

Patient Case Study: Sarah

Sarah's Story

At 28 years old, Sarah had been enduring persistent pelvic pain and discomfort for several years. Initially, her symptoms began as pain during intimacy, but they gradually worsened, leading to vulvar pain aggravated by tight clothing and prolonged sitting. These issues made daily activities, such as sitting for long periods or wearing certain clothes, increasingly challenging.

Sarah's medical history was complex. She had high cortisol levels, gluten intolerance, a predisposition to blood clots (MTHFR factor 5), and a history of urinary tract infections. Past gynaecological examinations revealed a retroverted and retroflexed uterus, but no other significant findings. Suspected endometriosis was confirmed in France but not in the UK. Additionally, Sarah disclosed a history of emotional trauma, both sexual and physical, which added to the complexity of her presentation.

After several visits to her GP with limited progress and no clear diagnosis, Sarah sought help through a referral to a Women's Health FCP.

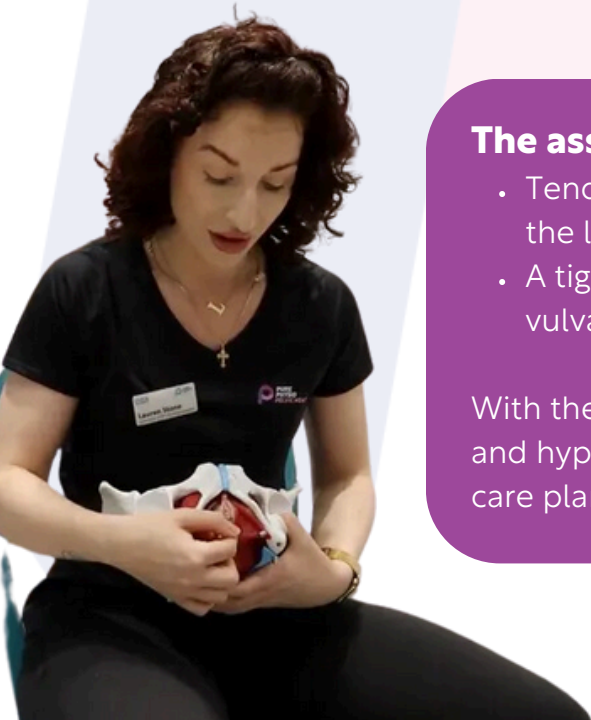
A New Approach

Sarah's initial consultation focused on understanding her symptoms, her detailed medical history, and the emotional toll of her condition. A thorough physical assessment was conducted, including a pelvic floor examination with her full consent.

The assessment identified:

- Tenderness in the pelvic floor muscles, particularly on the left side.
- A tight and overactive pelvic floor, contributing to her vulvar pain and discomfort.

With these findings, Sarah was diagnosed with vulvodynia and hyperactive pelvic floor musculature, and a personalised care plan was created to address her needs.



Patient Case Study: Sarah

Education and Empowerment

Sarah was educated about vulvar anatomy and the connection between her pelvic floor and pain.

Visual feedback was used to help her understand her condition and reassure her about the progress she could achieve.

Pelvic Floor Relaxation

Sarah was introduced to relaxation techniques.

She learned how to use a pelvic wand to target areas of muscle tension.

Tailored pelvic floor relaxation exercises were prescribed to relieve tension and increase strength.

Lifestyle Adjustments

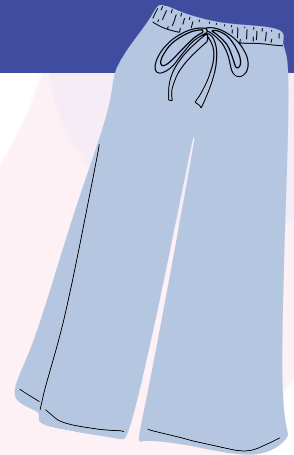
Sarah was advised to avoid tight clothing to reduce mechanical irritation.

Ergonomic advice was given to minimise discomfort from prolonged sitting.

Psychological Support

Stress management strategies were encouraged to address her high cortisol levels and history of trauma.

Sarah was also given resources to take home, including a detailed plan outlining relaxation exercises, ergonomic tips, and stress-reduction techniques.



Patient Case Study: Sarah

Moving Forward

Sarah committed to the rehabilitation programme and returned for a follow-up appointment eight weeks later. Her progress was significant:

- **Pain Reduction:** Her initial pain score of 8/10 (VAS) had decreased to 4/10.
- **Improved Functionality:** Pelvic floor muscle tension had reduced, and Sarah found daily activities far more manageable.
- **Empowered Self-Management:** She felt confident in managing her symptoms, reducing her reliance on frequent GP visits.

The Outcome

Sarah's journey highlights the transformative impact of a tailored, multifaceted approach to Women's Health Physiotherapy:

- **Better Quality of Life:** Sarah regained comfort in her daily life and was empowered to take control of her condition.
- **Reduced Healthcare Burden:** Sarah no longer required frequent GP visits, reducing the strain on primary care services.
- **Prevention of Chronic Escalation:** By addressing her symptoms early, Sarah avoided further invasive tests or the progression of chronic pain.

Sarah's story demonstrates the value of early physiotherapy intervention in providing **hope** and **practical solutions** for women with complex pelvic health conditions.