

## Endometriosis and Physical Therapy

By Michele McGurk, PT



Endometriosis is a female reproductive disorder affecting approximately 176 million women and girls worldwide, 8.5 million in North America alone (1). It occurs when tissue similar to the lining of the uterus (the endometrial stroma and glands, which should only be located inside the uterus) is found elsewhere in the body (2).

These endometrial lesions most commonly affect the ovaries, fallopian tubes, pelvic wall (peritoneum), uterosacral ligaments, cul-de-sac; pouch of Douglas, rectal vaginal septum and pelvic floor musculature (3).

### Why is this problematic?

Scar tissue and adhesions can develop due to endometriosis, this fibrous connective tissue, that forms between different surfaces in the body can distort or restrict the movement of a woman's internal anatomy (3). Our internal organs (viscera) are designed to move against neighboring tissues. They glide and slide with normal range of movement, just like the joints and muscles of the body.

When an organ, like the uterus, cannot move in harmony with its surrounding structures, the resulting disharmony creates fixed, abnormal points of tension that force the body to move around it. This chronic irritation, in turn, paves the way for disease and dysfunction (4).

An area of restriction can be a major source of pain. The most common symptom of endometriosis is pelvic pain that is often exacerbated with the menstrual cycle (3). For many women this pain can be so severe and debilitating that it impacts their quality of life, sexual pleasure, and ability to have children. Endometriosis is one of the top three causes of infertility (1).

### Diagnosis and Treatment

Unfortunately, diagnosis of endometriosis requires surgical biopsy. Surgery is still considered the "Gold Standard" in the treatment of moderate to severe endometriosis and many cases can be successfully treated with laparoscopic excision surgery (1).

Therefore, women with suspected endometriosis will need to undergo laparoscopic surgery to have accurate diagnosis. This invariably leads to further development of adhesions, either between organs and/or the organs and the abdominal wall, or peritoneum. These post-surgical peritoneal adhesions can lead to bowel obstruction, digestive and bladder problems, pain and infertility (5).

Physical therapy techniques have been proven to reduce pain and improve quality of life, a study performed by Wurn, BF et al described the efficacy of non-invasive soft-tissue mobilization in opening occluded fallopian tubes in fertile women with a history of abdominal-pelvic adhesions (6).

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It is also important to consider, that most women with endometriosis have more than one cause of pain.

Secondary musculoskeletal impairments caused by may include (7):

- Lumbar, sacroiliac, abdominal and pelvic floor pain
- Muscle spasms
- Trigger points
- Connective Tissue dysfunction
- Urinary urgency
- Scar tissue adhesion
- Sexual dysfunction

Physical therapy modalities may prove to be a fundamental treatment option for the patient with endometriosis, pre and post laparoscopic surgery, especially if they experience with musculoskeletal impairments.

Effective physical therapy treatment options include:

- Myofascial manual therapy/Visceral Manipulation
- Pelvic floor muscle lengthening
- Internal/external trigger point release
- Stretching and Flexibility exercises
- Spinal mobilizations
- Nerve glides
- Relaxation exercises
- Behavioral modifications
- Home program



Visceral Manipulation is a technique that could treat or prevent the formation of adhesions and could lead to fewer post-operative complications (5). This gentle, hands-on therapy working through the visceral system (uterus, bladder, liver, and other internal organs) encourages normal mobility, tone and motion of the viscera and their connective tissues. By normalizing connective tissue mobility, therapists have the potential to improve the structural integrity of the whole body (8).

Visceral Manipulation (VM) was developed by French Osteopath, Jean-Pierre Barral. *Time Magazine*, citing his development of VM, named Jean-Pierre Barral, DO one of the top healing innovators to watch in the new millennium.

At Beyond Basics Physical Therapy, we are fortunate to have experienced physical therapists that have trained through the Barral Institute and practice visceral manipulation. Our patients receive one-on-one treatment sessions.

In conclusion, it is worth considering and approaching endometriosis from a multidisciplinary perspective. Addressing all sources of pain and improving functional mobility provide a greater quality of life.

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