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Professional profile and workforce issues of nurse continence specialists in Australia Janie Thompson





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Management of pelvic floor muscle pain with pelvic floor physiotherapy incorporating neuroscience-based pain education: a prospective case-series report

ABSTRACT

The aim was to present a prospective case series describing the management and outcomes of physiotherapy, incorporating neurosciencebased education for women with persistent pelvic pain and with diagnosed pelvic floor muscle pain. Participants were women who attended a multidisciplinary pelvic pain clinic and who were assessed, diagnosed and referred to physiotherapy by a gynaecologist with a special interest in pelvic pain. All participants received individualised physiotherapy treatment, underpinned by a biopsychosocial approach to assessment and management. The psychosocial component used was a psychologically informed treatment approach and neuroscience-based education. Of the 26 participants who completed a course of physiotherapy, 11 provided complete data at discharge from treatment. Following treatment: Numerical Rating Scores for pain decreased by a mean of ≥2/10 points, in eight of 10 questions. Scores for the Pelvic Health Screening Questionnaire improved by a mean of 23% (p=0.01), indicating improved coping and reduced catastrophising. Scores for the Pelvic Floor Bother Questionnaire improved by 11% (p=0.01), indicating a significant reduction in co-existing pelvic floor symptoms. The Female Sexual Function Index did not change significantly following treatment (p=0.72). At follow-up, all participants reported some improvement on the Patient Global Impression of Improvement, with 8/11 reporting to be 'very much better' or 'much better'. The results suggest that a psychologically informed approach to the physiotherapy management of women with persistent pelvic pain, which has a pelvic floor muscle pain component, may be an effective management option, deserving further research.

Keywords: Pelvic muscle pain, genito-pelvic pain/penetration disorder, neuroscience education, biopsychosocial approach, provoked vestibulodynia.

BACKGROUND

Pelvic and vulvar pain is an under-researched and under-resourced area of women's health physiotherapy, and is often poorly managed in the wider health community¹. Persistent pelvic pain presents unique challenges for women due to the potential for multiorgan dysfunction as a result of viscero-visceral and viscero-somatic sensitisation², and the intimate and embarrassing nature of the condition, with far-reaching consequences on education, work and relationships¹.

Persistent pelvic and vulval pain is commonly associated with pelvic floor muscle pain^{3,4}. Management options include physiotherapy, but the few published studies to date have used a predominantly biomedical model, with tissue-based techniques to address the underlying muscle tension as a cause of the pain and with inconsistent results^{5,6}.

A 2010 review investigating the assessment and treatment of vulvodynia concluded that a comprehensive assessment is needed to understand the pain experience of women and recommends a multidisciplinary approach to management. However, more robust evidence is needed to determine which

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Competing interest statement

The authors have declared they have no relevant relationships or circumstances that present actual or potential conflicts of interest.