Objective: This study aimed to investigate the relationship between descent at point Aa of the pelvic organ prolapse quantification (POP-Q) system that is a midline point on the anterior vaginal wall, 3 cm proximal to the external urethral meatus and mean Q-tip straining angle for urethrovessical junction hypermobility. Materials and methods: Fifty female patients that complained of pelvic organ prolapse and/or urinary incontinence symptoms were evaluated prospectively. All patients with prolapse also had complaints of urinary incontinence. Patients who had a history of prior surgery for incontinence were excluded from the study. All patients were assessed urogynecologically with physical examination, urinalysis, postvoid residual volume, and urodynamic study. The physical examination included POP-Q system measurements, the Q-tip test, and neuromuscular evaluation. Results: The mean Q-tip straining angle was 42.9°. Of the 50 patients, 80% had urethral hypermobility. According to the POP-Q system, 12.5% of the participants had stage 0, 15.5% had stage 1, 64% had stage 2, 8% had stage 3-4 pelvic organ prolapse. While point Aa values changed from -3 to +3 (median -1), an increase Q-tip straining angle was observed. There was a rate of 97.2% urethral hypermobility in patients with stage 2 or greater prolapse. There was a strong statistical correlation between point Aa and Q-tip straining angle (r=0.799, p=0.0001). Conclusion: It is difficult to standardize the Q-tip test as it may change due to the reasons originating from practitioner and patient. Thus, POP-Q, a more standardized test, may be an alternative to the Q-tip test in patients with stage 2 and greater prolapse, it is worth to make more extensive research on this system.