

Partici	pant ID):				
Evalua	tor Init	ials:				
Date: _		/		/		
	MM	[DD		YYYY	

1. Assessment of Pelvic Orga	an Prolapse		
Prolapse present at rest: Prolapse present with Va Leakage present:] Yes] Yes] Urine □ Stool	
Not done, participant decli Not done, participant declipant declipa	ined:	Not done, evalu	ator judgement that participant was:
Unable to understand in	 -	At heightene	ed physical risk due to participant's
Fear of pain exacerbation	on	circumstand	es/abilities
☐ Increased pain/discomfo	ort at		ed psychological/emotional risk due to
attempt of examination			circumstances and/or trauma history
Felt unsafe			nable to follow instructions
Other:		Other:	
2. Palpatory Assessment of F	Pubovisceral (PV) Mu	scle Integrity	
Right PV Muscle	Left PV Muscle		
2 Present	2 Present		
1 Equivocal	1 Equivocal		
0 Not Palpable/absent	0 Not Palpable/ab	sent	Pubis Symphysis
Indicate relevance of musc	cle bulk by each side		Bladder
☐ Both sides equal			
Right side muscle bulk r			Pubovisceral Muscle
Did the PV muscle assessment		s 🗌 No	Adapted from DeLancey 1992
		_	ator judgement that participant was:
Fear of pain exacerbation		circumstand	
Increased pain/discomformation	ort at		ed psychological/emotional risk due to circumstances and/or trauma history
Felt unsafe			nable to follow instructions
Other:			
<u> </u>			
Study Personnel Initials	Date Data Entered		PLUS RISE Form 8 V9 12/07/2021



Particip	oant ID):				
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Date: _		_/		<i>_</i>		
	MM		DD		YYYY	

Left PFM

Strength

Score

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Symphysis Pubis Pelvic Floor Muscle	

		(choose one number)	(choose one number)	(choose one number)
No contraction	No discernable muscular contraction	□ 0	□ 0	□ 0
Flicker	Very slight muscular contraction	□ 1	□ 1	□ 1
Weak	An increase in tension is detected, without any discernible lift	□ 2	□ 2	□ 2
Moderate	Lifting of the muscle belly with elevation of the posterior vaginal wall	□ 3	□ 3	□ 3
Good with lift	Increased tension, good contraction elevating the posterior vaginal wall	□ 4	□ 4	□ 4
Strong	Finger is squeezed and drawn into the vagina	□ 5	□ 5	□ 5

Right PFM

Strength

Score

Not done, participant declined:	☐ Not done, evaluator judgement that participant was:
☐ Unable to understand instructions☐ Fear of pain exacerbation	 At heightened physical risk due to participant's circumstances/abilities
Increased pain/discomfort at attempt of examination	At heightened psychological/emotional risk due to participant's circumstances and/or trauma history
☐ Felt unsafe	☐ Participant unable to follow instructions
Other:	Other:

Midline PFM

Strength

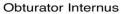
Score



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4. Obturator Internus and Levator Ani Myofascial Pain Screening Examination







Levator Ani

0-10 scale	Pain Rating
0	Pressure, no pain
1-3	Mild pain
4-6	Moderate pain
7-10	Severe pain

	Anterior
	Pubic Symphysis
RIGHT obturator internus:/10 RIGHT levator ani:/10	7/
☐ Not done, participant declined:	☐ Not done, evaluator judgement that participant was:
☐ Unable to understand instructions☐ Fear of pain exacerbation	 At heightened physical risk due to participant's circumstances/abilities
Increased pain/discomfort at attempt of examinationFelt unsafe	 At heightened psychological/emotional risk due to participant's circumstances and/or trauma history Participant unable to follow instructions
Other:	Other:
Evaluator Name and Signature	
Evaluator Name:	Evaluator Signature: