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 neuralgia, 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, hemorrhoidectomy, & 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
- **Musculo-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:
  o Hypothyroidism
  o Diabetes mellitus
  o IBS
  o Constipation
  o UTI
  o Endometriosis
  o Painful menses
  o Menopause, premenopausal symptoms
  o Compromised hormonal status
  o Pudendal neuralgia
  o 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 stability & 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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