

Physical Therapy Treatment for Chronic Pelvic Pain

By,

Amy Stein, DPT, BCB-PMD

www.beyondbasicsphysicaltherapy.com

110 East 42nd St Suite #1504, NY, NY
10017

Ph: 212-354-2622



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Baker, P. *Contemporary Management of Chronic Pelvic Pain*.
20(4):719-742, 1993.

“Musculoskeletal dysfunctions
often contribute to the signs
and symptoms of chronic
pelvic pain (CPP) and in
many cases may be the
PRIMARY FACTOR.”

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Pelvic Floor Anatomy

Illustration #2 Female Pelvic Floor Anatomy

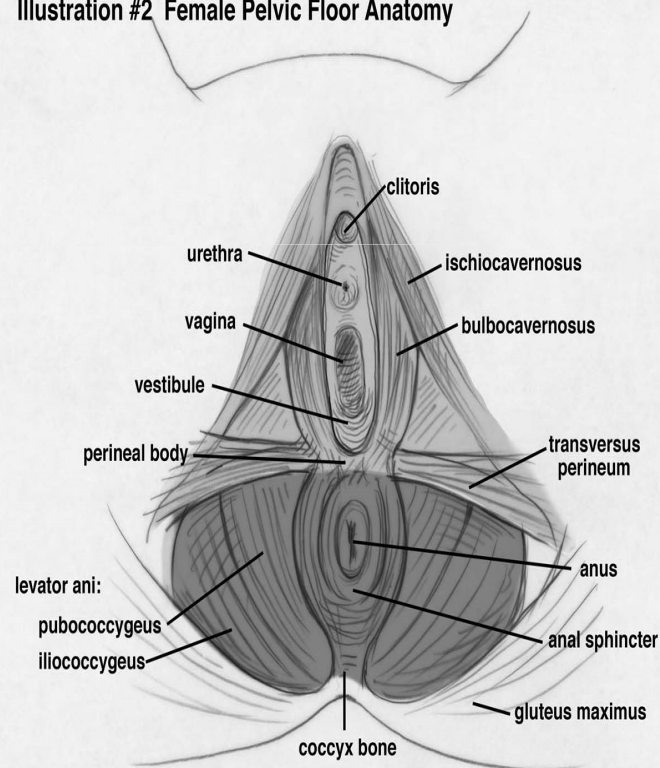
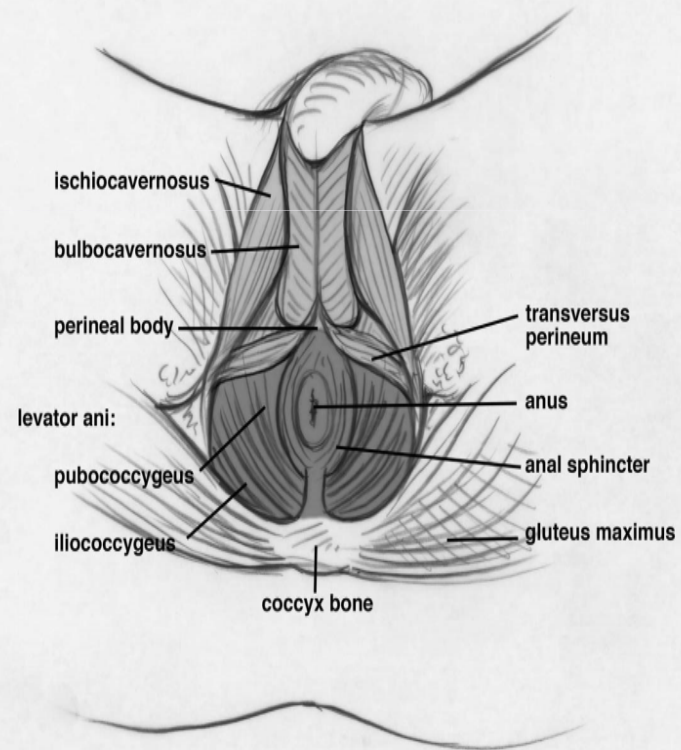


Illustration #4 Male Pelvic Floor Anatomy



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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 Pain];
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**Disorders
of the
Bladder**

**Disorders
of the
Bowel**

**Sexual
Dysfunction**

**Pelvic
Pain**

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Pudendal Nerve Irritation

Inferior rectal branch

- **Rectal pain, burning, itching, sharp, nails**
- **Incomplete emptying, constipation, IBS sx**

Perineal branch

- **Vaginal &/or Bladder pain, burning, itching, sharp, nails**
- **Incomplete emptying, dyspareunia, 'vestibulitis'**

Dorsal branch of clitoris

- **Clitoral &/or Bladder pain, burning, itching, sharp, nails**
- **Hyperarousal Disorder**

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PELVIC PAIN/HYPERTONUS SYNDROMES

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

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ONSET

TYPICALLY: MULTIFACTORIAL

- Insidious
- Trauma:
 - Fall, bike accident
 - Childbirth
 - Physical, Emotional
- Previous Conditions:
 - Surgery
 - Hysterectomy, laparoscopy
 - Endometriosis, Cancer
 - Poor posture/repetitive motion
 - UTI and/or Yeast Infections
 - Episiotomy, Tear, C-section
 - Condition or Fall during Childhood



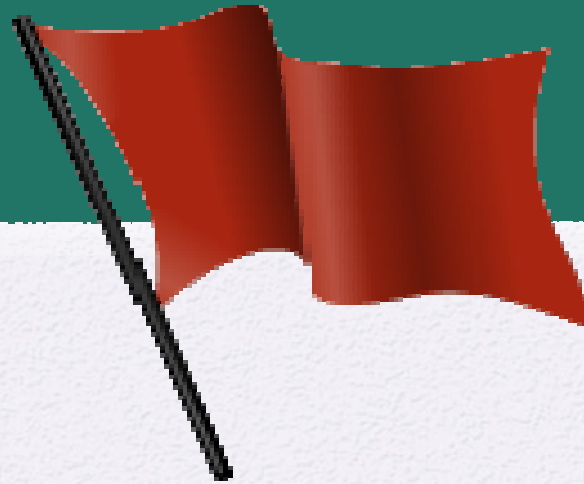
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THE *WHOLE* BODY

- 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



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ESSENTIAL:

Healthcare Professional TRAINED in
Pelvic Floor Dysfunction and Pelvic Pain

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PT: 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

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General Principles of Treatment

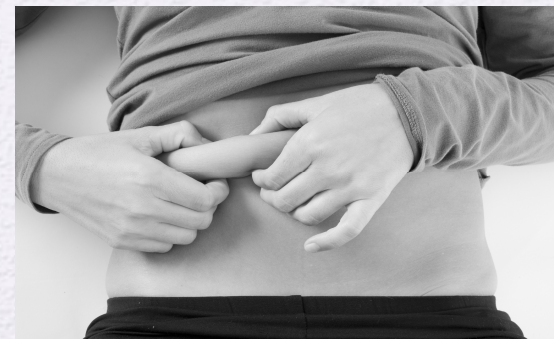
- Manual therapy
- Posture / position modifications
 - ****Sexual Postions****
- Muscle coordination and strength
- Breathing pattern
- Relaxation
- Toileting techniques
- Adequate water, fiber intake, eliminate dietary irritants
- © Copyright Amy Stein 2014 Lifestyle modifications

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



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Trigger Points- Travell & Simons

- **Pelvic Pain** – Coccygeus, Levator ani, obturator internus, adductor magnus, piriformis, oblique abdominals
- **Iliosacral Pain** – Levator ani and coccygeus, glut medius, quadratus lumborumm, gluteus, max, multifudi, rectus abdominus, soleus

“Pelvic floor myofascial trigger points: Manual therapy for interstitial cystitis and the urgency-frequency syndrome”

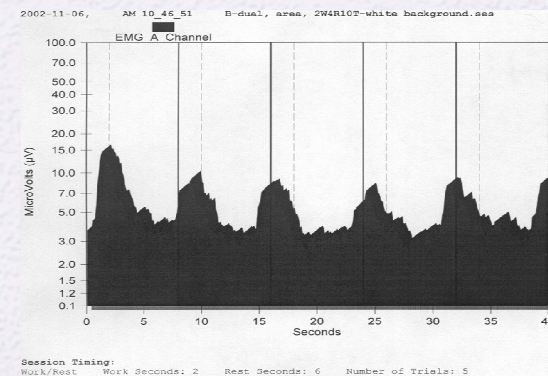
“ ...pelvic floor physical therapy arrests the neurogenic trigger leading to bladder [bowel and sexual] changes, decreases central nervous system sensitivity and alleviates pain due to dysfunctional muscles. ”

Weiss, J.M. 2001. *Journal of Urology*. 166: 2226-2231.

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Treatment Cont'd: PELVIC & SEXUAL PAIN

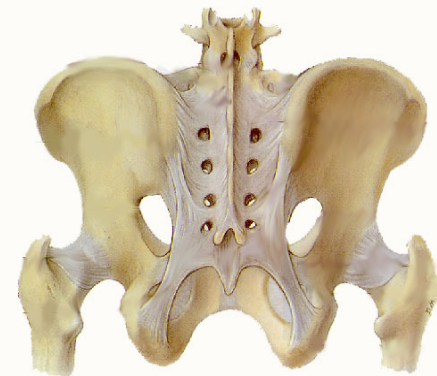
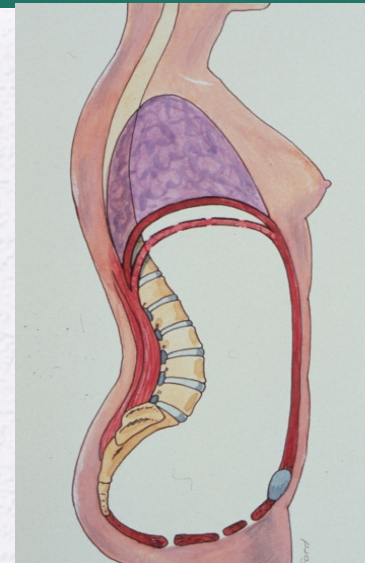
- Muscle coordination
- Relaxation techniques
- Down-training PF muscles
 - Manual
 - Biofeedback
 - PF mm vs other mm
- **NO STRAINING**
- **NO KEGELS**



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Stretching and MORE!

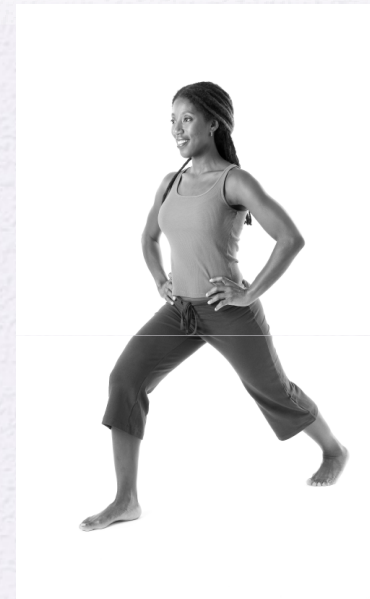
- Stretches-pelvic floor, hip, trunk, LE
- Alignment, Posture
 - Toileting
 - Sexual
- Strengthening- *Pain-Free*
 - Core mobility and stability
 - Diastasis recti, SIJD, hip dysfx
 - Requires close monitoring



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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*



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ELIMINATE: POOR BLADDER HABITS

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

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Bladder Retraining

- Void Delay
- Progressive Timed Voiding

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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

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Add'l Behavioral Modifications

- **Posture / position modifications:**
 - **Theraset, 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!**

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“The symptoms of pelvic pain often do not appear to be of such a nature that the patient seeks out a physical therapist to help...The first step in the process, therefore, can lie with the healthcare provider (or WITH YOU) who is able to identify (signs and symptoms) of musculoskeletal disorders.”

Prendergast S and Weiss J. *Clin Obstet and Gyn.* 46(4);2003:773-782.

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
- BRING MY BOOK TO your Md: *Heal Pelvic Pain* or my Video: *Healing Pelvic and Abdominal Pain*

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KEY POINTS

- 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!

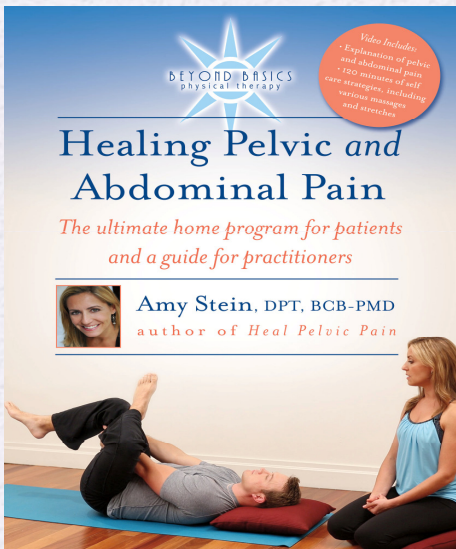
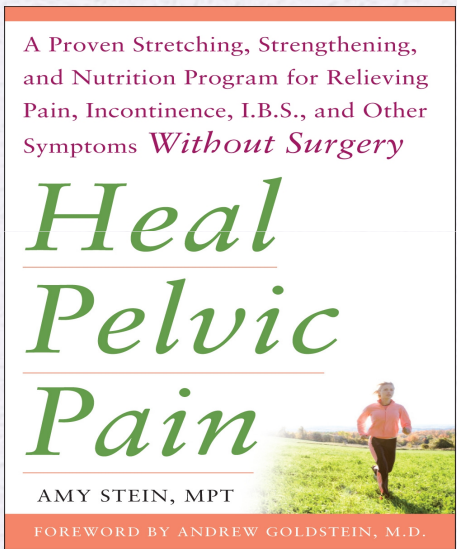
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RESOURCES

- *FIND a Pelvic Floor PT:*
 - *Herman and Wallace Institute, APTA-Women's Health.com*
 - *International Pelvic Pain Society: www.pelvicpain.com*
 - *Nat'l Vulvodynia Association: www.nva.com*
- *Other Associations:*
 - *ICA, ISSWSH, ISSVD, IC Network, Endometriosis Assoc*
 - *Pudendal Neuralgia Association*
- *Patient Advocate Blog with Webinars*
 - *Pelvic Messenger*
- *Current Medical Technologies, Pelvic Pain Solutions, IC Relief, Desert Harvest*

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Thank You



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