

# Sexual Pain is Pelvic Pain

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## What is sexual pain? **Sexual Pain is Pelvic Pain.**

- Technical name is Genito-Pelvic Pain/Penetration Disorders (**GPPPD**), also known as Vaginismus
- Sexual dysfunction includes diagnoses in different areas of the sexual response cycle

**GPPPD** is persistent or recurrent symptoms with one of more of the following for at least 6 months:

- Marked vulvovaginal and pelvic pain during penetrative intercourse or penetration attempts
- Marked fear/anxiety about vulvovaginal/pelvic pain in anticipation of, during or as result of penetration
- Marked tensing or tightening of the pelvic floor muscles during attempted vaginal penetration

There are many **urologic and gynecological causes** of GPPPD. One of the most common causes of GPPPD is vulvodynia, and **vestibulodynia**, the most common subtype of vulvodynia.

**Vestibulodynia= pain (dynia) in the vestibular region (vestibule) is pain with touch of the tissue at entrance of vagina.** Can mimic: bladder pain, recurrent urinary tract or yeast infections

**Diagnosis: History → Labs → Exam.** Symptoms can include “burning,” “stinging,” “pressure,” “irritation,” “broken glass,” “vibration,” “rawness,” “urinary urgency or frequency.”

Hormones are very important in pelvic floor health. Estrogen and **testosterone** are both important!

## Barriers:

1. Diagnosis is sometimes difficult . Majority of individuals have to consult 3 or more doctors before receiving the diagnosis of vestibulodynia.
2. Treatment variability is extensive with a success of up to 67% or higher. Success is improved with interdisciplinary therapy involving medical treatment, physical therapist and pain psychologist.
3. High costs involved in misdiagnosis and treatment variability.

## The PT perspective: Sexual Pain Across the Lifespan

Raising awareness for the need for **pelvic floor physical therapy** among the various age groups, diagnoses and conditions. This includes:

**Adolescence → Young Adult → Pregnancy → Postpartum → Perimenopause → Postmenopausal in females**  
**Adolescence → Adult in males**

Common diagnoses treated: Pelvic Floor (vaginal muscle) Dysfunction, Endometriosis, Vulvodynia/Vestibulodynia, Sexual dysfunction, Bladder Pain/Interstitial Cystitis, Postpartum (post-delivery) Sexual Dysfunction, Postpartum pain, Post Injury Pain (ex. after prolonged bicycling), Menopause related thinning of vaginal tissues (Genitourinary Syndrome of Menopause), vaginal muscle and tissue problems after gynecologic cancer treatment or pelvic surgery.



## Physical Therapy Treatments

**Manual Therapy (using a single digit /finger in vagina for women or anus for men to treat these muscles):** including external, internal, desensitization techniques, myofascial release, trigger point therapies

**Education and Referrals:** multidisciplinary team

**Home Exercises:** strengthening exercises, self myofascial release, dilator therapy, relaxation technique