Appendix 1: Diagrammatic overview of modified Delphi process. Multiple questionnaire rounds were sent to the panel of experts to work toward a consensus opinion. The participants were allowed additional free-text responses to help generate revised statements in subsequent rounds. In later rounds, information brought forth by other experts was also included to help refine consensus statements. After the third round, a final treatment algorithm was generated from the consensus statements and approved by all members.

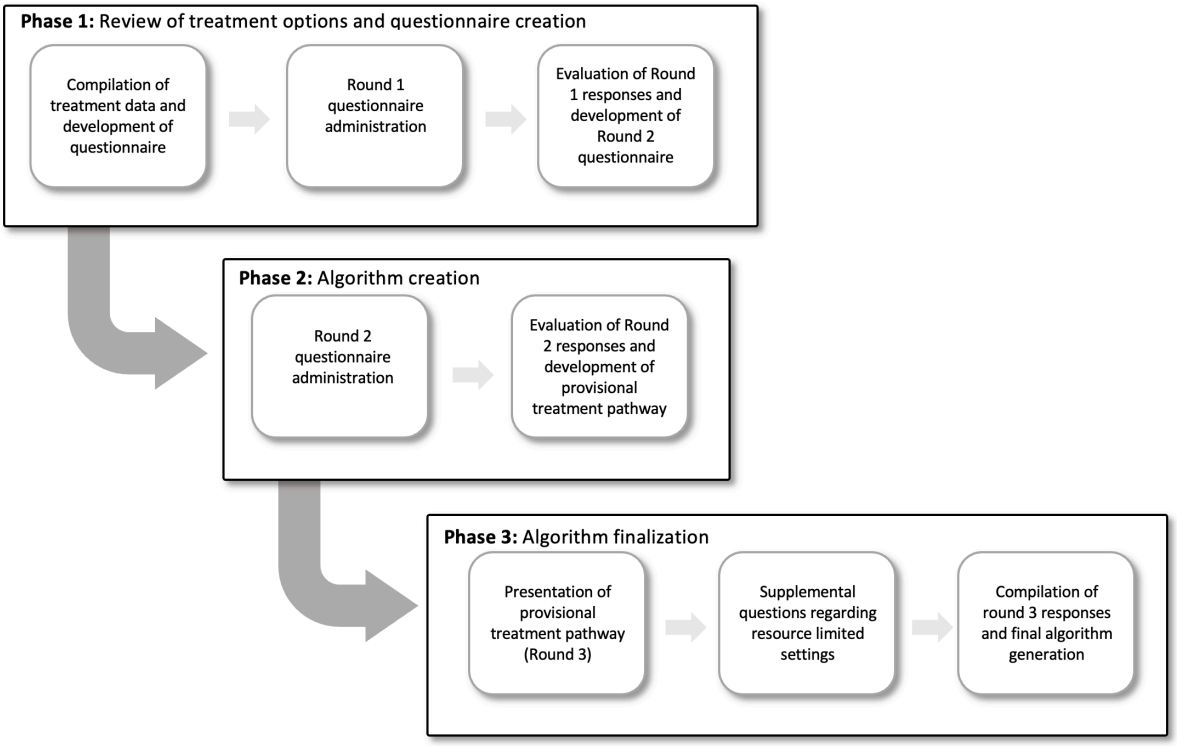

Figure 1: Diagrammatic overview of modified Delphi process

Torosis M, Carey E, Christensen K, Kaufman MR, Kenton K, Kotarinos K, et al. A treatment algorithm for high-tone pelvic floor dysfunction. Obstet Gynecol 2024;143.
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Appendix 2. Statements That Did Not Meet Consensus

Statement	No. (%) Agreement (n=11)
Biofeedback	
Women who continue to have moderate to severe symptoms (i.e. interfering with daily activities or sleep) after completion of pelvic floor physical therapy should be treated with biofeedback.	4 (36)
Biofeedback should be first line for the treatment of HTPFD.	3 (27)
Biofeedback should be used if PFPT has been tried and success as plateaued or not been achieved.	6 (55)
There is a standard protocol that is used for biofeedback?	2 (18)
If pelvic floor EMG biofeedback is available in the clinician's office (i.e. urostym) it can be considered as an alternative to PFPT particularly for patients who cannot access PFPT.	3 (27)
Vaginal Muscle Relaxants	
For patients who cannot afford compounded vaginal muscle relaxants, oral muscle relaxants are the best alternative.	2 (18)
For patients who cannot afford compounded vaginal muscle relaxants, oral muscle relaxants placed vaginally are the best alternative.	3 (27)
Vaginal muscle relaxants should be tried before pelvic floor TPI or BTX-A is considered.	4 (36)
Vaginal muscle relaxants should be used in conjunction with PFPT for the treatment of HPTFD.	4 (36)
BTX-A and TPI	
BTX-A ideally should be combined with a local anesthetic like Marcaine. The anesthetic portion can be helpful if the HTPFM is due to a sensory pain trigger at the periphery that can be blocked. Thus, the person can learn to relax the muscle once the trigger is removed.	6 (55)
Ideal timing of TPI is injection in the physician's office followed by an immediate PT session within 1 hour.	3 (27)

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60% of respondents agreed that BTX-A should be considered in conjunction with PFPT if there is a plateau in improvement. In this situation BTX-A should be considered based on the recommendation by PFPT.	7 (64)
BTX-A or TPI are more effective than vaginal muscle relaxants and thus should be tried first.	3 (27)
Injection of local anesthetic to hypertonic muscles should be used in conjunction with BTX-A.	7 (64)
Injection of local anesthetic to hypertonic muscles helps treat HTPFD.	6 (55)
How many units of BTX-A should be used per muscle group?	No consensus
Pudendal blocks should be used in conjunction with BTX-A injections to the pelvic floor.	0 (0)
To determine a patient's response to BTX-A injections, an initial trial in the office of an injection into the hypertonic muscle should be used. If there is improvement, then BTX-A should be used for subsequent injections. If no improvement alternative therapies should be recommended.	3 (27)
Injection of BTX-A into hypertonic pelvic floor muscles should only be used in patients who are refractory to biofeedback, PFPT and vaginal muscle relaxants.	6 (55)
Sacral Neuromodulation	
Sacral neuromodulation should be considered if patient has failed home therapy, biofeedback, pelvic floor physical therapy, vaginal muscle relaxants and TPIs.	5 (45)
Sacral neuromodulation should be considered if patients have failed PFPT.	4 (36)
Alternative Therapies	
Women with minimal or no improvement with PFPT should be reassessed and referred for evaluation with a psychiatrist or orthopedist to assess for extra-pelvic sources of pain.	5 (45)
There is evidence to support the use of home therapies such as stretching, heating pads and yoga for the treatment of HTPFD.	5 (45)
At home TENS units have a role in the treatment of HTPFD.	2 (18)

After the second round, it was determined that the statements that had not reached consensus were because of absence of evidence rather than ambiguity in wording.

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Appendix 3. Vaginal Muscle Relaxant Options

Medication	Dosing Options
Diazepam	5-10 mg as needed up to three times per day[24]
Tizanidine	2 to 4 mg at bedtime*
Baclofen	30mg daily to three times a day*
Cyclobenzaprine	5 to 10mg at bedtime*

*Based on expert opinion.

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