

# Heal Pelvic Pain

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Exercise During Pregnancy, A Primer from a Therapist  
Pre Natal Physical Therapy: Prevention Is Better Than A Cure  
Post Natal/Partum Care

Amy Stein is regular contributor to Vibrance Associates sites and their forums. Rather than excerpt a single chapter from her new book, Ms. Stein has chosen information from various chapters to share from her book, *Heal Pelvic Pain: The Proven Stretching, Strengthening and Nutrition Program for Relieving Pain, Incontinence, I.B.S. and other Symptoms without Surgery* (McGraw Hill, 2008) Published with permission. This is the first of four parts.

\* Fact: 9.2 million women today suffer pain that has not been properly diagnosed and that is pelvic in origin.

\* Fact: Every woman has at least a five percent chance of suffering from chronic pelvic problems in her lifetime. 23.7 percent of women suffer at least one form of pelvic floor dysfunction, of incontinence or pelvic organ prolapse.

\* Fact: five percent to 16 percent of male office visits are for chronic prostatitis, and 95 percent of those patients actually suffer from pelvic floor dysfunction.

\* Fact: Among children, 20 percent of pediatrician visits are for incontinence, while 15 percent are for bowel disorders—disorders that young kids in particular find both physiologically unpleasant and psychologically distressing.

Conclusion? Man, woman, or child, pelvic pain is pervasive, and pelvic health is an issue that cries out for greater attention and discussion among both healthcare providers and the wider public. There are excerpts from Chapters 2, 3, and 4, author describing the various disorders that can come from pelvic floor dysfunction and the two main sets of exercises for dealing with them. These exercises are geared toward easing the pain and discomfort of these dysfunctions as a way to start reversing “the cascade of pelvic floor disorder and pain.” Second, *Heal Pelvic Pain* offers strengthening exercises to correct pelvic floor muscle weakness and poor coordination that can produce incontinence, pelvic organ prolapse, and/or decreased sexual response. This exercise regimen can boost sexual pleasure, eliminate incontinence, and increase the body’s core strength and pelvic stability.

(Part 1) From Chapter 2: When the Pelvic Floor Is Not Healthy&hellip;

## The Vicious Cycle of Pelvic Pain

Any kind of disorder anywhere in the pelvic floor can have an impact on any or all of the pelvic floor’s other functions. Once a cascade of deterioration is set in motion, each new difficulty makes it harder to cure the original disorder and/or alleviate the pain.

To get a more in-depth understanding of this cascade, let’s start by dividing pelvic floor disorders into two major categories—musculoskeletal pain disorders and bladder, bowel, and sexual dysfunction categories. The problem is that a dysfunction or an irritation or pain in one of the two types can cause a dysfunction or an irritation and pain in the other type. That is, a disorder in the muscles or skeleton can cause a bladder, bowel, and/or sexual disorder—and vice versa.

So a bladder infection might end up causing you terrible pain in your legs, while a strained groin muscle could lead to uncomfortable bowel retention and bloating. Bruise your tailbone at the stadium concert—a musculoskeletal disorder—and you may eventually experience bladder and bowel disorders plus sexual dysfunction.

By the same token, something as simple as a case of constipation or diarrhea can cause spasm, tightening, or shortening of the musculoskeletal tissue in the pelvic floor, and that in turn can cause pain up and down your core, back, legs, genital area, groin, and hips. What’s particularly vicious about this is that as the infection or inflammation or injury gets worse, it may cause the muscles to tighten and shorten. And as that happens, the pelvic floor musculature gets overloaded and grows weak.

With the capabilities of the pelvic floor thus limited, the symptoms of the original infection or inflammation or injury become even worse. As if that weren’t enough, the infection and inflammation may also cause scarring in the tissue. The scar tissue can adhere around muscles, nerves, or organs, which may further decrease your mobility and lead to even greater pain. It’s really a no-win situation. So let’s look at the different kinds of dysfunctions, irritations, and

pain in each of the two main components of pelvic disorder—musculoskeletal disorder and bladder/bowel/sexual disorders—one at a time.

### Musculoskeletal Aches and Pains

Musculoskeletal disorders range from bones being out of alignment to muscles feeling knotted, tight, tired, or weak to nerve irritation. The pain can be local, or it can radiate to other parts of the body. For example, pain from an irritated nerve might be felt all along the nerve. Misalignment of the back or pelvis can aggravate nerves which then aggravate the surrounding muscles and tissues. It may hurt to exert yourself—either in one spot or all over, or you just might feel you don't have the strength to do so. You might be sensitive to even slight pressure applied near the ache; it may feel tender or painful. Or maybe you feel the pain as a spasm when you move or as a dull, persistent nuisance.

The pain might be in your lower back, thighs, abdomen, pubic area, genital region, groin, hips, butt, sit bone, or right in the pelvis. Tailbone pain is common; radiating to your gluteal muscles, it can make it difficult to sit. Or perhaps the pain has started in the tailbone but has spread throughout the muscles at the bottom of the pelvic floor to the rectum. That makes it difficult or painful to urinate or defecate.

A dull ache when you're standing up for a while may mean that the blood veins in your pelvic area are congested—that is, the blood has accumulated in the veins and doesn't flow well. In addition to the pain, you may feel either an urgency to urinate or difficulty emptying the bladder or bowel. Women may find it too painful to have sexual intercourse, while men may experience erectile dysfunction or post coital pain.

Women can have some pelvic floor disorders that are particular to them. In addition to painful intercourse, women can suffer pelvic cavity infections and inflammations that scar and adversely affect their reproductive organs. Endometriosis is one of the most common of these pelvic inflammatory diseases. In addition, women also suffer some very particular vulvar discomforts, including the burning and irritation known as vulvodynia and vaginismus, the inability to undergo vaginal penetration—during sex, with a tampon, or during a medical examination.

With vulvar vestibulitis, the skin on the outside portal of the vagina becomes red and highly irritated; the slightest touch can cause severe pain.

In addition, menstrual pain, with its distinctive cramping, tends to tense a woman's muscles, and that in turn can significantly restrict the muscles of the abdomen and pelvic floor. Women also suffer a range of skin conditions that can result in or be a result of tightening or shortening of the pelvic floor muscles. Skin inflammations or eruptions that cause lesions and adhesions may scar and narrow the vagina, making intercourse even more painful.

There are also musculoskeletal pelvic floor disorders particular to men. In fact, the most common prostate problems, prostatitis and prostatodynia, can result in, contribute to, or be caused by pelvic floor disorders—and can be alleviated using the natural healing methods described in this book.

### Bladder and Bowel Disorders

Bladder and bowel discomfort seems to come in two different forms. There's the discomfort of fullness and the discomfort of excessive emptying out. With the former, you feel bloated. You might have gas or constipation. It's hard to begin to void. You may feel pressure and pain, and you have the sense that you cannot empty yourself—or it hurts when you try.

With the latter, it's almost the exact opposite. This time, the pressure is an urgency to go, and you find you're going often. You might have diarrhea, or maybe you're getting out of bed multiple times during the night to race to the toilet.

Bladder disorders—for example, interstitial cystitis—are common to both men and women, and in both, they can cause urinary frequency, urgency, retention, and recurring pain that may affect the genital area, the back, and the abdomen. Incontinence may eventually result from these bladder disorders.

What's going on?

What happens is that irritation in the lining of the bladder or in the muscle or nerve irritates the surrounding tissues as well, including the musculoskeletal tissue. That's the vicious circle at work again. If the irritation persists, the muscle tightens and shortens, and that in turn causes more irritation and more pain.

Typically, the person will try to relieve the irritation by urinating. If this happens enough, the brain learns to accompany the irritation with the need to urinate. Eventually, the person gets tired of the frequent trips to the bathroom and will try to hold it in. That tightens the pelvic floor muscles, and those muscles shorten and tighten even more. And that, in turn, acts like a belt tightening around the bladder, giving the person the feeling of needing to urinate even when the bladder is not full. So the vicious circle is simply exacerbated.

Bowel Disorders.

Common symptoms of abnormal bowel function in both men and women sound a lot like bladder discomfort: frequency, urgency, retention, spasms, pressure, difficulty with initiation, incontinence. But to these we must add gas, constipation, diarrhea, inflammatory bowel, and irritable bowel syndrome. The effect of these disorders ranges from the extremely unpleasant to the intensely painful. Inflammations of the bowel can affect all layers of the intestine and rectum, while the group of symptoms involved in irritable bowel syndrome can cause considerable abdominal pain.

What's more, most of these disorders can produce increased toxins in the gut, which in turn irritates the surrounding tissues, including the musculoskeletal tissue. As with bladder irritations, persistent irritation may tighten and shorten the muscles, which will create more irritation and more pain—not just in the pelvis but through the abdomen, back, legs, and buttocks.

Of course, any of these disorders can limit your daily activity. And the worse the resulting pain, the less active and social you become, and the more homebound and inactive your life.

(End of part one)To Read Part two [Click here to discuss this with Ms. Stein](#) [click here to enter our forums.](#))