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Vulvodynia

In 2003, the American Physical Therapy Association's Section on Women's Health formed the Vulvar Pain Task Force to research and develop evidence-based physical therapy guidelines for vulvodynia. Research showed that physical therapy treatment that addressed dysfunctional muscles, joints, ligaments, fascia, and viscera can decrease or eliminate chronic vulvar pain in women. Concurrently, numerous researchers in other disciplines were actively studying the syndrome. In 2006, Zelnoun et al accurately offered the syndrome as a "...group of conditions characterized by varying degrees of pain and dysfunction in the mucosa, underlying musculature, and associated dysfunction in the pain regulatory system." Similarly in 2007, the Vulvar Pain Task Force stated "Chronic vulvar pain may be related to, or caused by, musculoskeletal, neurological, viscerogenic, and myofascial dysfunction." Studies continuously emerge showing that musculoskeletal dysfunction is a cause of chronic pelvic pain (CPP). In 2008, Frank Tu et al conducted a masked, prospective, cross-sectional study of abnormal pelvic, abdominal, and back examination findings in 19 women with CPP versus 20 healthy control subjects. The study concluded that pelvic musculoskeletal abnormalities characterize many women with CPP and that the investigation of somatic pain generators is warranted in these patients. A physical therapist specializing in pelvic floor dysfunction can help identify and treat these impairments in patients with vulvodynia.

Penile Pain and Hypersensitivity

Men who experience penile pain and/or hypersensitivity typically complain of pain at the tip of the penis, at the base of the shaft, and/or intolerance to clothing. The pain can be exacerbated by an erection, intercourse, ejaculation, urination, exercise or sitting for long periods of time. Penile pain can be caused by various diseases or conditions, which can be successfully treated with pharmaceutical intervention. However, the same symptoms can also be due to musculoskeletal dysfunction. More specifically, hypertonus of, or the presence of myofascial trigger points in the muscles of the pelvic floor or neural irritation. Dysfunction of the bulbospongiosus, ischiocavernosus and transverse perineum muscles can result in aching pain at the base of the penis. Pain with an erection or post-ejaculatory pain is often due to dysfunctional muscles in the urogenital diaphragm. Pain at the tip of the penis can be caused by irritation of the dorsal nerve to the penis. In addition, connective tissue restrictions in the tissue surrounding the genitals can cause ischemia and secondary hypersensitivity. These men will test negative for sexually transmitted diseases and bacterial infections of the urinary tract or prostate; therefore, they fail pharmaceutical treatment. A pelvic floor physical therapist will restore normal muscle tone and connective tissue mobility with specialized manual therapy techniques to help the patient regain normal function. Resolution of the musculoskeletal dysfunction results in the elimination of these perplexing and debilitating symptoms.