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

Illustration #2 Female Pelvic Floor Anatomy

Illustration #4 Male Pelvic Floor Anatomy

- clitoris
- urethra
- ischiocavernosus
- vagina
- bulbocavernosus
- vestibule
- perineal body
- transversus perineum
- levator ani:
  - pubococcygeus
  - iliococcygeus
- anal sphincter
- anus
- coccyx bone
- gluteus maximus
- ischiocavernosus
- bulbocavernosus
- perineal body
- transversus perineum
- levator ani:
  - pubococcygeus
  - iliococcygeus
- anal sphincter
- anus
- gluteus maximus
- coccyx bone

© Copyright Amy Stein 2014
PELVIC FLOOR DYSFUNCTION

- Disorders of the Bladder
- Disorders of the Bowel
- Sexual Dysfunction
- Pelvic Pain
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
# 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

© Copyright Amy Stein 2014
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

© Copyright Amy Stein 2014
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

© Copyright Amy Stein 2014
ESSENTIAL:
Healthcare Professional TRAINED in Pelvic Floor Dysfunction and Pelvic Pain
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
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
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
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 lumborum, gluteus, max, multifidi, 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. ”

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

© Copyright Amy Stein 2014
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*
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

© Copyright Amy Stein 2014
Bladder Retraining

- Void Delay
- Progressive Timed 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
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!
“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.”

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*
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!
RESOURCES

- **FIND a Pelvic Floor PT:**
  - Herman and Wallace Institute, APTA-Women’s Health.com
  - International Pelvic Pain Society: [www.pelvicpain.com](http://www.pelvicpain.com)
  - Nat’l Vulvodynia Association: [www.nva.com](http://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**
A Proven Stretching, Strengthening, and Nutrition Program for Relieving Pain, Incontinence, I.B.S., and Other Symptoms Without Surgery

Heal Pelvic Pain

AMY STEIN, MPT
FOREWORD BY ANDREW GOLDSTEIN, M.D.

Healing Pelvic and Abdominal Pain
The ultimate home program for patients and a guide for practitioners

AMY STEIN, DPT, BCB-PMD
author of Heal Pelvic Pain

Amy Stein, DPT, BCB-PMD
110 East 42nd St Suite #1504, NY, NY 10017
Ph: 212-354-2622
www.beyondbasicsphysicaltherapy.com

© Copyright Amy Stein 2014