Soft tissue manipulation approaches to chronic pelvic pain (external)

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CHAPTER OUTLINE
Introduction .......................... 1
Local muscle dysfunction: Muscle trigger points .................. 2
Trigger points and chronic pelvic pain (CPP) ................. 2
Why is inactivation of TrPs in chronic pelvic pain (CPP) important? ... 3
Best evidence of soft tissue interventions for muscle trigger points (TrPs) ... 3
Application of soft tissue interventions for trigger points .......... 4
Compression interventions .................................. 4
Static compression of periformis/external obturator muscle trigger points .......... 4
Static compression of pectineus muscle trigger points .......... 5
Intermittent compression of pelvic floor muscle trigger points .......... 6
Compression and contraction of gluteus maximus muscle trigger points .......... 6
Stretching compression of iliopectineus muscle trigger points .......... 7
Massage ............................................. 8
Stretching longitudinal massage of adductor muscle trigger points .......... 10
Muscle energy interventions ................................ 10
Post-isometric relaxation of quadratus lumborum muscle trigger points .......... 11
Neuromuscular technique connective tissue approaches for chronic pelvic pain .......... 11
Longitudinal stroke of abdominal wall muscle trigger points .......... 12
Stretching stroke of gluteus medius muscle trigger points .......... 13
Dynamic longitudinal stroke of thoraco-lumbar extensor muscle trigger points .......... 14
Myofascial induction interventions .......................... 14
Introduction to fascial tissue ................................ 14
Fascial continuity model ................................... 16
Theoretical aspects for the treatment of myofascial dysfunction syndrome .......... 17
Therapeutic strategies applied to the myofascial induction process .......... 20

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, Hertritt et al. 2003, Preyde and Weiss 2003, Tu et al. 2006]. Shoemaker 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 neuropathological perspective; for example, increasing tension and/or shortening of the PFM (Haugstad et al. 2006), and initiation or maintenance of a neurogenic inflammation...