

Pelvic Pain and Dysfunction

A Differential Diagnosis Manual

Peter A. Philip



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Contents

	Preface	vii
	About the Author	ix
	Acknowledgments	xi
1	Introduction to Pelvic Pain	1
2	General Concepts	3
2.1	Differential Diagnostics	3
2.2	Reflexive Arcs.....	3
2.3	Embryological Derivation.....	3
2.4	Enteric Nervous System	7
2.5	Behavior of Nerves.....	7
2.6	Referred Pain	9
2.7	Connective Tissue.....	9
2.7.1	Fascia.....	12
2.8	Thoracic and Lumbar Spine	12
2.9	Spinal Ligaments.....	13
2.10	Pelvic Osseous Anatomy.....	14
2.10.1	Coxofemoral Joint	20
2.11	The Perineum.....	20
2.11.1	The Urogenital Triangle	21
2.12	Pelvic Musculature.....	24
2.13	Pelvic Ligaments.....	27
3	Evaluation	50
3.1	Initial Observation	51
3.2	History.....	51
3.3	Postural Observation and Inspection	52
3.4	Evaluation General Concepts.....	53
2.14	Neurology	29
2.14.1	Pelvic Neuroanatomy.....	37
2.15	Pelvic Pain and Nociception	37
2.15.1	Summary	40
2.16	Functional Integration	41
2.17	Anatomy, Lower Urinary Tract	41
2.18	Biopsychology of Pain	41
2.19	Endocrinology, Stress, and Pelvic Pain	42
2.20	Pathology	43
2.20.1	Musculotendinous Pathoanatomy	43
2.20.2	Atrophy	45
2.20.3	Muscle Tenderness and Trigger Points	45
2.20.4	Formation of Muscle Spasms Due to Joint Trauma.....	45
2.20.5	Scars	45
2.20.6	Disk-related Pathoanatomy.....	47
2.20.7	Chondropathy	47
2.20.8	SIJ Pathoanatomy	47
2.20.9	Pathology of the Pubic Symphysis	48
3.5	Spinal Examination	55
3.6	Pelvic Examination—Concepts	61
3.7	Pelvic Examination: The Performance	63

4	Interpretation	71
5	Management	73
5.1	Biopsychosocial Treatment: Education	73
5.2	Biopsychosocial Treatment: Cognitive Behavioral Therapy	74
5.3	Neurological and Joint Treatments: Manipulations and Mobilizations	75
5.4	Mobilization Technique	78
5.4.1	Rhythm	79
5.4.2	Side-lying Rotational Mobilizations	80
5.4.3	Sacroiliac Joint Mobilization	80
5.4.4	Sacral Thrust	81
5.4.5	Sacral Mobilization with Movement	81
5.4.6	Massage/Transverse Friction Massage	82
5.5	Exercise Concepts	85
6	Treatment	96
6.1	Introital Pain	96
6.1.1	Patient Presentation	96
6.1.2	Evaluation	96
6.1.3	Treatment Strategy	96
6.1.4	Exercises	97
6.2	Dyspareunia due to SIJ	97
6.2.1	Patient Presentation	97
6.2.2	Evaluation	97
6.2.3	Treatment Strategy	98
6.2.4	Exercises	98
6.3	Sign of the Buttock	98
6.3.1	Patient Presentation	98
6.3.2	Evaluation	98
6.4	Labral Tear	98
6.4.1	Patient Presentation	98
6.4.2	Evaluation	98
6.4.3	Treatment Strategy	99
6.5	Plantar Fasciitis	99
6.5.1	Patient Presentation	99
6.5.2	Evaluation	99
6.5.3	Treatment Strategy	99
6.6	Central Sensitization/Embryologic Derivation of Pain	100
6.6.1	Patient Presentation	100
6.6.2	Evaluation	100
6.6.3	Treatment Strategy	100
6.7	Peripheral Sensitization/Bladder Dysfunction	100
6.7.1	Patient Presentation	100
6.7.2	Evaluation	101
6.7.3	Treatment Strategy	101
6.8	Torn pubovaginalis leading to increased use of pubococcygeus, fecal retention	101
6.8.1	Patient Presentation	101
6.8.2	Evaluation	101
6.8.3	Treatment Strategy	102
6.9	Conclusion	102
	Index	103

Preface

It is with great pleasure that I have the opportunity to introduce to the medical community a unique means with which they can evaluate and treat the patient population suffering from pelvic maladies and pain. This textbook will draw upon my orthopedic experiences in addition to years of clinical work with, and research on, this unique patient population—those suffering with pelvic pain. It is my intention to provide the reader with an overview of the pertinent anatomy as it relates to the patient with pelvic pain, and to provide a greater understanding of the complex interactions amongst the central nervous system, peripheral nervous system, the viscera, the bony anatomy, and the musculature of the pelvis. It is with this understanding and appreciation of the complexities that the clinician will have the greatest opportunity to provide their patients the most expedient relief of their pain and distress.

Having initially studied and received two degrees in physical therapy, one a general degree and the other an orthopedic master's degree, I had never known or thought of pelvic pain as an entity, let alone would have considered evaluating the pelvic region. It was during my formative years as a young clinician that I was introduced to the concept of "pelvic pain." A patient of mine at the time was an OB/GYN. He asked me about a particular patient that he was treating without success. He asked what I thought of the patient, having given me a brief summary, and asked what I'd do to help this patient! That night I began my research into the field of pelvic pain and dysfunction, and my research continues to date.

What I found was that the evaluation and treatment strategies that I learned through my initial learning did not have the same differential diagnostic, and tissue specific, testing that I apply to my general orthopedic population of patients. In essence, when I first started in the field of pelvic pain, I was approaching the evaluation and treatments in a

fashion that was less tissue specific, and more or less "press and pray," hoping that I could make the pain and muscle spasms go away.

Then there was John. John phoned the office in which I was working at the time, begging for help. He complained of progressive, excruciating pain along the head of his penis. He described his pain as being that of "26,000 knives" being "jabbed" into the head of his penis—constantly.

John was seen for an evaluation and three subsequent treatments. I did the best that I could, able to offer him transient relief, but nothing long lasting. One month later, John took his life.

It was then that I began to analyze my pelvic pain patient population through the lens of "orthopedic medicine" and the differential diagnostic concepts that are applied to determine what and where the lesion originated. Utilizing the strategies and concepts as outlined by Dr. James Cyriax and applying them to this patient population I began to see the immediate changes and improvements that I had come to expect of myself when treating the orthopedic population. It was then that I knew I had to do more research, and I began my writing. My research and writing culminated in the completion of my doctoral studies and this textbook.

To all the patients suffering, my heart goes out to you. Stay strong. Know that your body can heal. Find a capable clinician, adhere to their directives, and heal.

To the clinicians treating this patient population: be patient, be kind, and be thoughtful. Each patient is unique. Your assistance in their healthcare may in fact be lifesaving. Never underestimate the ability of the body to heal. Our role is to provide the optimal environment for healing.

May God bless you in your endeavors, and may you have great success!

Peter A. Philip, PT, ScD, COMT, PRPC

About the Author

Dr. Peter A. Philip PT, ScD, COMT, PRPC is a two-time graduate of Quinnipiac University; in 1996 with a bachelors in Physical Therapy and in 1999 with a Masters in Orthopedic Physical Therapy. In 2011, Dr. Philip completed his Doctorate of Science in Physical Therapy with a concentration in Orthopedics, Pelvic Pain and Education. Since 1997, Dr. Philip has been the owner/director of Philip Physical Therapy, which is currently located in New Canaan, Connecticut. After initiating his private practice out of his truck with a reflex hammer and folding table, he is grateful to have an office space from which to work, as driving 1,000 miles a week had become quite taxing. Treating patients with orthopedic and pelvic dysfunctions, pelvic pain, and bladder/bowel dysfunctions, he incor-

porates sound differential diagnostics and treatment strategies that address the body as a functional unit, taking in a global perspective and deducing the specific pain generator involved in his patients' suffering, while also deducing the origin of the pain to best provide the patient the opportunity to prevent future pain exacerbations. In 2010, he was acknowledged by the International Association of Orthopedic Medicine (IAOM) as a leader in the field of nonsurgical medicine, and was certified as an orthopedic manual therapist (COMT). In 2014 he was one of eighteen clinicians, the only East Coast resident/clinician, and the only male in the United States of America to receive a Pelvic Rehabilitation Practitioner Certification (PRPC).

