

Physical Therapy Evaluation and Treatment of Pelvic and Sexual Pain

By,

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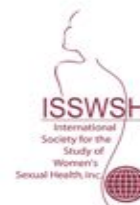
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Level of Evidence



- 2015 IPPS, ISSVD, ISSWSH and ISSM Nomenclature
 - Musculoskeletal LOE for vulvar pain disorders= 1b, grade A
- AUA, 2012 guidelines on mgt of pelvic pain
 - manual physical therapy by clinicians appropriately trained in treating PFD & overactivity— the avoidance of improper pelvic floor strengthening exercises (i.e., Kegels)—***essential treatment***



PELVIC FLOOR DYSFUNCTION

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graph TD; A[PELVIC FLOOR DYSFUNCTION] --> B[Disorders of the Bladder]; A --> C[Disorders of the Bowel]; A --> D[Sexual Dysfunction]; A --> E["Pelvic (Vulvar) Pain"];
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**Disorders
of the
Bladder**

**Disorders
of the
Bowel**

**Sexual
Dysfunction**

**Pelvic
(Vulvar)
Pain**

PELVIC PAIN/OVERACTIVE SYNDROMES

- Vulvodynia, Vestibulitis
- Vaginismus, Dyspareunia
- Pudendal Neuralgia
- Levator Ani Syndrome
- Pelvic Floor Tension Myalgia (PFTM)
- Coccygodynia
- Clitorodynia
- Post-surgical/Scar Adhesions
- Hyperarousal Disorder
- Hypoarousal Disorder
- Interstitial Cystitis/PBS
- Bowel Disorders (IBS, Colitis, etc)
- Fibromyalgia
- Endometriosis

THE *WHOLE* BODY

- Diagnosis, MD/NP clearance
- Proper care and follow through
 - MUSCULOSKELETAL
 - Bladder, Bowel, Sexual Function AND Pain
 - Mental Health (anxieties, stresses, etc)
 - Behavioral Modifications
 - Bladder
 - Bowel
 - Positional
 - Diet
 - Exercise
 - Posture



PT: Eval & Treat Impairments and Dysfunctions



- Posture & structural alignment
- Scar tissue mobility
- Visceral / Organ Mobility
- Trunk, Back, Hip/LE & Abdominal ROM & strength
- Movement patterns / motor control
- Neural tension
- Treat: external/internal
- Pelvic Floor Exam
- Biofeedback
- Functional Assessment
- Breath Control

General Principles of Treatment

- Manual therapy
- Posture / position modifications
 - ****Sexual Positions****
- Muscle coordination and strength
- Breathing pattern
- Relaxation
- Toileting techniques
- Adequate water, fiber intake, eliminate dietary irritants
- Lifestyle modifications

Treatment

PELVIC FLOOR DYSFUNCTION

Manual Therapy:

- External-abdomen, legs, back, gluts
 - Superficial Pelvic Floor
- Internal (vaginal/rectal)-dilators & manual
 - w/ or w/o partner
- Neural & Visceral mobs
- Skeletal Alignment

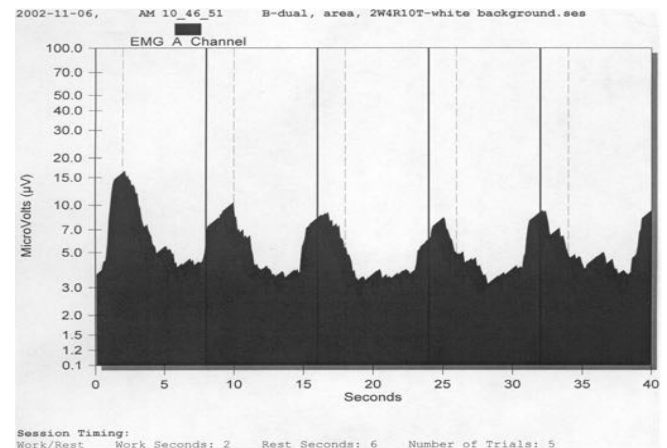


Clinical Trial of Myofascial Physical Therapy in Women with Interstitial Cystitis/Painful Bladder Syndrome (IC/PBS) and Pelvic Floor Tenderness

- GRA (7 point Global Response Assessment) response rate was 26% in the Global Therapeutic Massage (GTM) group and 59% in the Myofascial Physical Therapy (MPT) group (p=0.0012); over 12 week period.
- **Randomized Multicenter Study**
- Myofascial physical therapy offered decreased pain in muscle groups of the pelvic floor, decreases in pain, urgency and urinary frequency

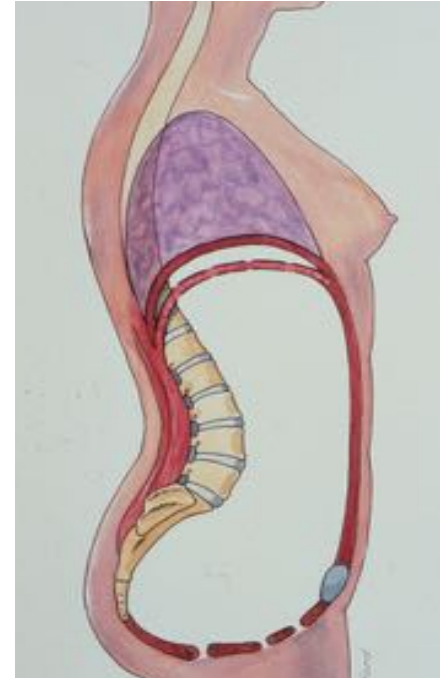
Treatment Cont'd: PELVIC & SEXUAL PAIN

- Muscle coordination
- Relaxation techniques
- Down-training PF muscles
 - Manual
 - Biofeedback
 - PF mm vs other mm
- NO STRAINING
- NO KEGELS



Stretching and MORE!

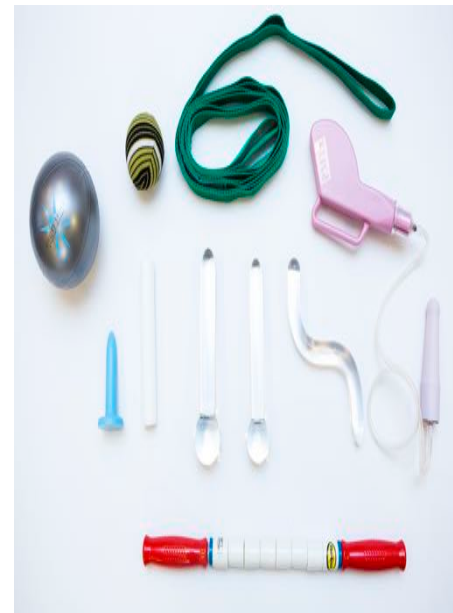
- Stretches-pelvic floor, hip, trunk, LE
- Alignment, Posture
 - Toileting
 - Sexual
- Strengthening- *Pain-Free*
 - Core mobility and stability
 - Diastasis recti, SIJD, hip dysfx
 - Requires close monitoring



Self Care

- Self Care/HEP

- manual tx: dilators, trigger point ball/stick,
- stretches, ice, heat/hot bath
- relaxation techniques: yoga, mind/body therapy, etc.
- *What to do if you have increased pain during or after any activity, incl sexual activity*

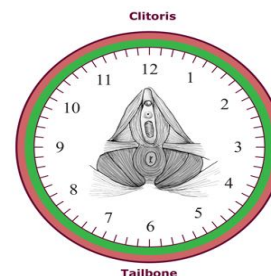


Effects of Self Care

- Internal myofascial trigger point release with wand and paradoxical relaxation resulted in:
 - 37% voluntary reduction in med's ($p < 0.001$)
 - 6 months: Medication cessation significantly associated with a reduction in total symptoms ($p = 0.03$)

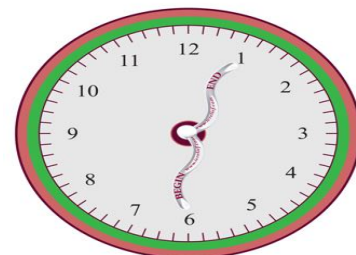
(Anderson et al 2015)

Female Pelvic Floor Anatomy



Intra-Vaginal Internal Pelvic Floor Self-Massage

Insert your finger or curved dilator to a depth of about an inch and start at the 6 o'clock position. Now move gently & slowly counterclockwise to 1 o'clock, probing thoroughly for sore points.



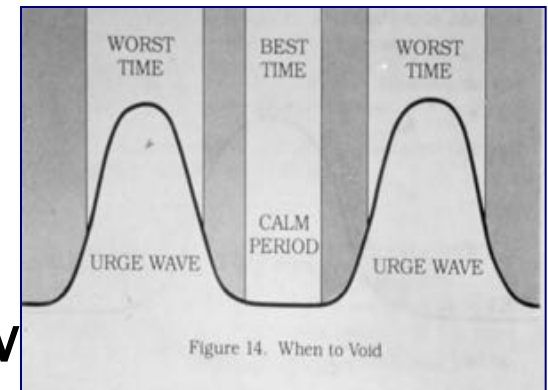
ELIMINATE: POOR BLADDER HABITS

- **ELIMINATE**

- **Going “JUST IN CASE”**
- **Hovering over public toilet seats**
- **Not drinking enough water**
- **Bladder Irritants:**
 - **SODA, COFFEE, Caffeine**
 - **ALCOHOL**
 - **ARTIFICIAL SWEETNER**
 - **JUICES**



- **RETRAIN: Void Delay & Progressive Voiding**



Bowel Retraining

- Fluid/Fiber Intake
 - Chia seeds, flax, psyllium husks
 - Lactose Intolerance?
 - Gluten Intolerance?
- Relaxation Training
- Abdominal massage
- Toileting techniques
- Timed Voiding
- NOT straining or breath holding

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Add'l Behavioral Modifications

- Posture / position modifications:
 - Theraseat, Tush-Cush, Back Cushion
 - Modify Sexual positions and Pleasure
 - Supportive belts
 - Stand frequently, change positions
- Lubricants
- EDUCATION-Sex should NOT be painful!
- Relaxation, Self Care!

Physical Therapy Research



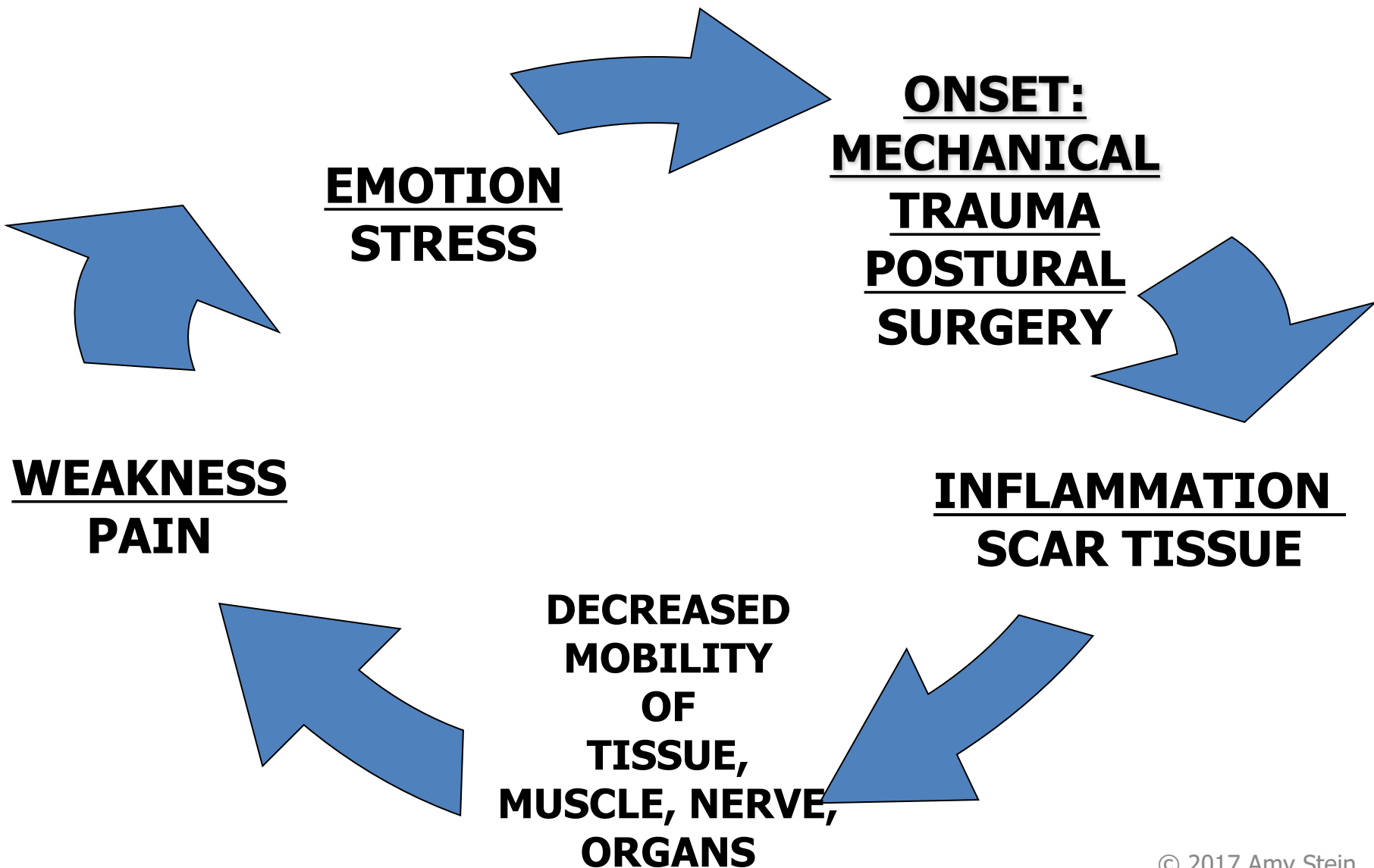
- PT for provoked & unprovoked vulvodynia
 - 87% improvement in pain¹
 - 62% improved sexual function¹
- PT for vulvodynia - 71% moderate/complete improvement in vulvar pain, decrease pain with gyn exam, decr pain/incr frequency intercourse, incr desire and arousal²
- PT effective for pelvic and vulvar Pain: manual therapy with or without biofeedback, pelvic floor muscle re-education,³

(1) Hartmann E, 2001.

(2) Bergeron S et al, 2002;

(3) Weiss, J, '01. King R et al, '04. Schultz et al, '05. Bergeron S, '03. AUA guidelines, '12. Oyama ,et al, '04

VICIOUS CYCLE



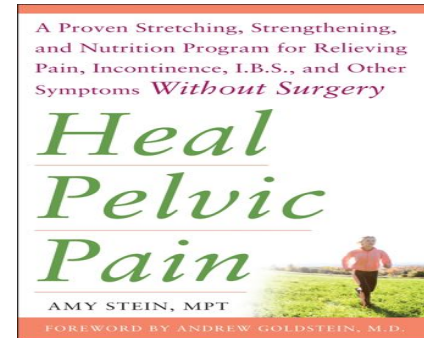
FAQ' s

- How Do I get Referred for PT?
 - Medical clearance
 - Md may or may not diagnose musculoskeletal problems; Experienced Pelvic Floor PT: *internal and external (rectal tx if needed)*
 - Prescription
 - Insurance: Call to inquire; PT is covered under most insurances

KEY POINTS

- Importance of Multidisciplinary Approach
- Bladder, Bowel and/or Sexual Dysfunction with/without pelvic, abdominal, hip, and/or back pain *TYPICALLY* requires physical therapy
- Treatment takes time: depends on how long you've had symptoms, how compliant you are with the PT and HEP
 - 8 wks: some improvement, if NOT ,PT should change treatment plan. If NOT, Find another PT!
 - NO KEGELS with PAIN
- May cause some increase in symptoms. This REINFORCES the need for PT and this will subside!

RESOURCES



- ***FIND a Pelvic Floor PT:***
 - *Herman and Wallace Institute*
 - *American Physical Therapy Association / Womenshealth*
- ***Associations:***
 - *ISSVD, IPPS, ICA, IUGA, ISSWSH, IC Network, Endometriosis Assoc, PNA,*

