



## Clitorodinia

Clitorodinia is a subset of Vulvodinia characterized by pain in or around the clitoris. Pain may occur with or without provocation, the clitoris may swell, and/or appear erythemic. After infection has been ruled out, musculoskeletal dysfunction should be considered as a cause for this distressing symptom.

Clitorodinia can be caused by several different somatic mechanisms. Anatomically, the clitoris is innervated by the dorsal branch of the pudendal nerve. This nerve travels a tumultuous course through the pelvis that renders it vulnerable to compression and adverse neural tension. Pelvic floor hypertonicity, fixation of the nerve in fibro-osseous tunnels, and the nerve lying in close proximity to bony structures all may influence normal functioning, with the end result being clitoral hypersensitivity and/or pain. In addition to neural causes, myofascial trigger points in the bulbospongiosus and ischiocavernosus muscles can refer pain to the clitoris. A third defined mechanism involves upregulation of the central nervous system.

A physical therapist will examine the pelvic floor muscles, assess for adverse neural tension on the pudendal nerve, and identify trigger points. Based on the objective findings from the examination a treatment plan will be developed that will include manual therapy one time per week for an average of 6-8 visits. As the musculoskeletal deviations resolve, the

patient's symptoms will decrease.

## Chronic Nonbacterial Prostatitis

Historically, the treatment for Chronic Nonbacterial Prostatitis primarily has been antibiotics despite the absence of an infection in the prostate. As a result, many men suffer from persistent dysuria, urgency, frequency and pelvic pain. Research has shown that these symptoms are often a result of impairments of the musculoskeletal system when there is no evidence of infection. It is for this reason that Chronic Nonbacterial Prostatitis is often referred to as Chronic Pelvic Pain Syndrome (CPPS). Recognizing it as a pelvic pain syndrome and not just a condition of the prostate has enabled men to receive a multidisciplinary treatment, including physical therapy, which has been highly effective in treating this disorder. Successful management of a man with CPPS must involve a multidisciplinary team that includes a urologist, physical therapist, psychologist, and a pain management specialist. A physical therapy treatment program utilizes manual techniques and a home exercise program to normalize the pelvic floor, improve connective tissue mobility, eliminate neural tension and myofascial trigger points, and correct biomechanical abnormalities. Physical therapy is an integral component of the multidisciplinary treatment program for men suffering from CPPS that will eliminate the functional limitations and disabilities caused by this complex pain disorder.