

Soft tissue manipulation approaches to chronic pelvic pain (external)

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César Fernández de las Peñas · Andrzej Pilat

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Introduction

There is increasing evidence demonstrating the importance of treating muscle and connective tissue in patients with chronic pelvic pain (CPP). Eighty-five percent of patients with CPP present with dysfunction or impairments in the musculoskeletal system, including poor posture and pelvic floor muscle (PFM) imbalances (Baker 1993, Hetrick et al. 2003, Prendergast & Weiss 2003, Tu et al. 2006). Shosker et al. (2008) found that 51% of men with chronic CPP reported tenderness to palpation of the PFM and Tu et al. (2008) demonstrated that women with CPP had a greater prevalence of musculoskeletal disorders as compared with women without CPP. Furthermore, tenderness to palpation of the PFM was related to a decreased ability to relax these muscles (Tu et al. 2008).

It is apparent that proper functioning of the pelvic region is directly related to appropriate integration of the connective tissue and muscles of the lower quadrant. The presence of musculoskeletal dysfunctions may contribute to improper functioning of the pelvic region via both a biomechanical and neurophysiological perspective; for example, increasing tension and/or shortening of the PFM (Haugstad et al. 2006), and initiation or maintenance of a neurogenic inflammation