TREATMENT OF VULVODYNIA WITH WINBACK THERAPY

A CLINICAL CASE

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PRESENTATION

Patient with localized right sided labial pain, continuous since waxing in 2019, with no previous history of pelvic floor dysfunction.

Patient reports a baseline of pain VAS 3/10 that can be aggravated before every period, by pressure with sitting or tight clothes, as well as mechanical stimulation during sexual activity.

Patient has been prescribed with hydrocortisone cream and gabapentin both of which had no effect, and lyrica which "maybe was having some effect" but patient was not sure.

Categorization: Secondary localized vulvodynia mixed (provoked and spontaneous) constant and with intermittent flares

EXAMINATION

Vulvar assessment

Severe tenderness with light pressure localized to right labia

Internal assessment

Moderate to severe tenderness and spasm of right bulbospongosious and ischio-cavernous

TREATMENT: Manual therapy aided by Winback

Winback is applied first using flat round electrodes that are moved over the vulva to distribute the radiofrequency current to the external tissues. The objective of the treatment is to improve tenderness. This is achieved by improved cellular metabolism and O2 delivery. The intensity of the treatment progresses from very low to medium heat perception as the severity and irritability of symptoms improves.

Secondly Winback bracelet are used which allows the hand to convey the radiofrequency current to the pelvic floor muscles. The objective is to increase deep blood flow and perfusion as well as to increase tissue temperature to improve spasm and tenderness.

RESULTS

Initial treatment: 8 sessions 2/week

Current treatment: maintenance schedule every 1 or 2 week

After the 1st treatment patient reported 30% reduction in VAS for the first time since 2019

After 12 sessions: resolution of vulvar tenderness. Minor hypertonicity of layer 1 remaining. Patient independent with dilator therapy and stretches.

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INTERVIEW OF MARY AUSTIN

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DPT, DIRECTOR, PELVIC HEALTH PHYSICAL THERAPY RESIDENCY

TELL US ABOUT YOUR BACKGROUND AND THE TYPE OF PATIENTS YOU SEE?

I am a pelvic health physical therapist.
I see pelvic health patients 100% of the time for any diagnosis that is pelvic health related. That includes urinary incontinence, bowel issues, pelvic pain, related to neurological conditions, oncology conditions if that person has had radiation. I see a lot of transgender patients, mostly male to female, such as vaginalplasty patients. Any of the above.
I've done pelvic health for twelve years and I work in an outpatient hospital base setting at johns hopkins. I run their pelvic health residency program, a post professional training program for therapists wanting to specialize in pelvic health.

TELL US ABOUT THE COMMON INJURIES YOU MANAGE?

As I mentioned, any pelvic floor dysfunction. I treat a ton of pelvic pain, this is really where the Winback comes in most handy for me. Pain, weakness, urinary leackage, bowel incontinence, constipation... You name it, anything going on in the abdomen and pelvis, i'll treat.

TELL US ABOUT THE TREATMENT APPROCHES YOU USE?

It depends on what it is. If someone has more of a weakness issue you're going to be strengthening and up-training the system, working on motor control.

For more pain diagnosis, such as, endometriosis, even colonic dysmotility disorders, meaning the colon doesn't have the enervation it needs, so it doesn't move enough, then you're working more with connecting tissue issues. I usually do a combination of manual therapy, really trying to get that tissue to just move and have more mobility so our organs and our muscles are more functional. But, I always pair that with functional exercises and I definitely use modalities whether that's stim, heat or ice to help augment the manual treatments that I might be doing.

HOW WERE YOU FIRST INTRODUCED TO WINBACK THERAPY AND WHAT WERE YOUR EARLY IMPRESSIONS?

I was first introduced to Winback two years ago. The director of our department had an informational session by one of the Winback reps. He trained a handful of our staff in our clinic who thought it might be beneficial for certain populations that we treat. I was one of those therapists. I was cautiously optimistic I at first. I'm a pretty big believer in, "you don't know something until you try it". I have done this for long enough to know what I normally do, know what works and what doesn't. It's easy for me to then bring in something, especially with a patient that i've been working with for a while, to then see if it made a difference or not. Also, when it's a reliable patient to then say "hey after that session did you notice a difference with this?", "did you feel better?"

I also experiment with patients with similar diagnosis or similar type of findings. One of them I will add it with and one of them I will not, to do my own little experiment and hypothesis... And I have found...i've become a believer!

HOW DO YOU USE WINBACK TECARTHERAPY?

I think it really helps augment and give more staying power to the manual treatments that I do. Especially for those pain diagnosis, such as endometriosis patients who have a ton of abdominal tension because they have chronically been in pain. I think it helps them let go. I use it a lot for scar tissue, in the abdomen, I treat a lot of women who have had laparoscopic procedures, cesarean scar tissue, abdominal procedures, and it really helps if you do it before and/or after. I think it helps to give more tissue mobility and more staying power and patients really notice it. I also use it for bowel disfunction. I work a fair amount with people who have neurological conditions that affect the gut, where the colon actually does not contract it off. They respond well to manual therapy, but again I sandwich it in with the Winback. I do a little of Winback before, all along the course of the colon and then also after, and I think it helps improve the blood flow, it helps me mechanically get in a little bit better and I think that the patients tolerate it better. Those are the big things that I use it for. I also use it a lot for the deeper hip rotators that I want to get in, if someone has coccydynia, or deeper pelvic and rectal pain, I don't insert the probe but if they are prone to and on their stomach, I will use a smaller little transducer head. And do it right next to the tailbone. I find that gets deep compared to a superficial heating pad.

How I know it's effective, is when patients want to take it home with them, they love it, "can we do that again?" They ask when they come back, because they got a lot of relief and that relief lasted several days.

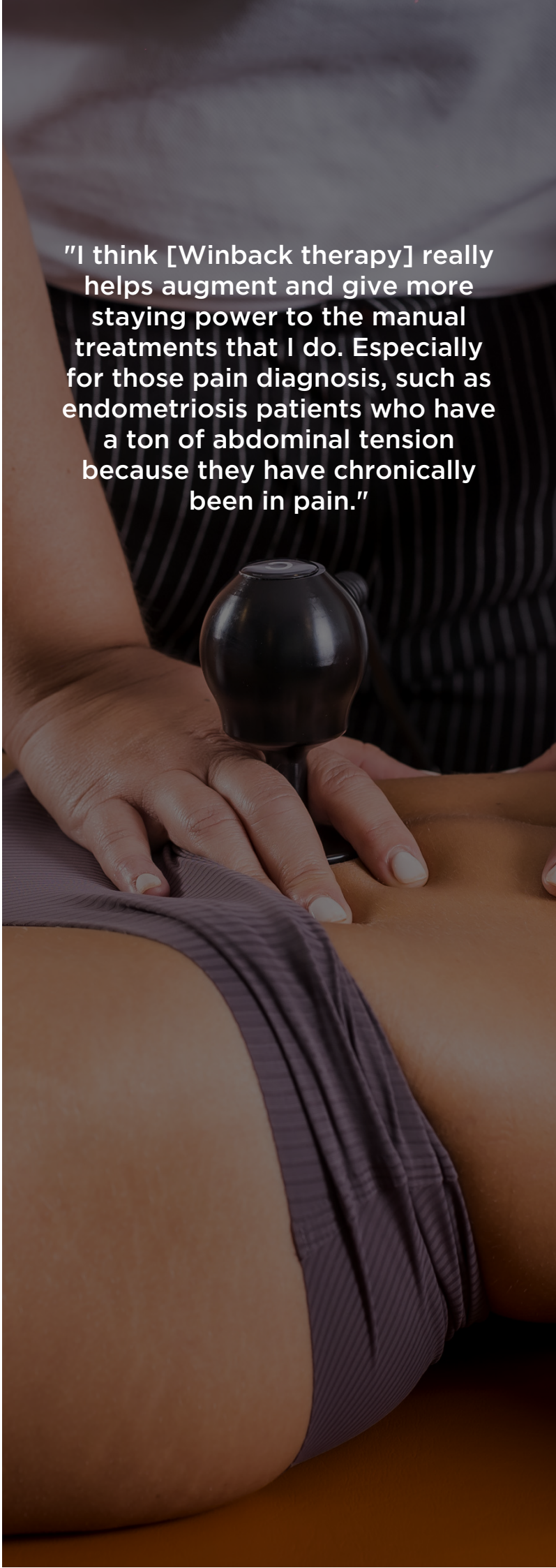
WHAT FEEDBACK DID YOU GET FROM PATIENTS?

One thing is that it heats up quickly which is nice. What I have learned over the years with different modalities is that, even if it's a placebo effect, which I don't think it is in this case, patients like to feel something, they want to feel something is being done to them. We have a few lasers, and things but they don't really feel those. This, they can feel immediately which they like. With that said, everyone has very different thresholds of their sensation.

It heats up pretty quickly so you just have to be very gradual and play around with the settings a little bit. Patients give wonderful feedback.

HOW MANY TIMES YOU USE WINBACK IN A WEEK?

I use it at least once a day, my schedule is probably 75% patients care and 25% other. Some days I don't see a full case load but thinking of my afternoon today, I know two patients I will use it with.



Yesterday, I used it once, somedays I use it three times. I would say on a minimum I use it 5 times a week, on the high end 10 times.

DO YOU FEEL THAT WINBACK CHANGED YOUR PRACTICE?

Yes, our pelvic health resident who's about to finish, has been with me for a year and we retain them so they are going to be working downtown at the main hospital. One of their big asks was "when am I going to have access to a Winback?" Because it's really integral now to how they practice. It's probably because they have worked under me and i've encouraged it... But I think they've seen the benefit too and how patients really respond well to it.

WHAT SPECIAL EXPERIENCE YOU WOULD LIKE TO SHARE?

One in particular, she has gastro paresis and she is a really interesting case. She had a brain tumor, she is very young, she's 42. When she was 36, she was pregnant, was having a lot of g.i. issues during pregnancy, which is not that uncommon, after she had the baby she had a lot of balance issues, g.i. stuff was still going on, turns out she had a huge tumor on her brain stem. They removed the tumor, she had to basically re-learn how to use the whole left side of the body, etc. And her colon has just never worked the same. She had the million dollar work-up in every g.i. study possible. There is a test where you eat radio-opaque food and they look at the transit of your food through your colon and she has severe gastro paresis. They recommended that she get a colectomy and have an ostomy bag, she said "no, i'm not going to do that" (she is also too vain for it, she would tell you that). Instead, she sought out other therapies and medications, she is on a lot of colonic stimulant medications like amatesa, truelids, a ton of medications. Non of these medications have been that effective. She ended up coming to see me and told me that people kept saying she had pelvic floor dysfunction (it means that your pelvic floor is contracting when it should be relaxing when you're pregnant). In face, she does not have this, she's totally normal. She had a manometry, totally normal, she can expell the baloon. Everything is happening from above, in her abdomen and her colon. Now, I see her once a week at least, sometimes twice a week to mechanically move things along in her colon with the Winback. And it's the only thing that keeps her going regularly. She is always like "go get it, do you have it in your room?". Therefore, she in particular, it has made a world of difference for her.

I also treat a lot of women who have endometriosis, and while I am certainly not treating their underlying organ based pathology with the endometriosis. These women have had years of chronic holding, they tense, they flex, their abdomen and their hip flexors and it's really hard for them to let that go. All that muscular tension around their uterus isn't helping their symptoms or their ability to exercise and do things.

I really have found the Winback is huge, it's lets them relax and repaterns their brain to tell that muscle like "oh this is what it's like to not be tense right now". I think it's because the Winback gets so deep. Especially, in the psoas and the iliacus, i'll do it in the lower abdomen. And they really get a ton of relief from it. And they love it! I think for those patients in particular it's my go to.

WHAT WOULD BE YOUR ADVICE FOR ANYONE THINKING OF ADOPTING WINBACK?

Play around with it. As I mentioned earlier, I would use it... If you're really not sure if it's effective, don't use it with a new patient, use it with an established patient who is used to your normal treatments and then you add it on to see if it made a difference or not, that's what gave me buy in. I would also find a colleague, try it on them, have them try it on you, so you actually know what it feels like. I would explore with it. I'm pretty open minded, I have done this a long time and I like to try new things to see what's going to make me better, I'm not perfect and so I like having a new tool in my toolbox and one that's effective. Just be open minded!

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