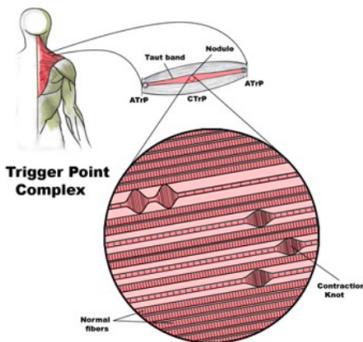


Pelvic Floor Myofascial Pain: Screening, Examination and Clinical Assessment

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Key Points:

- ★ Myofascial pain has a *high prevalence* (30-85%) and is more commonly seen in women
- ★ Myofascial pain commonly co-occurs with other types of chronic pain
- ★ The specific etiology of pelvic myofascial pain is incompletely understood; although there are many hypotheses
- ★ A standard screening assessment is *beneficial* for clinicians and patients
- ★ *Not just the muscles!* It is hypothesized that there is a connection between visceral (internal organ) pain and myofascial pelvic pain



Definitions:

- Myalgia = muscle pain
- Myofascial pain = pain caused by the trigger points within muscles or fascia

What causes myofascial pain?

- Acute traumatic event
- Repetitive microtrauma → cumulative effect and injury over time
- Periods of immobility: balance between rest and activity is the key!

Why the pelvic floor muscles?

- The pelvic floor is centrally located and balances upper/lower body forces
- Simple, everyday activities (sitting, breathing, standing and walking) exercise the pelvic floor
- Pregnancy and delivery put significant stress on the pelvic floor

More complex than we think!

- New findings are demonstrating a link between pelvic floor myalgia, visceral/organ pain and central sensitization (processing in the central nervous system)

