



American Academy of Osteopathy Position Paper: Recommended Guidelines for Pelvic Examination and Treatment

Abstract

There were approximately 60 million pelvic examinations performed in the United States in 2011.¹ Due to the integral relationship of the pelvis to the health of the musculoskeletal system, osteopathic physicians often perform pelvic examinations as part of their routine examination. As such, the American Academy of Osteopathy (AAO) recommends the following in regards to pelvic examination and treatment:

1. Prior to the pelvic examination, informed consent should be obtained
2. The pelvic examination should be done in a manner that maintains the patient's modesty and encourages the patient to speak up if they are uncomfortable either physically or emotionally.
3. Indications for a complete pelvic examination in both the adult and pediatric patient include the following: persistent vaginal discharge, dysuria or urinary tract symptoms in a sexually active female, dysmenorrhea unresponsive to nonsteroidal anti-inflammatory drugs, amenorrhea, abnormal vaginal bleeding, lower abdominal pain, contraceptive testing for an intrauterine device (IUD) or diaphragm, to perform a Papanicolaou test, suspected/reported rape or sexual abuse and pregnancy.²
4. A complete pelvic examination that involves the use of a speculum and/or bimanual examination is not indicated in the asymptomatic pediatric patient. External genitalia examinations are recommended as part of routine screening/care in the pediatric patient.
5. A chaperone should be offered for patients of the opposite sex for pelvic examinations that require the patient to disrobe and/or upon patient request.
6. Clinical conditions related to somatic dysfunction that may prompt a pelvic examination include but are not limited to the following: abdominal pain, pelvic pain, dysmenorrhea, dyspareunia, infertility, lower back pain, stress incontinence, benign prostatic hypertrophy, urinary tract complaints, lower gastrointestinal issues, and neuralgia of the lower extremities.³
7. Documentation should include subjective, objective, assessment and plan sections that support the need for pelvic examination and treatment and should document if a chaperone was present.

Background

There were approximately 60 million pelvic examinations performed in the United States in 2011.¹ Pelvic examinations may be performed by medical doctors (MDs), doctors of osteopathic medicine (DOs), certified nurse midwives (CNMs), certified midwives (CMs),⁴ and advanced practice registered nurses (APRNs).⁵ The scope of practice of a physician's assistant (PA) varies based on experience, state law, policies of employers/facilities, and the needs of the patient/practice.⁶ Gender specific examinations are permitted in many jurisdictions for doctors of chiropractic as well.⁷ Medical students also may assist in pelvic examinations.

Due to the integral relationship of the pelvis to the musculoskeletal system and overall health of the patient, osteopathic physicians often perform pelvic examinations as part of their routine examination or in response to complaints where somatic dysfunction may play a role. As such, the AAO recommends the following indications and procedure for pelvic examination and treatment.

Recommendations

Informed Consent

Prior to a pelvic examination, the physician should engage the patient in a discussion regarding the nature of the procedure about to be performed. This discussion is called *informed consent*, and it is defined as “consent to medical treatment by a patient or to participation in a medical experiment by a subject after achieving an understanding of what is involved and especially of the risks.⁸ Informed consent is important to patient safety, and failing to obtain informed consent prior to performing a procedure on a patient is a form of battery.⁹

Modesty and Comfort

Once informed consent has been obtained from the patient, the physician may begin to perform the pelvic examination or treatment. The physician should reassure the patient that nothing will be done without telling her first. The physician should also advise the patient that the examination should not be painful unless there is a pelvic abnormality present. The patient should be encouraged to let the physician know if they become uncomfortable during the examination either physically or emotionally. Patient modesty should be maintained by utilizing a drape to cover areas that do not need to be exposed. The physician should wear gloves. Lubrication should be used for patient comfort when necessary. Some forms of evaluation for pelvic pathology may not require the patient to disrobe. For example, an osteopathic physician may need to evaluate for hypertonicity of the pelvic floor musculature which can be evaluated through clothing although there are times that disrobing is necessary for complete evaluation of the pelvic floor musculature. If the patient is required to disrobe for complete evaluation, a chaperone may be present. The presence of a chaperone is physician dependent or available upon patient request. The AAO recommends that a chaperone be present during a pelvic examination.¹⁰

Pelvic Examinations

In the case of the pediatric patient, the American Academy of Pediatrics (AAP) recommends that examination of the external genitalia should be included as part of the annual comprehensive physical examination of children and adolescents of all ages.² However, most adolescents do not require a complete pelvic examination that involves internal pelvic examination utilizing a speculum or bimanual examination due to changes in recommendations for initiation of Papanicolaou (pap) test.² There are newer screening tests for sexually transmitted infection that can be performed on urine specimens and vaginal swabs, as well.² History of sexual activity in an asymptomatic patient is no longer an indication for a complete pelvic examination with a speculum.² A complete pelvic examination is also no longer a pre-requisite for prescribing hormonal contraception.²

Indications for a complete pelvic examination for both adolescent and adult females include: persistent vaginal discharge, dysuria or urinary tract symptoms in a sexually active female, dysmenorrhea unresponsive to nonsteroidal anti-inflammatory drugs, amenorrhea, abnormal vaginal bleeding, lower

abdominal pain, contraceptive testing for an intrauterine device (IUD) or diaphragm, to perform a Papanicolaou test, suspected/reported rape or sexual abuse and pregnancy.²

Osteopathic Indications

In addition to a comprehensive medical education, osteopathic physicians have additional training in osteopathic manipulative medicine (OMM). As such, there are other indications for pelvic examination which apply to OMM due to involvement of the musculoskeletal system.

Vertebral function, the thoracoabdominal diaphragm, the urogenital diaphragm, the pelvis and sacrum, and the lower extremities can all be affected by restriction of motion (somatic dysfunction) of the pelvic girdle.³ According to *Foundations of Osteopathic Medicine*, “common complaints that require evaluation of the sacrum and pelvis include but are not limited to abdominal pain, pelvic pain, dysmenorrhea, lower back pain, urinary tract complaints, lower gastrointestinal issues, and neuralgia of the lower extremities.”³ Other common diagnoses frequently treated include dyspareunia, infertility, and stress incontinence.

Documentation

Appropriate documentation of the encounter supports the medical necessity of the procedure and aids in clarification if there are subsequent concerns regarding any potential misconduct. The subjective portion should indicate the patient’s reason for the visit in adequate detail to support performance of the pelvic examination. The objective section should document the physician’s findings and should be sufficiently detailed to support the indication for any further internal manual treatment if performed. The assessment should be the physician’s diagnoses addressed at that encounter, and the plan should detail the physician’s treatment as well as other recommendations, including at which portions of the visit a chaperone was present.¹¹

Conclusion

Pelvic examination is important to routine care for both the adult and pediatric patient. External genital examination rather than a complete pelvic examination is recommended for the asymptomatic patient. In symptomatic patients, a complete pelvic examination is warranted. Pelvic examination and treatment should be conducted in a manner that ensures patient safety and comfort.

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