

The Pelvic Exam: Multiple Positions for Patient-Centered Care

This guide provides illustrations and descriptions of different options for pelvic exams. Everyone has the right to ask for and try out positions that work best for them. There are many ways to conduct a pelvic exam, and clinicians and patients should work together to determine a suitable position. The pelvic exam lithotomy position – where people lie with their back on an exam table and their heels in footrests or legs in legrests – is not physically possible or comfortable for some people. Commonly used positioning for pelvic exams may also be emotionally challenging for some people due to trauma that has occurred inside and/or outside of the exam room.

This is not an all-inclusive list of potential positions. Finding the best position may require adapting or combining the different positions mentioned here. The following are examples of adaptations that could be used with any of the positions below.

- Depending on the position, the speculum can be placed with the handle pointed upward, rather than toward the patient's back.
- Cushions can be helpful to create additional space or support.
- When able, clinicians should change their own position (e.g. stand, kneel, squat) and/or have adaptive and accessible equipment available.
- A cloth should be used to cover the patient for privacy. A cloth is not shown in the images in order to enhance understanding of the positions.



Kneeling Forward Fold (Child's Position)

While resting on their forearms and knees, the patient sits back to push their hips toward their heels. The belly may rest on or between the thighs. Using a cushion between thighs may be helpful for some. This position can also be done with the patient lying on their back, holding legs in place themselves, or with a support person's help.



Diamond Position

The patient lies on their back and allows their bent knees to fall apart while keeping the heels together on the foot of the exam table, forming a diamond shape with their legs. Patients may benefit from a cushion under their hips and/or knees. The diamond position may not be possible for patients with unstable joints.



Knee Chest Position

The patient lays on their side, knees bent, with the top leg closer to the chest. A support person may hold the top leg in position. The bottom leg can be bent or straight.

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Lithotomy

The patient lies on their back with their bottom at the edge of the exam table. Their legs are raised on either side of the table with their knees bent. The patient's feet are placed in footrests or their legs are placed in legrests.



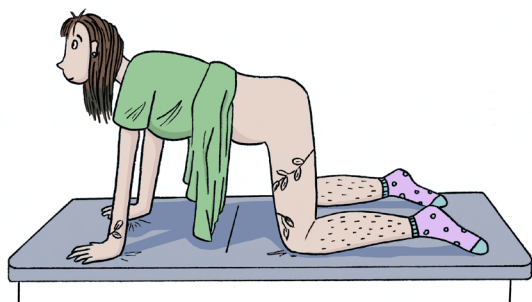
M Position

The patient lies on their back with their knees bent at about 90 degrees and feet flat on the table. With heels close to their buttocks, knees gently fall away from each other, creating an 'M' shape. A support person may support one or both knees during the exam. Patients may benefit from a cushion under their hips. The M position may not be possible for patients with unstable joints.



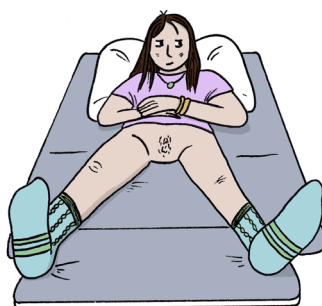
Standing Forward Fold

The patient stands facing the table and bends forward to rest their upper body and elbows on the table. The patient could bend their knees slightly for comfort. Their feet should be positioned about hip-width apart. Some patients may benefit from resting their upper body on a cushion.



Tabletop Position

The patient's back is in a "tabletop" position by supporting themselves on their hands, or elbows, and knees with their belly facing the table. Knees should be positioned on either side of the exam table. Elevating the head of the table may be helpful for some.



V Position

The patient lies on their back with legs straight and separated toward either side of the exam table. The patient may need a support person to hold each leg. This position can be used with or without footrests. This position can also be used with the patient lying on their belly.

*This resource was illustrated by Rachel Litchman (www.racheldl.com)