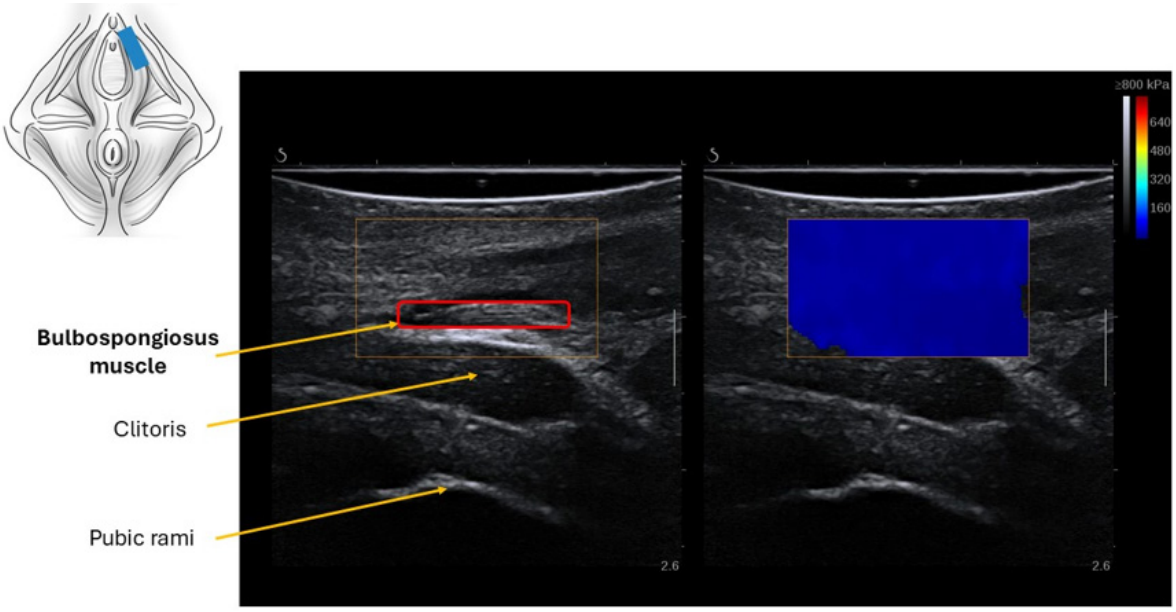
Supplementary Fig. 1. Details on correct localization of pelvic floor structures.

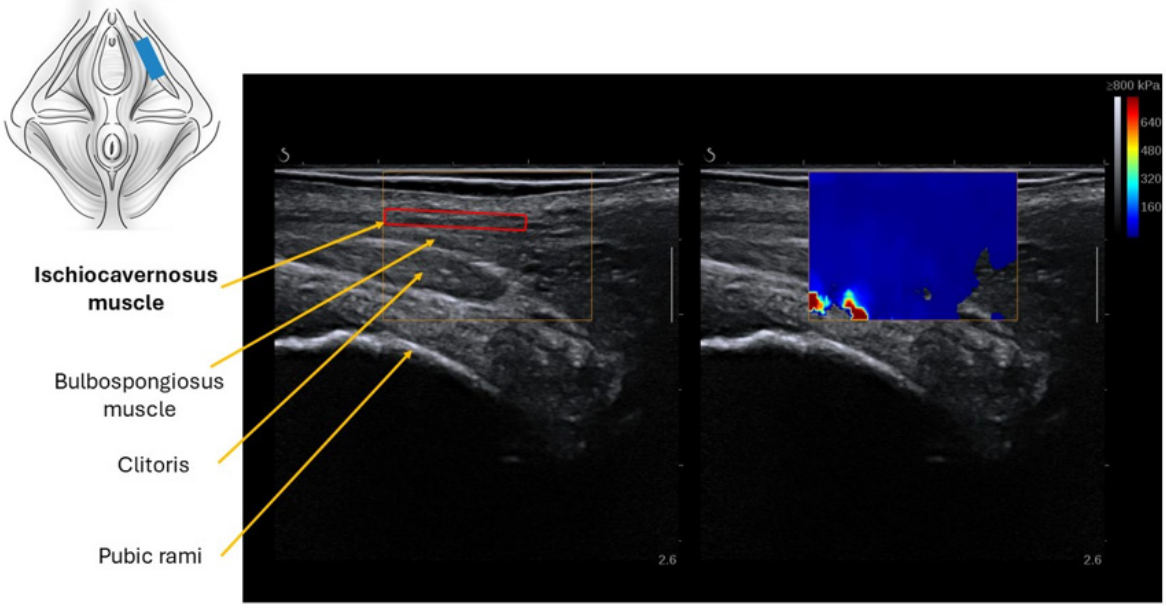
1. Bulbospongiosus muscle

The transducer is positioned externally along the labia majora and slightly tilted to ensure parallel positioning along the bulbospongiosus muscle.



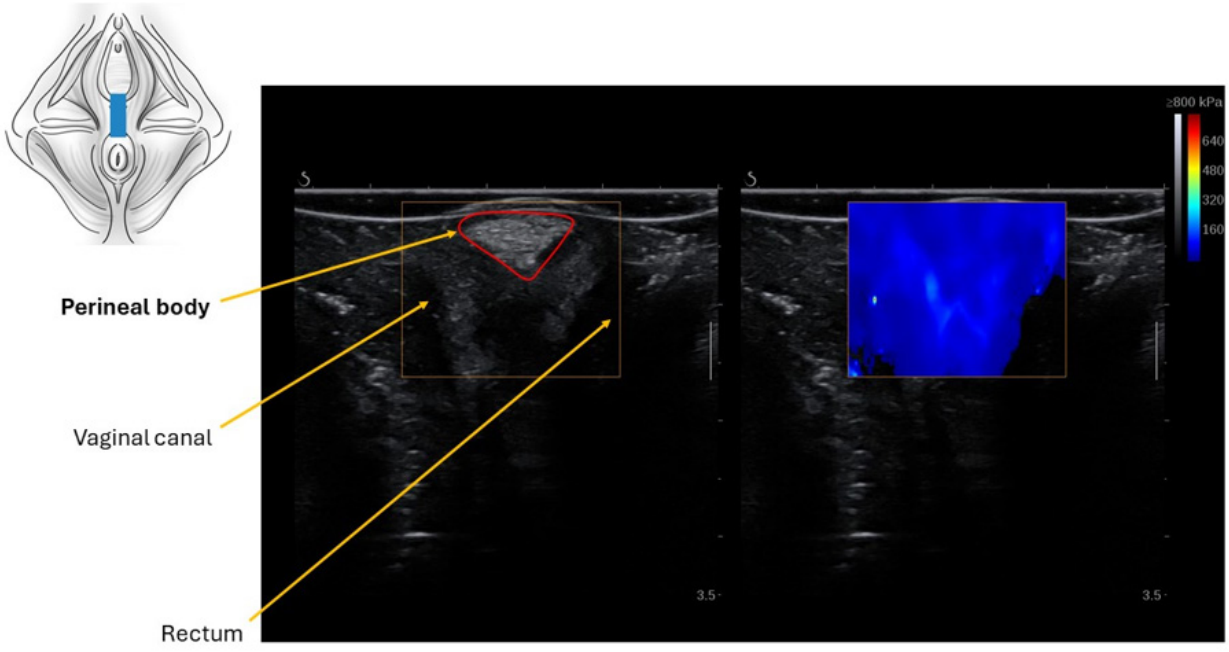
2. Ischiocavernosus muscle

The transducer is positioned externally along the labia majora and slightly tilted to ensure parallel positioning along the ischocavernosus muscle.



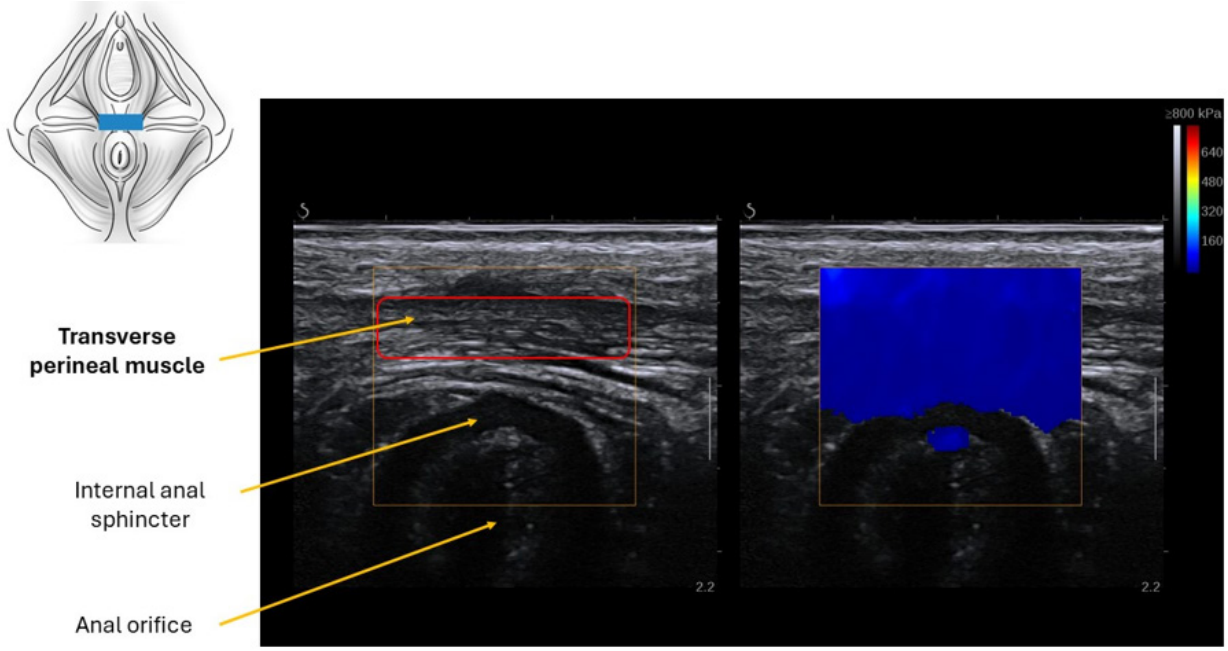
3. Perineal body

The transducer is positioned vertically between the vagina and anal canal.



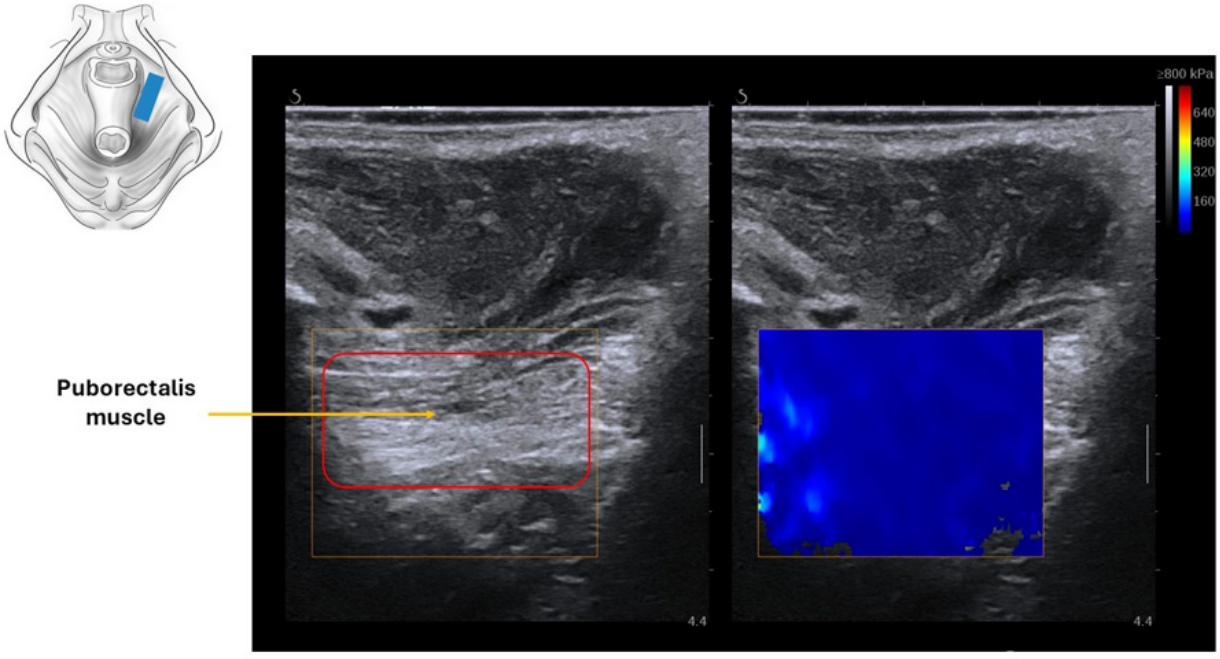
4. Transverse perineal muscle

The transducer is positioned horizontally between the vagina and anal canal. The patient is instructed to lift her buttocks, separate them to expose the perineal area, and then lower herself while maintaining this position, to enable better visualisation of the measured structures.



5. Puborectalis muscle

The transducer is placed laterally to the vagina and aligned so that muscle fascicles/connective tissues of puborectalis can visualized as parallel lines.



All measurements are made in lithotomy position, with linear transducer, and transperineal (external) approach.

References

1. Morin M, Salomoni SE, Stafford RE, Hall LM, Hodges PW. Validation of shear wave elastography as a noninvasive measure of pelvic floor muscle stiffness. Neurourol Urodyn 2022;41:1620-1628.
2. Starzec-Proserpio M, Gaudreault N, Roch M, Daigle F, Bureau N, Morin M. Assessment of pelvic floor muscle stiffness in women using shear wave elastography: an intra- and inter-rater reliability study. Continence 2023;7(Suppl 1):100994.