

Elaheh Miri, et al, 2023 Abstract

Treatment Of Myofascial Pelvic Pain Syndrome

Objective

The study aimed to compare the effectiveness of novel radiofrequency modulation (RM) therapy with a tailored physiotherapy course for patients with chronic pelvic pain (CPP) of myofascial origin, also known as myofascial pelvic pain syndrome (MPPS).

Results

The six-session therapy in the RM group and the manual, biofeedback, and **transcutaneous electrical nerve stimulation (TENS)** therapies in the physiotherapy group were similarly effective in reducing pain and improving PFM endurance after the final intervention session in each group, whereas perineometer readings and PFM strength were associated with greater improvements in the physiotherapy group.

The results of the study demonstrated comparable effectiveness of RM in the management of MPPS and improvement of PFM function compared to routine physiotherapy programs with fewer sessions of therapy.

Participants and Researchers

The researchers enrolled 46 patients with myofascial CPP to compare the effectiveness of a 10-session routine physiotherapy course versus a six-session RM with an integrated device (HIGGS) in alleviating MPPS morbidity and pelvic floor muscle (PFM) rehabilitation.

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Methods

The physiotherapy course utilised in this study was a 10-session treatment plan, which was run for three alternate days per week. The treatment consisted of local application of 20-minute **TENS** to areas with pain, either internally or topically, in the lower abdomen, sacrum, and/or applied intravaginally. The areas of treatment

application were chosen based on both clinical examination and guidance by the patients' referred areas of pain.

The final inspection was carried out using a biofeedback device, the **NeuroTrac MYOPlus 2 Pro** (Verity Medical), to measure relaxation tone, PFM endurance, and strength. Perineometry measurements were root mean square results of **electromyography (EMG)** using a 2-channel of the PFM a few minutes following the digital measurements via a biofeedback device (**NeuroTrac MYOPlus 2 Pro**). The primary outcome was reduction in pelvic pain after the final session and in the follow-up period three months after the final intervention session.

The full abstract can be found at <https://pubmed.ncbi.nlm.nih.gov/36693434/>.