

Evolve

Breaking the Barrier: Issues in Women's Health and Pelvic Pain

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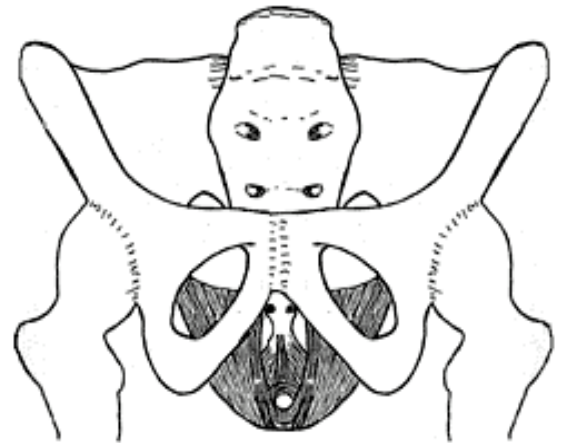
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"Only in recent years has the women's health section of physical therapy grown to become a recognized specialty. With increased awareness, gynecologists are learning to refer to physical therapy for painful intercourse and incontinence."

For a long time, the word "incontinence" would never be mentioned in polite conversation. Pelvic pain has fallen into the same taboo category of unmentionables. Now, TV commercials are full of advertisements for drugs to treat sexual dysfunction and overactive bladder, bringing to light commonly shared problems amongst women.

This past December, MTV aired an episode of its "True Life" series entitled "[I Can't Have Sex](#)" which featured three young women who were unable to have sexual intercourse due to medical conditions causing pelvic pain. Another news article followed shortly after, entitled "[Toppling the Taboo](#)" speaking to women with similar pelvic pain complaints (article by Karen Garloch from The News and Observer). Since then, pelvic pain has become the hot topic making the condition less taboo, and more intriguing.

Reported prevalence rates of pain in the pelvis range from 3.8% to 24% in studies looking at women aged 15 to 73 years, suggesting pelvic pain is much more prominent than recognized before and affects women of all ages (Prather et al, 2007). Many women who have gone to their doctor with these complaints will either be passed off to a psychologist for further evaluation or are simply told "it is all in their head." Most just live with the pain because they are embarrassed to talk about it or simply do not know there is help.



The pelvic floor is a network of muscles that act like a hammock to support the pelvic organs.

Muscle spasms in the pelvic floor can cause pelvic pain, not unlike many of the other pains physical therapists treat. Similarly, exercise, massage techniques, and stretching can help restore the tissues to normal and relieve pain, just like other common issues treated in PT. Most of the patients seen for the first time in physical therapy do not even know they have muscles in the pelvis, and especially not how to use them or relax them on cue. It is important to understand that pelvic pain due to muscle spasm is a common complaint and is treatable.

Treating Pelvic Pain

Pelvic floor physical therapy utilizes a step by step approach to calm the tension in the muscles of the pelvis, buttocks, hips, and thighs. These techniques include massage to the pelvic muscles, ligaments, and possible scar tissue with a gloved hand working to improve pain levels and flexibility. Biofeedback is then often used as a tool to teach the patient how to contract and relax the muscles independently and on cue. Electrodes are attached to the pelvic area allowing patients to see themselves consciously try to relax and tighten the muscles. Core strengthening and an independent stretching routine is the final piece of the puzzle to help improve posture and appropriately brace the pelvis for daily activities.

Only in recent years has the women's health section of physical therapy grown to become a recognized specialty. With increased awareness, gynecologists are learning to refer to physical therapy for painful intercourse and incontinence. It seems hard to believe that pelvic pain can actually be a muscle problem. But consider the thought that low back pain can be caused by a muscle spasm in the back, and then treated accordingly. Doesn't it also make sense that a muscle spasm in one of the many muscles of your pelvic floor could be the cause of pelvic pain?

The most important point to be made is that pelvic pain is a common and often treatable problem. Physical therapists that specialize in this field are here to help women (and men) understand the cause of pain, treat the pain, and avoid unnecessary surgery. "Physical therapists are uniquely qualified to manage patients who have pelvic pain because of their knowledge of the musculoskeletal and nervous systems, and their awareness of the relationship among pain, physiology, and function" (Prather et al, 2007). Patients should still check with their gynecologist to rule out a serious medical problem, and can seek further care with psychotherapists for emotional issues that may coincide with a history of pain.

One past patient states the following about her experience in physical therapy:

"I felt so relieved when my doctor told me that pelvic pain wasn't uncommon, and pelvic floor therapy helped a lot of women. After living with pain for a couple of years, it was hard to believe that a few months of therapy would "fix" it. But my physical therapist tried a couple of approaches until she found one that was most effective for me and a few months was really all it took. The only thing I regret is that it took me so long to find a doctor who knew enough to send me to pelvic floor therapy."

Don't Over Pack Your Back!

It's almost back to school time, which means many of us will soon be filling up backpacks to the brim with new school supplies. Share these safety tips with the students in your life to ensure this school year will be pain free!

- Wear both straps. This better distributes the weight of the backpack and promotes more symmetrical alignment. Be sure to also use chest and hip straps if your backpack has them!
- Wear the backpack over the midback. The muscles of the midback are strongest and best able to support a heavy load. Never let a pack extend below the lower back.
- Lighten the load. Keep the back pack at 10 to 15 percent or less of your child's body weight. Only those items required for the day should be included in the pack.
- Make use of any extra compartments or pockets in your pack to help distribute weight evenly.
- Stay strong! The more fit your child is, the better she/he is able to support a heavy backpack.