

Book Review

CHRONIC PELVIC PAIN AND DYSFUNCTION: Practical Physical Medicine

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I give this book a very enthusiastic 4.5/5 star recommendation. A slight confusion may exist in part of the title “physical medicine.” The reader is not given a clear definition thereof and it should not be confused with the medical specialty named Physical Medicine and Rehabilitation, of which there is apparently one contributing author. Rather, I believe that the term “Physical Medicine” applies to a broad category of hands-on, non-surgical, non-pharmacological approaches, practiced by a variety of clinicians, perhaps appreciated by perusing the table of contents, and the interdisciplinary, international list of contributing authors. Would “manual and movement therapies” be the same as “physical medicine?” It begs some definition. The contributing authors cover very wide territory, from multiple specialties. It truly is an inter-disciplinary work. Hence it is not a book to sell an alternative or complimentary paradigm, not a “we versus them” approach, but rather, a large palate that acknowledges the singular complex canvas of complex chronic pelvic pain that mandates multidisciplinary perspective, and certainly benefits from skilled hands-on expertise.

This book has the accompanying DVD placed inside the front jacket, and there are instructions for downloading and access to telephonic tech assistance if needed. Fortunately, it opened with no difficulty and was very much appreciated. It is very nice to see this very useful DVD in the inside front cover so that readers will perhaps immediately access it. It is especially helpful in learning some of clinical applications that are best understood visually and dynamically, versus only being read.

An early disappointment is the fact that not all authors are identified beyond acronyms such as “MD”. What is their medical specialty, such as urology, or gynecology, etc.? From the foreword of the book: “...*The nature of pelvic pain is complicated, ... This is a coherent volume that helpfully gathers the variety of regimens and techniques.*” This goal is accomplished with an interdisciplinary group of 22 authors who bring a wealth of experience. The introductory chapter states: “*This book has a single primary aim – to offer a one stop source of relevant information for clinicians – specialists, practitioners and therapists – on the subject of non-malignant chronic pelvic pain (CPP), with particular emphasis on current trends in physical medicine approaches to assessment, treatment, management, and care.*”

Every chapter is well written and very well referenced. The graphics and pictures are very useful as are the various tables. Some of the authors use minor terminologies that may

differ from “American English”, such as “whilst,” “saddle” for “seat”, “football” for “soccer”, etc., which simply reminds the reviewer that this is an international group of authors, and perhaps reminds the reader of this reviewer's attempt at being thorough. The book does give broad coverage in 16 chapters and several sub chapters. Several chapters provide very unique perspective, such that it is with regret I make mention of only a few (see previous recommendation re TOC). For example, a chapter authored by a Urologist brings clinical gems that are clearly beyond textbook knowledge, and which can only be accomplished with many years of dedicated observation and experience. A remarkable chapter by an Irish physiotherapist is worth the price of the book alone, titled; *Practical anatomy, examination, palpation and manual therapy release techniques for the pelvic floor*. An exceptional chapter on external soft tissue manipulation approaches is very thorough in presentation, very well researched with over 100 references and an abundance of images. It is followed by another exceptional one on connective tissue and the pudendal nerve, with an abundance of hands-on evaluation and treatment strategies. The chapter on urological CPP has broad overview in 7 pages and does not disappoint the manual soft tissue clinician with 12 pages on neuromuscular treatment, especially of internal trigger points. The reviewer feels compelled to remind the reader of the exceptional DVD covering much of the clinical content. Both genders are covered throughout the book, and in fact, there is a specific chapter titled “Gender and CPP”. A noteworthy chapter on sports and CPP which happens to be the longest chapter in the book, covers broad territory, including detailed coverage of pressure studies on bicycle saddles (seats) as it relates to pudendal neuralgia and several other important topics such as osteitis pubis, sports hernia, hip pathology and peri-inguinal neuropathies, etc.. Many of the sub topics could be a chapter unto itself, yet the introductory resource here is still very valuable.

In other chapters, topic such as a recent improvement in a wand for self-treatment of pelvic floor trigger points, and neuromodulation of sacral nerves with electrodes applied distally (lower leg) truly meet the definition of “cutting edge” as much as that term can be over utilized and pedestrian. The pudendal neuralgia chapter is remarkably lucid. Very slight redundancy in some soft tissue treatment and graphics is non-detracting, especially as different authors bring unique perspective, and there are enough novel graphics of this complex region. Limited coverage of the role of physical therapy in utilizing manipulation and mobilization of the spine and pelvic girdle is disappointing, seeming to favor the Osteopathic approach. Otherwise, there is an excellent chapter specifically on Osteopathic approaches, except for an attempt within it to over generalize the physical therapy approach to lumbopelvic dysfunction, citing only one rehab model. A 5-star bonus is the appendix with functional outcome scales with very helpful introductory paragraphs and instructions for scoring. There are 11 listed clinical outcome measurement tools, including the very comprehensive IPPS pelvic pain assessment form. The final inclusion is a description of eight standard pelvic pain provocation tests from the European guidelines.

One disappointment is what I call “a missing chapter element”. Partially covered in a general manner within the multi-specialty and multidisciplinary (UK) chapter and the interdisciplinary (US) chapter; is the team approach to this complex topic, and the listing of multiple specialties. However, the missing element is a much needed guide which would go beyond the assumption that the client is already under the care of an appropriate medical physician(s) as part of the team for CPP. The title of a proposed chapter would be something similar to: “*The necessity of screening for medical referral, what every manual, alternative/complimentary, body/mind and movement practitioner should know.*” Additional coverage on the topic of pelvic joint instability, obstetric pubic symphyseal diastasis and orthopedic trauma instabilities seem worthy of inclusion, perhaps as its own chapter. Unfortunately, some of this is actually trivialized as being a belief system that predicts failure of intervention (see Figure 1.1). Although this perception is valid at times, many other times, as evidenced with traditional imaging, it is a valid contemporary source of debilitating CPP, as evidenced by web sites such as the www.PelvicInstabilityAssociation.com, (one of several) orthopedic trauma research, obstetric literature, etc..

The book is a carefully crafted work that belongs in the hands of all hands-on clinicians who specialize in the subject matter or who want to specialize, and for others who simply desire to be more aware of it. Also as a relevant resource to practitioners who utilize the team approach. The book has solid, vast, theoretical underpinning within the first eight chapters, and the following eight chapters are specific to intervention with an abundance of hands-on techniques such that “Physical Medicine” practitioners can learn and integrate in their practice, or, at the very least, fine-tune current skills. This text is placed prominently on the reviewer’s accessible bookshelf in the clinic, and it is endorsed with a 4.5/5 star recommendation.

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