

Physical Therapy Treatment of Pelvic Pain

Michelle H. Bradley, PT, DPT, WCS, CLT-LANA, Ashley Rawlins, PT, DPT*,
C. Anna Brinker, PT, MHS

KEYWORDS

- Pelvic health physical therapy • Chronic pelvic pain • Functional restoration
- Underactivity • Overactivity • Trigger points • Biopsychosocial model

KEY POINTS

- Chronic pelvic pain can have many musculoskeletal and neuromuscular manifestations.
- The pelvic girdle is functionally connected to both trunk and legs, an important area of force transfer.
- Physical therapists are in a unique position to affect the multisystem component of pelvic pain, particularly concerning functional restoration.
- In chronic pelvic pain, it is imperative to understand a patient's entire pain story and how it affects them physiologically, anatomically, emotionally, mentally, physically, and socially.
- Physical therapists are a key part of the multidisciplinary team helping to treat chronic pelvic pain.

INTRODUCTION

Chronic pelvic pain (CPP) in the absence of malignancy is the perception of a noxious stimulus in the pelvic area of either men or women that persists either intermittently or continuously for 6 months or longer.¹ CPP encompasses a wide range of diagnoses including, but not limited to, dyspareunia, vaginismus, vulvodynia or vestibulodynia, endometriosis, interstitial cystitis or painful bladder syndrome, chronic nonbacterial prostatitis or prostaticdynia, chronic proctalgia, piriformis syndrome, hip dysfunction, and pudendal neuralgia. CPP can affect as many as 1 in 4 women.² CPP in men is believed to affect from 2% to 10% of men, noting that the term CPP and chronic prostatitis are typically interchanged terms.^{3,4}

Pelvic pain can affect many systems in the body, including the nervous, endocrine, urinary, reproductive, gastrointestinal, and immune systems (**Table 1**). The influence

The authors have nothing to disclose.

Physical Therapy, Outpatient PM&R, Physical Medicine and Rehabilitation Clinic, UT Southwestern Medical Center of Dallas, 5151 Harry Hines Boulevard, Dallas, TX 75390-9055, USA

* Corresponding author.

E-mail address: ashley.rawlins@utsouthwestern.edu

Phys Med Rehabil Clin N Am ■ (2017) ■-■

<http://dx.doi.org/10.1016/j.pmr.2017.03.009>

1047-9651/17/© 2017 Elsevier Inc. All rights reserved.

pmr.theclinics.com

Affected System	Effects on Pelvic Pain
Nervous system	<ul style="list-style-type: none"> • Abnormal impulse generating sites in the peripheral nerves^{5,6} • Dorsal horn changes^{5,6} • Cortical changes leading to increased sensitivity in a protective response^{5,6} • Autonomic response changes that affect the visceral organs^{5,6}
Endocrine system	<ul style="list-style-type: none"> • Increased cortisol secondary to chronic stress response in the body⁷ • Decreased estrogen leading to urogenital atrophy, osteoporosis, and increased density of pain-sensing neurons in the female genitalia⁸
Urinary system	<ul style="list-style-type: none"> • Altered detrusor activity⁶ • Muscular irritation to the lower urinary tract system⁶
Reproductive system	<ul style="list-style-type: none"> • Endometriosis, polycystic ovarian syndrome and uterine fibroids contributing to muscular irritation and inflammation process
Gastrointestinal system	<ul style="list-style-type: none"> • Altered smooth muscle activity⁹
Immune system	<ul style="list-style-type: none"> • Overproduction of proinflammatory cytokines⁶ • Alterations in the immune responses⁶

of pelvic pain on the musculoskeletal and neuromuscular systems is of paramount importance, and is discussed in depth elsewhere in this review.

CPP can affect persons of all ages, socioeconomic status, and race.⁹ Owing to the complex interactions of these systems, it often takes a team of specialists to comprehensively diagnose and treat the patient with CPP. This is why the biopsychosocial model for the treatment of chronic pain is so important for these patients. Pain is emotional, and it is rare that pain affects only the adjacent tissues. In CPP, it is imperative to understand a patient's entire pain story, and how it is affecting them physiologically, anatomically, emotionally, mentally, physically, and socially.¹⁰

In health care, physical therapists are among the experts in the treatment of musculoskeletal and neuromuscular dysfunction. Musculoskeletal and neuromuscular pelvic pain originates from any of the soft tissues, nerves, joints, or muscles of the lumbopelvic, abdominopelvic, and hip complex in the pelvic girdle. When there is dysfunction in any one of these components, pain can occur. In the absence of infection, malignancy, or visceral sources, pelvic pain is commonly myofascial, musculoskeletal, neuromuscular, or any combination of these in nature.^{11,12} One particular study discovered that endometriosis was found in fewer than 25% of women undergoing a hysterectomy for treatment of CPP.¹³

Medications provide pain and visceral management, surgery provides correction of structure, but physical therapy's research-based approach provides functional restoration. This is why physical therapy is an important component of comprehensive treatment. Better known in the orthopedic spectrum, physical therapists specialize in the treatment of musculoskeletal and neuromuscular dysfunction, and therefore offer a specialization of care for those with pelvic pain. Traditionally the role of physical therapy in pelvic floor treatment has been with the pregnant patient with regard to body mechanics, posture, gait mechanics, and balance. In the past 20 years, however, physical therapy has grown to include a more comprehensive treatment of the pelvic girdle for both female and male because internal examination of the pelvic floor muscles is within the scope of practice for physical therapists.¹⁴ Owing to the

Download English Version:

<https://daneshyari.com/en/article/5711429>

Download Persian Version:

<https://daneshyari.com/article/5711429>

[Daneshyari.com](https://daneshyari.com)