**Chronic Pain Term List1**

* **Pain:** an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. Thus, it does not have to be associated with observable tissue damage or have a detectable underlying cause. Pain is multidimensional, involving not only the sensation of pain, but also the emotional experience associated with pain.
* **Neuromatrix Theory of Pain**: states that the perception of painful stimuli does not result from the brain’s passive registration of tissue trauma, but from its active generation of subjective experiences through a network of neurons that integrate the thalamus, cortex, and limbic system known as the neuromatrix
* **Hyperalgesia:** increased pain sensitivity. Example: pressure applied to an inflamed joint.
* **Allodynia**: painful response to a non-nociceptive stimulus. Example: brushing sunburnt skin.
* **Hypoalgesia**: absence of pain in response to stimulation that would normally be painful
* **Dysesthesia:** an unpleasant abnormal sensation, whether spontaneous or evoked.
* **Neurogenic Pain**: pain initiated or caused by a primary lesion, dysfunction, or transitory perturbation in the peripheral or central nervous system.
* **Neuropathic Pain**: pain arising as a direct consequence of a lesion or disease affected the somatosensory system.
* **Pain threshold**: the least experience of pain that a subject can recognize
* **Pain tolerance**: the greatest level of pain that a subject is prepared to tolerate
* **Referred Pain:** Spontaneous pain outside the area of injury. Example: pain that radiates down arm during a heart attack.
* **Sensitization**: increased responsiveness of neurons to their normal input or recruitment of a response to normally subthreshold inputs
* **Peripheral Sensitization**: Increased responsiveness and reduced threshold of nociceptors to stimulation of their receptive fields
* **Central Sensitization**: Increased responsiveness of nociceptive neurons in the central nervous system to their normal or subthreshold afferent input
* **Desensitization**: refers to treatment techniques to reduce the hypersensitivity of the CNS by targeting the pathophysiological mechanisms known to be involved in central sensitization.
* **Pain behavior**: a pattern of audible or observable actions, posture, facial expressions, verbalizations
* **Fear-Avoidance Behavior**: describes how individuals with chronic pain avoid activities on the basis of fear. High fear-avoidance beliefs lead to reduced physical activity, reduced participation in rehabilitation, and poor outcomes in acute and chronic pain conditions.
* **Pain Catastrophizing:** a negative cognitive affective response to actual or potential pain. Three categories include magnification, rumination, and a feeling of helplessness.

**Common Pelvic Pain Conditions2**

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| **Condition** | **Signs and Symptoms** |
| Overactive Pelvic Floor | * Hypertonic, poor or non-relaxing pelvic floor muscles (PFM) & abdominals. * May lead to impaired contraction 2/2 muscle fatigue * Cluster of urologic and gynecologic symptoms (i.e. constipation, dyspareunia.) May include LBP, pelvic pain, and PFM tenderness. * Example: Levator Ani Syndrome – pain, pressure, aching, or discomfort in region of rectum, sacrum, & coccyx; episodes last 20 min+; |
| Short Pelvic Floor | * Tense, shortened, painful PFM usually without increase in tone; may have non-elevated baseline PFM readings * PFM feel like “firm shelves & violin strings;” often tender to palpation with active myofascial trigger points; low tolerance for digital exam * PFM weakness and impaired relaxation 2/2 short length * Possible bowel & bladder dysfunction, pain with sitting. |
| Pelvic Floor Tension Myalgia | * Myofascial diagnosis of exclusion; consolidation of Dx for levator ani syndrome, coccygodynia, proctalgia fugax, and piriformis syndrome. * Pain, pressure, or discomfort in rectum, pelvis, sacrum, or coccyx; Sxs may be vague or poorly localized. Also PFM tenderness, pain with prolonged sitting, LBP, painful defecation, constipation, and dyspareunia. * Associated clinical findings: poor posture, weak abdominals, general muscle attachment tenderness. |
| Proctalgia Fugax | * Episodic sharp, fleeting rectal pain that lasts from seconds to 20-30 min. * May be caused by levator ani spasm, particularly pubococcyogeus. |
| Coccygodynia | * Coccygeal pain and tenderness noted primarily when seated, especially on hard surfaces (i.e. unpadded seat, bicycle) * No increase in pain with defecation. |
| Vaginismus | * Inability to penetrate vagina * Spasm or active holding of introital muscles * Dyspareunia |
| Urethral Syndrome | * Urethral pain, burning, or sensitivity; pain after voiding * Urinary urgency, frequency, & suprapubic pelvic or perineal pressure * Inability to relax PFM and sphincters |
| Pudendal Neuralgia | * Constant unprovoked localized burning, itching, sensation of dryness in pelvic region; may be unilateral. * Pain aggravated with sitting; improved by standing or sitting on toilet * Possible bladder/bowel dysfunction, dyspareunia, painful OI |
| Dyspareunia | * Painful intercourse; may have Sx during initial penetration, during every penetration (including using a tampon), during deep thrusting, and/or for hours after intercourse. * Common comorbidity with many other pelvic pain conditions. |
| Anismus | * Pain in rectum and anus. * Inability to permit entry/exit from anal opening |
| Interstitial Cystitis/Painful Bladder Syndrome | * Ulcerations of inner bladder; diagnosed with scope. * Bladder and abdominal pain, often related to bladder filling; may also be located in urethra, vagina, rectum, vulva or general pelvic region. * Increased urinary urgency & frequency to reduce pain, *not* to avoid leakage. * Urinary urgency with pain, ache, pressure, burning, or spasm; urinary frequency >8x/day; symptoms present for >3months without infection |
| Generalized Vulvodynia | * Chronic vulvar pain or discomfort, most typically burning pain, occurring in the absence of an identifiable cause. * Symptoms should be present for 3-6 months before this Dx is considered. |
| Localized Vulvodynia | * Pain or symptoms of vulvodynia limited to specific areas * Example: Vestibulodynia- vulvar vestibule painful to touch or vaginal entry; diffuse or local erythema in vestibule and gland openings. |

**References**

1. Sluka, Kathleen A. *Mechanisms and Management of Pain for the Physical Therapist*. Intl Assoc for the Study of Pain; 2009.
2. Reale J, Nazari P. Herman & Wallace- Pelvic Floor Function, Dysfunction, and Treatment (Level 1). 2019.