

Creating a Screening Questionnaire to Identify Patients with Musculoskeletal Components to Pelvic Pain and Symptoms

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Abstract

Objective: The objective of this research was to create a simple screening questionnaire to help doctors identify patients with musculoskeletal causes of their pelvic pain and symptoms. The questionnaire should have at least 80% sensitivity to correctly identifying patients with pelvic floor dysfunction (PFD) and limit false positives (specificity) by ruling out at least 80% of patients with a healthy pelvic floor.

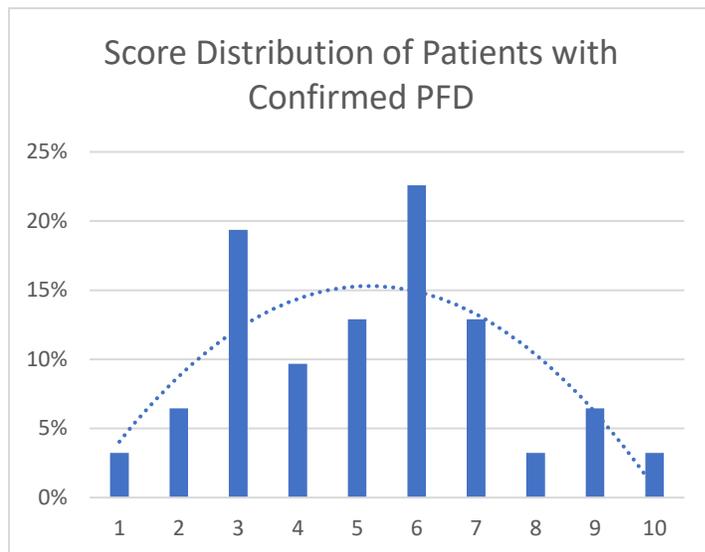
Methods: A regression analysis was performed on 31 patients with confirmed musculoskeletal causes of pelvic pain and symptoms. Based on the symptoms most strongly correlated with pelvic floor dysfunction, and excluding symptoms like urinary frequency and constipation that are common in the general population, a 10-question screening protocol with simple yes/no questions was developed and analyzed.

These questions evaluated the presence of pelvic or orthopedic pelvic pain, urinary symptoms, bowel symptoms, history of trauma to the pelvis, and painful intercourse. A score of 3 or more out of 10 indicates the presence of pelvic floor dysfunction.

Results: The sensitivity of the screening protocol was found to be 91%, demonstrating that more than 90% of patients with confirmed pelvic floor dysfunction would have been correctly identified using this screening protocol. The average score for patients with PFD was 5.2 out of 10, with a median score of 5 and a mode of 6. This is in line with what would be expected with a normal distribution curve, indicating that the protocol is correctly identifying the full spectrum of musculoskeletal involvement.

Conclusion: This screening protocol accurately identifies more than 90% of patients with confirmed musculoskeletal dysfunction causing pelvic pain and dysfunction. Having an accurate screening questionnaire for pelvic floor dysfunction can allow doctors to identify patients who require pelvic floor physical therapy earlier and refer them for appropriate treatment.

Additional research needs to be conducted on patients who have been confirmed to not have pelvic floor dysfunction to identify the specificity of the protocol and demonstrate that it correctly rules out at least 80% of patients without PFD.



Summary: The development of a screening protocol with high specificity and sensitivity can enable doctors to identify patients with pelvic floor dysfunction earlier and refer them for appropriate treatment.

Recent Publications

1. Cozean, N. and Cozean J. *THE INTERSTITIAL CYSTITIS SOLUTION*. Fair Winds Press, 2016
2. Cozean, N. *Pelvic Floor Physical Therapy in the Treatment of a Patient with Interstitial Cystitis, Dyspareunia, and Low Back Pain: A Case Report*. Journal of Women's Health Physical Therapy, 19-27, 2017
3. Cozean N and Cozean J. *Creating a Screening Questionnaire to Identify Patients with Musculoskeletal Components to Pelvic Pain and Symptoms*, International Pelvic Pain Society, 2017.
4. Cozean, N. *The ABCs of IC and PT*, ICA Update, Winter 2016
5. Cozean, N. *Self-Care Stretches for IC*, ICA Update, Winter 2016
6. Cozean, N. *Pelvic Floor Physical Therapy for Men*, ICA Update, Winter 2016
7. Cozean N. *Hope is Informed Optimism*, ICA Update, Summer 2017



Biography

[Dr. Nicole Cozean, DPT, PT, WCS, CSCS](#) is one of fewer than 300 board-certified pelvic floor physical therapists in the United States, author of the best-selling and award-winning book *The Interstitial Cystitis Solution* (FairWinds Press, 2016), and the first physical therapist to serve on the ICA Board of Directors. Her Southern California clinic, [PelvicSanity](#), specializes in treating pelvic and sexual pain conditions in both women and men. She is an adjunct professor at Chapman University and teaches continuing education courses through the prestigious Herman & Wallace Institute.