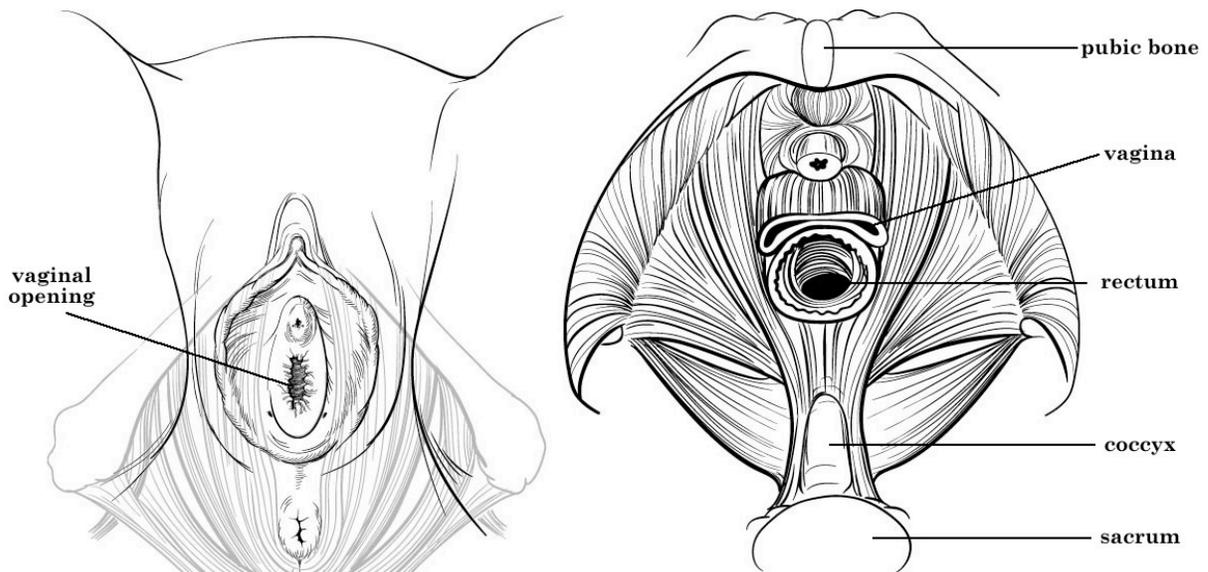




Pelvic Floor Myalgia or Vaginismus

Pelvic floor myalgia (muscle soreness) is otherwise known as vaginismus. It is a common cause of sexual pain and is the condition associated with the involuntary tightness of the pelvic floor muscles. For many women, the state of their pelvic floor muscles is not obvious unless there is an attempt to introduce something into the vagina. Then the muscles can contract or clench leading to pain with vaginal penetration. This can be experienced commonly with intercourse, tampon use or speculum insertion. The pain is often described as soreness, burning pain or dull ache. Some women feel like there is a “blockage or wall” inside the vagina preventing penetration. Occasionally urination and defecation can also be effected and become difficult or abnormal.

Usually, pelvic floor myalgia is a secondary reaction to vulvar skin pain. Most often, this pain is experienced at the opening of the vagina (vestibule) and is associated with a condition called Vulvar Vestibulitis Syndrome (Vestibulodynia) 1, 2. There may be other causes that lead to painful muscles but these are less common. Although the pelvic floor muscles are under voluntary control, they can become constantly tight and tender after months or years of protective squeezing. Pelvic floor myalgia is effectively treated separately with pelvic floor rehabilitation, biofeedback and dilator therapy.



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Physical Therapy

Physical therapy can be an integral part of treatment for pelvic floor myalgia and vulvar pain. An evaluation with a physical therapist includes a postural musculoskeletal examination of your pelvis, sacrum, hips, and spine. A manual and biofeedback examination of the pelvic floor muscles also occurs.

When you first meet the physical therapist, she will first assess the positions of the spine and pelvic joints. She will also evaluate the tightness of the muscle groups in order to determine whether they might be contributing to or perpetuating your pain. Pain can be caused by pelvic floor spasm. The movements are gentle and within your pain tolerance. The musculoskeletal exam will also include palpation of the muscles of your back, hip, and abdomen to identify tight or painful points that can refer pain to the pelvic floor. These are called trigger points.

The musculoskeletal exam also includes evaluation of your pelvic floor muscles. This will include observation and palpation of the outside of your pelvic floor and the internal muscle exam. Some women with vestibular surface pain may find it more comfortable to pre-treat with lidocaine. This will allow the evaluation and therapy to be more comfortable. You may wish take liquid lidocaine to the therapy session. The internal exam is done gently and slowly with one finger to determine if the deeper muscles of the pelvic floor are part of the pain mechanism. The strength and endurance of your muscles will also be assessed by having you squeeze around the therapist's finger. This is also an opportunity to assess the ability of the pelvic floor muscles to relax.

Finding the right physical therapist for you is vital to your therapy and journey towards improvement. If a physical therapist is not specifically recommended to you by your vulvar provider, these websites can be explored to find a therapist in your city or region.

<http://www.apta.org/>
<http://www.womenshealthapta.org/>

Biofeedback

Biofeedback is a method of improving awareness and control of your body. Biofeedback can focus on any of several physical problems. You may have heard of its use with headaches, cold fingers, or blood pressure, as examples. Biofeedback is useful for women who have both painful and weak pelvic floor muscles. In each case, the woman can learn how to control the tension of her pelvic floor muscles for better function.

Tight muscles can commonly cause physical pain without being the obvious problem. This is especially the case with tight pelvic floor muscles. They may constantly be held in a spasm and only hurt when they are touched. Biofeedback therapy, in this case, is aimed at teaching relaxation of tight muscles. When pelvic floor muscles are too weak, women may have poor bladder control, and in that case, biofeedback is aimed at strengthening the pelvic floor muscles.

The technique can include use of an external or an internal vaginal sensor to detect your muscle tone. That information turns to visual and auditory signals on a computer screen so you are able to see and hear how your muscles work and rest. When biofeedback is combined with specific exercises and activities you can learn to relax tense muscles or strengthen weak ones.

Dilator Therapy

Vaginal dilators are silicone or plastic products that are phallic shaped and used intra-vaginally as an adjunct to physical therapy in the treatment of pelvic floor myalgia. They are used after instruction from a physical therapist and can be crucial to maintaining the progress achieved in pelvic floor rehabilitation. The goal of vaginal dilatory therapy is to gain confidence, knowledge and awareness of the vagina and pelvic floor.

Overall, physical therapy, biofeedback and dilatory therapy are a successful and accessible treatment for pelvic floor muscle pain. Through careful evaluation and dedicated therapy, many women have had a reduction in their pelvic floor muscle pain and improvement in their ability to have sexual intercourse.

1. Abramov, L., I. Wolman, and M.P. David, *Vaginismus: an important factor in the evaluation and management of vulvar vestibulitis syndrome. Gynecologic & Obstetric Investigation, 1994. 38(3): p. 194-7.*
2. Romm, J. and J.T. Jensen. *Incidence of Vaginismus in Patients Evaluated in Vulvar Pain Clinic. in North American Society For Psychosocial Obstetrics and Gynecology, Twenty-Fourth Annual Meeting. 1996. Santa Fe, NM.*