

The Efficacy of Manual Therapy for Treatment of Dyspareunia in Females: A Systematic Review

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Background

- Dyspareunia is recurrent or persistent genital pain associated with sexual intercourse
- Approximately **20-50%** of all women will experience dyspareunia at some point in their lives
- Dyspareunia may be associated with several different factors such as endometriosis, uterine retroversion, irritable bowel syndrome, anxiety, depression, or abuse
- Manual therapy (MT) involves skilled hands-on techniques used clinically to relieve musculoskeletal pain
- The systematic efficacy of MT for alleviating pain due to dyspareunia has not been researched in depth

Purpose

- The purpose of this review was to evaluate the efficacy of MT in treating dyspareunia in females



Methods

Study Design

- **Systematic Review:** Medline, Embase, CINAHL
- **Inclusion Criteria:** Females (ages 18-75) clinically diagnosed with dyspareunia; MT utilized as sole treatment intervention for dyspareunia
- **Exclusion Criteria:** Studies published in a language other than English, that utilized MT combined with any other type of physical therapy intervention, or included male, currently pregnant, and/or individuals currently diagnosed with cancer, a sexually transmitted disease, vulvovaginal infection, or a dermatologic condition

Results

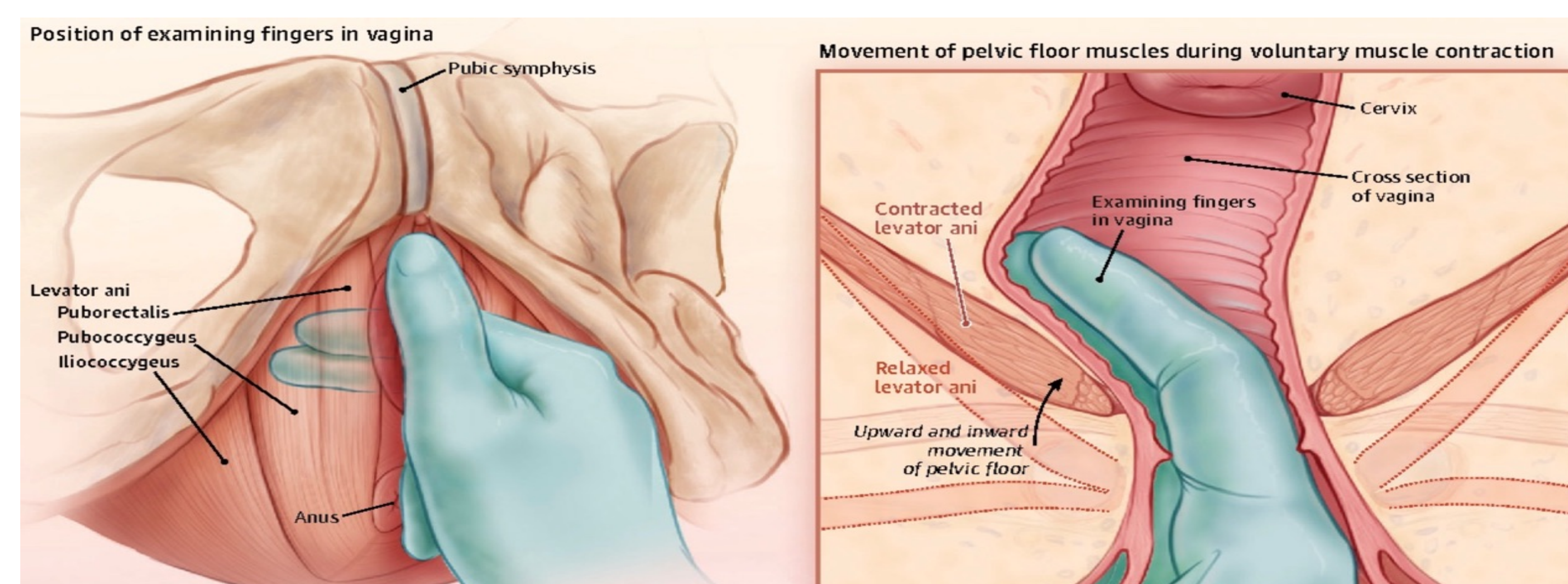
Four studies satisfied the inclusion criteria and were included in the review

Study	Type of MT	Frequency
Silva et al (2017)	Transvaginal massage using Thiele technique	5 min session; 1x/week; duration 4 weeks
Wurn BF et al (2011)	Wurn technique	20 hours total; varied frequency
Wurn LJ et al (2004)	Uterovesical and myofascial release	20 hours total; varied frequency
Zoorob et al (2014)	Levator massage, myofascial/trigger point release, intravaginal stretching and compression maneuvers	6-10 60 min sessions

Female Sexual Function Index Domain Scores

Domain	Questions	Score Range	Factor	Min Score	Max Score
Desire	1,2	1-5	0.6	1.2	6.0
Arousal	3, 4, 5, 6	0-5	0.3	0	6.0
Lubrication	7, 8, 9, 10	0-5	0.3	0	6.0
Orgasm	11, 12, 13	0-5	0.4	0	6.0
Satisfaction	14, 15, 16	0(or 1)-5	0.4	0	6.0
Pain	17, 18, 19	0-5	0.4	0	6.0

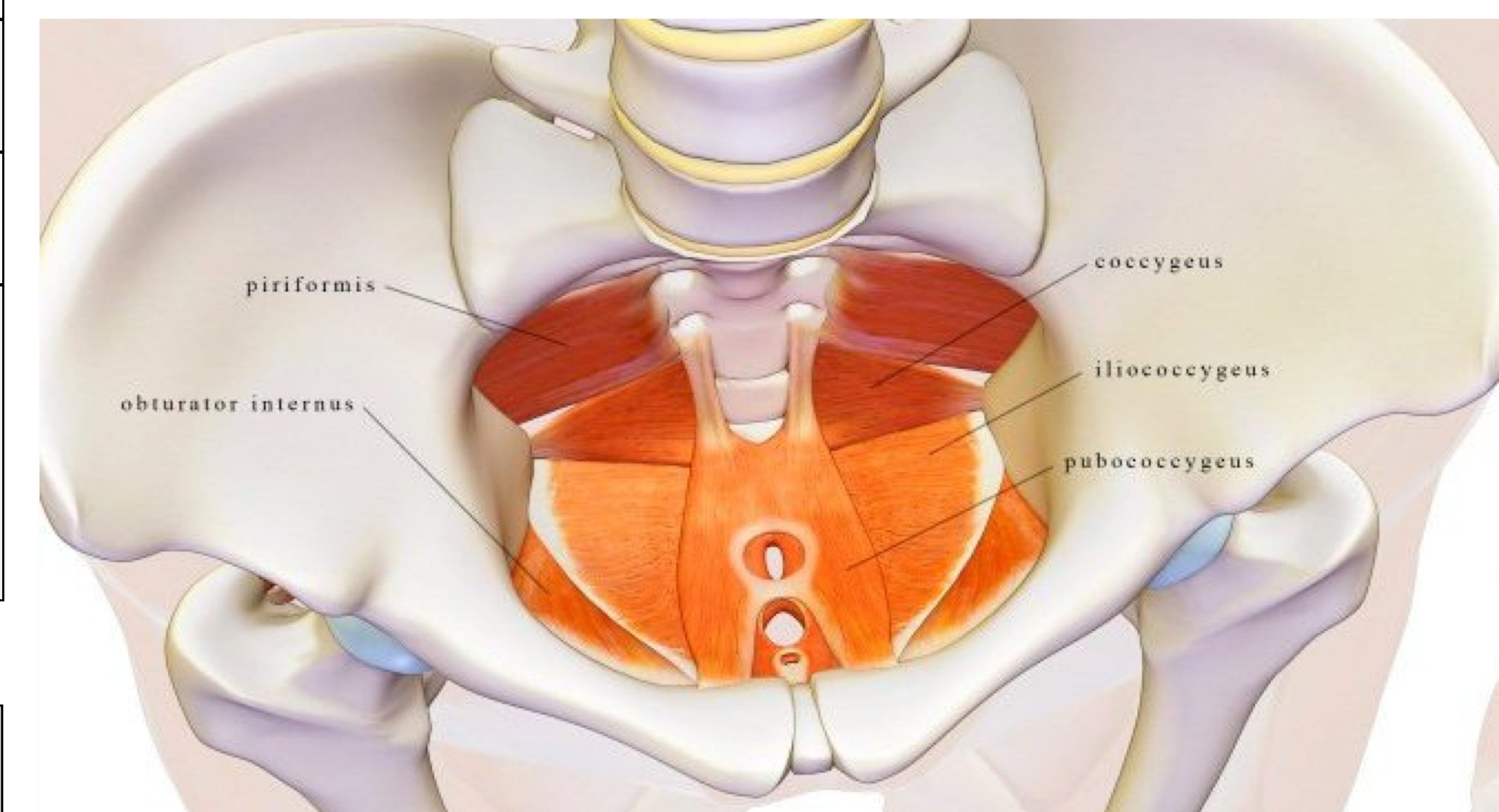
- In all studies, there were **statistically significant improvements** in the **pain domain score** of the Female Sexual Function Index (FSFI)
- Total FSFI scores improved across all studies ($p < .05$), excluding the chronic pelvic pain group, a subset of one study
- In Zoorob et al, MT was compared to levator trigger point injections (LTPI). Improvement was faster in the LTPI group but **overall FSFI scores were higher in the MT group**



Results

Quality Assessment

- The PEDro Scale and Modified Downs and Black Quality Assessment tools were used to assess risk of bias
- **One study** (Zoorob et al) was of **good quality**
- **Two studies** (Silva et al; Wurn BF et al) were of **fair quality**
- **One study** (Wurn LJ et al) was of **poor quality**



Conclusions

- Despite statistically significant improvements across all studies, **limited high quality evidence** supports dyspareunia to be alleviated in females by the use of MT
- Heterogeneity of interventions makes comparison difficult
- Further randomized control trials with larger sample sizes and additional controls are necessary to verify findings

Clinical Relevance

- Clinicians should recognize that MT may be appropriate for patients with dyspareunia
- It is unclear which types of MT and treatment times are most effective
- Further research is necessary in order to establish clinical guidelines for the use of MT on females with dyspareunia

Acknowledgements / References

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References available upon request

Photo credits:

1. <http://www.dailybandha.com/2015/05/the-pelvic-floor.html>
2. Lukacz, E.S., Santiago-Lastra, Y., Albo, M.E., & Brubaker, L.B. (2017). Urinary Incontinence in Women: A Review. *JAMA*, 318 16, 1592-1604.
3. <https://www.rush.edu/health-wellness/discover-health/talking-about-pelvic-pain>