

## THE EFFECT OF THE PELVIC FLOOR PHYSICAL THERAPY ON SEXUAL FUNCTION IN WOMEN COMPLAINING DYSpareunia

### Hypothesis / aims of study

Dyspareunia is pain before, during, or after intercourse. Dyspareunia in women can have a significant negative effect on quality of life and may affect between 20% and 50% of all women. Many women with dyspareunia do not seek medical treatment. Possible causes of dyspareunia include injury to the pelvic area during childbirth, vulvar atrophy, endometriosis, pelvic inflammatory disease, infection, adhesions, and interstitial cystitis. Psychological factors such as depression, physical or sexual abuse, and anxiety are also possible causes of dyspareunia. Musculoskeletal dysfunction, specifically muscle pain and over activity of the levator ani muscles, is another cause of dyspareunia documented in the literature (1). Recently, musculoskeletal factors have been recognized as significant contributors to the mechanism of pelvic pain and associated sexual dysfunction, and in particular, pelvic floor muscle hypertonus has been implicated (2). few studies have been evaluated The effect of Pelvic floor rehabilitation and strengthening for treatment of dyspareunia.

So this study was planned to determine the effect of the pelvic floor physiotherapy on sexual function in women complaining dyspareunia.

### Study design, materials and methods

The study was performed in the multidisciplinary clinic of an educational hospital from beginning 2014 for one year. All women complaining dyspareunia, were visited by an urogynecologist for gynaecological examinations and by a psychiatrist for psychological problems. 46 patients enrolled in this study to attend 10 physical therapy sessions over a period of 3 months. All women were reassured that they could discontinue treatment at any time during treatment session. and 32 patients completed therapy.

Physical therapy was conducted by a physical therapist trained in pelvic floor rehabilitation. An internal pelvic-floor muscle examination was performed by the same physical therapist to find active Trigger points and muscles strength. Based on the physical examination, she performed Myofascial Release techniques for patients with active trigger points in vagina and Pelvic floor muscle training (PFMT) for all of patients.

All of women completed an FSFI (Female Sexual Function Index) questionnaire before and one month after therapy.

### Results

32 women completed therapy. The patients' ages ranged from 26 to 50 (mean 38) years.

In terms of the primary outcome measures, there was a statistically significant improvement on the FSFI full score ( $P < .001$ ) and pain domain ( $P < .001$ ).

In terms of the secondary outcome measures, statistically significant differences in post-test / pre-test scores were found on the other 5 FSFI domains: orgasm ( $P < .001$ ); desire ( $P < .001$ ); arousal ( $P < .001$ ); lubrication ( $P < .001$ ), and satisfaction ( $P < .001$ ).

### Interpretation of results

The results of the present study demonstrated that physical therapy is a potentially effective treatment option for sexual dysfunction (specially dyspareunia). And it was surprising to find that the therapy apparently effected equally significant improvements on all quantifiable domains of this complex phenomenon, including desire, arousal, lubrication, pain, orgasm, and satisfaction; thus it follows that improvements in these domains would automatically result in improved overall sexual function, as evidenced on the post-test FSFI score.

### Concluding message

Sexual pain disorders are pain disorders that interfere with sexual activity. Conditions resulting in painful sexual intercourse are often multisystemic and respond well to a multidisciplinary approach to treatment. The systems involved, including the vascular, musculoskeletal, and neurological, are well addressed with physiotherapy. Also the therapy that designed to maximize function by restoring visceral, osseous, and soft-tissue mobility, is nonsurgical, noninvasive technique with no risks or few, if any, adverse effects. As such, physiotherapists should be considered as vital members of the interdisciplinary team, and pelvic floor physical therapy should be considered as a new adjunct to existing gynecologic and medical treatments of sexual pain and dysfunction.

### References

- 1) Kimberly A Fisher. Management of dyspareunia and associated levator ani muscle overactivity. *PHYS THER*. 2007; 87:935-941.
- 2) Rosenbaum TY, Owens A. The role of pelvic floor physical therapy in the treatment of pelvic and genital pain-related sexual dysfunction (CME). *J Sex Med*. 2008 Mar;5(3):513-23; quiz 524-5

### Disclosures

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