Translation

Case description: Pelvic floor triggers

Freedom from complaint after six sessions

Muscular trigger points (TP) or myogeloses are often responsible for chronic pain and tension. It is not rare for TPs of the urogenital diaphragm to be the trigger for pain in the perineal area, the lower back and the gluteal region. By treating them, it is possible to treat pain and hypertonic movement and function disruptions in both the orthopaedic and urological/gynaecological specialties. Radial and focussed extracorporeal shockwave therapy (ESWT) provides methods for straightforward and effective therapy even for doctors who are not experienced in manual therapy, and what is more these methods are not only inexpensive but also have few side effects. The practice of Dr. Hornig has specialised in trigger therapy. A 54 year-old female patient presented herself at the practice complaining of pain in the lower back and gluteal region that had been ongoing for more than ten years. She described that the pain occasionally extended to the outsides of both thighs and lower legs and became more acute due to exertion, when sitting, standing and straightening up from a crouched posture; walking reduced the pain.

Findings: Pelvic tilt, corrected lumbolordosis, both hip joints with almost corrected internal rotatability, sacroiliac joint dysfunction, facet arthrosis, osteochondrosis L4-S1 with subligamentary protrusions in the segments L4/5 and L5/S1, hip joints and neurology NAD. The investigation for TPs revealed pronounced TPs in the Quadratus lumborum on both sides, Gluteus medius and minimus on both sides, Piriformis l > r. The previous orthopaedic therapy alio loco had not produced any significant improvement.

Therapy: Four occasions each with a facet infiltration L4-S1 on both sides and, in addition, radial shockwave therapy with 8000 pulses on the TPs in the Quadratus lumborum on both sides and the gluteal musculature on both sides. This produced a significant reduction in pain and improved mobility. However, two painful regions remained on the right paravertebral about L2-L4 and between the right Troch. major and the iliac crest.

In subsequent treatment of the right pelvic floor with radial shockwaves, it was possible to trigger a referred pain exactly into the regions that were still painful, when aiming at the urogenital diaphragm and additionally projecting towards the exterior genital area. This region was treated using radial ESWT (Storz) with a D-Actor attachment (20 mm). 3000 pulses on each side of the diaphragm, i.e. a total of 6000 pulses per session with a treatment pressure of 2.0 bar to 2.6 bar and a pulse frequency of 15 Hz. The patient was lying face down in the prone position with the leg on the side to be treated raised (inflected, abducted, rotated towards the exterior, knee bent). The person administering the treatment stands on the opposite side facing the treatment table, with the handpiece in the hand closer to the patient's feet. The handpiece is pressed into the fossa ischiorectalis with bone contact directly in the middle of the tuber ossis ischii. After a total of six sessions, the patient no longer suffered from back pain. The static posture had improved, the lumbar spine was significantly more mobile, the internal rotatability of the hip joints had increased. In addition, the patient's incontinence had significantly improved and the additionally present dyspareunia had been reduced.

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