



Physical Exam

Sarah Cigna, MD, MS, FACOG, IF, MSCP

Assistant Professor of OBGYN

Director of the Sexual Health and Gender Affirmation (SAGA)
Center

The George Washington University
School of Medicine and Health Sciences

Principles of Physical Exam

- It's never “required”
- Consent to start and throughout is imperative
- Do you really need a speculum?
- Build trust by offering the patient control
 - Offer one part of exam at a time
 - Offer for them to place speculum or ultrasound wand
 - Self collection for cultures
- Offer pain management
 - Topical anesthetics, exam under sedation
 - Take breaks and cue diaphragmatic breathing.
- We have a lot to learn from our pelvic floor physical therapy colleagues!

My preamble

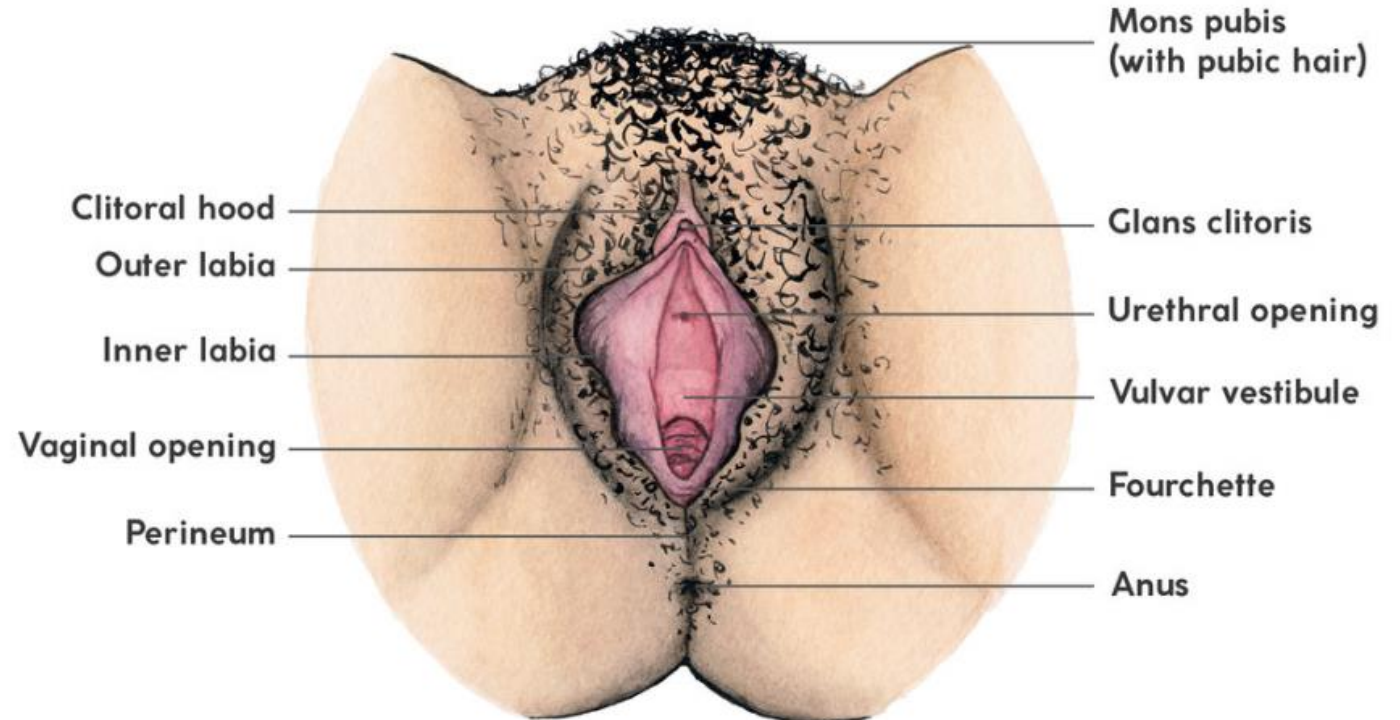
- *“We are going to perform a detailed exam of your vulva.*
- *Here is a mirror so you can see exactly what we are touching and identify exactly where your pain is.*
- *You are in complete control of this exam. If you need me to stop or pause at any time, please just say so and I will immediately stop.*
- *We do not have to finish the exam today if you feel you need to come back to finish it another time.”*

Mirrors are IT!



Basic Anatomy

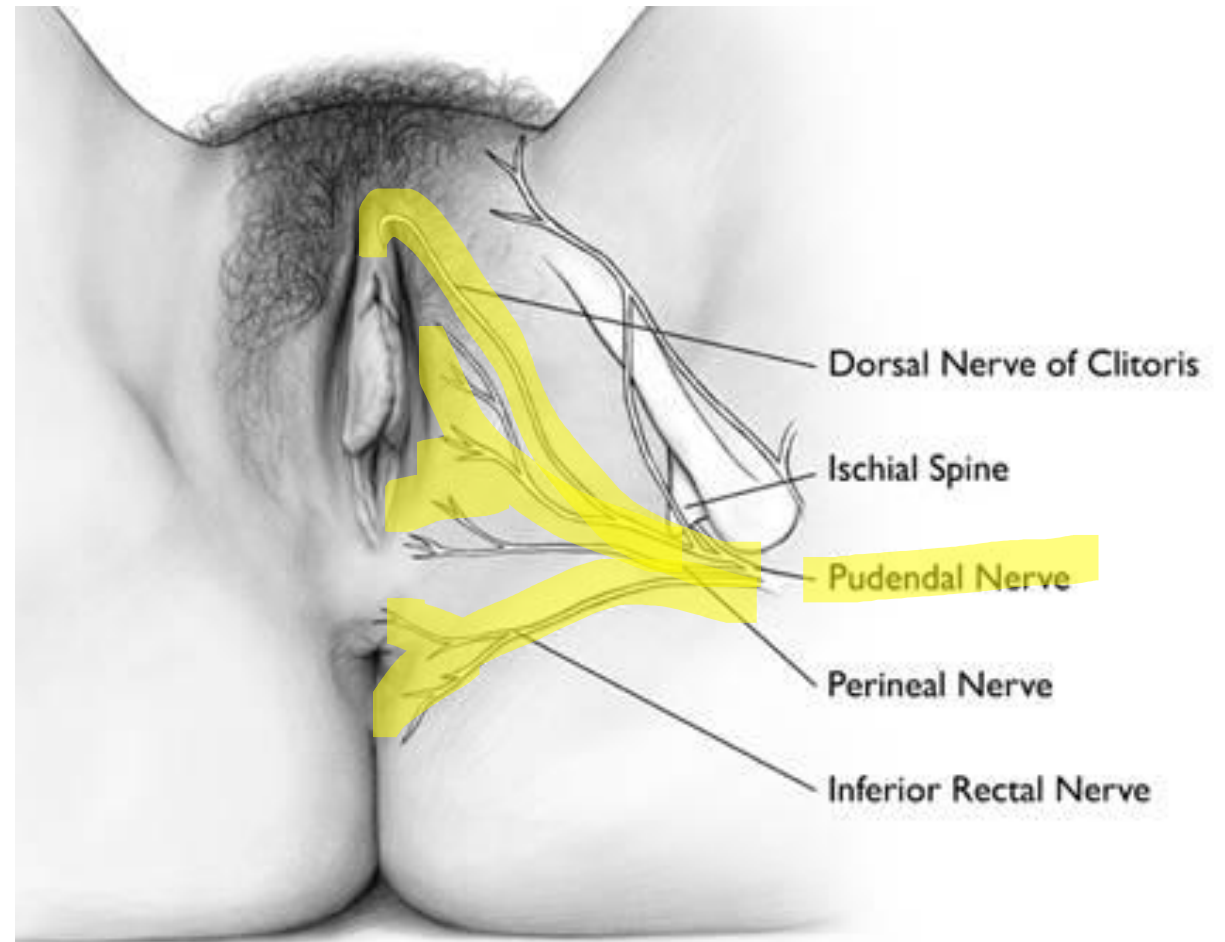
- Vulva
- Clitoris
- Pudendal nerve
- Pelvic floor muscles

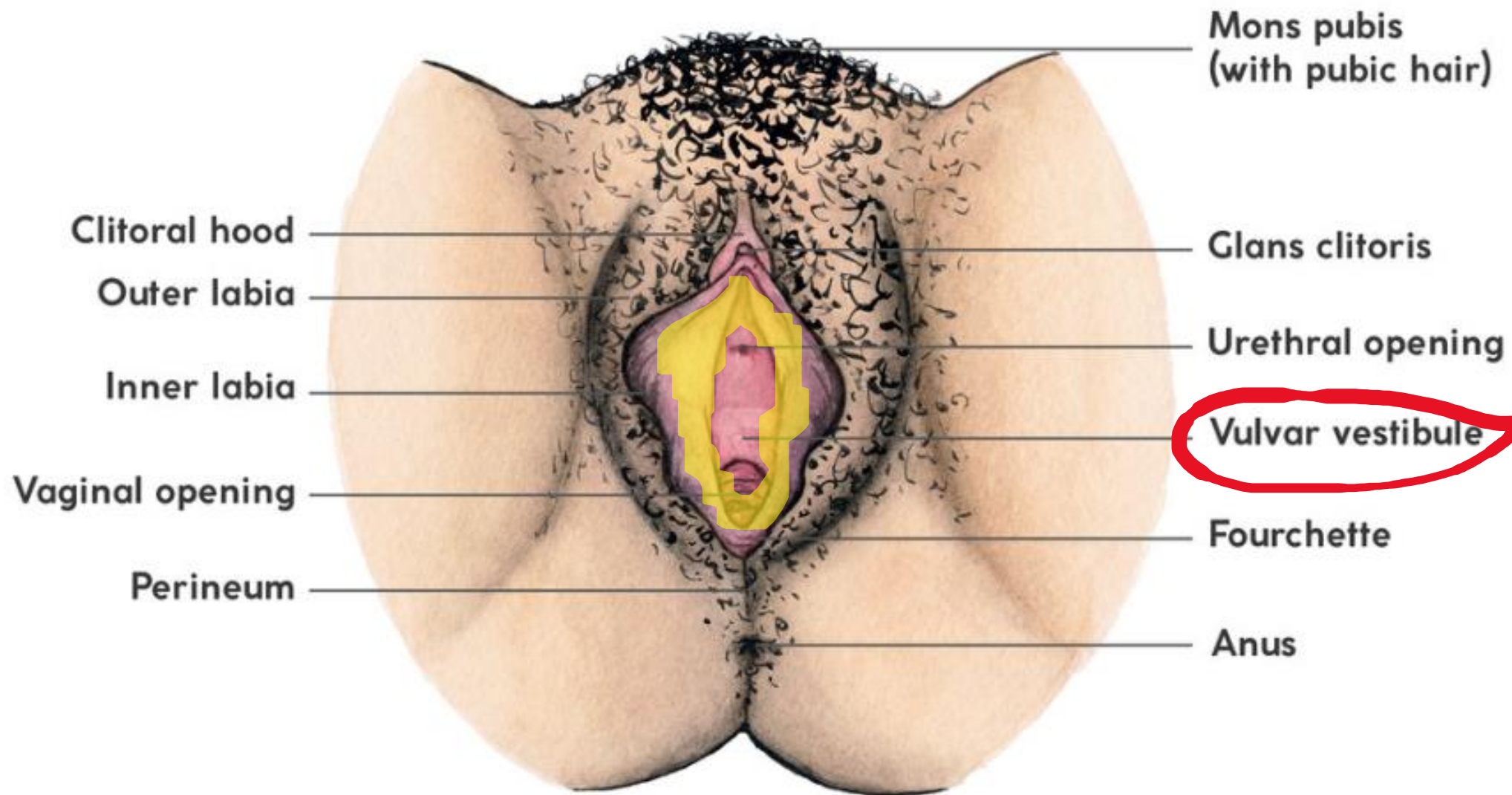


© Illustration by Hilde Atalanta – The Vulva Gallery

Pudendal nerve

- Gentle, systematic assessment of the vulva to map distribution and function of pudendal nerve





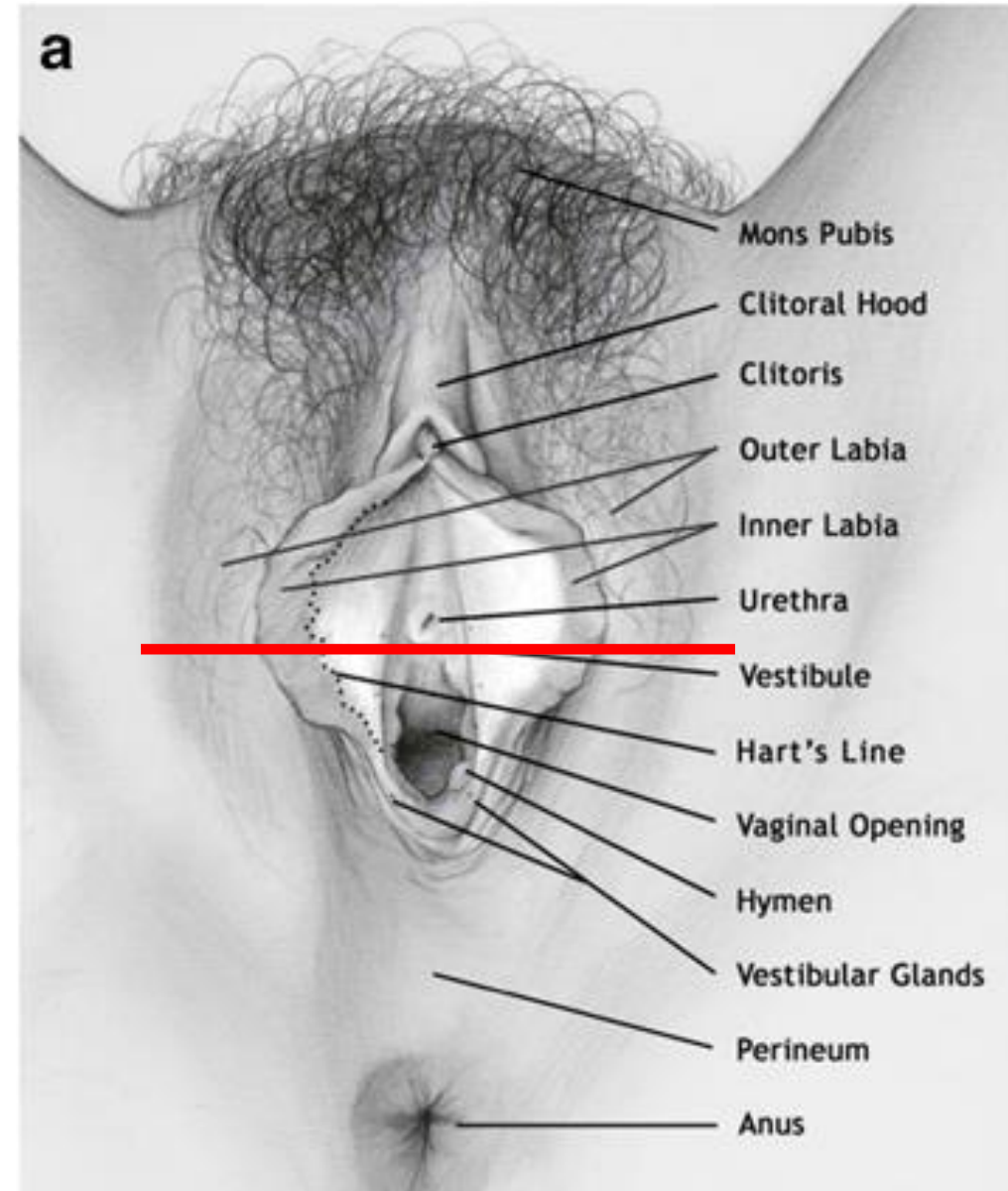
The vestibule

- Endoderm
- Estrogen AND testosterone receptors
- Gland ostia



Qtip Test

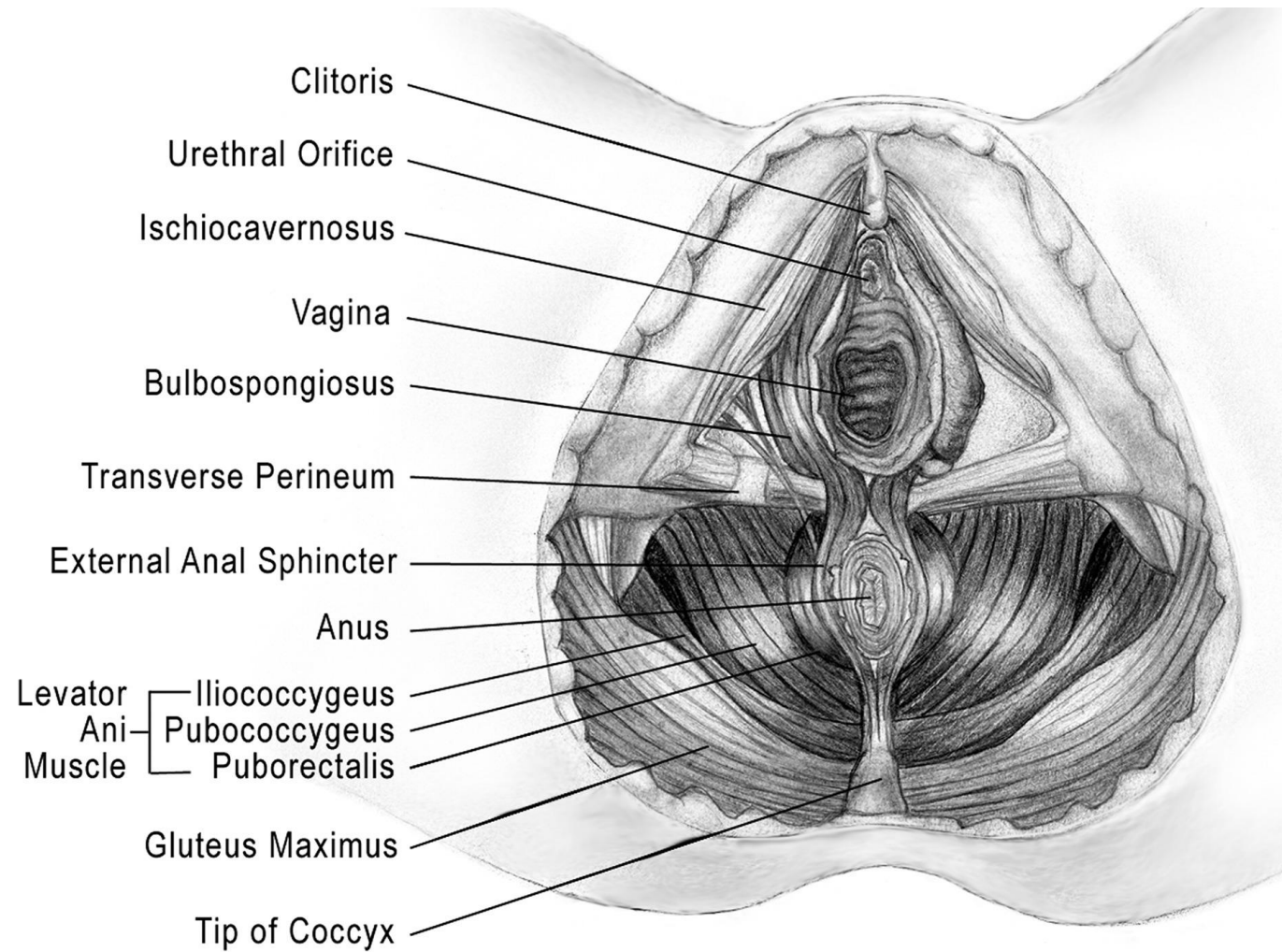
Gentle, systematic assessment of the vestibule with a moistened cotton swab



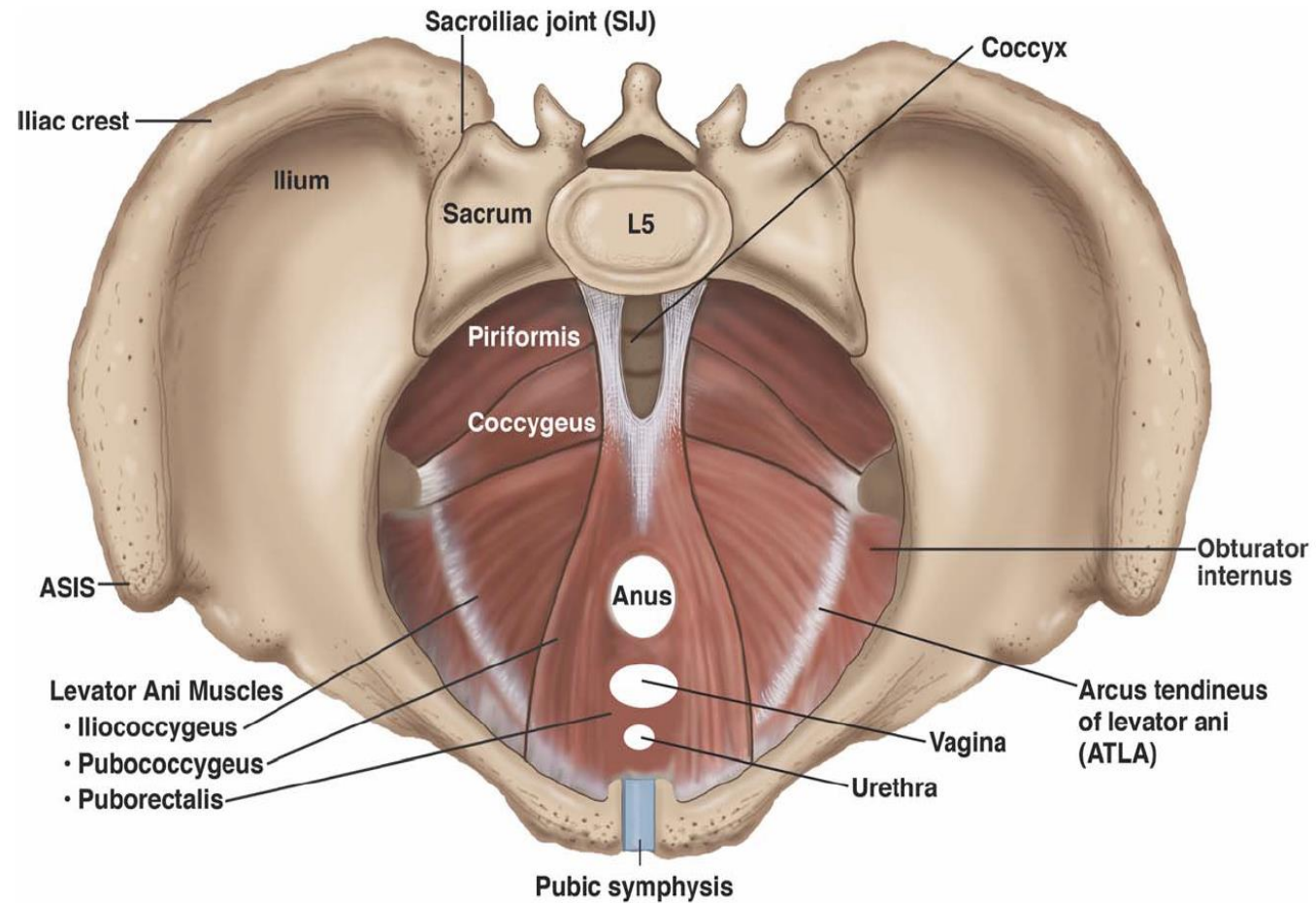
Qtip test



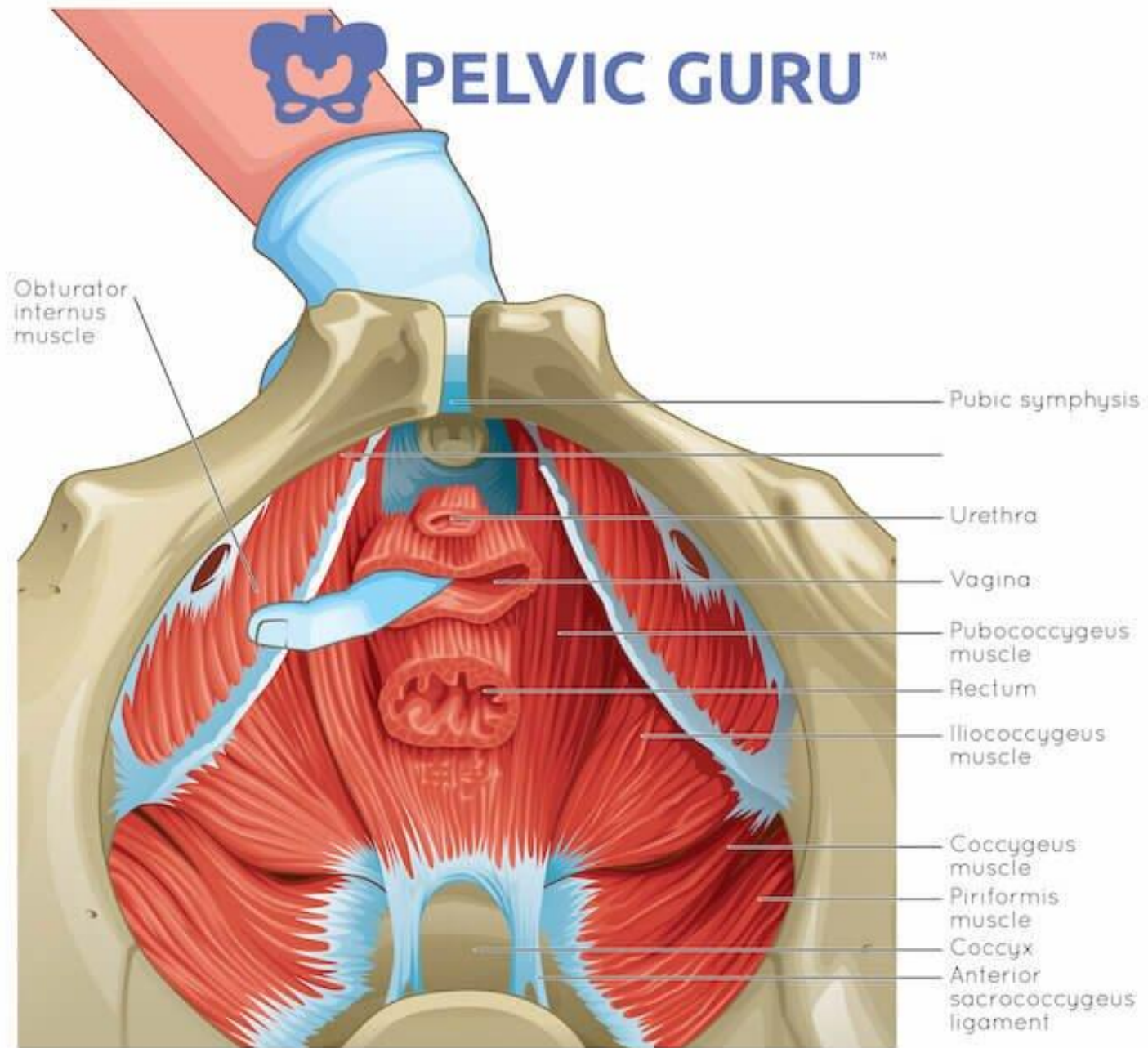
Pelvic Floor Muscle Anatomy



Pelvic Floor Muscle Anatomy



Pelvic Floor Muscle Exam



Pelvic floor exam



End the exam

- Let folks get dressed
- Reenter to discuss findings, pathophys, and a plan
- Offer opportunities and time for questions (sometimes this means another follow up!)