Myofascial Pelvic Pain

Theresa Monaco Spitznagle, PT, DPT, MHS, WCS[a,*],
Caitlin McCurdy Robinson, PT, DPT[b]

KEYWORDS

• Pelvic pain • Myofascial pain syndrome • Somatovisceral convergence

KEY POINTS

- Myofascial pelvic pain should be considered in women seeking medical care for pain in the pelvic region.
- Although the cause is unknown, consideration of the neural input, regional pelvic structures, and specific muscular demands may explain causes of myofascial pain.
- Myofascial pain is diagnosed by the presence of pain with palpation of muscle and connective tissue in the region of pain.
- Conservative interventions to consider for myofascial pelvic pain include soft-tissue mobilization, biofeedback, electrical stimulation, correction of movement impairments with therapeutic exercise and activities, and dry needling.

INTRODUCTION

Individuals with pelvic pain commonly present with complaints of pain located anywhere below the umbilicus radiating to the top of their thighs or genital region.[1] Because of the location of pelvic pain, women seek care with their gynecologist believing that their ovaries or uterus to be the source of their discomfort.[2–5] Pelvic pain, however, is multifactorial, encompassing multiple systems, including gastroenterologic, urologic, gynecologic, oncologic, musculoskeletal, and psychological.[6,7] The association of organ disease with pelvic region pain is high.[3,6,8] It is estimated that between 25% and 40% of women receiving laparoscopic surgery for pelvic pain do not have an obvious structural diagnosis.[9,10]

Myofascial pain is a common condition found in individuals seeking medical care.[11] Myofascial pelvic pain, thus, is part of the algorithm for determining the source of pelvic pain. The somatovisceral convergence[12] that occurs within the pelvic region exemplifies why examination of not only the organs but also the muscles, connective tissue (fascia), and neurologic input to the region should be performed for women with pelvic pain (**Table 1**). Although the mechanism for development of myofascial pelvic pain is

The authors have nothing to disclose.
[a] Program in Physical Therapy, Washington University School of Medicine, 4444 Forest Park, Box 8502, St Louis, MO 63108-2212, USA; [b] Sullivan Physical Therapy, Austin, TX 78750, USA
* Corresponding author.
E-mail address: spitznaglet@wustl.edu

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Table 1
Somatovisceral conditions

Viscera Condition	Somatic Condition	Reference
Bone tuberculosis	Pain to touch in soft tissues surrounding the coccyx and L gluteal region	[70]
Capsaicin-stimulated gut pain	Skin temperature increase and increased blood flow in abdominal wall	[71]
Cardiac ischemia	Chest wall tenderness to touch	[72]
Endometriosis	Myofascial trigger point pain, including the abdomen, perineum, levator ani and obturator internus muscles	[73]
Gall bladder disease	Shoulder pain Trigger points in the right upper quadrant of the abdomen, tropic changes of the skin	[74–76]
Migraine	Cervical muscle trigger points, cutaneous allodynia	[77,78]
Pneumothoracic	Limited range of motion in neck	[79]
Pustulotic arthro-osteitis	Pain to touch in gluteal region	[80]
Splenic rupture	Pain to touch along subcostal margin	[81]
Ureterolithiasis	Flank pain, trigger points in dermatome pattern	[82]

not clearly understood, consideration of this condition early in the management of pelvic pain may be paramount to avoidance of unnecessary procedures.[13]

Definitions

Myofascial pain syndrome is classically described as a myalgia condition with local and referred pain patterns.[14,15] The perception of pain is regulated by both the central and peripheral nervous systems.[16] Thus, the term myofascial pain is inherently confusing. The simple definition, pain that arises from muscle and fascia, ignores the contribution of the nervous system to muscle function. Another point of confusion in the definition of myofascial pain is that muscles have a functional role related to movement. The functional state of a muscle depends on moderators of the movement system. Movement system is defined as a physiologic system that functions to produce motion of the body as a whole or of its component parts.[17,18] Thus, consideration of the component parts of muscle performance including architecture and muscle performance (length, strength, motor control) should be included in defining the impairments associate with myofascial pain. Trigger points, palpable nodules that are tender to touch that refer pain beyond the local tissue and are commonly found in taut bands of muscle fibers, are consistently associated with myofascial pain.[14] However, latent trigger points do exist that are not painful to touch.[19] Some investigators believe that pain to touch of the connective and muscle in a region regardless of the presence of a trigger point to be myofascial pain.[15] Muscle does not function in isolation; thus, a more detailed definition of myofascial pain has been proposed, which includes pain to touch of a muscle, local and referred; presence of an active trigger point; loss of range of motion of a specific muscle or fascia associated with the muscle; and autonomic dysfunction including cellular and physiologic changes.[20] For the purposes of this article, the following definition is used for myofascial pain: a complex form of neuromuscular dysfunction consisting of motor and sensory abnormalities involving both the peripheral and central nervous systems.[21]

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