

TABLE MANNERS

**A Guide to the Pelvic Examination
for Disabled Women
and Health Care Providers**

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Introduction

Table Manners was designed for use by disabled women and health care providers. It was written by two physically disabled women with experience in the fields of family planning, education and counseling. Our writing was based on the assumptions that disabled women are sexual, and that they deserve quality health care services which are accessible and sensitive to their needs. Throughout our work, we were struck by the need for practical information for disabled women and clinic staff. This booklet is our attempt to meet this need.

In Table Manners we advocate a cooperative approach to the pelvic examination in which a disabled client and her clinician work together to meet the client's specific needs. Whether the question is where a sign language interpreter should stand in the exam room, or how to transfer a woman who uses a wheelchair onto the exam table, the decisions must be made by both people. A clinician need not be an expert on disability, nor a disabled woman an expert on the pelvic exam, for this approach to work effectively.

We hope Table Manners will acquaint you, the clinician, with the etiquette involved in serving disabled clients as well as give the necessary information you need to provide a disabled client with a comfortable, thorough pelvic exam. For you, the disabled woman, we hope this booklet will prepare you to participate fully in the choices involved in your examination. We support you in claiming your right to reproductive health care which meets your individual needs.

The Pelvic Examination

All women, disabled and non-disabled, need to have pelvic examinations. The purpose of the exam is to see if a woman's reproductive organs are healthy. A pelvic exam has three parts: the breast, the speculum and the bi-manual exam. The breast exam allows the clinician to feel the breast for unusual lumps. During the speculum exam, the woman's vaginal lining and cervix are viewed and two tests are performed. The first, a pap smear, checks for cancer of the cervix while the second, a GC test, checks for gonorrhea. The bi-manual exam allows the clinician to feel the size of the uterus by inserting a finger into the vagina or rectum while pressing on the client's abdomen with the other hand. It is a good idea to have a pelvic exam at least once a year.

Making An Appointment

When scheduling an appointment with a physician or clinic, a woman should indicate that she has a disability as it may affect the services she will need during her visit. The staff person and the client will need to address what accommodations, if any, the woman will need. Some of the things the staff person will need to establish are:

1. How much time should be allocated for the appointment;
2. Is the clinic and/or the exam room physically accessible to wheelchair users or women with mobility impairments;
3. Will one or more assistants be needed to aid in transferring and positioning during the examination;
4. Will a sign language interpreter be needed during the visit;
5. If available, will the client need to use any special equipment (i.e., obstetrical stirrups, high/low table).

Preparing For The Exam

There are a number of things that the disabled woman or the clinic staff members can do to promote a comfortable pelvic exam experience:

1. Each disability affects each person differently. Therefore, it is important for clinicians to educate themselves about relevant aspects of a woman's disability. A clinician's sensitivity in asking only pertinent questions about the woman's disability will increase the comfort and cooperation of the client.
2. When speaking with a disabled client, clinic staff should remember to speak directly to the client. Often people will address a disabled person's friend, an attendant or an interpreter instead of speaking directly to the person.
3. The communication system used by a hearing impaired or speech impaired woman (i.e., a sign language interpreter, word board or talk box) should be discussed at the onset of the clinic visit.

4. Since it is not necessary for a woman to remove all her clothes for the pelvic exam, she can wear an easily removable skirt or pair of pants. A button-up or zipper shirt will facilitate the breast examination. By only partially undressing, a woman can conserve time and energy for herself and the clinic staff.

5. Removing or rearranging the furnishings in the exam room will provide the space needed for a woman to negotiate her wheelchair or for an interpreter to be seen.

5. The paper covering can be taken off the exam table if it is a bother during transfers and positioning.

7. Obstetrical or foot stirrups can be padded or equipped with a strap to increase the comfort and safety of the client.

8. A disabled woman with a mobility impairment (i.e., spinal cord injury, polio or cerebral palsy) should be given the option of bringing a urine sample with her to the clinic.

9. Equipment such as obstetrical stirrups, a high-low exam table or a particularly wide exam table can be obtained by the clinic. Such equipment will facilitate safer, easier transfers and positioning.

10. Specialized educational materials (i.e., braille or taped information or three-dimensional anatomical models) can be acquired to make information accessible to sensory impaired clients.

Alternative Positions for the Pelvic Exam

This section provides a number of alternatives in positioning for the pelvic examination as well as suggestions for a disabled woman, the clinician and the assistants. A disabled woman is the best judge of which position will work for her and how to use assistants most effectively. These decisions should be made by the client and the clinician together.

An assistant will help the disabled woman and the clinician facilitate a comfortable, thorough pelvic examination. For example, the assistant may help the woman position herself on the exam table. At least one assistant should be available throughout the examination in addition to the clinician. The assistant might be a clinic staff member or an attendant or friend of the disabled client.

The positions described in the following pages do not represent an all-inclusive list. They are meant to be used flexibly, depending on each woman's specific needs. This information will be useful to women with a wide variety of disabilities. The disabilities may include:

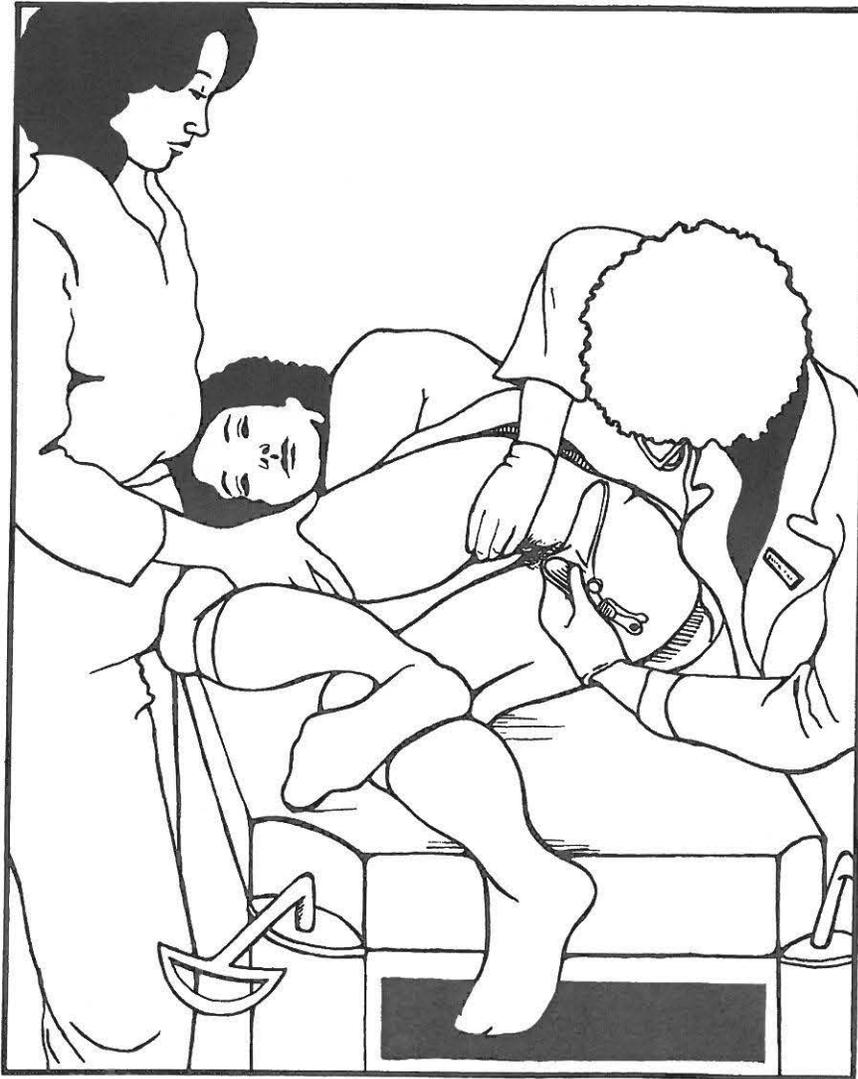
Amputation	Muscular Diseases
Arthritis	Multiple Sclerosis
Blindness/Visual Impairment	Polio
Cerebral Palsy	Scoliosis
Deafness/Hearing Impairment	Short Stature
Spina Bifida	Stroke
Spinal Cord Injury	

Many disabled women cannot comfortably assume the traditional (lithotomy) pelvic exam position which requires a woman to be on her back, knees bent, legs spread apart with her feet placed in metal stirrups at the foot of the exam table. As a result of a disability, a woman may experience one or more conditions which will require the use of an alternative position. The conditions may include:

Joint Stiffness and Inflammation	Muscle Weakness
Paralysis	Spasticity
Lack of Muscle Control	Lack of Balance
Pain (hip, back, etc.)	Muscular Contractions

Some non-disabled women may experience one or more of the above conditions, resulting in a need for an alternative position just as some disabled women may wish to use the traditional pelvic exam position.

The Knee-Chest Position

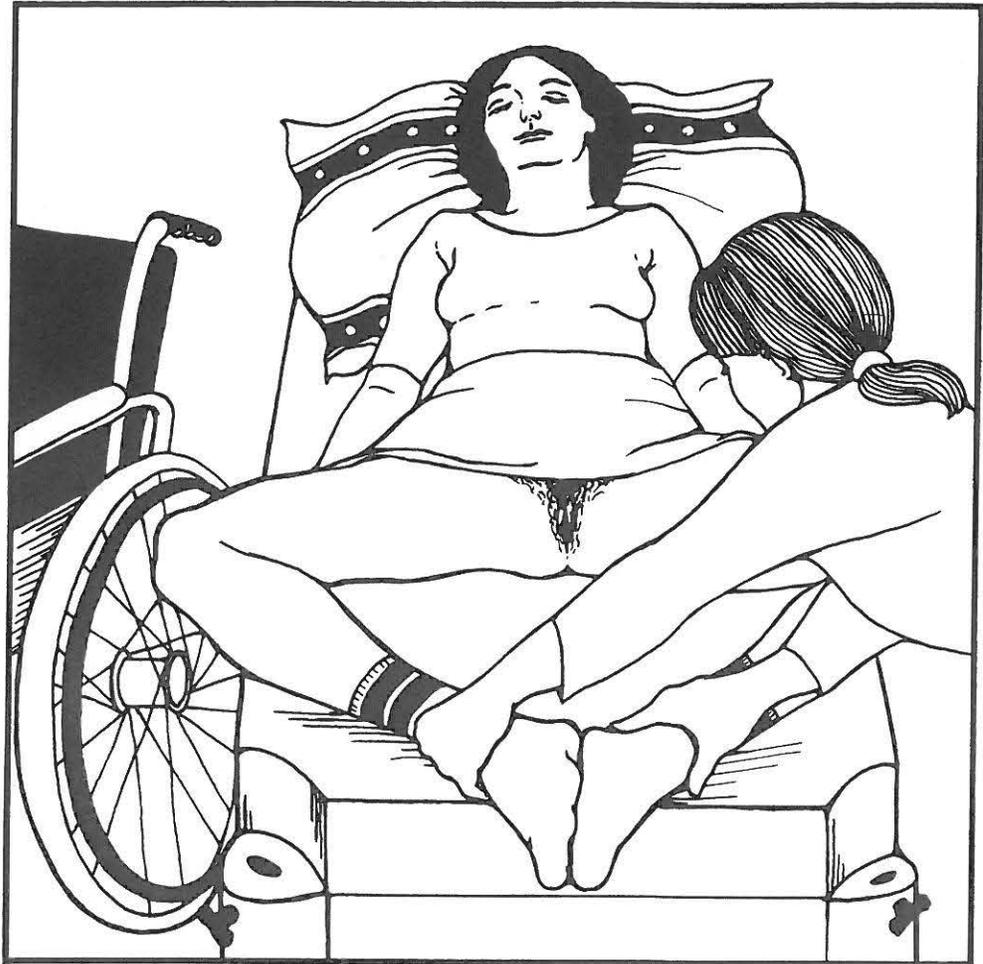


The woman lies on her side with both knees bent, her top leg brought closer to her chest. A variation of this position would allow the woman to lie with her bottom leg straightened while the top leg is still bent close to her chest. The speculum can be inserted with the handle pointed either in the direction of the woman's abdomen or back. Because the woman is lying on her side, the clinician should be sure to angle the speculum towards the small of the client's back and not straight up towards her head. Once the speculum has been removed, the woman will need to roll onto her back.

The assistant may provide support for the client while she is on the exam table, help the woman straighten her bottom leg if she prefers the variation of this position, or support the client in rolling onto her back for the bi-manual exam. If the client cannot spread her legs, the assistant may help her elevate one leg.

The Knee-Chest Position does not require the use of stirrups. It is particularly good for a woman who feels most comfortable and balanced lying on her side.

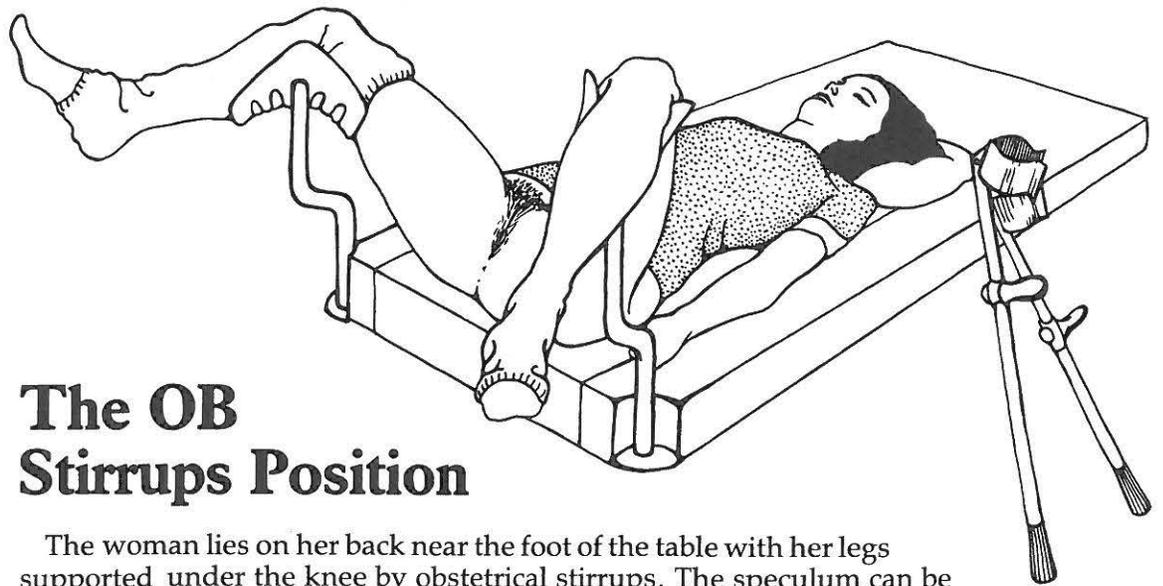
The Diamond-Shaped Position



The woman lies on her back with her knees bent so that both legs are spread flat and her heels meet at the foot of the table. The speculum must be inserted with the handle up. The bi-manual exam can be easily performed from the side or foot of the table.

The assistant may help the client support herself on the table and hold her feet together in alignment with her spine to maintain this position. A woman may be more comfortable using pillows or an assistant to elevate her thighs and/or use a pillow under the small of the back.

The Diamond-Shaped Position does not require the use of stirrups. A woman must be able to lie flat on her back in order to use this position.



The OB Stirrups Position

The woman lies on her back near the foot of the table with her legs supported under the knee by obstetrical stirrups. The speculum can be inserted with the handle down. The bi-manual exam can be performed from the foot of the table.

The client may want assistance in putting her legs into the stirrups. The stirrups can be padded to increase comfort and reduce irritation. A strap can be attached to each stirrup to hold a woman's legs securely in place if the woman prefers this increased support.

Obstetrical stirrups provide much more support than the traditionally used stirrups. This position allows a woman who has difficulty using the foot stirrups to assume the traditional pelvic exam position.

The M-Shaped Position

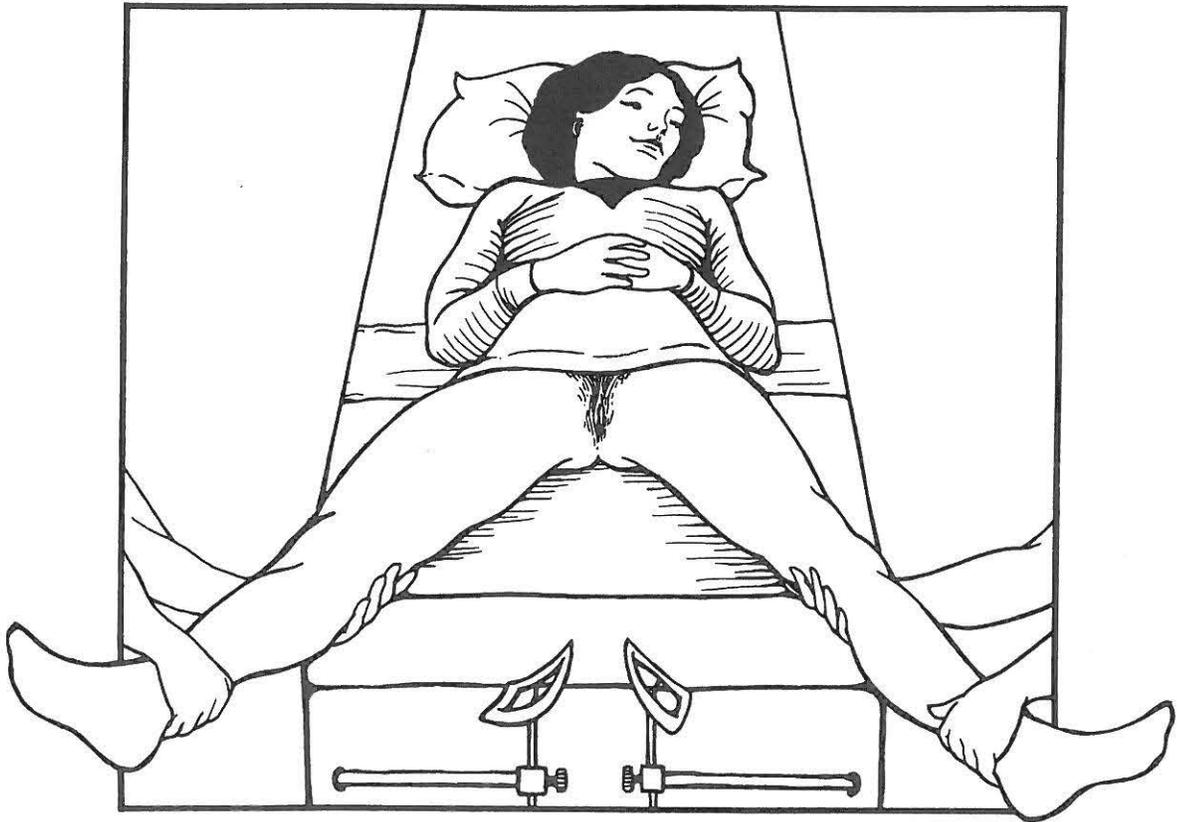
The woman lies on her back, knees bent and apart, feet resting on the exam table close to her buttocks. The speculum must be inserted with the handle up. The bi-manual exam can be performed from the foot of the table.

If the woman feels her legs are not completely stable on the exam table, an assistant may support her feet or knees. If a woman has two leg amputations, an assistant may elevate her legs to simulate this position.

The M-Shaped Position does not require the use of stirrups. This position allows the client to lie with her entire body supported by the table.



The V-Shaped Position

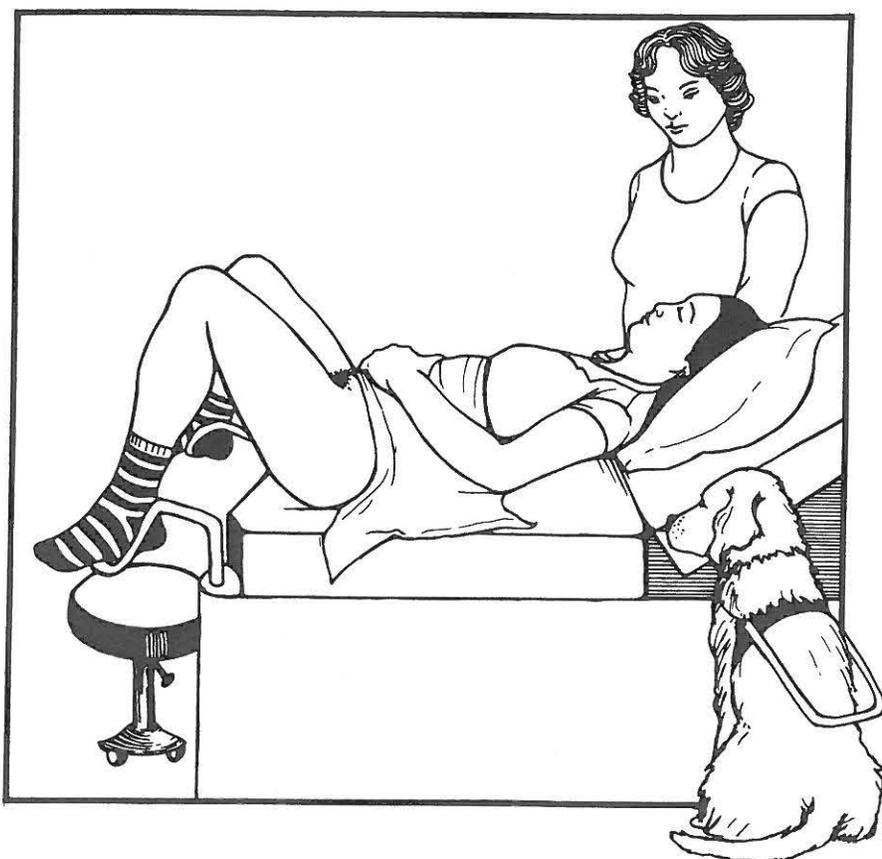


The woman lies on her back with her straightened legs spread out wide to either side of the table. If a woman is able to put one foot in the stirrup, a variation of this position would allow the woman to hold one leg out straight and keep one foot in a stirrup. The speculum must be inserted with the handle up and the bi-manual exam can be performed from the side or foot of the table.

At least one and possibly two assistants are needed to enable the woman to maintain this position. The assistants should support each straightened leg at the knee and ankle. The client may be more comfortable if her legs are slightly elevated or if a pillow is used under the small of her back or tailbone.

The V-Shaped Position may or may not require stirrups. The client must be able to lie comfortably on her back to use this position.

The Visually Impaired Woman



A woman with a visual impairment will probably want to assume a foot-stirrup position for the pelvic exam. Prior to the exam, the clinician can ask the client if she would like to examine the speculum, swab or other instruments which will be used during the exam. If three dimensional genital models are available, they can be used to acquaint the woman with her anatomy as well as the exam process. During the exam, a woman may feel more at ease if continuous tactile or verbal contact is maintained, e.g., a hand on her leg or a clinician narrating what is taking place during the exam. Clinicians or assistants should remember to identify themselves upon entering the exam room and inform the woman if it is necessary for them to leave.

Some visually impaired women will want to be oriented to their surroundings, while others may not. Each woman should be encouraged to specify the kind of orientation and mobility assistance she needs. Clinic staff should verbally describe and assist the woman in locating where she should put her clothes, where the various furnishings are positioned, where and how to take a urine sample, if one is needed, how she can approach the exam table, how to position herself on the table and put her feet in the stirrups.

A white cane and guide dog are mobility aids used by many visually impaired people. If a woman is accompanied by a guide dog, do not pet or distract the dog. The dog is trained to respond only to its mistress. A woman may prefer to keep her guide dog or white cane nearby in the exam room. Do not move either of these items without the client's permission.

The Hearing-Impaired Woman

A woman with a hearing impairment will most likely want to assume the foot-stirrup position. Her head may be elevated so that she can see the clinician and/or interpreter. The drape which is used to cover the woman's body below her waist should be eliminated or kept between her legs. Prior to the exam, a client may wish to examine the instruments which will be used during the exam. If three dimensional genital models are available, they can be used to acquaint the client with her anatomy as well as review the exam process. Some clients may wish to view the exam with a mirror while it is happening.

The client should choose which form of communication she wishes to use during her exam: a sign language interpreter, lip reading or writing. Although a client may use an interpreter throughout most of the client visit, she may decide not to use the interpreter during the actual exam. Many clients will feel more comfortable with a female interpreter. If an interpreter is used, the woman and the clinician should decide where the interpreter should stand. The interpreter may stand by the clinician at the foot of the table or, for more privacy, she may stand nearer the client at the head of the table. When working with an interpreter, the clinician should speak directly to the client at a regular speed instead of to the interpreter. If a woman wishes to lip read, the clinician should be careful not to move her face out of sight of the client without first explaining what she is doing. The clinician should always look directly at the client and enunciate her words clearly when the woman prefers lip reading.



Getting on the Table

The client is the expert in transferring from the wheelchair or in using assistants to climb onto the exam table. Transfers are relatively simple if the woman, assistants and clinician all understand the method that will best suit the woman's disability, room space and exam table.

Transfer Methods

Pivot transfer—Standing in front of the woman, the assistant takes the woman's knees between her/his knees, grasps the woman around the back and under the arms, raises her to a vertical position and then pivots the client from her wheelchair to the table. The exam table must be low enough for the client to sit on; therefore, a hydraulic high-low table may be needed when using this transfer method.

Cradle transfer—Bending or squatting beside the woman, the assistant puts one arm under both of the woman's knees and puts the other arm around her back and under her armpits. The assistant stands and carries the woman to the table. Two assistants can be used if they grasp each others' arms behind the client's back and under her knees, if one assistant cannot do it alone. It is important that both assistants work together.

Two-person transfer—In all two-person transfers, the assistant must be careful to work together to lift the woman over the arms of her wheelchair from a sitting position onto the exam table. A stronger, taller person should always lift the upper half of the client's body. There are two ways to perform a two-person transfer.

Method #1 requires the client to fold her arms across her chest. The assistant standing behind her kneels down, putting her/his elbows under the client's armpits and grasps the client's opposite wrists. The second assistant lifts and supports the woman under her knees.

Method #2 can be used if the client cannot fold her arms. The assistant standing behind the client puts her/his hands together if possible so there is less likelihood of losing hold of the client. The second assistant lifts and supports the woman under her knees.

Equipment—Some disabled women use a slide board which forms a bridge from the wheelchair to the exam table for the client to slide across. In order for this method to work, the table and chair must be approximately the same height. Most exam tables are, however, quite a bit higher than most wheelchairs. Some clinics have acquired high/low exam tables. These tables can be adjusted to the height which will facilitate the safest and easiest transfer. A wider table can also make transfers and positioning easier even if it is not adjustable in height.

Guidelines For The Lifter

1. The client should direct the transfer and positioning process.
2. Assistants should not overestimate their ability to lift.
3. Keep in mind that not all non-ambulatory women need assistance while some ambulatory women may need assistance.

4. Assistants should keep their backs straight, remember to bend their knees, and lift with their legs.
5. It may be helpful to perform a test lift or practice the transfer by lifting the woman just over her wheelchair before attempting a complete transfer.
6. Assistants who feel that they may drop a client during a transfer should not panic. It is important, whenever possible, to explain to the woman what is happening to reassure her throughout the situation. Assistants will usually have time to lower the client safely to the floor until they can get additional help.

Guidelines For The Disabled Woman

1. Explain clearly which transfer method you prefer and direct the clinician and assistants during the process.
2. Assistants can help by preparing equipment. Since many people are not familiar with wheelchairs or supportive devices, you may need to explain to the clinicians and assistants how they can handle your belongings. Women who use wheelchairs should explain how to apply the brakes, detach the footrests and armrests or turn off the motor in the case of an electric wheelchair. If you wear adaptive devices such as leg braces or supportive undergarments, you should explain how to remove them if necessary and where to put them.
3. Women who use urinary equipment should direct assistants in the moving or straightening of catheter tubing. You may wish to unstrap your leg bag and place it on the table beside you or across your abdomen for proper drainage. Assistants should be reminded not to pull on the tubing or allow kinks to develop.
4. Inform the clinician and assistants when you are comfortable and balanced, after the transfer is completed.
5. All parties should be aware of jewelry, clothing, tubing or equipment which might catch or otherwise interfere with the transfer.

Special Concerns

This section provides further explanations of bowel and bladder concerns, spasticity, hypersensitivity and hyperreflexia. These conditions are common to many disabled women and should be given special attention during the pelvic exam process.

Bowel and Bladder Concerns

Some disabled women do not have voluntary bladder or bowel movements (e.g., women with spinal cord injuries or spina bifida). A woman's bladder or bowel routine could affect the pelvic exam.

A woman's bowel movement routine may require the same type of physical stimulation that she will experience during the speculum, bi-manual or rectal exam at the clinic. A bowel movement can occur during the pelvic exam.

If a woman is catheterized, it is not necessary to remove the catheter, as it will not interfere with the pelvic exam in any way. An indwelling catheter need not be removed during the exam unless it is not working and another catheter is available for insertion.

The two types of indwelling catheters are the urethral, which is inserted directly into the woman's urethra, and the suprapubic, which is inserted directly into the bladder through a surgically-made opening below her navel. Both allow urine drainage through tubing into a leg bag. The leg bag, usually attached to a woman's leg by a strap, should be empty at the start of the exam so it need not be drained later.

If a woman uses an intermittent catheterization system, she urinates by manually opening her bladder sphincter at regular intervals during the day. Tactile stimulation in her pelvic area during the exam could cause her bladder sphincter to open and she will become incontinent. The client may consider scheduling her pelvic exam appointment around her urinary schedule.

Hyperflexia Or Autonomic Hyperreflexia

Hyperflexia, also called autonomic hyperreflexia or dysreflexia, describes a set of symptoms common to people with a spinal cord injury. It is often due to stimulation of the bowel, bladder or skin below the spinal lesion. Common symptoms may include: high blood pressure, sweating, blotchy skin, nausea or goosebumps. A spinal cord injured person may experience one or more of these symptoms to some degree during a bowel movement, for example.

Some causes of hyperflexia that may occur during the pelvic exam include: reactions to a cold, hard exam table or cold stirrups, insertion and manipulation of the speculum, pressure during the bi-manual or rectal exam or tactile contact with hypersensitive areas (e.g., swabbing the cervix). Causes of hyperflexia which may occur but are not necessarily related to the pelvic exam might include: urinary blockage due to a malfunctioning catheter, bowel blockage, skin irritation, or extreme temperature change.

Before starting the examination, the disabled woman and the clinician should discuss the client's common hyperflexic symptoms. If the woman has experienced a pelvic exam since her injury, she will be able to identify which symptoms are common

and which are uncommon. If a woman experiences uncommon hyperflexic symptoms during the exam, her blood pressure must be reduced while the source of the stimulation is found and removed (e.g., removal of the speculum). Most people with a spinal cord injury will experience a drop in blood pressure if brought from a prone to a sitting position. If the blood pressure does not decrease and the stimulus has been removed, or the hyperflexic symptoms persist leading to a throbbing headache or nasal obstruction, this should be considered an emergency and a physician should be called. A client experiencing any degree of hyperflexia should not be left alone.

Once the hyperflexia ceases, the woman and the clinician should decide whether to continue the exam. If the exam is continued and hyperflexia recurs, another examination should be scheduled. As always, the disabled woman is the expert on her own symptoms and reactions.

Hypersensitivity

Before the exam, the client may want to inform the clinician of any hypersensitive areas of her body to help prevent possible discomfort or spasms during the exam. Some women may experience variable responses to ordinary tactile stimulation such as spasms or pain. Often, sensitive areas can be avoided or an extra amount of lubricative jelly can be used to decrease friction or pressure.

Spasticity

Spasms may be a common aspect of a woman's disability. Ranging from slight tremors to quick, violent contractions, spasms may occur during a transfer, while assuming an awkward or uncomfortable position, or from stimulation of the skin with the speculum. If spasm occurs during the pelvic exam, the assistant should gently support the spasming area (usually a leg, arm or abdominal region), to avoid any injury to the client. Spasms should be allowed to resolve before continuing with the exam.

A feeling of physical security can decrease spasm intensity and/or frequency. A disabled woman who experiences spasms should never be left alone on the exam table. A spasm could pose a serious danger to her. An assistant should stand near the exam table and maintain physical contact with the client to ensure a feeling of safety.

The Client's Rights and Responsibilities

The Client Has The Right To:

1. Receive accessible family planning services;
2. Be treated with dignity and respect regardless of age, race, sexual preference, physical and mental abilities, etc.;
3. Specify how your belongings and/or adaptive devices are handled during the visit;
4. Have privacy and confidentiality of your records;
5. Receive explanations and answers to questions;
6. Receive education and counseling;
7. Be interviewed and examined in a private room;
8. Bring a friend to assist you during your visit;
9. Know the names of people serving you;
10. Consent to or refuse any care or treatment;
11. Review your medical records with a clinician;
12. Consent to or refuse the presence of an observer during the interview or the examination;
13. Decide whether or not to have children, and when;
14. Request a particular clinician when scheduling an appointment.

The Client Has The Responsibility To:

1. Tell appropriate staff about your disability;
2. Request reasonable accommodations during your visit;
3. Be honest about your medical records;
4. Ask questions when you don't understand;
5. Follow health advice and medical instructions;
6. Respect clinic policies;
7. Keep appointments or cancel at least 24 hours in advance.

When you want to know	— ASK
When you have questions	— SPEAK UP
When you have problems	— COMPLAIN
When you like what happens	— SMILE