

Treating endometriosis pain with a manual pelvic physical therapy

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Abstract

Objective: Approximately 5 million American women (mainly ages 25–40) suffer from endometriosis, a chronic and often exceedingly painful disease. Although not necessarily progressive, endometriosis pain usually increases during menstruation and sexual intercourse. Since this pelvic physical therapy has already been shown to reduce dyspareunia, the purpose of this study was to assess its efficacy in treating endometriosis pain.

Design: Prospective analysis

Materials and Methods: A prospective analysis was performed on 18 patients (mean age = 37.2) with endometriosis confirmed via laparoscopy or laparotomy. The primary outcome measures were post-test vs. pre-test scores on various pain scales (i.e., each patient acted as her control). Prior to therapy, patients completed a 10-point pain scale (enhanced by the specific written descriptions of the Mankoski Pain Scale®), on which they rated their average pain during ovulation, pre-menstruation, menstruation, and sexual intercourse.

All 18 patients then underwent 20 hours of manual pelvic physical therapy designed to address restricted soft tissue mobility due to adhesions and micro-adhesions. To allow time for a full post-treatment menstrual cycle, patients completed the post-test approximately 6 weeks after their last treatment date.

Results: The Wilcoxon Signed-rank Test (2-sided) was used on the paired pre-test / post-test differences. The Total Difference, comprising pain during 3 phases of the menstrual cycle (ovulation, pre-menstruation, and menstruation) was significant ($P = 0.014$), with the lessening of pain during menstruation accounting for much of the difference ($P = 0.008$). The paired pre-test / post-test difference in pain during sexual intercourse was also significant ($P = 0.001$).

Conclusion: This manual pelvic physical therapy offers a non-surgical, non-pharmaceutical alternative to treating pain due to endometriosis. Moreover, it appears to have its greatest effect on the typically most painful times (i.e., menstruation and sexual intercourse).

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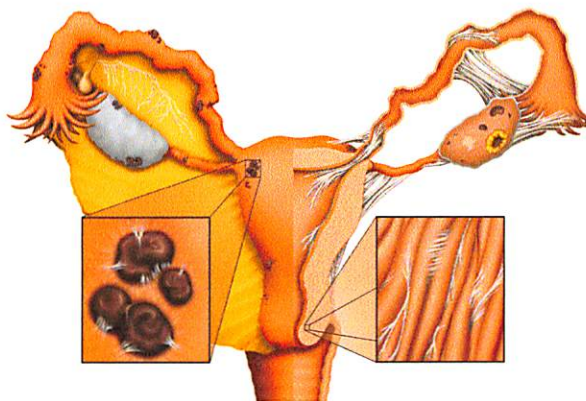
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Materials & Methods

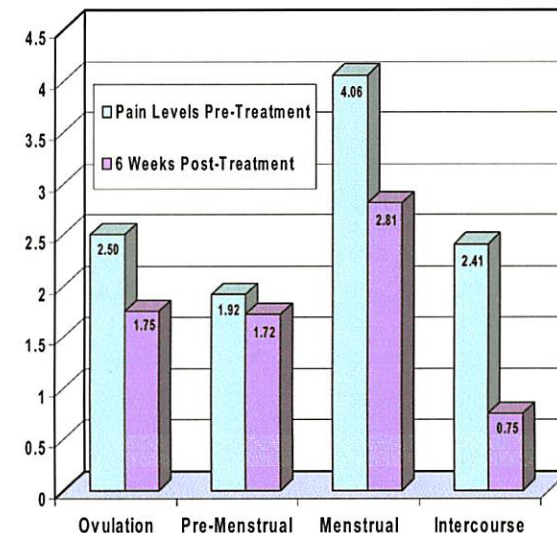
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The physical therapy addresses collagenous crosslinks

Mean Pain Levels Pre & Post-Therapy



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