintaining and developing their knowledge and skills, once established, as an integral part of their continuing professional development (CPD) through further learning and that that may involve teaching strategies that includes PPE.

Context of examination and assessment of the pelvic floor complex in physiotherapy practice

The physiotherapeutic role of pelvic floor examination and assessment is to provide an understanding of the function of the pelvic floor complex and associated structures in relation to presenting symptoms. A rehabilitation programme can then be developed that aims to restore function and may involve treatments delivered Per Vaginum (PV) or Per Rectum (PR).

Physiotherapy interventions delivered PV and/or PR may include manual therapy techniques to the pelvic floor complex such as coccygeal mobilisations, muscle and fascial tension release, neuromuscular electrical stimulation/modulation and several biofeedback techniques. Other physiotherapeutic interventions may be delivered via transperineal or transabdominal routes, such as real-time ultrasound assessment or external neuromuscular electrical stimulation/neuromodulation.

Scope of practice

Examination and assessment of the PFC and management of associated dysfunction is accepted as within the scope of physiotherapy practice and is mostly but not exclusively conducted within the specialist clinical area of pelvic health physiotherapy.

POGP considers learning and development of assessment and/or delivery of physiotherapy that includes VE and ARE to be a post-registration activity. Undergraduate students may have an opportunity to acquire skills in subjective assessment however this would not extend to or include internal examination of the vagina or anorectum.

These assessment techniques are not accepted as being within the scope of practice of physiotherapy support workers and/or physiotherapy assistant roles.

For the examination and assessment of the pelvic floor complex to be within the personal scope of practice of an individual physiotherapist, they must demonstrate and must have evidence that they have completed appropriate education and training. This may include:

- examination, assessment and diagnosis of pelvic floor disorders in men and/or women to allow triaging and signposting to other services and/or specialists.
- providing a range of interventions aimed at addressing disorders and dysfunctions of the pelvic floor complex in men and/or women.

The extent of learning required will differ depending on the pre-existing and proposed new scope of an individual physiotherapist's practice and may not require training in both vaginal and anorectal examination and treatment. However, it should be considered that in general it is often more beneficial to the patient that the therapist is trained in both PV and PR examination.

Additional areas of assessment and practice

The expectations of this document focus on post-registration learning and development opportunities that enable physiotherapists to establish their competence in assessment and treatment of the pelvic floor complex and to perform these safely and effectively. It is recognised that there is a range of learning and development opportunities that enable members to experience, maintain and develop their competence relevant to their current practice. Some of these opportunities relate to extended roles such as urethral catheterisation and/or urodynamic assessment and endoanal ultrasound that are beyond the scope of this paper.

Routes to pelvic floor complex assessment training

There are several routes through which physiotherapists can achieve the knowledge and skills required to perform examination and assessment of the pelvic floor complex safely, competently and effectively. This applies equally to the provision of appropriate interventional techniques. There may be variation in the content of programmes depending on the provider and available resources. These routes may include:

- A validated / accredited module offered by a higher education institute (HEI)
- A course offered by a commercial individual, network and/or organisation
- A structured period of work-based learning
- A structured period of employment e.g. a Band 5/6 rotation that includes pelvic health experience and supervision in a specialised area

The expectations of all routes are that:

- They include elements of practical education, overseen by an advanced practice physiotherapist or equivalent health professional with the specific skills to teach/assess that programme
- They include assessment of participants' learning using methods that are appropriate to the programme content and enable participants to demonstrate their fulfilment of the outcomes set out in this document
- They comply with current and relevant gender, diversity and inclusion guidelines

Target audiences for this document

This document is intended to support good governance in the provision of learning opportunities for the assessment and/or delivery of physiotherapy assessment and treatment techniques per vaginum and per anorectum.

It is designed to be relevant for:

1. Physiotherapists

- To understand the expected standards of reasonable and responsible practice in establishing competence in the assessment and/or delivery of physiotherapy PV and/or PR
- To assist in the recognition of the appropriateness of a particular programme to achieve the specific learning objectives for an individual physiotherapist

2. Providers of learning and professional development opportunities

- By emphasising that the provider of learning has a duty of care towards the participants of their training programme
- By facilitating the provision of post-registration learning of appropriate breadth and depth in both examination, assessment of the PFC and the delivery of interventional techniques PV or PR

Educational programmes

Educational programmes should enable physiotherapists to demonstrate learning outcomes appropriate to the aims and objectives of the programme and should include appropriate assessment of learning.

POGP do not expect all programmes to be the same; individual programme providers should retain the ability to tailor the content such that physiotherapists have a choice of opportunities for their learning and development. However, learning providers must be mindful of local policies and national guidance around all relevant issues including consent, chaperoning, equality and diversity considerations and General Data Protection Regulation (GDPR).

Section 1: Key components underpinning POGP expectations of programmes

Whilst decisions about the structure and delivery of the programme is the responsibility of the programme provider, all programmes must have processes in place to ensure that:

- Participant safety and wellbeing is of prime importance and programmes must provide a safe, supportive and appropriate environment for learners, tutors and (where appropriate) service users
- The programme teaches learners how to apply the principles of assessment, examination, and/or physiotherapy interventions safely, within their relevant scope of practice and as applicable to the relevant service user groups
- The programme links to relevant competence frameworks, where available, that enable physiotherapists to maintain their skills in examination and assessment of the pelvic floor complex and demonstrate their ongoing competence in pelvic floor examination, assessment and/or physiotherapeutic interventions
- The programme includes a balance of theoretical and practical components that supports/facilitates appropriate clinical reasoning

- The programme has a clear consent process for all practical sessions that is compliant with regulatory/legal requirements and that consent is sought contemporaneously throughout the programme
- Participants are informed that the extent of their involvement in any practical session is their decision and that they can withdraw their consent or withdraw from the session at any time. If, however, withdrawal from a practical session (or use of an alternative learning method) will result in a learner being unable to achieve the learning outcomes, this should be explained to the learner at the earliest opportunity

Section 2: Indicative content

Learning outcomes will be specific to the aims and objectives of the individual programme and should enable physiotherapists to be able to demonstrate the following broad outcomes commensurate with the context and speciality of clinical practice:

1. Knowledge and understanding of relevant male and /or female anatomy, physiology and pathology of the pelvic floor complex.
2. Demonstrate proficiency in performance of appropriate pelvic floor examination and assessment, in accordance with contemporaneous standards of practice.
3. The ability to clinically reason a patient's pelvic floor dysfunction and evaluate a patient's suitability for physiotherapeutic intervention.
4. The ability to communicate effectively with patients about examination, assessment and intervention selection.
5. Demonstrate an ability to select and provide any chosen intervention safely and effectively (if appropriate to aims and objectives of the course).
6. The ability to create an accurate record of examination and assessment and/or intervention that is shared with all those involved in the care of the patient.

It is expected that the programme will include content on the following core topics:

1. Clinical knowledge
2. Clinical decision-making and diagnosis
3. Performance of pelvic floor examination and assessment and/or associated interventions commensurate to course aims and learning outcomes.
4. Patient information and informed consent
5. Communication and documentation
6. Clinical governance

Section 3: Pre-requisites prior to commencement of a programme

Information about the programme, including the aims and learning objectives, is published so that physiotherapists can identify whether the programme addresses their personal learning needs. The programme provider must ensure that all learners have been provided with this information before the start of the programme.

Where peer physical examination (PPE) is offered, as a teaching and/or learning strategy this must be clearly and explicitly stated in communication with all potential applicants. It should be made clear that acting as a model, in a PPE session, is an opt-in process and that there is no expectation that any individual will do so. Where alternatives to PPE are available, such as use of anatomic models, this information is shared with learners in advance of any practical session.

Where PPE is offered, it is suggested that the programme provider also provides information about the format of the session as well as general information about the benefits and risks involved. The information provided at annex 1 may be useful in this regard.

Participants must be informed, prior to the start of the programme, that the extent of their involvement in any practical session is their decision and that they can withdraw their consent or withdraw from the session at any time. Further, that any decision whether (or not) to act as a model will not affect their learning outcomes.

Section 4: Assessment Strategies

1. Programmes should include assessment by an appropriately qualified health professional. For practical skills training this should include the observation by the tutor/supervising health professional to ensure participants meet a safe standard of practice, with feedback provided to the learner in writing.
2. Programmes should include an appropriate combination of assessment/evaluation to identify whether the learning outcomes have been achieved.
3. Any programme that includes a summative assessment should use clear assessment and marking criteria which is provided to the learner in advance of the assessment.

Section 5: Providing evidence of learning

The record of evidence of initial learning and development in examination and assessment of the pelvic floor complex and the delivery of interventional techniques

PV and/or PR will be distinct from any subsequent record intended to demonstrate ongoing competence in pelvic floor examination.

It is expected that members who complete a programme in a specific area of practice keep a record of the learning and development process they have undergone to establish and demonstrate their competence in the area as part of their CPD documentation. For examination and assessment of the pelvic floor complex the record may detail the topics covered during the programme, the structure of the programme, the learning outcomes against which their learning was assessed and evidence of their successful completion of the programme. It is also helpful for the record to include reflection on the learning provided and to demonstrate the application of learning into clinical practice.

Section 6: Options for learning

This document provides guidance on educational programmes that include the use of PPE. POGP recognises that there are alternatives to PPE within a training programme that may include PPE, or as part of a programme that does not include PPE as an option. These might include the use of anatomical models, virtual reality devices or simulators.

The course organiser is expected to provide information about the learning modalities that are available within a course programme in advance of the programme.

Conclusion

It is expected that this guidance document may provide a framework for the development and provision of educational training in pelvic health examination and assessment of the PFC. It has been designed to allow for flexibility in delivery of training whilst recognising key areas for conformity and consistency in delivery of educational training in this area.

Annex 1:

Information sharing in the context of Peer Physical Examination (PPE) for the assessment of the pelvic floor complex

Adapted and developed from: Delany C, Frawley H. Debate Article: A process of informed consent for student learning through peer physical examination in pelvic floor physiotherapy practice. Physiotherapy 98 (2012) 33-39.

This table indicates the possible areas of information and relevant context that might be included in the process of using PPE in the assessment of the PFC.

<i>Areas of information</i>	<i>Contextual examples</i>
Personal effect	Personal insight into patient experience. Personal experience of comfort and/or dignity issues. Conflict within gender and or inclusion issues Relevance of personal beliefs
Therapeutic relevance	Personal experience of sensation of pelvic floor examination. Personal experience of therapeutic interventional devices and/or procedures. Personal experience of physiological responses to intervention e.g. muscle fatigue / relaxation.
Clinical relevance	Personal experience may allow better communication with patients as to what they may experience.
Risks and material consideration	Discomfort. Embarrassment. Lack of modesty. Feelings of coercion to participate. Stress of undergoing an intimate examination. Relationship boundary issues with fellow learners. Exacerbation of legacy of prior sexual abuse and/or trauma. Effect on other close personal relationships. Reactions of those in close relationships with learners to the learner's participation in PPE. Discovery of clinical abnormality and/or disease/disorder. Religious considerations.
Alternative choices	Provision of a live practical model. A fellow learner consents to act as model. Use of a technical model. Supervised clinical practice with patient's consent.

Additional resources and links

Pelvic Floor Muscles Clinical Assessment Template [ICS Documents](#)

The Irish Society of Chartered Physiotherapists (ISCP) clinical interest group Chartered Physiotherapists in Pelvic Health and Continence (CPPHC) developed a Pelvic Floor Assessment Competencies document which is available at the following link.

www.iscp.ie/file_downloader.php?file_id=5903

POGP thank them for this additional resource.

Document history

This document was developed from a practice and development information paper (PD092) produced with the CSP published in 2012.

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