

Prevalence of Associated Bowel, Sexual and Orthopedic Pain Symptoms in Patients with Confirmed Pelvic Floor Dysfunction

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Abstract

Objective: Patients with pelvic floor dysfunction often present with associated conditions. In many cases, patients are unaware there is a relationship between these associated conditions and their pelvic floor issues. In this study, we examined a representative patient sample from a specialty pelvic floor physical therapy clinic to determine the prevalence of other symptoms in patients with confirmed pelvic floor dysfunction, including bowel/GI symptoms, sexual dysfunction, orthopedic pelvic pain, anxiety and depression, and history of tailbone injury.

Methods: To ensure a representative sample, a retrospective analysis examined 50 consecutive patient charts of patients with confirmed pelvic floor dysfunction. Patients were specifically asked about bowel/GI symptoms, sexual function, anxiety and depression, and tailbone trauma on their intake forms and in their initial evaluation.

Results were gathered from a retrospective chart review. The prevalence of specific symptoms (e.g., constipation) was tracked, along with determining how many patients fit into the broader category (e.g, bowel dysfunction). Fifty consecutive patients were analyzed over May-June 2018.

Results: Results indicated that patients with confirmed pelvic floor dysfunction are at much higher risk for bowel symptoms and sexual dysfunction than the population at large. Relatively few patients presented to physical therapy with their primary complaint as either bowel symptoms (4%) or sexual pain (14%), while the most common primary complaints were pelvic pain (70%).

In total, 73% of patients reported at least one symptom of bowel dysfunction, including constipation (46%), feeling they can't completely empty their bowels (42%), having to strain with bowel movements (35%), and fecal incontinence (13%).

Sexual dysfunction was nearly as common, with 69% of patients reporting associated sexual symptoms. These included painful intercourse (53%), feeling of dryness in women (45%), pain following intercourse (41%), sexual activity increasing their other symptoms (29%), and pain with arousal (22%). In total, 57% of patients reported not being satisfied with their sexual activity.

A total of 80% of patients reported a history of orthopedic pelvic pain. The most common was low back pain (73%), followed by hip pain (39%), sciatica (33%) and groin pain (22%).

Patients also reported a high incidence of past tailbone trauma (47%), and 43% of patients reported receiving treatment for either anxiety or depression.

Conclusion: While bowel or sexual dysfunction is not often listed as a primary complaint by patients in a pelvic floor physical therapy setting, the majority of patients struggle with these related symptoms. Many patients are surprised to learn that bowel, sexual, or orthopedic symptoms are related to their pelvic floor dysfunction.

Orthopedic pelvic pain has been shown to significantly influence the pelvic floor, and more research is needed into the relationship on the pelvic floor of common orthopedic (low back, hip, groin, SI joint, or tailbone) dysfunction.

Additional education is necessary in primary medical fields to inform patients they can seek help specifically for gastrointestinal and sexual symptoms from a pelvic floor physical therapist. Previous reports have shown that more than 90% of patients either were not referred to pelvic floor physical therapy by their physician or felt their referral was significantly delayed. In previous research, a pelvic floor dysfunction screening protocol to diagnose pelvic floor dysfunction earlier and allow patients to seek help earlier.

Summary: A more widespread recognition that pelvic floor dysfunction is often associated with bowel dysfunction, sexual dysfunction, and orthopedic pelvic pain can allow patients to get earlier, more effective treatment for these symptoms.

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*. J. 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. *Benefits of Pelvic Floor Physical Therapy for Patients Diagnosed with Interstitial Cystitis (IC/BPS)* International Pelvic Pain Society, 2017



Biography

[Dr. Nicole Cozean, DPT, PT, WCS, CSCS](#) is the author of the award-winning book *The Interstitial Cystitis Solution* and the first PT 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 was named the 2017 Physical Therapist of the Year and teaches at Chapman University and for the Herman & Wallace Institute.