
Pelvic PT Distance Journal Club
January 8, 2020
Beth Shelly

Goals of the Pelvic PT Distance Journal Club - 9 years
• To provide a forum for discussion of current research and new ideas in the field of pelvic physiotherapy.
• Structured discussion of research and its application to practice.
• Help PTs become better consumers of the published research - recognize quality publications

Our vision 20 / 20 - see the research for what it is and what is means for practice
Rather than discuss the full content of the article we will be reading it with a critical eye.

Introduction
Male Chronic Pelvic Pain Syndrome (MCPPS) – pain, pressure, or discomfort localized in the pelvic, perineum, or genitalia lasting more than 3 months, in the absence of other pathology. UPOINT system – page 826 (many central sensitization components) MSK – myalgia, increased tone, dyssynergia Visceral, neural, circulatory system

Purpose – "to demonstrate the importance of a comprehensive PT evaluation to identify predominant mechanical and movement based dysfunctions related to multiple anatomical structures. Also confounding psychosocial and environmental factors will be presented and prospective treatment provided."

Method – retrospective review of evaluation findings of 10 men Diagnosis and treatment listed on pg 827 – ave 7.6 visit (3 to 21) Appendix has an self created outcome Treatment describes biomechanical MSK eval, visceral eval, neural mob eval, PFM exam Pg 828 pictures of techniques

Results
Case series with descriptive statistics - correct use of stats
Table 4 - symptoms and medical history ?similarities in clinical presentation
• 13/18 symptoms experienced by less than 50% of patients
• Only one medical history was common (anxiety – psychosocial issue)
Table 5 - physical findings found in more than 50% of subjects
• invalid tests including SIJ "misalignment"

Discussion - Detailed pelvic anatomy
Conclusion – "the observations in this retrospective study demonstrate that the use of a multisystem assessment approach in patients with MCCPS IS CRITICAL for their more effective treatment."
Problems
No direct discussion of neuroscience pain education or central sensitization
Mentioned *confounding* psychosocial and environmental factors but did not expand

Method
- PFM exam in prone?
- Unvalidated outcome measure which she states she got permission from herself to use
- Description of tests and treatments cite her publication as a reference
- Declaration of Helsinki - why
- Pictures of techniques with therapist blacked out
- Quality of the journal - founded by Leon Chatow 1996 - Ann to investigate

Results, discussion, conclusion
- There does not appear to be similarities in clinical presentation
- Physical findings are not based on valid tests
- No validated outcomes measures (listed as a limitation) – percent improvement
- "Results were not statically significant due to small numbers" this type of research does not lend itself to anything other than descriptive statistics.
- Conclusion is way too strong for the type of paper and data presented.

Her technique is the method used when we started treating CPP in the 1990s - test everything and come up with a list of impairments and then treat everything. This produced so much data and becomes overwhelming, how do you decide where to start. Biomechanical and psychosocial must be considered together and balanced in treatment approach. Valid screening to rule in and rule out conditions to direct treatment.

Strengths
- Good description of pelvic anatomy
- The author makes a point to encourage a multisystem assessment - I think we already know this and she did not address one major system - psychosocial
- Calls for more research
- Case series can be useful, relatively easy to perform, contribute to the body of knowledge - however this case series is of poor quality with no validated outcomes or physical testing
- Manual testing and treatment can be successfully - but we cannot explain why

Journal Discussion
Discuss how findings from a movement system assessment could be incorporated into a neuroscience pain education program

How to use the information we gain with a physical assessment so that we educate the patient and not feed their fear

Journal Club Conclusion
Please be critical in your research reading and beware of poorly structured research which is more professional opinion than it is evidence.
Let go of old ideas and be open to change in thought process and treatment