PHYSIOTHERAPEUTIC EVALUATION OF THE PELVIC FLOOR IN RELATION TO PELVIC SYMPTOMS AND DYSFUNCTIONS

Mr PIZZARELLA ANTONIO

GENERAL ANAMNESIS sent for evaluation for CPPS
Given the complexity of the patient's clinical history, the complete anamnesis evaluation will be sent by email
Currently reports:
Main site of pain: root of the penis shaft
Irradiation of pain to right ischium, buttock, lumbosacral region, coccyx anal sphincter
Characteristics of pain: burning, compressive, feeling of fullness, not present at night, increases during the day and reaches its peak in the middle of the afternoon, remaining constant until the evening. If wearing tight underwear, in a sitting position
The pain decreases when walking, in a clinostatic position on the left side (in a supine position pain in the right buttock), with cold compresses

Weight	**Height**	**BMI**
85	1.83	25.38

Profession currently not working and unable to study due to pain
Smoking yes
Diet free
Correlations with visceral function:

LOWER URINARY TRACT SYMPTOMS (LUTS)
Filling/emptying phase LUTS: urinary intervals correlatable with fluids introduced, denies symptoms urgency or burning during the micturition phase pre-micturition hesitation, dysuria, sensation of incomplete bladder emptying sporadic use of abdominal pressure, no nocturia

INTESTINAL FUNCTION AND RECTAL ANUS
Diagnosis of IBS since childhood, tendency to diarrhoea which in recent years has evolved into symptoms attributable to
occasional constipation due to obstructed defecation, defecation is generally daily sensation of complete emptying blistering, particularly in the right perineal/anal area

SEXUAL FUNCTION pain increases after ejaculation difficulty reaching the orgasmic phase

OBJECTIVE EXAMINATION
Functional evaluation of the pelvic floor muscles
When asked to contract voluntarily, no voluntary movement is seen, only a minimal attempt at recruitment anal level
Allodynia at the level of the right perineal eminence

Positive trigger of the psoas muscle, respiratory diaphragm blocked during inhalation, compression of the pre-vesical aponeurosis and inguinal ligaments on the right painful.

Anal reflex not evoked latent bulbocavernosus reflex

Evaluation and mapping of the trigger points of the superficial perineal muscles is carried out
Assessment of NFC: normotonic, painful on compression, not evoked voluntary contraction

Active trigger points in the superficial transverse muscles and right bulbocavernosus + ischiocavernosus bilaterally

Coccygeal++ on the right, very painful compression of the obturator membrane in particular on the right, positive

Thiele manoeuvre right++

Palpation of the obturators and piriformis muscles evokes pain that is however described as liberating as is the passive stretch in counter-traction of the superficial transverse muscle

On endocavitary evaluation, the anal tone is not increased, compression of the pubo visceral muscle is painful, in particular the pubo prostatic, the tendon arch of the anus elevator bilaterally and the compression of the sacrotuberous ligament are painful

The patient could benefit from treatment aimed at inhibiting the known trigger points, improve muscle proprioception and stiffness learning self-treatment exercises and stretching. The patient is informed that this approach can only lead to a slight improvement in muscle symptoms, as manual therapy alone cannot act on the origin of the pain .

Date 09/10/24

I was very pleased to take care of your client and remain available for any further clarification.

Ft Dr Donatella Giraudo