

## **PELVIC PAIN SPECIALIST ASSESSMENT READING GUIDE**

This is a document that will serve as a guide to prepare for the Pelvic Pain Specialist designation assessment. This assessment was prepared using as a framework the 12 clinical themes identified in the paper by Castellanos et al <sup>1</sup> (Table 1). Each question in the assessment corresponds with one or more clinical themes and has its own references.

Domain	Topic	Subtopic	Clinical Themes	Objectives
Basic concepts	Pain definitions	Chronic vs. acute pain	1	<ol style="list-style-type: none"> <li>1. Define pain;</li> <li>2. Describe differences between acute and chronic pain;</li> <li>3. Identify risk factors for development of chronic pain</li> </ol>
Basic concepts History intake	Pain definitions Pain physiology	Nociceptive (somatic/visceral) vs. neuropathic vs. nociplastic	1	<ol style="list-style-type: none"> <li>1. Define nociceptive, neuropathic and nociplastic pain;</li> <li>2. Describe clinical impact of nociplastic pain;</li> <li>3. Differentiate between nociceptive and neuropathic etiology of pain</li> </ol>
		Peripheral sensitization	1	<ol style="list-style-type: none"> <li>1. Define PS;</li> <li>2. Describe pathophysiologic mechanisms of PS</li> </ol>
		Central sensitization	1	<ol style="list-style-type: none"> <li>1. Define CS;</li> <li>2. Describe pathophysiologic mechanisms of CS</li> </ol>
		Brain and spinal cord areas that control pain	1	<ol style="list-style-type: none"> <li>1. Describe pain pathways;</li> <li>2. List anatomical areas involved in pain perception</li> </ol>
	Pain physiology Anatomy	Peripheral nociceptor types	1	<ol style="list-style-type: none"> <li>1. Describe nociceptive pathway;</li> <li>2. List type of nociceptors</li> </ol>
		Visceral pain	1	<ol style="list-style-type: none"> <li>1. Describe clinical features of visceral pain;</li> <li>2. Explain viscerovisceral and viscerosomatic convergence phenomena</li> </ol>

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		Nociceptive (somatic/visceral) vs. neuropathic vs. nociplastic	1	<ol style="list-style-type: none"> <li>1. Define nociceptive, neuropathic and nociplastic pain;</li> <li>2. Describe clinical impact of nociplastic pain;</li> <li>3. Differentiate between nociceptive and neuropathic etiology of pain</li> </ol>
		Peripheral sensitization	1	<ol style="list-style-type: none"> <li>1. Define PS;</li> <li>2. Describe pathophysiologic mechanisms of PS</li> </ol>
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Domain	Topic	Subtopic	Clinical Themes	Objectives
		Pain threshold, hyperalgesia, allodynia	1	1. Define pain threshold; 2. Define hyperalgesia and allodynia; 3. Distinguish the clinical presentation of hyperalgesia and allodynia
		Anatomy	1	1. Identify somatic, neurologic, and visceral structures that could lead to pelvic pain; 2. Describe the nerve pathway of the different neurologic structures providing afference to pelvic structures
		Pain models	2	1. Identify different components of a biopsychosocial model of pain; 2. Recognize the impact different biopsychosocial elements on the pain perception
		Cartesian vs Biopsychosocial	2	1. Discuss different concepts related to the pain experience; 2. Discuss the impact of cognition in pain perception
		Chronic Overlapping Pain Conditions	1	1. List current chronic overlapping pain conditions; 2. Describe different management modalities for COPC's
History intake	Biopsychosocial approach	The elements of a biopsychosocial history	1,2,6	1. Discuss elements to obtain a detailed biopsychosocial history; 2. Recognize the importance of a biopsychosocial approach to the history intake

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		Screening for trauma	3,9	1. Define trauma ; 2. Discuss the impact of trauma on the pain experience
		Identifying COPCs	1,2	1. Discuss different COPC's; 2. Describe tools available to diagnose COPC's
		Identifying central sensitization	1,2	1. Identify signs and symptoms of central sensitization; 2. Describe central sensitization
	Asking about CPP	Cyclical pain	1,4,5	1. Identify descriptors typical for cyclical pain symptoms; 2. Describe pathophysiology of primary and secondary dysmenorrhea
		Non-cyclical pain	1,4,5	1. List different validated scales exploring qualitative and quantitative aspects of non-cyclical pain; 2. Identify clinical descriptors of non-cyclical pain
		Evaluating multiple organ systems/etiologies	1,4,5	1. List validated tools to explore co-occurring conditions; 2. List somatic, visceral, neurologic, and behavioral conditions often co-occurring
		Asking about QoL impact	1,2,3	1. List validated tools exploring the impact of pain in QoL; 2. Discuss the impact of pain in daily activities

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		Doing a general assessment for maladaptive behaviors, catastrophizing, rumination	1,3,4	<ol style="list-style-type: none"> <li>1. Define catastrophization;</li> <li>2. List validated scales investigating maladaptive responses to pain;</li> <li>3. Describe the clinical impact of maladaptive responses to pain and catastrophization;</li> <li>4. Identify signs and symptoms of maladaptive behaviors, catastrophization and rumination.</li> </ol>
		The elements and importance of practicing trauma informed care	3	<ol style="list-style-type: none"> <li>1. Describe importance of applying a TIC model;</li> <li>2. List examples of applying a TIC to the clinical encounter</li> </ol>
Exam	Abdominal	Assessing external abdomino/ low back and gluteal musculoskeletal and neurosensory structures	4	<ol style="list-style-type: none"> <li>1. Discuss structures of the abdominal wall as contributors to pelvic pain;</li> <li>2. Discuss structures of the low back as contributors to pelvic pain;</li> <li>3. Describe different maneuvers to assess the abdomen, back and gluteal area</li> </ol>
	Pelvic	Assessing external vulvar/pelvic (visual) MSK and neurosensory structures	4	<ol style="list-style-type: none"> <li>1. Discuss structures of the pelvic and perineal areas as contributors to pelvic pain;</li> <li>2. Describe how to assess the pelvic and perineal area</li> </ol>
		Assessing internal pelvic MSK, visceral and neurosensory structures	4	<ol style="list-style-type: none"> <li>1. Discuss structures of the pelvis as contributors to pelvic pain (visceral and musculoskeletal);</li> <li>2. Describe how to assess the pelvic floor muscles and nerves of the pelvis</li> </ol>

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Management	Medical	Multimodal therapies for the common pelvic pain conditions: ic, ibs, endometriosis, myalgia, neuralgia, vascular insufficiency	7, 11	<ol style="list-style-type: none"> <li>1. Identify multimodal therapies applicable to common pelvic pain conditions;</li> <li>2. Discuss the clinical impact of a multimodal approach to pain</li> </ol>
		When to incorporate physical rehabilitation (PT) into the treatment regimen	10	<ol style="list-style-type: none"> <li>1. Discuss the role of incorporating PFPT in women with chronic pain; 2. Discuss clinical effectiveness of physical therapy</li> </ol>
		Nutritional/dietary interventions for constipation, diarrhea, ic	7,9	<ol style="list-style-type: none"> <li>1. Describe dietary interventions for different pelvic pain conditions (BPS, IBS, endometriosis); 2. Discuss the clinical impact of dietary intervention in CPP</li> </ol>
	Interventional	Nerve blocks	12	<ol style="list-style-type: none"> <li>1. Explain how to perform different nerve blocks for the management of CPP patients (pudendal, ilioinguinal, iliohypogastric, etc);</li> <li>2. Discuss the clinical impact of nerve blocks</li> </ol>
		Trigger point injections	12	<ol style="list-style-type: none"> <li>1. Define a trigger point; 2. Describe how to identify a trigger point;</li> <li>3. Describe how to perform a TPI;</li> <li>4. Describe clinical impact of TPI</li> </ol>
		Bladder instillations	12	<ol style="list-style-type: none"> <li>1. List indications for bladder instillation;</li> <li>2. Describe how to perform a bladder instillation;</li> </ol>

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				3. Discuss the clinical impact of bladder instillations
		Neuromodulation	12	1. List available neuromodulation techniques for the treatment of chronic pelvic pain; 2. Describe the mechanism of action of common neuromodulation techniques for the treatment of chronic pelvic pain
		Radio frequency ablation	12	1. Describe the equipment, preparation, and technique involved in radiofrequency ablation for peripheral neuralgias; 2. Discuss role of RFA in management of CPP
	Psychosocial	When to incorporate mental health, shared decision	6, 9	1. Identify conditions associated with chronic pelvic pain that are affectively treated by psychotherapy; 2. Recognize appropriate treatment course for patients with symptoms of depression
		Patient education	8	1. Employ pain education into the management of chronic pelvic pain; 2. List useful tools that provide pain management education for patients
		Integrative health alternative / massage, mindfulness, acupuncture, etc	7,9	1. Discuss the role of integrative therapies in pain management; 2. List examples of integrative care for CPP patients

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	Surgical	Neurolysis	12	<ol style="list-style-type: none"> <li>1. Discuss indication of neurolysis in CPP patients;</li> <li>2. Discuss the clinical outcomes of neurolysis;</li> <li>3. Identify appropriate candidates for surgical decompression of the pudendal nerve</li> </ol>
		Excision of endometriosis	12	<ol style="list-style-type: none"> <li>1. Discuss the efficacy of conservative surgeries interventions for endometriosis;</li> <li>2. Recognize the impact of excision vs. ablation surgery for endometriosis</li> </ol>
		Hysterectomy	12	<ol style="list-style-type: none"> <li>1. Discuss the efficacy of hysterectomy for treatment of chronic pelvic pain;</li> <li>2. Explain the expectations and recovery from hysterectomy when it is done for chronic pelvic pain</li> </ol>
Clinical practice	Defintions	Unimodal/multimodal/Multidisciplinary/Interdisciplinary care	7	<ol style="list-style-type: none"> <li>1. Explain multimodal therapies as a starting point for the management of chronic pelvic pain;</li> <li>2. Define multi-disciplinary teams</li> </ol>
	Applicable tips	Interdisciplinary team members	7	<ol style="list-style-type: none"> <li>1. Define interdisciplinary care;</li> <li>2. Discuss which patients are best for inter-disciplinary care;</li> <li>3. List who should be considered as part of an interdisciplinary team</li> </ol>

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		Integrating physical and mental health into the practice	7,9	<ol style="list-style-type: none"> <li>1. Identify benefits of integrating mental health and physical health for management of CPP;</li> <li>2. Identify important elements of the first visit such as listening, and validation of the patient's history</li> </ol>
		Sources for patient and healthcare professional education	8	<ol style="list-style-type: none"> <li>1. Discuss the role of patient education;</li> <li>2. List resources about pelvic pain for patients and health professionals</li> </ol>
		Clinical systems to expedite care (eg. algorithms, time to f/up, use of surveys)	4	<ol style="list-style-type: none"> <li>1. Explain the role of algorithms, surveys and expedite care to pelvic pain patients;</li> <li>2. List resources to access tools to expedite care to pelvic pain patients</li> </ol>

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Table 1. Clinical themes (Castellanos et al)

1	CPP is a prevalent and multifactorial health problem
2	Biopsychosocial factors interact to influence pain experience
3	Patient-centered and trauma informed care should be adopted in clinical practice
4	Obtaining an initial history and physical examination requires a comprehensive systematic approach
5	Signs and symptoms determine individual's diagnostic testing
6	A biopsychosocial and shared decision making model directs the management
7	Management requires a multimodal and multidisciplinary approach
8	Pain education should be included in the management plan
9	Psychological and behavioral interventions should be integrated with other treatment modalities
10	Include physical therapy in combination with other treatments when myofascial pain is present
11	Pharmacological treatment requires appropriate selection of hormonal and non-hormonal medications
12	Surgical and non-surgical procedures are appropriate in select patients

Ref: Castellanos, M. E., Carrillo, J. F., Green, I., Milspaw, A., & Lamvu, G. (2024). Identifying Gaps in Pelvic Pain Education: A Scoping Review and Structured Analysis of Obstetrics and Gynecology Training Milestones. *Journal of minimally invasive gynecology*, 31(3), 180–192.  
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