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THE INTERNATIONAL PELVIC PAIN SOCIETY
Professionals engaged in pain management for men and women.

IPPS

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Physical Therapy and the Treatment of Endometriosis

By Niva Herzig MSPT and Amy Stein MPT

Endometriosis is a condition known to many women of all ages. It has been estimated that about 5-15% of women of reproductive age are affected by the disease.[1] Endometriosis occurs when tissue similar to the lining of the uterus is found elsewhere in the body, as on the surface of the reproductive organs such as the ovaries, fallopian tubes, cul-de-sac, and rectal-vaginal septum.[2]

Scar tissue and adhesions can be formed due to endometriosis. Adhesions, fibrous bands of scar tissue that form between surfaces within the body, may change the internal anatomy and result with organs coming together ("frozen pelvis").[3] For most of these women, pain is a consequence resulting in Chronic Pelvic Pain (CPP). CPP is diagnosed when patients have pain in the pelvic region lasting for 6 months or more.[4]

Endometriosis can be associated with pelvic floor dysfunction (PFD). The pelvic floor consists of muscles, connective tissue and supporting ligaments, which form a sling from the pubic bone to the tailbone. The pelvic floor structures support the abdominal and pelvic organs as well as assisting with sphincter and sexual functions. Pelvic floor dysfunction (PFD) refers to problems that occur when these muscles are weak, in spasm or too tight. Millions of Americans are suffering from pelvic floor disorders, which commonly affect the urinary, genital, and/or colorectal system. Most of these people are unaware of the pelvic floor dysfunction diagnosis and therefore uncertain if they have this disorder.

The relationship between pelvic floor and abdominal muscles can be of great significance in women with endometriosis and PFD, since many of them undergo laparoscopic surgeries and lysis of adhesions leaving them with painful scars and inflamed abdominal muscles**.** A normal co-contraction of the pelvic floor and abdominal muscles occurs in activities such as coughing, sneezing or laughing. Research states that this co-contraction is normally good, unless there are active trigger points and irritation to the abdominal/pelvic musculature (including, scarring, injury, inflammation).[5]

The symptoms and signs associated with endometriosis can vary due to location of adhesions and endometrial implants. Pain associated with menstruation (dysmenorrhea) or with sexual intercourse (dyspareunia) may be due to adhesions of the abdominal and pelvic floor structures. Other symptoms associated with endometriosis may include pain with urination, pain with defecation,[6] infertility, fatigue and gastrointestinal disturbances (constipation, diarrhea, bloating and nausea).[2] Women may also report back, hip or pelvic pain associated with intercourse and/or menstruation. The best way to approach the management of endometriosis is through a multidisciplinary approach.[7]

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If physical therapists are trained in PFD as a part of their musculoskeletal system evaluation then they can identify abnormalities of the pelvic and/or abdominal musculature, such as those that can be associated with endometriosis. PFD is more difficult to diagnose than other musculoskeletal dysfunctions because the pelvic floor muscles are "out of sight" compared to other muscles, since they surround the urethra, rectum, vagina and reproductive organs.

A typical physical therapy evaluation should focus on the abdominal and pelvic areas, but not ignore the rest of the body. An evaluation usually entails observation of posture and alignment, neural tension tests and "hands-on" techniques to palpate tissues and musculature. This usually consists of both an external and internal pelvic examination (transvaginal or transrectal). Palpation is crucial in noting the location of trigger points and decreased connective tissue mobility.

Physical therapy helps most or all of the symptoms previously described through techniques such as myofascial trigger point release, scar tissue and connective tissue manipulation of the internal and external pelvic, abdominal, hip and back structures. Women with endometriosis commonly have trigger points in the abdominal wall as well as the pelvic floor, back and gluteal (buttock) muscles. According to Travell and Simons, a Myofascial Trigger Point (MTrP) is defined as "a hyperirritable spot in skeletal muscle that is associated with a hypersensitive palpable nodule in a taut band." [8] Trigger points found in the abdominal wall are probably a result of dysmenorrheal, [9] chronic pain and/or surgery.

Connective tissue manipulation, such as skin rolling, is used for improving circulation to areas with decreased blood flow and pelvic congestion. Areas of restrictions will be noted to feel sharp or bruised as opposed to a "scratching sensation" in normal connective tissue.[5] Scar tissue release is also a crucial aspect of treatment since most of these women have undergone some abdominal or pelvic surgery. Research has shown the importance of releasing the scar with each physical therapy treatment until the return of elasticity (normal flexibility) and lack of adherence to deeper tissues.[11] Both techniques allow for better mobility of the surrounding structures.[10]

The overall goal of treatment is for the patient to learn how to relax (or, down train) the muscles, which in turn helps break the pain cycle. This, in conjunction with the manual therapy described previously will help the muscles to return to their normal resting tone.

Women with endometriosis should try to maintain their energy level by participating in some cardiovascular activity. The physical therapist will also guide the patient on various exercises, stretches, massage and relaxation techniques that can be performed at home. Once the muscles and tissue structures return to their normal tone, core stabilization exercises can be added to maintain the proper muscle function. Such exercises will give the patient the support needed for activities such as walking or sitting and decrease the likelihood of injuring themselves.

It is important for women with endometriosis to see a properly trained physical therapist to determine whether or not they would benefit from this type of treatment. However, not all physical therapists are trained in treating pelvic floor dysfunction and symptoms related to endometriosis. Various organizations such as the APTA Section on Women's Health, International Pelvic Pain Society and the Endometriosis Association, would be able to assist you in finding a physical therapist to meet your specific needs.

We also suggest asking the following questions:

- What patient population do you treat?
- What percentage of your patients are diagnosed with endometriosis?
- How often do you treat the pelvic pain patient population?
- What techniques do you use (such as manual therapy and biofeed back)?
- Do you assess all of the pelvic muscles, including the internal pelvic floor muscles?

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Niva Herzig, MSPT, received her BS from George Washington University in 1996 and her MSPT from Thomas Jefferson University in 2003. Niva, originally from Israel, grew up in the suburbs of Philadelphia. She moved to New York City in 2003 to pursue her career in physical therapy. During her final year in physical therapy school, Niva was involved in research on physical therapy topics surrounding pregnancy. This was when she was certain of her interest in women's health. Niva's final clinical affiliation was focused on pelvic floor dysfunction and sacroiliac joint dysfunction. She joined Beyond Basics Physical Therapy in February 2003, where she continued treating men and women with pelvic floor dysfunction (including endometriosis), with symptoms such as pelvic pain, urinary and bowel urgency/frequency, painful intercourse, etc. Recently, Niva moved to Boston where she joined Marathon Physical Therapy and Sports Medicine. She continues to treat (only) the same patient type in Boston. In addition, Niva treats women during pregnancy with orthopedic disorders, which is one of her top interests in women's health.

Niva also enjoys lecturing to support groups and doctors in regards to the treatment of pelvic floor dysfunction and physical therapy. She has had the honor of returning to Thomas Jefferson University and coteaching a class on physical therapy during pregnancy. She is a proud member of the Section on Women's Health of the American Physical Therapy Association, as well as other associations.

Niva currently lives in Boston and works in the Boston area. In her spare time, she enjoys traveling, working out, and dining out. Niva can be reached via email: niva711@yahoo.com

Amy Stein received her BA from Washington University in St Louis, MO and her Masters in Physical Therapy from Nova Southeastern University in Ft. Lauderdale, FL. She grew up in the suburbs of Philadelphia, PA. After graduate school Amy moved to NYC, where she has been working with orthopedic/sports-related injuries, pelvic floor dysfunction and women's health for over 7 years. Amy has been interviewed by Dr. Max Gomez from NBC nightly news and by many publications including the New York Daily News and ABC's Healthology, and lectures nationwide on physical therapy and pelvic floor dysfunction. Amy is a member of the American Physical Therapy Association's women's health section, Interstitial Cystitis Association, Endometriosis Association, National Vulvodynia Association, The Women's Sexual Health Foundation and the International Pelvic Pain Society. Her interests include spending time with family and friends, skiing, snowboarding, rockclimbing, roller blading, hiking, biking, camping, and, of course, helping others. Amy is fluent in Spanish.

Amy set out to create a new type of practice which would take a holistic approach to the patient's entire well being. She envisioned various professions working together to improve the patient's quality of life. In 2003, this vision became Beyond Basics Physical Therapy in New York City.

The President's Perspective

When I was a boy I was told that anybody could become President. I am beginning to believe it.

Clarence Darrow 1857 - 1938

Beverly Collett, MD

We are approaching our annual scientific meeting and my last days as President of IPPS. It is been an honour and a privilege to be President of this organization, which was established to educate health care professionals about chronic pelvic pain and to raise public awareness of this problem. I well remember attending the first meeting of the interested few in Atlanta, very unsure as to what would emerge. We should be proud that we have partially succeeded in our goals. Pelvic pain is now much more high profile both among health care professionals and the general public. Education of our colleagues in a subject such as pain, where one cannot necessarily see pathology, is never straight-forward and needs persistence. Our message that pelvic pain is complex and needs interdisciplinary care is one that is becoming more accepted. Resources to integrate this message into clinical practice are a problem. In the UK at the present time, there is much talk about increasing the skill base of health care professionals to undertake work previously done by doctors.

We should view this as an opportunity to empower our team members and increase their skills to assist in the better holistic management of our patients.

I should like to pay tribute to C. Paul Perry, Chairman of the Board, who steadfastly undertakes the tremendous hard work that is attached to the organization of our society. We owe him and our Board members a considerable debt of thanks for taking on this role and additional responsibility. Much unseen work is done throughout the year to keep the Society financially solvent, innovative and active.

The major event for IPPS is the annual meeting. The scientific program is vital to a successful meeting. I should like to thank Fred Howard who was Scientific Program Chair for many years and congratulate him for organizing eclectic and interesting programs. This year, Georgine Lamvu has kindly taken over this demanding role. The scientific program for our meeting looks excellent and includes new speakers and topics. I am sure that we will all enjoy stimulating, educational and thought-provoking presentations in San Antonio and will also be able to enjoy the attractions of this historic city and the special pleasures of meeting old friends again.

I look forward to seeing you in Texas.

Beverly Collett, MD

THE INTERNATIONAL PELVIC PAIN SOCIETY

Mark Your Calendar!

IPPS 14th Scientific Meeting on Chronic Pelvic Pain
October 20 – 21, 2006
Crowne Plaza Riverwalk
San Antonio, Texas

Please visit our website at www.pelvicpain.org for detailed information and meeting registration.

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Thank you.

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If you wish to contribute an article or column to the newsletter, would like to submit information regarding job prospects, or have comments about the newsletter, please e-mail Rhianna Wisniewski at rhianna@wjweiser.com.

Join Us

Please join us in educating ourselves on how best to treat chronic pelvic pain. With your help, we can provide relief and a more normal lifestyle for our patients. For membership information, please call (847) 517-8712 or visit our website at www.pelvicpain.org.

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