Demystifying Chronic Pelvic Pain Syndrome

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With deepest respect to this Land

We are currently on the traditional territories of the people of Treaty 7 region in Southern Alberta:

-the Blackfoot First Nation tribes of Siksika, the Piikuni, the Kainai

-the Stoney Nakoda First Nations tribes of Chiniki, Bearspaw and Wesley

-Tsuut’ina First Nation

Calgary (Mohkinstsis) is also home to the NW Metis and the Metis Nation of Alberta Region 3

First steps with pain

- MEDICAL ASSESSMENT
- infections - bladder, kidney, sexually transmitted infections
- prostate - prostatitis (inflammation), enlargement (benign prostate hyperplasia), PSA blood test
- Further bladder investigations?

Physiotherapy Assessment

- HISTORY
- - any injuries: spine, hip, tailbone
- - locations of pain: suprapubic, testicular, groin, low back
- - bladder - ease of starting and emptying, strong and even flow
- - bowels - cramping, tendency towards constipation or diarrhea, type of stool

Physical Assessment

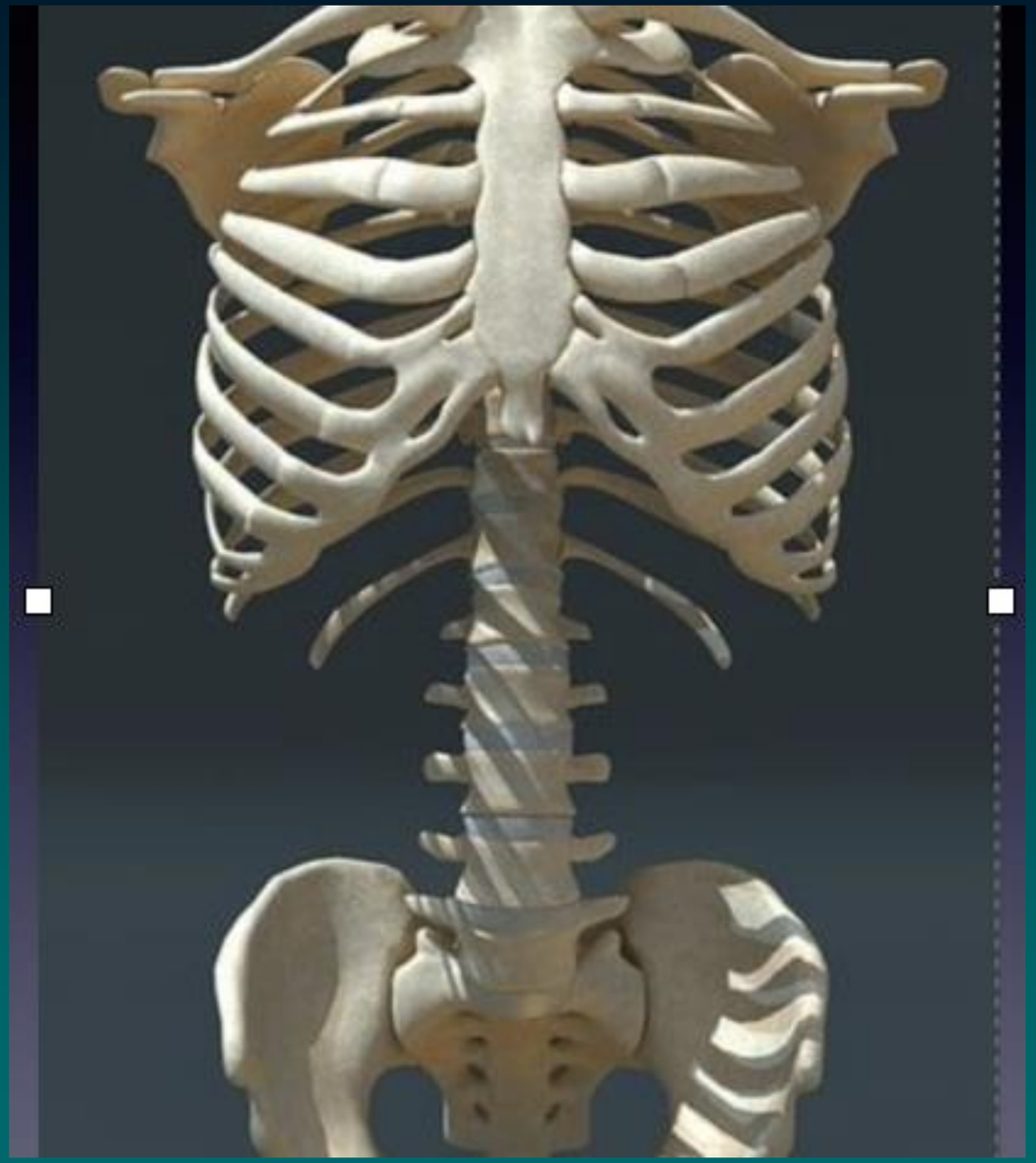
Posture

Mobility

Core stability and function

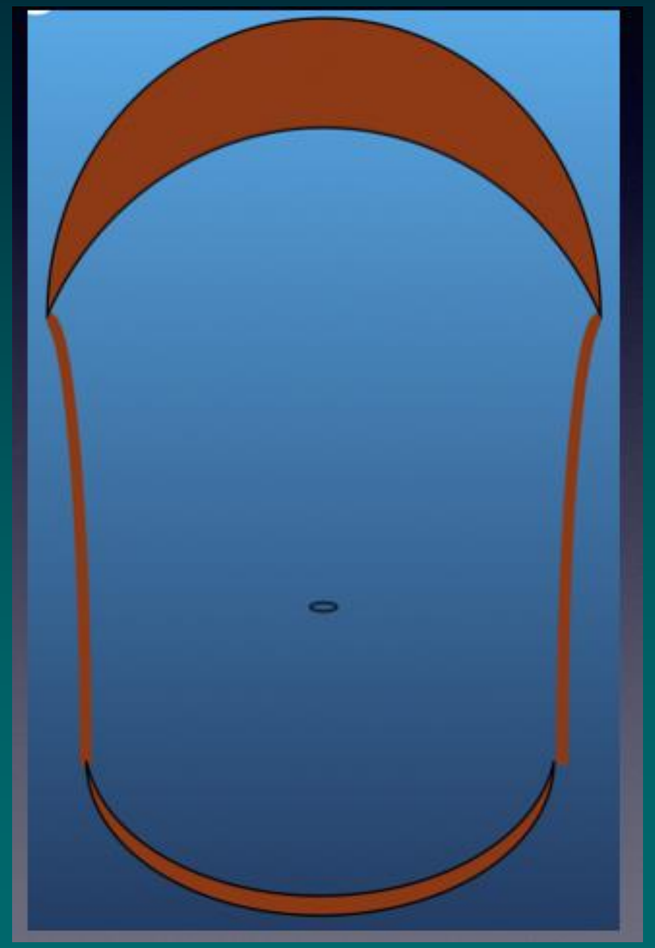
Abdominal assessment
- muscles, ligaments
- breath pattern

Pelvic floor assessment

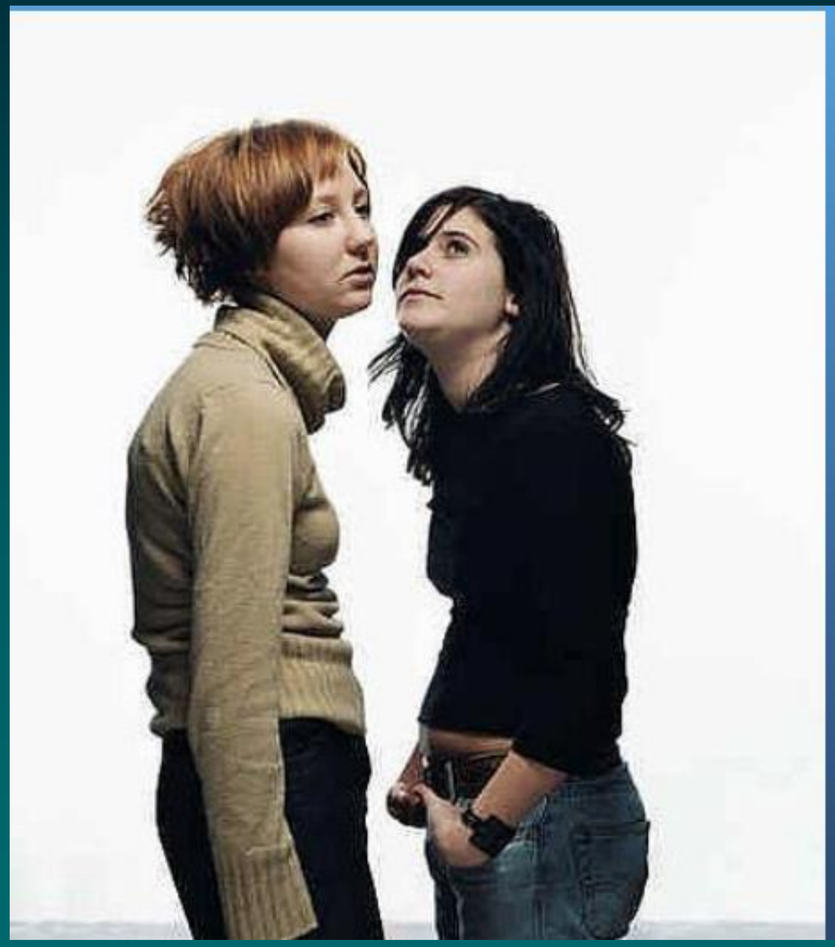


Your muscular core is like a “pop can”

- Diaphragm
- Abdominals
- Deep back muscles
- Pelvic floor

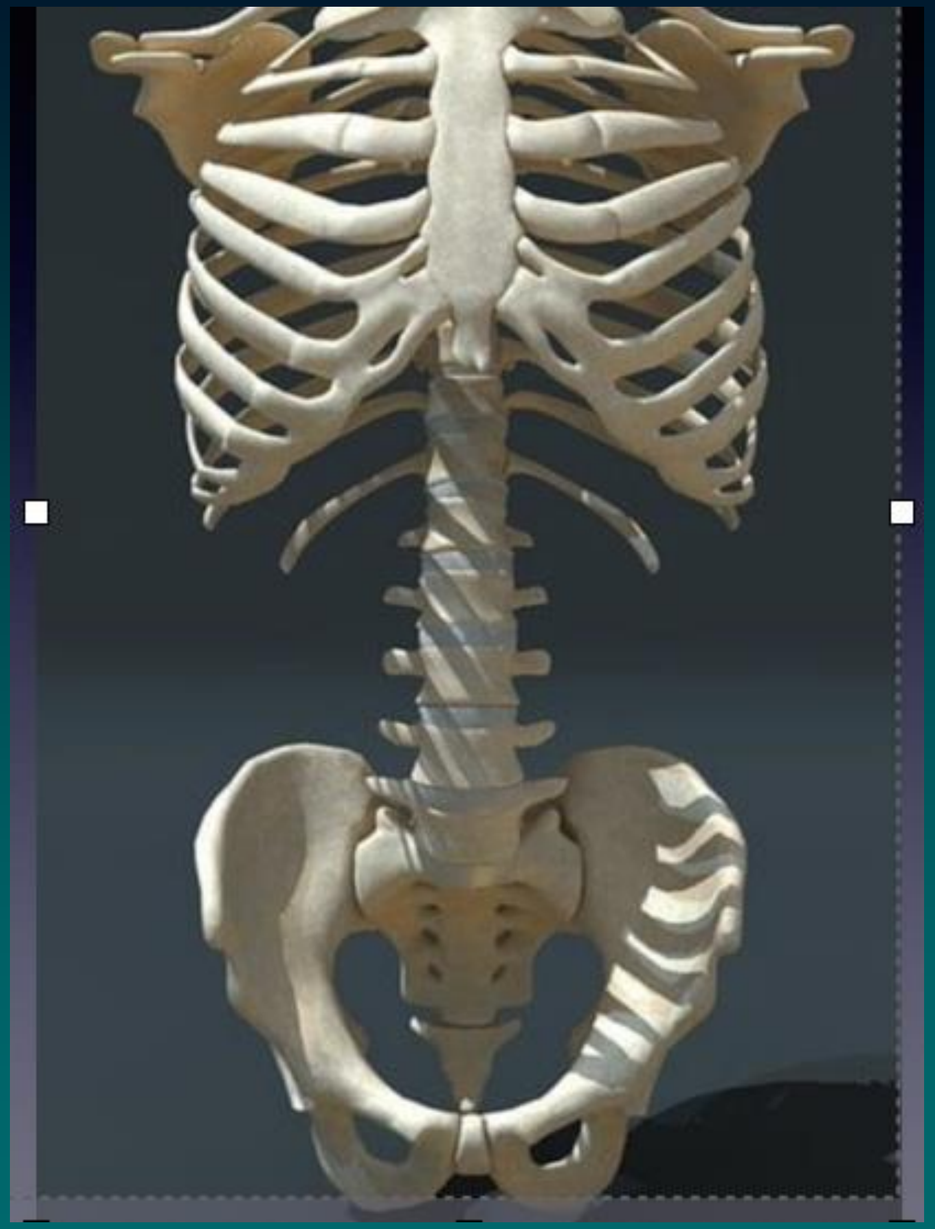


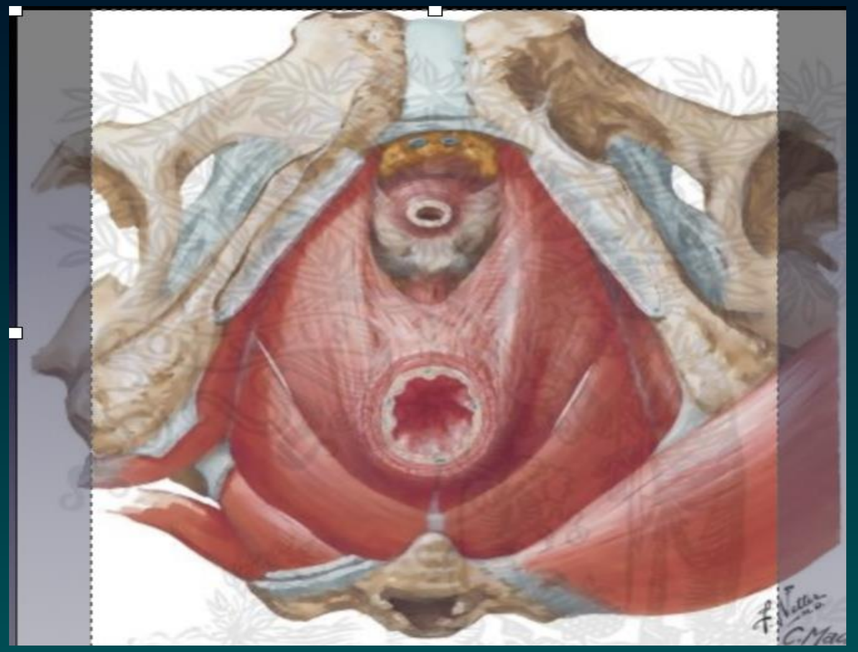
The crushed pop can

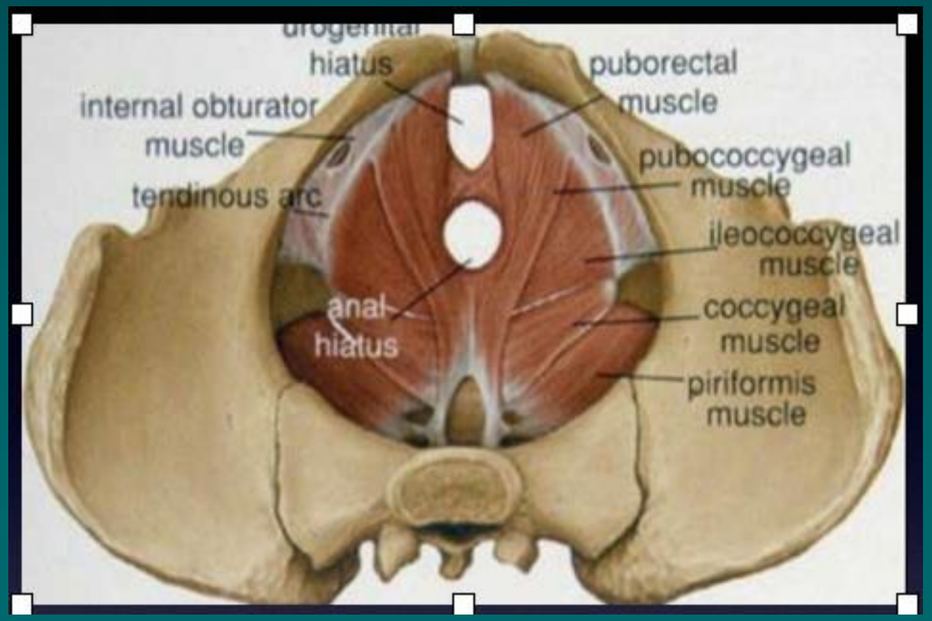


Your pelvic floor

- Plays a role in “core stability”
- Allows opening and closing (external anal sphincter, urethra)
- Fast-twitch and slow-twitch fibres
- Needs to be adaptable






urogenital
hiatus
puborectal
muscle
internal obturator
muscle
pubococcygeal
muscle
tendinous arc
ileococcygeal
muscle
anal
hiatus
coccygeal
muscle
piriformis
muscle

Shortened pelvic floor

- Can be a significant contributor to pain
- Is associated with Hard-Flaccid syndrome
- Bladder - difficulty starting stream, difficulty fully emptying without straining, leakage
- Pain triggered or worsened with ejaculation
- Skinny stool

Shortened PF treatment

- Muscle release - internal and/or external; nerve flossing
- Practicing relaxing pelvic floor fully
- Not straining to empty bladder or bowel
- NO STRENGTHENING or “KEGEL’s”

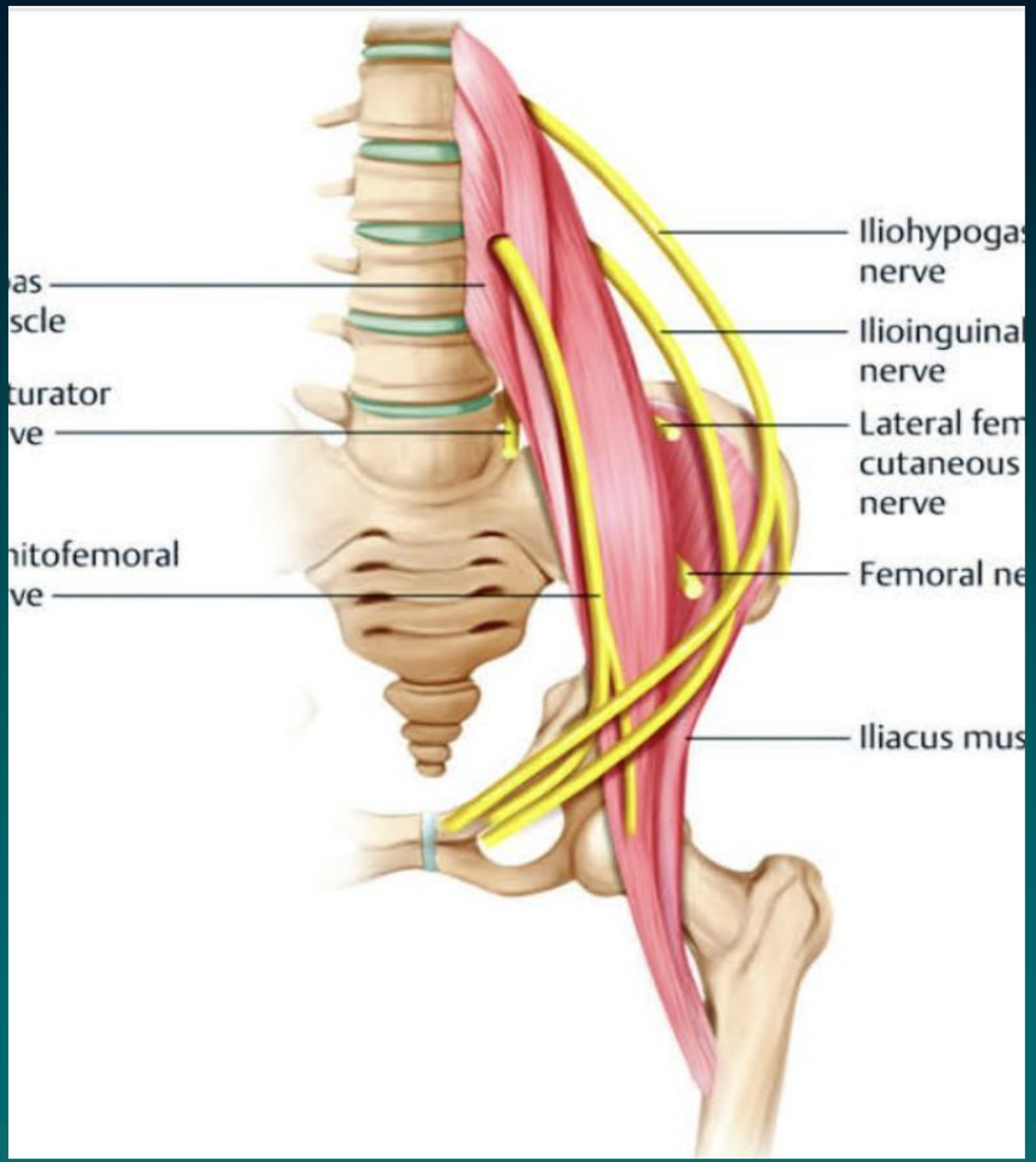
Psoas Muscle

- can be a direct source of pain

- can contribute to irritation of nerves (ilioinguinal, genitofemoral)

- associated with pelvic floor tightness

- associated with poor core stability, muscular imbalance and SI joint dysfunction



Specific nerve irritation

- From lumbar spine
- Related to psoas muscle
- Nerves at pelvic floor
  - Pudendal nerve
  - Obturator nerve


It's a Stretch
"The pain's mostly just in my knees."
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What happens when pain just doesn’t go away?

- Chronic pain = persistent pain = central sensitization
- Video https://www.tamethebeast.org/#tame-the-beast

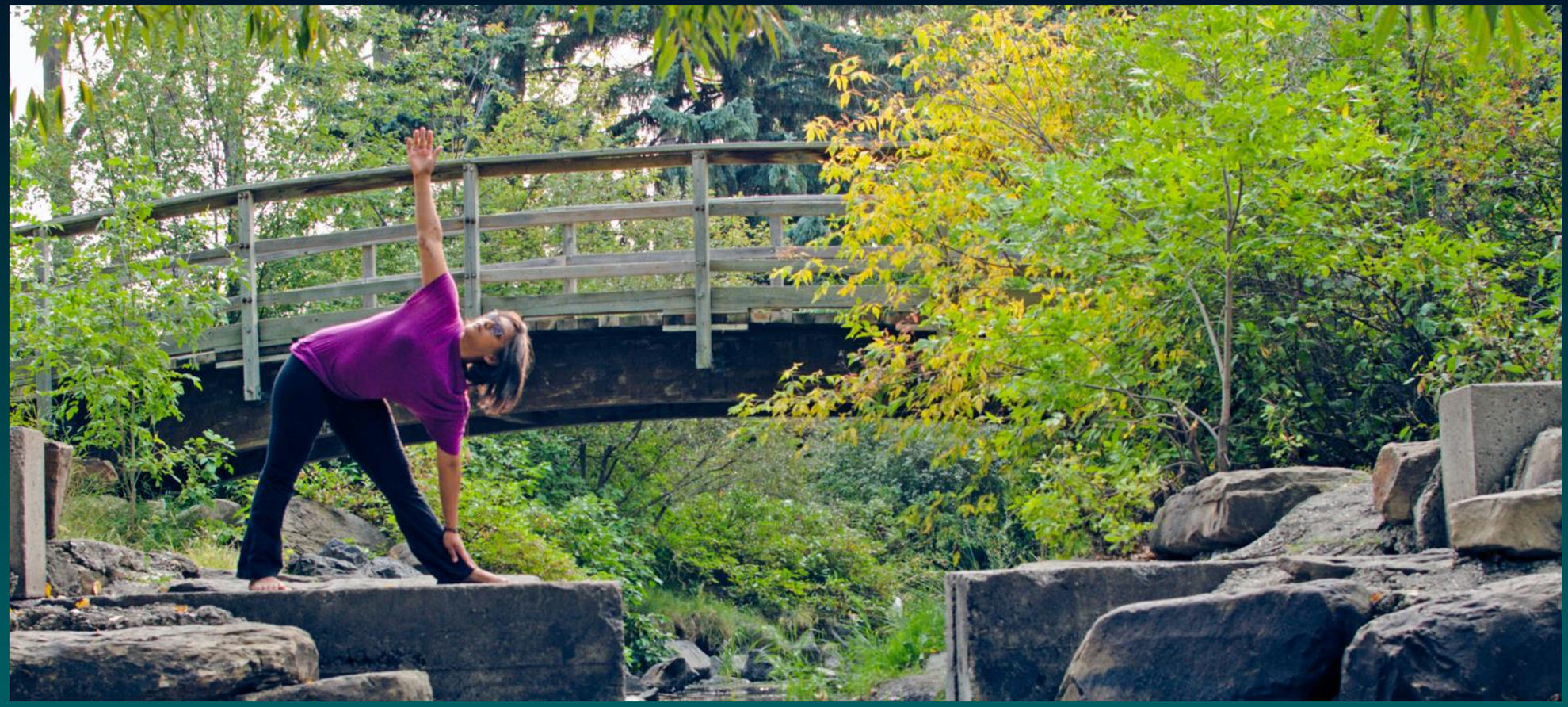
Central sensitization

- The pain system becomes very sensitive
- The alarm is going off all the time
- Treatment is a BIOPSYCHOSOCIAL APPROACH
- We need to acknowledge neuroception: the brain’s scanning of safety and danger

- All pain is real
- Treatment involves Pain Coping Skills
- Pain is an experience that is impacted by many things
  - Mood, social environment, stress levels, quality of sleep, activity level, access to joy
  - Safety vs danger

Pain Resources

- tamethebeast.org
- The Pain Society of Alberta (painab.ca)
- Chronic Pain Centre lecture series (https://albertahealthservices.ca/services/Page11132.aspx)



Thank you! Any Questions?