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Rehabilitation in Pelvic Floor Dysfunctions Associated with Chronic Pelvic Pain

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Statement of the Problem: Chronic pelvic pain (CPP) is defined as non-cyclic pain lasting longer than six months and affects a significant proportion of the female population, with prevalence estimates ranging from 15% to 26% worldwide. It represents a complex and multifactorial condition involving gynecological, urological, gastrointestinal, musculoskeletal, and psychosocial components. Pelvic floor dysfunctions, including sexual disorders such as dyspareunia and anorgasmia, are frequently associated with CPP and significantly impact quality of life. Despite its high prevalence, CPP remains underdiagnosed and inadequately treated, often leading to frustration for both patients and clinicians.

Methodology & Theoretical Orientation: This work is based on a narrative review of current scientific literature combined with clinical experience in pelvic floor rehabilitation. A biopsychosocial framework is adopted, integrating predisposing, precipitating, and perpetuating factors. Special attention is given to musculoskeletal dysfunctions, scar-related complications (e.g., post-surgical fibrosis and adhesions), and conditions such as vulvar lichen sclerosus.1.

Findings: Evidence shows that 50–90% of patients with CPP present musculoskeletal impairments, including pelvic floor hypertonicity, abdominal weakness, and lumbopelvic instability. Surgical interventions (e.g., cesarean section, hysterectomy), hormonal imbalances, and chronic inflammatory conditions contribute to dysfunction. Pelvic floor rehabilitation techniques—including manual therapy, biofeedback, electrotherapy, radiofrequency, and magnetotherapy—demonstrate significant benefits in pain reduction, tissue healing, vascularization, and functional recovery. These approaches also improve sexual function and overall patient wellbeing.

Conclusion & Significance: CPP should be approached through a multidisciplinary model, with pelvic floor physiotherapy playing a central role. Rehabilitation strategies addressing both physical and psychosocial factors can significantly improve outcomes. Early identification and targeted intervention are essential to reduce chronicity and enhance quality of life in affected patients.

Biography

Lucía Martínez Torres is a physiotherapist specialized in pelvic floor rehabilitation with extensive clinical experience in the treatment of chronic pelvic pain and associated dysfunctions. She practices at Clínicas TARSO where she integrates advanced therapeutic approaches including manual therapy, electrotherapy, biofeedback, and regenerative technologies, mainly radiofrequency. Her work focuses on improving patients' quality of life through a comprehensive and individualized approach based on the biopsychosocial model. She has developed expertise in managing conditions such as dyspareunia, post-surgical adhesions, vulvar lichen sclerosus, and postpartum dysfunctions. Passionate about education and innovation, she is committed to advancing pelvic health care through evidence-based practice and interdisciplinary collaboration. She teachs in interantional course, training, and master. Besides that she had developed some protocols for recent dehiscence episiotomy and in haemorroids too.