It’s Not Supposed To Hurt: Pelvic Floor Soft Tissue Massage And Vaginal Dilator Implementation

Kaila Klibert, SPT and Lisa Chase, PhD, PT, CEEAA

BACKGROUND AND PURPOSE:
- Lichen sclerosus presents with itchy, whitened areas of the vulvar skin that eventually becomes atrophic with diminished blood flow to the vaginal area.
- Lichen sclerosus is often associated with dyspareunia as well as pelvic floor muscle (PFM) hypertonia and dysfunction.
- The purpose of this case report is to show the effectiveness of pelvic floor manual therapy implemented via the use of internal and external soft tissue massage as well as the use of vaginal dilators.

METHODS:
- The interventions focused primarily on internal pelvic floor soft tissue massage and vaginal dilators, which are both shown in the pictures below. Other interventions that were implemented included:
  - Bilateral piriformis and hamstring stretching
  - Sciatic nerve glides
  - Intravaginal electrical stimulation
  - Electromyography biofeedback.

CASE DESCRIPTION:
- Kaila Klibert, SPT and Lisa Chase, PhD, PT, CEEAA
- Impairments Initial Evaluation Discharge
- Muscle Length
  - Hamstring: 40 degrees on left
  - 35 degrees on right
  - Piriformis: Bilateral tightness
- Palpation Depth of Superficial and Deep PFM Tolerance
  - Superficial to moderate depth
  - Deep depth
- POPDI-6
  - 50% impaired
  - 42% impaired
- VQ
  - 39% impaired
  - 18% impaired
- Visual Analog Scale
  - External: 4/10
  - 2/10
  - Internal: 9/10
  - 5/10
  - Sexual Intercourse: 10/10
  - 5/10
- PFM MMT
  - 1/5
  - 2+/5

RESULTS:

CONCLUSION:
- Through the use of soft tissue massage and vaginal dilators, pelvic floor muscle hypertonia and pain was reduced, even in the presence of lichen sclerosus.
- Future research is needed to develop a more standardized and detailed approach to manage dyspareunia and hypertonia of the PFM due to lichen sclerosus.

References: