

## “HOW TO PLAY DOCTOR”

THIS IS A VERY EXCITING VIDEO BECAUSE IT IS THE FIRST OF MANY VIDEOS TO BE FILMED IN **PLAY DOCTOR'S NEW EXAM ROOM**. In the never-ending attempt to produce the best medical fantasy video, PLAY DOCTOR acquired a small office building and retained an area to be used *exclusively* for medical fantasy sessions with “patients”, CD/photo shoots, and PLAY DOCTOR Medical Fantasy Videos. No more rented scene rooms or staged hotel room scenes ---- THIS IS THE REAL THING . . . a fully equipped and fully functional EXAM ROOM!

PLAY DOCTOR had the opportunity to make the acquaintance of TIFFANY (a 32 year-old female) a little less than a year ago. She was curious and inquired about being in PLAY DOCTOR Medical Fantasy Videos, but she made it very clear that she “did not do anal”. Initially, she did two photo shoots that are available on CD: the first is all thermometers in oral, vaginal, and rectal temperature taking as well as scenes with Tiffany undressing from street clothes into the nurse’s uniform and the patient’s gown; the second shows Tiffany undressing from her street clothes into the patient’s gown and then having the vaginal speculum inserted, followed by the rectal speculum, the rigid sigmoidoscope, and the anoscope. BUT --- in order to accommodate the anal insertions she had to take an enema . . . this was her first ever enema and it is captured in the digital images. Also, remember the person who said they “didn’t do anal”? Well – she did it! And ---- she did just fine and was ready to return a few weeks later to do this video . . .

### \* DESCRIPTION \*

**HOW TO PLAY DOCTOR** – In order to make the examination as realistic as possible (while still retaining the fantasy and erotic aspect of “playing doctor”), we were able to retain the services of a Board Certified physician (M.D., Ph.D.) who acted as the consulting physician throughout the video. Narration and guidance is provided for the viewer so as to assist them when they “play doctor” at home; however, caution is provided here and in the video that certain procedures should only be attempted under supervision and/or after having received the proper training.

The video starts off with an introduction by PLAY DOCTOR and then Tiffany enters the Exam Room. After a discussion regarding Tiffany’s general history, it’s time to commence with the assessment part of the exam.

Tiffany undresses out of her top and skirt to bra and panties and puts on the exam gown, then sits on the exam table.

Working closely with the narration provided by the consulting physician, PLAY DOCTOR examines Tiffany’s eyes, ears, nose, and mouth using the otoscope and the ophthalmoscope. Further, although not part of the traditional exam, he puts on an exam glove and inserts his finger into her mouth so as to test her “gag reflex” and oral agility; the consulting physician comments that gag reflex can be tested by touching the tongue depressor to the back of the patient’s throat!

While seated on the exam table in the exam gown, her oral temperature is taken and her blood pressure is checked. Her oral temperature is 98.7°F and her blood pressure is 125/90 --- just a little high but noted as acceptable by the consulting physician “under the circumstances”. Her pulse is taken and noted to be 75.

The exam gown is lowered, and PLAY DOCTOR uses the stethoscope to listen to Tiffany’s heartbeat. The consulting physician continues to provide narration and guidance, noting the 4 places where the heartbeat may be heard. He suggests listening along the carotid artery located in her neck, and then has her turn sideways so that PLAY DOCTOR can also listen to her lungs from her back.

Tiffany gets off the exam table and removes the gown, now dressed only in the plain white bra and bikini panties. She walks over to the scale, where her height of 64” (5’4”) and weight of 114 pounds are recorded (1:1.78 ratio –

and well within the PLAY DOCTOR 1:2.0 ratio used in the PRE-EXAMINATION FORM for potential new patients). Stepping off the scale, but while standing, her posture, spine alignment, and general range of motion are observed.

She sits back on the exam table, now without the exam gown but still in bra and panties, while her reflexes are tested using the reflex hammer and the Wartenberg Wheel (neurological pinwheel) in a reclining position. The tuning fork (C=528hz) is used to assess her audio function, determined to be normal. It is interesting to note that the sound heard on the video is not “C”, but “D”, until the tuning fork is placed directly next to the microphone. Anybody who can provide a valid explanation of this will receive a 50% discount on the price of the video!

At this point in the exam, Tiffany advises that she has to urinate. A specimen cup is provided and – no, not in the bathroom but while standing in front of the exam table – Tiffany lowers her panties and squats over the specimen cup. She tries hard but “stage fright” has gotten the better of her, so she retreats to the bathroom and returns with the specimen cup filled. The specimen is tested for sugar and none is present. A sample of the urine is put into a container and returns to the lab with the Consulting Physician for pathological study.

Now – it’s time for the breast exam. Tiffany, seated on the exam table, removes her bra and exposes her very nice and tanned breasts for examination. Once they have been examined in this position, the exam table is lowered and Tiffany reclines for further examination of the breasts – she looks good lying back on the table in just her white panties! Additional examination of the breasts and nipples is done; her nipples are checked for discharge and, because this is a *PLAY DOCTOR EXAM*, also sensitivity by squeezing, stroking, and running the neurological pinwheel over them. Tiffany responds quite well and the Consulting Physician notes that nipples becoming erect during examination is quite common.

The examination continues – with Tiffany lying back on the exam table in just her panties – as the abdomen is examined and palpated. First, the stethoscope is used to listen for bowel sounds in all four quadrants. Palpation occurs along the colon, concluding with palpation around the umbilicus. Tiffany rolls over on her stomach, and the exam continues using the stethoscope to listen to her lungs and her kidneys palpated for tenderness – none present. Finally, a supine range of motion assessment is conducted --- bending Tiffany’s legs at the knees and rotating the feet and ankles as well as the arms and elbows.

[I LOVE THIS PART!] With Tiffany lying on her stomach on the exam table, in just her panties, it’s time to take her rectal temperature. First, her panties are lowered to just below her knees and her legs are separated. The Consulting Physician provides a description of the anus and rectum as Tiffany’s buttocks are separated. Then her anus is lubricated and massaged in preparation for the thermometer. Using the “classic rectal thermometer” (yellow-banded, red-tipped, stubby bulb), it is lubricated and slowly inserted [past the anus] into Tiffany’s rectum. As the thermometer is registering, Tiffany’s buttocks and the inside of her thighs are rubbed – and she begins to slowly gyrate her hips; further, the thermometer is moved in and out and rotated, and Tiffany tells us that this feels good. Wetness in her vaginal area is also noted. Unlike many videos that rush a rectal temperature taking shot, the thermometer is left in place for 4+ minutes and the footage is excellent! When the thermometer is removed, Tiffany’s rectal temperature is 99.0°F.

Tiffany gets off the exam table, raises her panties, and puts the exam gown back on in preparation for the pelvic exam. The next scene has Tiffany lying on the exam table in the exam gown – her panties have been removed – and her feet are in the stirrups. The gown is draped over her pubic area, but then it’s raised to begin the exam. Initially, the external visual inspection is conducted. Tiffany is completely shaved so the view is good (and there’s no need for shaving on this video). The internal inspection commences with insertion of the speculum (with proper insertion technique noted). As the speculum is opened, the cervix is identified and the viewer is given a reasonable view of Tiffany’s vagina and cervix (the speculum is not lighted). The cervical spatula and cytobrush are used to obtain a Pap Smear (Papanicolaou, G. & Traut, H., *Diagnosis of Uterine Cancer by the Vaginal Smear*, 1943). The exam by speculum is concluded and it’s time for the bi-manual exam, in which two fingers are inserted into Tiffany’s vagina and her ovaries and fallopian tubes are palpated. At the same time, her G-spot is identified and stimulated. While Tiffany is still in the stirrups, her vaginal temperature is taken using the Geratherm® non-mercury thermometer. Tiffany has gotten aroused during the pelvic exam so she enjoys having her thighs and breasts rubbed while the thermometer registers --- and having the thermometer moved inside her vagina. After the full 4 minutes, the

thermometer is removed and her vaginal temperature of 98.8°F is recorded. [NOTE: *PLAY DOCTOR* has conducted an informal study wherein he noted the temperature of females taken orally, rectally, and vaginally and charted these values against their ovulation. With reasonable certainty, he concluded that temperature measurements depart the same range ( $\pm .5^\circ$ ) as the female is not ovulating. With respect to Tiffany, she had concluded her menstrual period the day prior to the examination]

Stimulation of Tiffany's G-spot (Ernst Gräfenberg, MD, 1950) caused her to have to use the bathroom so, following a brief break, she returns to the exam table and now it's back in the stirrups for the recto-vaginal exam. Initially, a gloved and lubricated middle finger is inserted into Tiffany's anus/rectum and then the gloved and lubricated index finger is inserted into her vagina. Fecal matter is present in her rectum, so an enema will be given.

Prior to the enema, while Tiffany is still in the stirrups, she is given a warm water douche from the one of the two hanging bags. There's great video of the nozzle being inserted and the water flowing from her vagina into the pan at the end of the exam table. Although this was fun, the Consulting Physician notes that douching is not necessary - actually "reduces the normal flora that is present in the vagina which keeps the bad micro organisms at bay". Douching should only be done when there is harmful bacteria present – bacterial vaginosis (on the advice of a physician).

Tiffany now turns over on the exam table and raises her buttocks for the initial digital rectal exam. The Consulting Physician advises that the index finger should be used (as opposed to the middle finger), so it is lubricated (and gloved) and inserted into Tiffany's anus/rectum. The anal sphincter and sigmoid colon are noted before the finger is removed. In order to do further examination of the rectum, Tiffany is administered a warm water enema from the 2-quart bag. **This is only Tiffany's SECOND enema in her life! (the first one was administered on her 2<sup>nd</sup> CD photo shoot).** The enema is administered as Tiffany kneels on the exam table with her buttocks raised. After she takes about half the bag, she is repositioned on her left side to take the rest. Well . . . overall she has come a long way and did great, so we're not going to fault her for taking less than the whole bag! She gets full and can't hold any more so she quickly gets off the table and runs for the bathroom . . .

. . . No, we couldn't give you the footage of her expelling on the toilet, but when she returns to the exam table (and she got herself all together and back in the exam gown) she kneels back on the table and her post-enema rectal temperature is taken. The Consulting Physician notes that there is a "transient decrease" in temperature as a result of enema and Tiffany is no exception. Her post-enema rectal temperature is 98.4°F (down by .6°F). While the thermometer is registering, the possibility of "naughty patients" is discussed and Tiffany is given a light spanking on her upraised buttocks with the hand and the paddle. This is probably something that needs to be explored in future *PLAY DOCTOR* videos as Tiffany seems quite receptive.

A final digital rectal exam is conducted prior to inserting the rectal speculum. No fecal matter is present. After one finger is inserted, two fingers are inserted to expand the anal sphincter. She takes them quite well and even moves back and forth on them (remember, this was the patient who said she "didn't do anal"). The rectal speculum is introduced and we find out that maybe Tiffany wasn't quite finished in the bathroom as there is a little bit of leakage when the speculum is opened. Tiffany takes a break to use the bathroom again – but she returns in a fresh exam gown and gets into position for the rigid sigmoidoscope insertion. Once again, buttocks raised, her anus is lubricated and the "rigid-sig" is inserted. The Consulting Physician notes that this instrument was used to visualize the first 20 centimeters of the colon before the widespread use of flexible sigmoidoscope and flexible colonoscope. For this *PLAY DOCTOR* video, only the first 6-8 centimeters of the scope are inserted and it is noted that insertion should not occur any further except by trained medical personnel and under controlled conditions.

The final insertion to occur is the anoscope – nicknamed the "silver bullet" in the medical field. It is used for examining the rectum and would be helpful for identifying internal hemorrhoids. Tiffany did real well taking the anoscope and there's no doubt that she is getting used to accommodating objects inserted into her anus. As the scope is removed, some fecal matter is noted, indicative that Tiffany is in need of an additional enema (in other words, she got up too fast, but we never want to force anybody to hold an enema). Perhaps the sequel to this video is the second enema followed by some discipline? Anyhow, her exam is concluded and we are VERY PLEASED with "her performance". *PLAY DOCTOR* leaves the exam room so that Tiffany can get dressed.

Tiffany, however, is not finished. This exam has gotten her aroused and she needs to spend a few (5+) minutes in the stirrups “pleasuring herself”. What a great show she gives as she spreads wide, forgets about the camera, and pleasures herself to orgasm (no insertions, just good old-fashioned rubbing herself with her hands). *PLAY DOCTOR* returns to the exam room to find Tiffany still in the stirrups in post-orgasmic bliss. Her arousal is apparently still elevated and she starts to put the move on *PLAY DOCTOR*! He looks to the Consulting Physician for guidance but finds none; this patient is way too hot. *PLAY DOCTOR*, at the suggestion of the Consulting Physician, needs to ignore professional ethics (not that the Consulting Physician advocates this behavior or would behave this way himself). He now must satisfy both Tiffany and his mounting male desire (or is that the desire of the male to mount?). As the camera fades, it is up to the viewer to imagine what happens for the next hour or so!

The video is 2 hours and 11 minutes long and WILL give you great guidance if you are curious about how to conduct the physical examination of the female patient – whether you are curious or whether you are wanting to know so that you are able to play with your partner.

**Now, the legal stuff ---- all disclaimers made, no liability or responsibility is assumed, implied, or accepted. *PLAY DOCTOR* and/or any of his associates (to specifically include the Consulting Physician, “Tiffany”, the videographer and the still photographer but not to exclude any others) participated in the making of this video solely for the entertainment of adults under the law(s) of their respective communities. No medical training or advice is given as a result of the viewer having watched the video and, should consenting adults engage in play similar to that which is portrayed on this video, they do so at their own risk. Viewer acknowledges that s/he will always act responsibly, practice “safe sex”, and only engage in sexual activities with other consenting adults or by her/himself. The entire statement (contained within this indented block) pertains to any and all *PLAY DOCTOR* videos, CDs, website material, public postings, material or product sold through the *PLAY DOCTOR* website and/or directly/indirectly through or from *PLAY DOCTOR*, etc., etc., etc. In other words – you are big girls and big boys and *PLAY DOCTOR* and his friends aren’t responsible if you go out and do something stupid! OK? HAVE FUN!**