

# ***Leopold's Maneuvers, Bony Pelvis, & Pelvic Examination***

## ***Competencies***

Women's Health / Nurse Midwifery Specialty Tracks

The Ohio State University

Student \_\_\_\_\_ Date \_\_\_\_\_

Faculty \_\_\_\_\_

<b>COMPONENT</b>	<b>Not yet Acceptable</b>	<b>Needs Improvement</b>	<b>Satisfactory</b>
1. Bony Pelvis - Demonstration on Model			
a. Ilium-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ischium-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Retropubic Angle-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pubic Rami-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pelvic Sidewalls-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sacrosciatic Notch-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ischial Spines-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sacral promontory-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Diagonal Conjugate-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Ischial Tuberosity-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Subpubic Arc-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ligaments - Demonstration on Model			
a. Sacrospinous-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sacrotuberous-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPONENT		Not yet Acceptable	Needs Improvement	Satisfactory
3.	Preparation and Reassurance of Patient - Clinical (Patient) Exam			
a.	Patient's Comfort/Privacy-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1) Positioning of patient-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2) Empty bladder -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Awareness of Patient Comfort and Concerns-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1) Privacy-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2) Draping-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Verbal and Nonverbal Communication-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1) Gentle/smooth technique-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2) Explanation and reassurance-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Equipment-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1) Assembly of equipment-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2) Organization of environment-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Leopold's Maneuvers			
a.	Fundus-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Fetal back (small parts/shoulder)-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Inlet (Pawlick's grip)-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Cephalic prominence/degree of flexion-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Pelvic Examination			
a.	Inspection of external genitalia-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1) Hair distribution-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2) Appearance of vulva-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) lesions-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) varicosities-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) edema-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) color-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) discharge-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPONENT	Not yet Acceptable	Needs Improvement	Satisfactory
f) other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Palpation of Bartholin's glands _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Examination of Skene's glands and urethra _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Speculum Exam _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Inspection of vulva/vagina _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Palpation of vulva/vagina _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Speculum _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) lubrication _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) insertion technique _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) angle _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) position _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Location of cervix _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inspection of Cervix			
a. Color _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discharge _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lesions _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Inspection of Vaginal Mucosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Color _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discharge _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lesions _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pap Smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Technique of obtaining cells _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Application of specimen to slide _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. GC/Chlamydia Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Technique of obtaining specimen _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Application of specimen to plate _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPONENT	Not yet	Needs	Satisfactory
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		Acceptable	Improvement	
10.	Wet Smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Technique of obtaining specimen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Preparation of slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1) KOH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2) normal saline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Bimanual Examination			
	a. Uterine size and shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Adnexae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	f) other -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Palpation of Bartholin's glands-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Examination of Skene's glands and urethra-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Speculum Exam-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1) Inspection of vulva/vagina-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2) Palpation of vulva/vagina-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3) Speculum-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) lubrication-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) insertion technique-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	l) angle-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii) position-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4) Location of cervix-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Inspection of Cervix			
a.	Color-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Discharge-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Lesions-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Other-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Inspection of Vaginal Mucosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Color-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Discharge-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Lesions-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Other-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Pap Smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Technique of obtaining cells-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Application of specimen to slide-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	GC/Chlamydia Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Technique of obtaining specimen-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Application of specimen to plate-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPONENT		Not yet	Needs	Satisfactory