

Position Matters: A Pilot Study Exploring Clinician Choice in the Pelvic Examination

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Introduction

The gynaecological examination method has seen minimal change since its introduction in the mid-19th century in the UK, with teaching positions typically passed on without critical reassessment.

In the UK, the absence of leg supports despite increasing ultrasound use during pelvic assessments makes the "frog-leg/diamond" position the default,

though evidence for its superiority over the "feet apart" position is limited.

Accurate pelvic floor assessment, particularly during Valsalva manoeuvre, necessitates a relaxed pelvic floor, and therefore optimal patient positioning.

Alternative positions such as left lateral or standing are less favoured by patients, raising questions about clinician choice and supporting evidence.

Methods

A pilot questionnaire was distributed to multidisciplinary healthcare professionals who conduct intimate pelvic examinations. The questionnaire combined multiple-choice and free-text responses to capture clinicians' rationales behind position selection. Data analysis involved descriptive statistics, linear regression for quantitative data, and thematic analysis for qualitative feedback.

Results

Responses were received from 97 clinicians (57 doctors, 35 midwives, 2 physiotherapists, and 3 senior nurses). Amongst senior nurses, there was varied practice: one used "frog-leg/diamond," one used "feet apart," and one employed both positions. Physiotherapists consistently selected "feet apart."

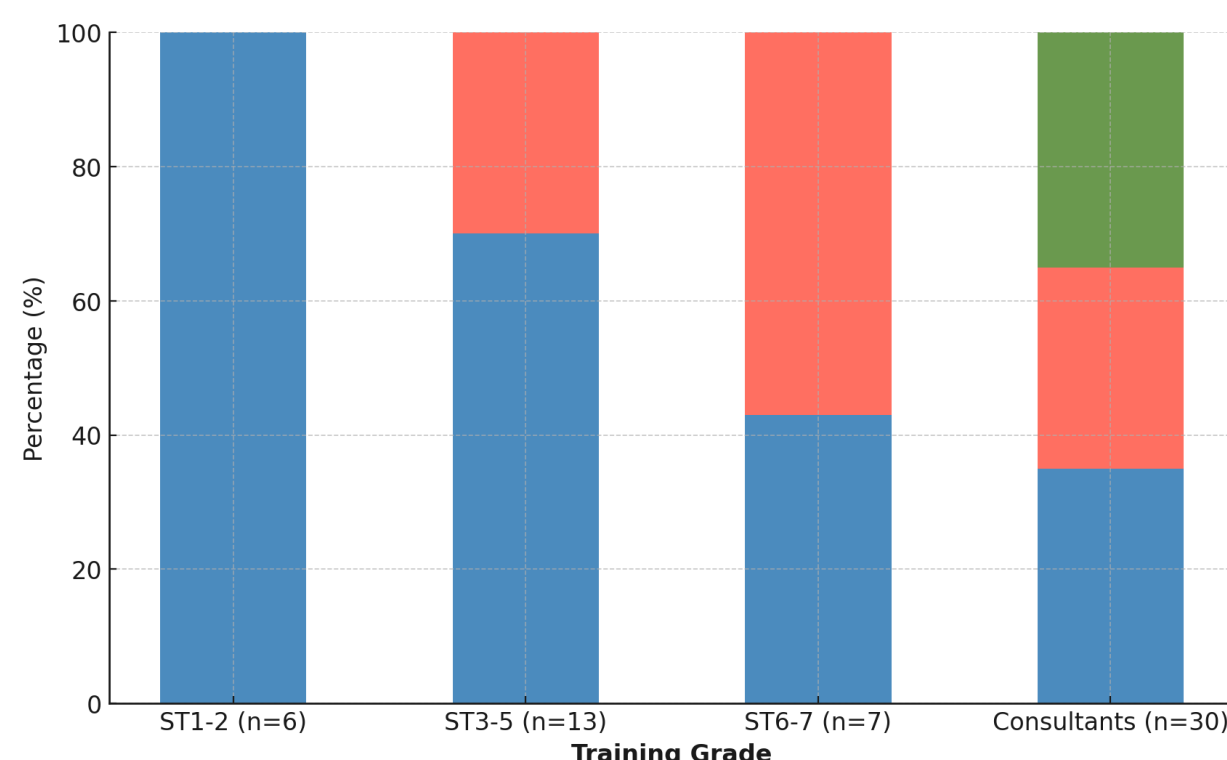


Chart demonstrating position choice by training stage with increasing position flexibility: Progression from junior ST1-2 (0% using both, n=6) through middle grade ST3-5 (30% using both, n=13) to peak flexibility at senior level ST6-7 (43% using both, n=7), before plateauing in consultants (29% using both, n=31).

Doctors demonstrated progressive flexibility in position choice with advancing experience.

Midwives showed similar trends, with junior band 5 uniformly preferring "frog-leg/diamond."

Physiotherapists consistently selected “feet apart” while providing anatomical insights, emphasising that the "frog-leg/diamond" position activates adductor muscles, potentially hindering pelvic floor relaxation.

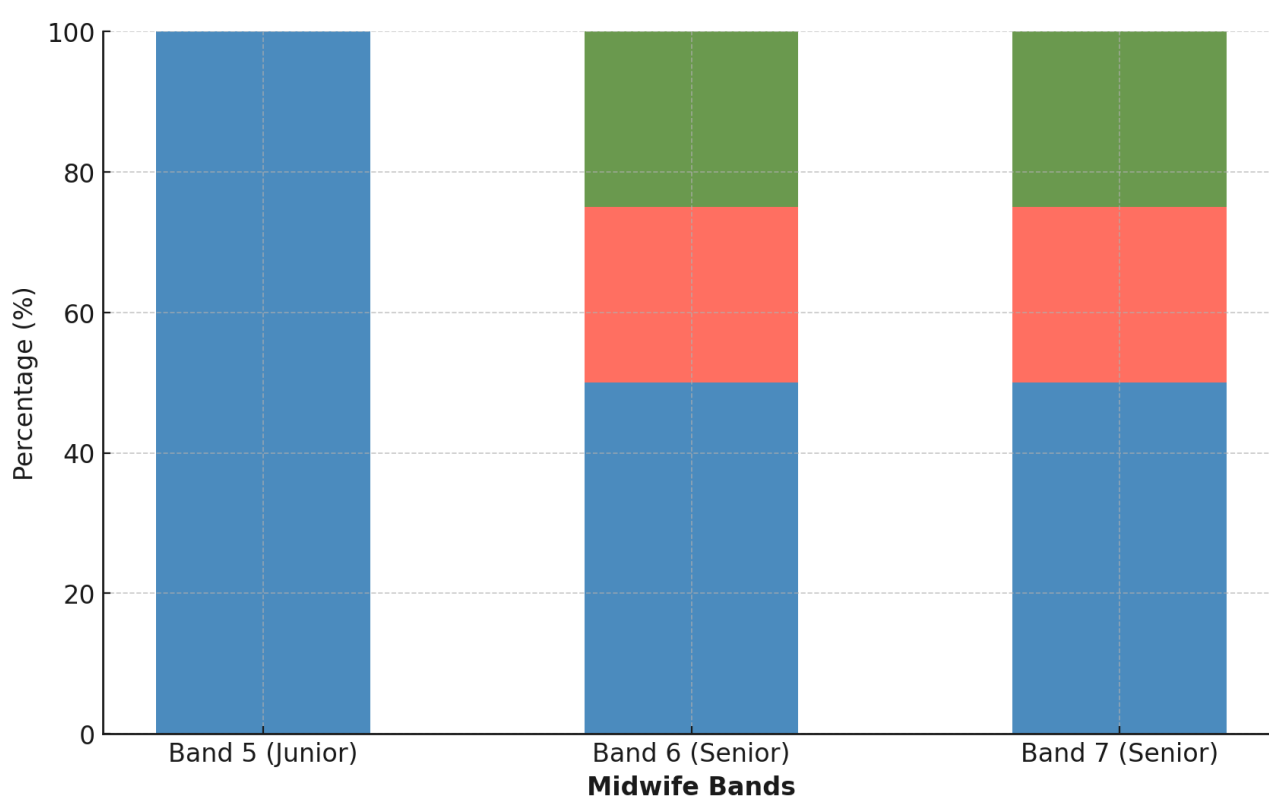
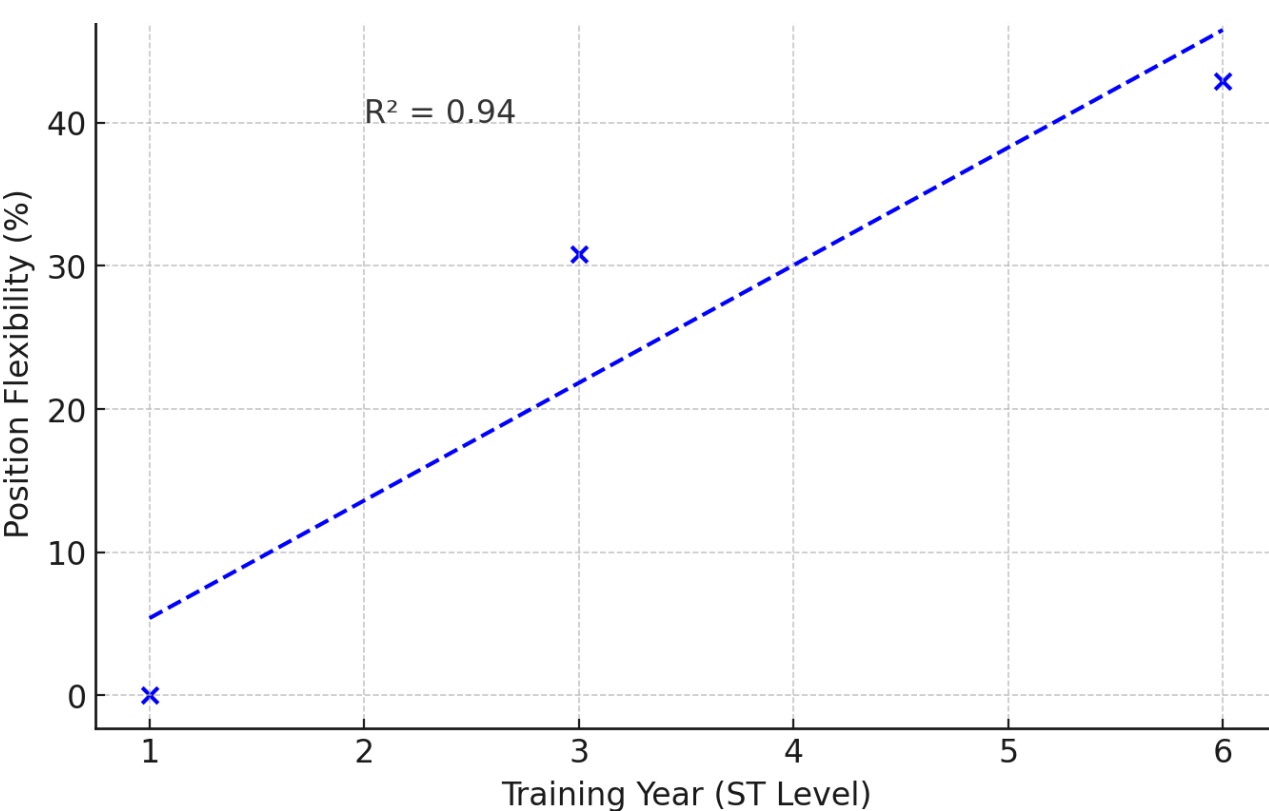


Chart demonstrating a similar pattern of progression of flexibility amongst midwives: 100% of the most junior band 5 midwives using the frog leg/diamond



Linear regression analysis showed correlation between resident training year and position flexibility: "both" versus one position) for residents ($R^2 = 0.94$).

Qualitative responses highlighted different priorities: trainees focused on educational factors, midwives emphasized patient comfort and practical constraints, while consultants considered individual patient factors such as mobility and body habitus

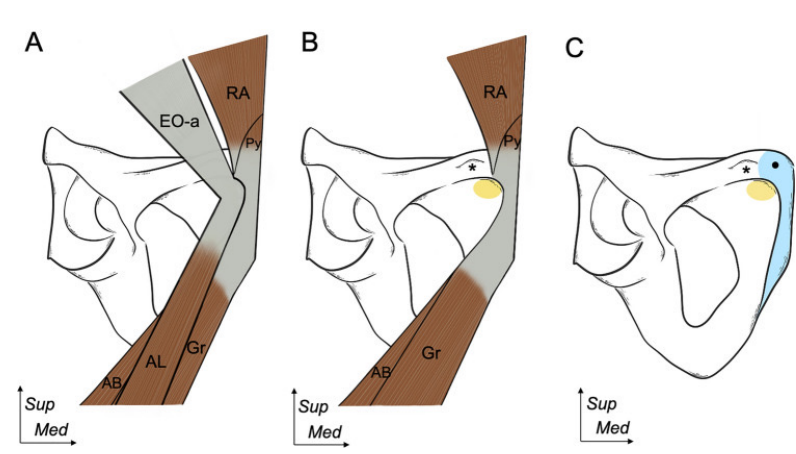
Discussion

These results demonstrate a clear evolution from rigid adherence to traditionally taught positions towards more flexible, patient-centred approaches as clinicians gain experience.

Physiotherapy perspectives add valuable anatomical considerations, particularly relevant for patients experiencing vaginismus, muscle spasm, or late pregnancy-associated anatomical changes such as an increase in lumbar lordosis reducing access to cervical assessment.

A more natural positioning may also be preferable to those undergoing these examinations, although little work has focussed on this perspective thus far.

We suggest reconsideration of teaching practices to optimise pelvic assessment for all undertaking and undergoing it.



The physiotherapist insight: Anatomical relationships between abdominal, adductor muscles, and pelvic bones, highlighting aponeurotic attachments relevant to pelvic floor function.

*This figure illustrates the complex aponeurotic attachments of abdominal and adductor muscles to the pelvis. From a physiotherapy perspective, this anatomical arrangement explains why the "frog-leg" or "diamond" position, which heavily engages the adductor muscles (such as the Gracilis and Adductor Brevis), can hinder effective pelvic floor muscle relaxation. **EO-a:** External Oblique Aponeurosis **AL:** Adductor Longus **RA:** Rectus Abdominis **Py:** Pyramidalis **Gr:** Gracilis **AB:** Adductor Brevis **Sup:** Superior **Med:** Medial **Black star (★):** Pubic Symphysis **Asterisk (*):** Pubic Tubercle*

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Conclusion

This pilot study indicates notable variation in clinician practice for pelvic examination positioning. A larger-scale study is warranted to establish

evidence-based guidelines, incorporating clinician expertise and patient preferences, to enhance the quality and consistency of pelvic assessments.

Objective

To conduct a pilot investigation evaluating UK clinician practices concerning patient position during pelvic examinations when leg supports are unavailable, comparing the traditional "frog-leg/diamond" position against the "feet apart" position.



Depiction above of the Frog leg/diamond position and the feet apart position: Examination position illustrations were developed using AI technology (Sora, OpenAI) to provide consistent and clear anatomical representations, ensuring educational precision and visual uniformity.