



## Vulvo-Vaginal Itching Without Infection

Vulvo-vaginal itching is a leading cause of non-routine gynecological visits. When yeast and bacterial infections are the cause of the symptoms they are successfully treated with appropriate pharmaceuticals. However, many women complain of vulvo-vaginal itching in the absence of culture-proven infections. It is important to consider musculoskeletal dysfunction as a source of these symptoms when other pathology has been ruled out.

Vulvar connective tissue restrictions, pelvic floor muscle hypertonicity and myofascial trigger points in the pelvic girdle can all cause these distressing symptoms via somatic-visceral reflexes. Treatment consists of manual therapy techniques to normalize connective tissue mobility and pelvic floor muscle tone and eliminate myofascial trigger points. Resolution of these dysfunctions successfully eradicates vulvo-vaginal itching.

These dysfunctions can be addressed with the appropriate physical therapy. Therefore, a referral to physical therapy is warranted when other pathology has been ruled out or the patient has failed typical medical intervention. At the Pelvic Health and Rehabilitation Center, the physical therapists are specifically trained to evaluate and treat the musculoskeletal pathologies associated with vulvo-vaginal itching. In most cases, 6-8 physical therapy sessions can significantly decrease the symptoms and minimize

the frustration of the patient and the referring clinician.

**Don't forget about the International Pelvic Pain Society meeting in San Diego on October 25-27th!**  
[www.pelvicpain.org](http://www.pelvicpain.org)

## Post-Ejaculatory Pain

Men with pelvic floor dysfunction commonly complain of post-ejaculatory pain in the penis, testicles, and/or suprapubic area. This symptom mimics prostatitis and is often misdiagnosed as chronic nonbacterial prostatitis because of the absence of bacteria. In men with pelvic floor dysfunction, medical intervention directed at the prostate is unsuccessful and physical therapy is warranted.

Common objective findings include rectus abdominus, pubococcygeus, bulbospongiosus, and ischiocavernosus myofascial trigger points, a hypertonic pelvic floor with poor motor control and proprioception, and adverse neural tension on the pudendal nerve. The Pelvic Health and Rehabilitation Center is one of the few physical therapy clinics in the nation that specializes in the treatment of male pelvic pain disorders. Our physical therapists possess the necessary manual therapy skills to successfully treat this patient population. Treatment frequency is typically one time per week and the duration depends on the chronicity of the patient's disorder.