PELVIC FLOOR MYOFASCIAL TRIGGER POINT RELEASE TECHNIQUE

1) You are working on the anterior wall of the pelvic floor muscles (PFM) where trigger-points that increase urinary urgency and frequency are commonly present.

2) Now imagine that your vaginal opening is a clock. (12 O’clock = clitoris, 6 O’clock = the vaginal opening, 9 O’clock = right side and 3 O’clock = left side)

3) Insert a gloved finger up to the 2nd knuckle of your finger as in the figure 1. Use your finger first before using a dilator or crystal wand just to acquaint yourself and to locate the trigger-points. Be careful not to put direct pressure on the bladder which is located at the 12 O’clock position.

4) Gently press into the triggerpoints located around the 10 and 11 o’clock or 1 and 2 o’clock positions. (Decide which side you will start on and then repeat the entire sequence on the other side). Find the triggerpoints that produce the most urge. Determine your urge level (0 = no urge, 10 = the worst urge ever). Press gently into the above areas to elicit at least a level 5 urge. If this is too strong of an urge reduce the pressure on the point.

5) Press the trigger point for 60-90 seconds for 1-3 cycles until the urge has decreased by at least 50%. This might take more than 3 cycles. It is not uncommon to find pain in these areas also. Do not hold your breath and remember to breathe diaphragmatically as you hold the pressure on the triggerpoint.

6) Once you have repeated the triggerpoint release and have decrease the urge sensation by at least 50% press the same finger into the posterior wall of the PFM (6 o’clock position). You might feel like you have to defecate that’s a normal sensation. Press your finger into the posterior wall as in figure 2 for 5-10 seconds as you simultaneously perform a kegel contraction for 5-10 seconds. Relax for 5-10 seconds then repeat the posterior compression and kegel contraction again. Repeat several times (3-5 times).

7) Now repeat the entire sequence on the other side. You may find that one side is worst than the other. Or you may find one side has no triggerpoints the elicit urge or pain.

8) This contract/relax technique has a reflex inhibitory effect on muscle tension, facilitating greater muscle relaxation and elongation on the anterior wall. Thereby helping to decrease urge and frequency.*

9) If you are confused about the technique don’t do it until you speak to your physical therapist.

Figure 1

Urethrovaginal Sphincter

10
11
12

Lateral Stretching and compression of the urinary sphincter

Figure 2

Pubovaginalis muscle

Posterior stretching of pubovaginalis muscle


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