Pelvic pain & dyspareunia

Sexual pain (dyspareunia) is multi-factorial and may be complicated by several co-morbidities. The close relationship of the bowel, bladder, uterus, muscle-skeletal pelvis, hips & abdomen direct the clinician's attention towards these organs being associated with current clinical symptoms:

*chronic pelvic pain is primary diagnosis contributing to sexual pain such as endometriosis, uterine fibroids, pudendal neuralagia, vulvodynia & vestibulitis.

*Hormonal imbalance, decreased estrogen and/ or testosterone that will compromise tissue health & lack of sexual desire.

* Pelvic & perineal surgery: episiotomy, perineal muscles or fascial tear, hysterectomy, C-section, hemorroidectomy, & clitorectomy.

* Pelvic floor weakness leading to lack of sexual feelings and/ or prolapsed contributing to discomfort during intercourse.

* Psycho-social issues as primary or secondary contributors-sexual abuse, fear of intercourse, prior adverse sexual experience, social & cultural taboos & practices.

Assessment:

History taking (Subjective):

- Chief complaint
    - pain nature, with penetration and/ or deep thrusting
    - location, severity on VAS, aggravating & relieving factors)
    - Lack of interest, arousal & inability to orgasm
    - Fear of sexual touch and/ or penetration
    - Lack of awareness or difficulty in sexual positions
- Duration of symptoms
- Sexual function according to Marinoff scale:

    0= no pain with intercourse

    1= pain with intercourse that doesn't prevent the completion

    2= pain with intercourse requiring interruption or discontinuance

    3= pain with intercourse preventing any intercourse

- Musclo-skeletal pain: LBP, SIJ & pubis dysfunctions.
- Ob/gyn hx: includes pelvic surgeries, number of gestations & parities, & type of deliveries.

- Medical hx: screen for certain cases will complicate dyspareunia dysfunctions:
    - Hypothyroidism
    - Diabetes mellitus
    - IBS
    - Constipation
    - UTI
    - Endometriosis
    - Painful menses
    - Menopause, premenopausal symptoms
    - Compromised hormonal status
    - Pudendal neuralagia
    - Urinary dysfunction especially coital incontinence
- Review medications: specifically antidepressants, muscle relaxants, pain medications, hormonal supplements or cream & anti-inflammatory OTC medications
- Review bladder diary, fluid & food charts and stools chart
- Life style: quantity & quality of sleep, emotional status, type of exercises & obstacles to exercises. Also tolerance to sitting

Physical examination (Objective):

1) Spine & lower extremities screening: postural alignment, mobility, joint staility & muscle imbalance around pelvis & hips

2) Abdomen:

*Rebound tenderness by compress slowly & release abruptly if it cause stabbing sudden pain, it's peritoneal pain.

* Carnett's test: ask the patient to raise her head while you press to tender areas. If it's painful, +ve abdominal muscles tenderness and if it's less pain it means intra-peritoneal

*soft tissue, fascia & scars mobility

* mobility & motility of viscera

*Coordinate TrA to PFM and to breathing

3) Pelvic floor muscles assessment externally observation:

* Location & level of urethra & perineal body.

* Wideness of introitus.

* Any bulge through vagina.

* Observe skin conditions: any irritations, swelling, varicosities, warts or discharge on labia majora, clitoris, urethral, & vaginal orifice

* Observe the visible contraction & lifting pelvic floor.

* Observe overflow of adjacent muscles.

* Observe reflexive PFM contraction with cough & increase intra-abdominal muscles.

4)Pelvic floor muscles assessment externally palpation:

* Anal wink: run a Q-tip around the anal opening.

*pelvic clock palpation

* hart's line touch by Q-tip: observe any vulvar irritation

5) Pelvic floor muscles assessment internally palpation:

*Insert your index finger to palpate pelvic floor muscles at direction of pelvic o'clock, note for pain on analogue scale, hypertonicity & hypotonicity.

*palpate & isolate obturator internus muscles by resisting leg external rotation.

* Test for urethral mobility: gently hook your index as a form of V on either sides of urethra and ask the patient to contract PFM & examine its movement upward.

* place your finger on left & right pelvic o'clock & ask the patient to squeeze & lift your finger to compare between both sides muscle performance & give muscle power from 0-5 same as manual muscle strength test.

* Ask the patient to hold the squeeze for 10 sec. to measure the muscles endurance

* Ask the patient to perform 10 quick flicks to measure the muscle phasic ability

* Note the number of repetitions the muscle is able to perform before it fatigue.

* Ability to relax & lengthen the muscles after contraction.

* Palpate fascial restrictions & trigger points.

Dyspareunia management:

1) patient education: explain relevant anatomy, sexual arousal cycle, sexual positions, relationships issue, also address sleep, hygiene, nutrition, & willness ideas

2) orthopedic intervention:

*spine & pelvis realignment

*improve spine & pelvis mobility

*normalize surrounded muscles tone & balance the strength & flexibility

*Dry needling

3) pelvic floor manual therapy intervention:

* external & internal myofacial release

* strain/ counterstrain to the affected muscles

*connective tissue massage and skin rolling to surrounded muscles to quit autonomic nervous system

*pudendal nerve flossing

*vaginal & perineal thalai massage

*Trigger points release

* PNF by contract/ relax with stretching manually after relax phase

4) Dilators:

*use heat prior to inserting the dilator

* combine dilator insertion with external PFM releasing techniques

* apply pressure with inserting the dilator to give strong sensation of introitus stretching & release tense muscles

* patient may do pelvic floor contractions and releases with dilator in place

5) electrotherapy includes :

* IF/ or TENS is applied externally to relief the muscle pain or tension

*Ultrasound to soften scar tissue, adhesions, accelerate healing & decrease the inflammation

Women's health physical therapist

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