

TABLE 9. Gynecologic Causes of Female Sexual Disorders and Method of Examination⁵

Examination	Condition
Assess External Genitalia	
Assess muscle tone	Vaginismus
Assess skin color and texture	Vulvar dystrophy, dermatitis
Assess skin turgor and thickness	Atrophy
Assess pubic hair amount and distribution	Atrophy
Expose clitoris	Clitoral adhesions
Assess for ulcers	Herpes simplex virus
Perform cotton swab test of vestibule	Vulvar vestibulitis
Palpate Bartholin glands	Bartholinitis
Assess posterior forchette and hymenal ring	Episiotomy scars, strictures
Perform “Monomanual” Exam (one or two fingers in the vagina, the other hand off of the abdomen so as not to confuse the source of discomfort)	
Palpate rectovaginal surface	Rectal disease
Palpate levator ani	Levator ani myalgia, vaginismus
Palpate bladder/urethra	Urethritis, interstitial cystitis, urinary tract infection
Assess for cervical motion tenderness	Infection, peritonitis
Assess vaginal depth	Postoperative changes, postradiation changes, stricture
Perform Bimanual Exam (one or two fingers in the vagina, other hand on patient’s abdomen)	
Palpate uterus	Retroversion, fibroids, endometritis
Palpate adnexa	Masses, cysts, endometriosis, tenderness
Perform rectovaginal exam	Rule out endometriosis
Obtain guaiac test	Bowel disease
Insert Speculum	
Evaluate discharge, pH	Vaginitis, atrophy
Evaluate vaginal mucosa	Atrophy
Perform Pap test	Human papillomavirus, cancer
Assess for prolapse	Cystocele, rectocele, uterine prolapse