



*Title:* Role of the Physical Therapy in the Multidisciplinary Approach to Vulvodynia:  
preliminary results

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## ABSTRACT

*Objectives:* In the clinical practice different specialists approach to the women with vulvar pain, often without an integrated care pathway. Recently, musculoskeletal factors have been recognized as contributors of the mechanism of vulvodynia. The objective of this study is to evaluate the role of the physical therapy as a first line treatment multidisciplinary in vulvodynia management.

*Methods:* Between October 2013 to October 2014, 14 women with vulvar pain (according to ISSVD Vulvodynia 2003 Classification) referred to the Lower Female Genital Tract Outpatient Service of our Hospitals. Every woman was submitted to a Physical Therapy Pathway, managed by a trained midwife and composed by manual therapy and pelvic floor exercises. The efficacy of Physical therapy was assessed by adopting VAS score.

*Results:* After 4 months-treatment, 9 patients reported an improvement in vulvar and sexual pain with good relief (reduction of 2-3 points VAS score). Two patients lost to follow up. Three patients referred any significantly effect

*Conclusions:* Vulvodynia is a complex syndrome associated to sexual dysfunctions and worsening of quality of life. According to our preliminary results, Physical Therapy may play a pivotal role, in an integral component of the multidisciplinary approach.



## *1. Objectives*

In the clinical practice different specialists approach to the women with vulvar pain, often without an integrated care pathway. Despite classifications that appear to reflect specific disciplines, it is necessary to focus on the causes playing a significant role in pain origin. Recently, musculoskeletal factors have been recognized as contributors of the mechanism of vulvodynia. Pelvic floor dysfunction generally refers to disorder of laxity (hypotonus), or overactivity (hypertonus). Hypotonus disorders, due to hormonal factors, mechanical damage, or weakness, are generally associated with urinary and fecal incontinence, as well as pelvic floor organ prolapse, but have also been implicated in contributing to pelvic pain and dyspareunia. Current conceptualizations of pelvic floor involvement in sexual dysfunction, specifically sexual pain disorders, generally implicate pelvic floor hypertonus as the underlying pathology. Pelvic floor muscle abnormalities, most notably hypertonus, have been demonstrated to contribute to dyspareunia connected vulvodynia. The mechanism of how increased muscle tone is related to pain is not completely clear. Probably persistent hypertonus is more frequently associated with an increase in neurological tone rather than a pain response. Studies have demonstrated pelvic floor muscle hyperactivity to be a part of an overall response to heightened anxiety. Pain may also trigger pelvic floor dysenergia.

The objective of this study is to evaluate the role of the physical therapy as a first line treatment multidisciplinary in vulvodynia management.

## *2. Methods*

Between October 2013 to October 2014, 14 women with vulvar pain referred to the Lower Female Genital Tract Outpatient Service of our Hospitals. According to ISSVD Vulvodynia 2003 Classification diagnosis of provoked vulvodynia was made in all patients. Every woman was submitted to a Physical Therapy Pathway, managed by a trained midwife and composed by 10 sessions with the trained midwife, 30 minutes every session with:

- Pelvic floor muscle training
- Biofeedback



- Perineal Massage
- Manual treatment of trigger points
- Postural evaluation
- Global relax technique (yoga)
- Autotraining at home

The trained midwife in every moment of the clinical pathway had possibility to address the patient to a second multidisciplinary level of assistance, with the intervention of a multiprofessional team approach (gynaecologist, urologist, physiatrist).

The efficacy of Physical therapy was assessed by adopting VAS score.

### *3. Results*

After 4 months-treatment, 9 patients reported an improvement in vulvar and sexual pain with good relief (reduction of 2-3 points VAS score). Two patients lost to follow up. Three patients referred any significantly effect and were submitted to an advanced multidisciplinary management. One of this woman was treated by physiatrist for a fibromyalgia (integration with AG omega 3-6, D vitamine, Mg + triptophane, Diazepam, Magnetotherapy total body, TENS). The other two women managed by the second multidisciplinary approach made a pharmacological therapy. All women are in follow up.

### **Conclusions:**

Vulvodinia is a complex syndrome associated to sexual dysfunctions and worsening of quality of life. The successful treatment requires intervention addressing a broad field of possible pain contributors. According to our preliminary results, Physical Therapy may play a pivotal role in improving symptoms, as first line treatment. Further investigations and high-quality studies are needed in order to introduce Physical Therapy as an integral component of the multidisciplinary approach to vulvodinia, according to a standard specific protocol.



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