A screening examination for musculoskeletal involvement in patient with chronic pelvic pain (CPP)

This video was created to demonstrate 3 tests that can be useful in determining which patients with CPP would benefit from further examination and treatment by a specialized pelvic physical therapist for musculoskeletal dysfunction. These tests are based on recent evidence especially the work of Colleen Fitzgerald and Cynthia Neville. Please see my web site for references. www.bethshelly.com

The first test is called the Forced FABER. This test has a specificity of .78 and correctly classified 89.5% of CPP patients in a blinded controlled study. (Neville personal communication data awaiting publication) The Forced FABER has an 85.6% inter-examiner agreement making it a very reliable and valid tool. (Neville 2010)

The test is performed with the patient in the supine position and one leg flexed, externally rotated and abducted – foot resting on the opposite knee / thigh area. The examiner places one hand on the ASIS and the other on the bent knee. A force is given on the knee with stabilization of the ASIS. Provocation of pain is graded as a positive test. This test would then be repeated on the opposite side.

The second test is called the posterior provocation test or P4. It has also been shown to have an 87.5% inter-examiner agreement (Neville 2010) making it a very reliable tool for the diagnosis of musculoskeletal pelvic pain. The test is performed with the patient in the supine position, hip flexed to 90 degrees. A force is given through the long axis of the femur toward the table. Provocation of pain in the ipsilateral buttocks is graded as a positive test. (Lee 2011) This test would then be repeated on the opposite side.

The last test is palpation of tenderness in the pelvic floor muscles (PFM) vaginally. Inter-examiner agreement of this test is 79.2% (Neville 2010) and tenderness was present in 81 to 88% of patients with CPP. (Lilius 1973, Zermann 1999, Fitzgerald 2011). This test is performed during vaginal examination without a speculum. The index finger is used to press firmly into the PFM on the right and left at the level of the levator ani muscles. Provocation of pain is graded as a positive test. Palpation would also be carried out deep in the pelvic floor to the coccygeus and obturator internus bilaterally.

Patients who have positive findings in any of these three tests: forced FABER, posterior provocation, and PFM tenderness would benefit from evaluation and treatment by a specialized pelvic physical therapist as a musculoskeletal component of the pelvic pain is likely. Please check my web site for references. You may also post comments and questions on my blog www.pelvicpt.blogspot.com I value your input as this is an evolving area of medicine.

References

Fitzgerald CM, Neville CE, Mallinson T, Bandillo SA, Hynes CK, Tu FF. Pelvic floor muscle examination in female chronic pain. *J of Reprod Med*. 2011;56(3-4):117-121.

Lee D, Lee LJ. The Pelvic Girdle An integration of clinical expertise and research. Churchill Livingston Pub. New York. 2011.

Lilius HG, Valtonen EJ. The levator ani spasm syndrome: a clinical analysis of 31 cases. *Ann Chir Gynaecol Fenn*. 1973;62:93–97.

Neville CE, Fitzgerald CM, Mallinson T, Bandillo SA, Hynes CK. Physical examination findings by physical therapists compared with physicians of musculoskeletal factors in women with chronic pelvic pain. *J of Women's Health PT*, 2010;34(3):73-80.

Zermann DH, et al. Chronic prostatitis: a myofascial pain syndrome? *Infect Urol.* 1999;12(3):84-88.

Beth Shelly, PT, DPT, WCS, BCB PMD © 2011.
beth@bethshelly.com
www.bethshelly.com
www.pelvicpt.blogspot.com