

DO YOU HAVE PELVIC PAIN?

Approximately one in four women experience **pelvic pain** and for some individuals this is severe and significantly affects their quality of life.

Common examples of pelvic pain conditions in **women** are:

- Lower abdominal or pelvic pain that varies with the menstrual cycle
- Endometriosis/ adenomyosis
- Bladder discomfort/ Interstitial cystitis or urethral pain
- Irritable bowel (IBS) with pain and bloating
- Constipation
- Vulval/ vaginal pain or vulvodynia
- Pain with sex/dyspareunia
- Coccydynia or tailbone pain.
- Pudendal neuralgia
- Persistent genital arousal (PGAD)

If you have had pelvic pain that has persisted for **more than 3 months** it is highly likely there is **more than one** problem contributing to your pain.

At the Pelvic Health Clinic we will perform a 1 hour initial assessment to determine which factors could be contributing to your pain.

We assess and consider the following areas:

Pelvic floor muscle dysfunction

Pelvic floor muscle tension and difficulty **relaxing** the pelvic floor muscles is found in up to 80% of individuals with persistent pelvic pain.

Pelvic pain often makes the **pelvic floor muscles** tense up sub-consciously. Most people do not realise that it's happening. Muscles that are constantly clenched, become tight and shortened -- then they start hurting.

Most women with pelvic pain and pelvic floor muscle dysfunction need to learn to relax their pelvic floor muscles fully.

If you have pelvic pain, you need to learn to **relax** your pelvic floor. These exercises are sometimes called pelvic floor muscle **down-training** or 'Reverse Kegels'. Your physiotherapist can teach you how to perform pelvic floor exercises correctly.

Inside the pelvis

Did you know that our **pelvic organs** are constantly communicating with each other and a problem in one area can cause pain and dysfunction in another area?

Your pelvic physiotherapist will screen for:

- **Poor bladder function:** urinary symptoms such as **urgency to get to the toilet** and going to the toilet more often commonly coexist. Pain may be associated with the bladder filling or pain with urinating. Pelvic pain often causes bladder irritation and you may notice the days your pelvic pain is worse you are going to the bathroom more often.
- **Poor bowel function:** pain may be aggravated with a full bowel or the opening of the bowels can be aggravated by either **irritable bowel syndrome** or **constipation**.

Pelvic region

Dysfunction in the **lower back, lower abdomen** or your **hip** muscles can refer into the pelvis and can cause secondary pelvic floor muscle tightness.

Restoring normal function of the muscles around the abdomen, hips and also the pelvic floor muscles has been shown in research to reduce pelvic pain.

Lifestyle factors

Pain is a very complex experience created by the body. Research has shown that lifestyle factors may impact pain sensations. Poor sleep, too little or too much exercise, nutrition and increased stress can all affect the sensitivity of the nervous system. At Body Logic Pelvic Health Clinic our physiotherapists can screen for lifestyle factors that could be contributing to your pain as part of holistic whole-body management.

At the Pelvic Health Clinic, we want to understand your pain experience and help you make sense of your condition. Pain is always real, and not just 'psychological' or 'in your head' but your thoughts and feeling can influence your pain experience.

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Our pelvic health physiotherapists will work together with you to design a management plan that you are comfortable with, often including pelvic floor muscle relaxation, general body relaxation strategies, breathing techniques, and a graded return to activity. We understand that this is a very private sensitive issue, and you are always in control of the management options.

Additional Resources

The pelvic pain foundation is a not-for-profit that helps to improve the quality of life of people with pelvic pain. Find out more here: <https://www.pelvicpain.org.au/>