

# Fast

## 5 Pelvic Pain 101: It's not all endo Trauma-Informed Exam



**When Making a Diagnosis, always...**  
Screen for trauma, abuse, and distress



### Respect the Patient's History...

Take the history of the patient while they are dressed and explain the steps of the examination and the reasons for performing a pelvic examination.



### Pelvic pain is complicated... Do a trauma-informed exam!

Obtain consent before starting or resuming the pelvic examination and have a chaperone or assistant present during the examination. Give the patient the option to stop the examination at any point and resume at a later time.



### Throughout exam...

Give the patient the option to ask questions or choose what can be done. Offer them the option of using a mirror to allow for visualization. Never tell them to "relax", never say "spread your legs" and always observe verbal and nonverbal cues. Ask for their permission to stop.

### Treatment is a Collaboration...

## EMPOWER YOUR PATIENT!



# 5 *Fast* Pelvic Pain 101: It's not all endo, *Physical Exam*



## Making a Differential Diagnosis of Chronic Pelvic Pain:

Differential diagnosis of pelvic pain involves distinguishing a particular disease or condition from others that present similarly. The diagnosis should be informed by the biopsychosocial model of pain.



**Musculoskeletal Pain (MSK) :**  
All structures are painful, worse with movement



**Endometriosis/Adenomyosis**










**Painful Bladder Syndrome, Interstitial Cystitis: Dysuria**



**Vulvodynia:**  
Touch is extremely painful



**Pudendal Neuropathy:**  
Painful with sitting

Pain	++++	++++	++++	++	++++
Bowel	+++	+			+
Bladder	+++	+	++++	+	++
Cyclic	+	++++	++	++	+
Physical Exam	   <p>Watch how patient walks, examine abdomen, low back, &amp; SI joints. Check for hernias. Vaginal exam (one finger, check posteriorly laterally for spasm).</p>	 <p>Diagnosis is surgical. Not all pelvic pain in people with endometriosis is from lesions, and it is also common to have significant MSK pain.</p>	 <p>Dysuria, check urine, check for MSK pain.</p>	 <p>Hyper-sensitivity when touching the vulva.</p>	 <p>Vaginal exams check pudendal area. Rectal exam is better for the pudendal nerve.</p>