

PUDENDAL NEURALGIA AND OSTEOPATHY

The muscles and joints of your musculoskeletal system can become painful and dysfunctional when you have been living with pelvic and perineal pain. They may be the primary cause of pain or involved secondarily through adaptations to your pain. The Osteopathic approach to Pudendal Neuralgia involves the safe and gentle treatment of specific muscles, joints and connective tissues of your pelvis, spine and throughout your body.

WHY HAS OSTEOPATHY BEEN RECOMMENDED FOR ME?

You will have most likely been referred for Osteopathic treatment from one of our clinicians at WHRIA, who has identified musculoskeletal issues from your history and physical examination. Factors that can contribute to pudendal nerve irritation and/or your overall pain experience include a history of:

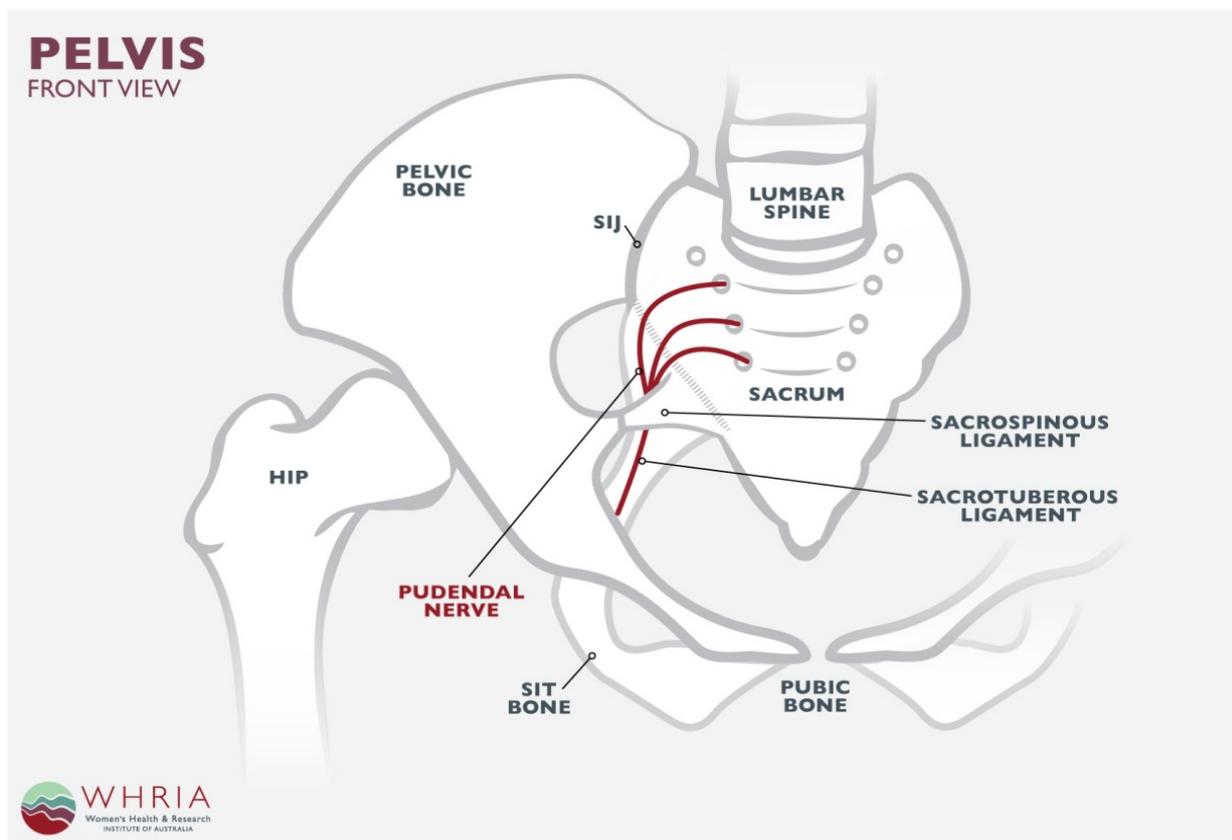
- Pelvic trauma, including a fall onto your coccyx or sacrum or a difficult childbirth
- Cycling or intense exercise programs e.g. gym, pilates/abdominal strengthening
- Postural strain eg prolonged sitting, poor posture or body mechanics, changes in gait (walking) from altered lower limb mechanics
- Muscle tightness, weakness or imbalances (particularly of the pelvic floor, abdominals, hip flexors, piriformis/gluteals, adductors, hamstrings)
- Pain/restrictions of your thoracic, lumbar, sacroiliac, pubic symphysis or hip joints

Manual therapy is an integral part of a conservative treatment approach to Pudendal Neuralgia. If you do require interventional procedures such as injections, pulsed radio frequency (PRF) or pudendal nerve release surgery, Osteopathic treatment can still be beneficial as part of a multidisciplinary approach. Evidence has shown that a multidisciplinary approach to chronic pain has the best outcomes.

WHY SEE AN OSTEOPATH IF I HAVE PUDENDAL NEURALGIA?

The joints, muscles and soft tissues of the pelvis and low back can be a source of pelvic pain, as well as have a large influence on increasing the pressure on the pudendal nerve. The ligaments of the sacroiliac joints (SIJ) are continuous with the ligaments the pudendal nerve travels through and adverse tension at the SIJ can increase the pressure on the nerve indirectly. Some muscles of the hip and buttocks can also add to compression of the nerve from the outside (buttock muscles), and the inside (hip muscles join the pelvic floor).

See our Video Gallery for a 3D anatomy lesson of the pelvis.



Most people we see with pudendal neuralgia have significant muscle over-contraction and subsequent muscle shortening and joint restriction throughout the pelvic girdle. The “hands on” techniques used by your osteopath are aimed at reducing the mechanical irritation of the pudendal nerve and include trigger point release, myofascial release, muscle and connective tissue mobilization and joint mobilisation. An improvement of postural awareness such as how you walk, sit, stand and exercise may also result in a healthier loading pattern and less irritation of the pudendal nerve.

Your Osteopath will also assess and treat many common complaints associated with chronic pelvic and perineal pain. These include lower back, middle back and neck pain, dysfunctional breathing patterns, headaches and jaw (TMJ) pain.

The goal of manual therapy for pudendal neuralgia is to release patterns of dysfunction throughout your body, encourage pelvic floor muscle relaxation and improve your overall quality of life.

WHAT CAN I EXPECT FROM MY APPOINTMENT?

Please see *Our Services: Osteopathy*, for information on what to expect for your first appointment.

Treatment involves manual therapy, pain education and advice on lifestyle, posture, stretches, and exercise. Your Osteopath will also help you to understand why your pain is triggered with certain activities and provide you with self-management techniques.

We are experienced in treating both men and women diagnosed with pudendal neuralgia, and as everyone's individual presentation is different, treatment is tailored specifically to your needs. Our gentle approach is suitable for people with a sensitive nervous system.

Communication amongst your WHRIA team is an important part of your ongoing care. Our focus as osteopaths is your external musculoskeletal pattern, working with our pain medicine specialists and quite often you may need to see another member of our team, such as our pelvic floor physiotherapist Sherin Jarvis to assess your pelvic floor musculature; Bernice Lowe for acupuncture or Margaret O'Brien for mental health support. We're also happy to work with your existing team of health professionals outside of WHRIA.

HOW MANY TREATMENTS WILL I NEED?

Each treatment is specifically designed for your needs and there is no set formula for treatment. Initially up to 4 weekly treatments are recommended and depending on your response an ongoing treatment plan or an appropriate referral will be made.

You may experience some post treatment soreness for 24-48 hrs and post treatment care will be discussed with you at your appointment. Please contact your Osteopath for specific advice if you have any concerns throughout your care.

I LIVE OUT OF TOWN, IS OSTEOPATHY STILL BENEFICIAL IF I CAN'T HAVE REGULAR TREATMENT?

Yes, an appointment with one of our WHRIA Osteopaths is recommended when likely musculoskeletal factors are contributing to your Pudendal Neuralgia. Our focus will be to provide you with self-management tools and strategies to implement at home and a greater understanding of your pain.

Where possible we will refer you to an Osteopath or physiotherapist in your area that has experience with pelvic pain and pelvic floor dysfunction to continue regular treatment.

Further information

Browse our website for more information about

- [Our Services](#)
- [Our Team Approach \(video gallery\)](#)
- [Pudendal Neuralgia and Acupuncture \(Health Information Sheet\)](#)
- [What to expect at WHRIA for pelvic pain \(Poster and Health Information Sheet\)](#)