



## **What is Pelvic Pain?**

Pelvic pain is described as pain in the lower abdomen, pelvis, or perineum and is considered to be chronic when symptoms have been present for more than six months. The pain may be described as aching or burning in the area of the perineum or abdomen.

## **What causes pelvic pain?**

Pelvic pain can be caused by problems such as pelvic joint dysfunction, muscle imbalance within the muscles of the pelvic floor, trunk, and/or pelvis, incoordination in the muscles related to bowel and bladder function, tender points in the muscles of the pelvic floor, pressure on one or more nerves in the pelvis, and weakness in the muscles of the pelvis and pelvic floor. Pelvic pain can also be related to the presence of scar tissue after abdominal or pelvic surgery. There can be organic disease processes related to pelvic pain as well therefore it is important to consult your physician to fully determine the cause of your pain,

## **What are the symptoms of pelvic pain?**

Symptoms of pelvic pain, in addition to pain in the lower abdomen and pelvis, may include: pain in the hip or buttock, pain in the tailbone, limited sitting tolerance, pain in the joints of the pelvis, pain with sexual intercourse, tender points in the muscles of the abdomen, reduced range of motion in the hips and lumbar spine, urinary frequency, urgency, or incontinence, painful bowel movements, constipation and/or straining with bowel movements,

## **How can physical therapy help?**

Physical therapists are trained to evaluate and treat joint dysfunction, muscle tightness, weakness or imbalance in muscle groups, and nerve entrapment- all potential signs of pelvic pain. Physical therapists trained specifically in the area of pelvic health can identify the possible generators of pelvic pain and develop a treatment plan specific to the patient suffering from pelvic pain. A physical therapist trained in this area may utilize hands on techniques to address muscle tightness or targeted exercises to improve muscle strength and reduce faulty patterns of muscle recruitment. Other treatment strategies may include biofeedback, retraining of incoordinated muscles, postural training, and strengthening of the abdominal core muscles.