

## Book reviews

### **Heal Pelvic Pain: A Proven Stretching, Strengthening, and Nutrition Program for Relieving Pain, Incontinence, IBS, and Other Symptoms Without Surgery**

By Amy Stein

McGraw-Hill, New York, NY, 2009, 202 pages, paperback/Kindle, £10.99

ISBN 978-0-07-154656-0

Amy Stein, the author of *Heal Pelvic Pain: A Proven Stretching, Strengthening, and Nutrition Program for Relieving Pain, Incontinence, IBS, and Other Symptoms Without Surgery*, is the founder and lead practitioner of Beyond Basics Physical Therapy in New York City ([www.beyondbasicsphysicaltherapy.com](http://www.beyondbasicsphysicaltherapy.com)).

The book begins with a foreword by Dr Andrew Goldstein, the director of the Centres for Vulvovaginal Disorders in Washington, DC, and New York, NY, USA ([www.cvvd.org](http://www.cvvd.org)). He speaks very positively about the use of the physical approach in the treatment of these

problems, and encourages readers to be proactive in using self-help techniques to help reduce their pain.

The book consists of 12 chapters and three appendices, which include a list of pelvic disorders and terminology, references, and patient experiences of treatment.

Chapters 1 and 2 explain the anatomy of the pelvic floor, the different disorders that may lead to pelvic pain, and a self-assessment form that can be used to record progress.

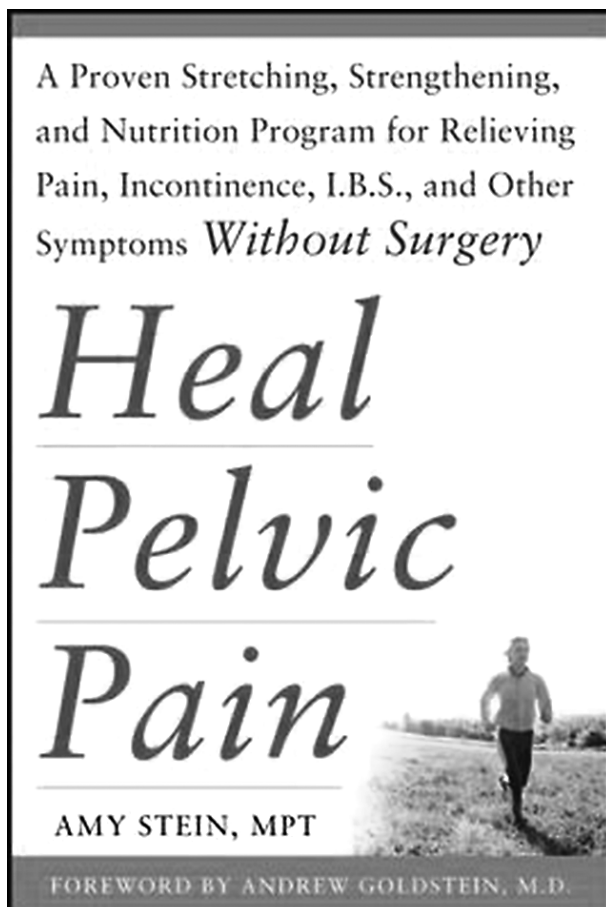
Chapter 3, entitled “End the Pain”, explains gentle stretches for the pelvic and abdominal muscles, deep breathing exercises, and general body relaxation techniques, and also gives advice about pelvic floor muscle (PFM) relaxation. The reader is then instructed to progress to basic abdominal strengthening before easing into some aerobic exercise. A clear explanation is given regarding the rationale of progressing slowly, and only commencing more challenging core stability exercises and strengthening of the PFMs when the pain has significantly reduced.

The next two chapters focus on additional techniques to be used alongside the programme described in the first section, as well as further self-help recommendations. Massage for the abdomen, healthy eating advice, correct defecation techniques, good bladder habits and correction of poor posture are discussed.

The final chapters focus on sexual health, pregnancy, labour and postnatal recovery, and pelvic floor disorders in children and men. There is also a brief section on natural ways to help with pelvic pain.

*Heal Pelvic Pain* is meant to be used by women as a self-help book without the need for direct supervision, and I believe that it achieves its aim. I found the language used throughout this book to be very straightforward and user-friendly, especially for non-medical readers. I was pleased to see that the first chapter recommends that women should seek a medical opinion if they are concerned about any of their symptoms.

There are lucid explanations of the reasoning behind the progression of the exercises and the advice given. The illustrations and diagrams are clear, and the descriptions of exercises are easy



to follow and understand. However, with regard to the illustration on page 124, I would have preferred that the model was closer to the object she was lifting.

There are also two important points that should be noted before recommending this book to patients. The first relates to the teaching of pelvic floor relaxation. The author advocates body relaxation with exhalation of breath and a visualization technique to enable further relaxation of the PFMs. However, many physiotherapists teach pelvic floor relaxation on, or just after, inspiration because this is when the PFMs descend. Secondly, the current POGP recommendations, which are based on Royal College of Obstetricians and Gynaecologists guidelines (RCOG 2006), are to avoid exercising for prolonged periods in the supine position after the first trimester, rather than just the later stages of pregnancy, as stated in this book.

In conclusion, *Heal Pelvic Pain* is an easily read and understood book that fully achieves its aim of being a self-help tool for women with pelvic pain. I would be happy to recommend it to my patients as an adjunct to physiotherapy treatment subject to the differences in advice that I have raised above. I also think that this book would be useful to physiotherapists just starting out in women's health since it provides a good overview of the treatment options available for treating pelvic pain conditions.

**Elizabeth Benson**

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Royal College of Obstetricians and Gynaecologists (RCOG) (2006) *Exercise in Pregnancy*. [WWW document.] URL <https://www.rcog.org.uk/globalassets/documents/guidelines/statements/statement-no-4.pdf>

## Ending Female Pain: A Woman's Manual, 2nd edn

By Isa Herrera  
Duplex Publishing, New York, NY, 2014, 413 pages, paperback, US\$29.95  
ISBN 0615988636

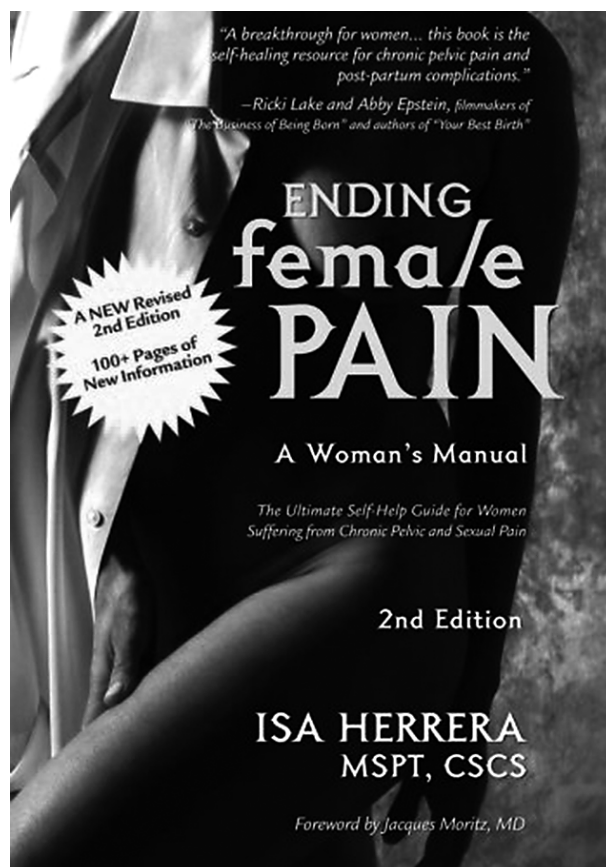
*Ending Female Pain: A Woman's Manual* is described on its associated website ([www.endingfemalepain.com](http://www.endingfemalepain.com)) as "the quintessential self-help book for women suffering from chronic pelvic and sexual pain".

The introductory chapter of this second edition sets a very constructive tone, suggesting that readers should have an open mind and positive thoughts, rather than catastrophizing. There is sensible advice on progress and setbacks.

Chapter 2 describes how to use the book, and suggests that it is read through first. This section gives an overview of what is to come, and indicates the time commitment required – at least an hour a day – once the reader starts to follow the advice. Useful resources are included, such as a progress diary that can be copied from the book or downloaded from the author's website ([www.renewpt.com](http://www.renewpt.com)).

Chapter 3 includes the anatomy and physiology of the pelvic floor, and associated medical conditions. It concludes with comprehensive and systematic instructions on how to self-examine the area, although not internally; this is described later in the book.

The book moves on to five chapters on exercises and stretches for the relief of pelvic pain. This second part starts by listing eight techniques for "reverse Kegels" to address any PFM hypertonicity. Chapter 4 includes diaphragmatic breathing, which is illustrated in various positions, some of which (e.g. prayer squat) might be difficult for women with limited mobility or



medical co-morbidities. It also describes how to undertake a vaginal self-examination, and what to feel as the muscles relax. Once muscle release has been achieved, PFM training is introduced.

Chapters on “The Herrera Pilates Ball Strengthening Routine for Pelvic Pain” and “The Herrera Yoga Series for Pelvic Pain™” follow. Each is clearly described and illustrated. Again, there are some positions that would not suit every woman, but most are achievable. Both these chapters start with guidance and overall considerations; for example, paying attention to your body alignment, and getting off the ball.

Chapter 7 includes advice on stretching at work, which is also well explained and illustrated, and this is followed by a chapter on myofascial massage and release techniques using a foam roller. Chapters 9–11 cover self-care techniques – internal, external and on scars – all of which are well described with text, diagrams and photographs. This section has been expanded considerably since the first edition.

Part 4 calls itself a “Pelvic Pain Relief Toolbox”. It covers such subjects as vulvar care, bathroom (toilet) habits and other techniques, such as tennis ball massage, transcutaneous electrical nerve stimulation, strain-counterstrain, mind/body visualizations and life-strategy techniques.

Part 5, “New Approaches for Tough Conditions: Pudendal Neuralgia, Coccygodynia, Core, and Bladder”, is new to this second edition, and contains four chapters. Pudendal neuralgia and coccygodynia are described in detail, and these explanations are followed by advice and self-management strategies. A chapter on the core includes a comprehensive section on diastasis recti abdominis with advice on corrective exercises, all well described and illustrated. The final chapter offers advice for the management of overactive bladder, and *Ending Female Pain* concludes with a resource list, glossary and bibliography.

The language in this book is clear, the text well-spaced and the tone very positive. A lot of the content is based on the author’s extensive experience, and I could recognize examples of evidence-based practice. There is good use of tables throughout to summarize important points, and I felt that all the techniques were systematically and comprehensively explained.

I would recommend *Ending Female Pain* to women’s health/pelvic floor physiotherapists as a useful addition to their professional resources

that they might also recommend to their patients.

[*Editor’s note:* A version of this review originally appeared in the newsletter of the International Organization of Physical Therapists in Women’s Health (Brook 2010).]

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Brook G. (2010) Book review. *IOPTWH Newsletter* 2010 (July), 13–14.

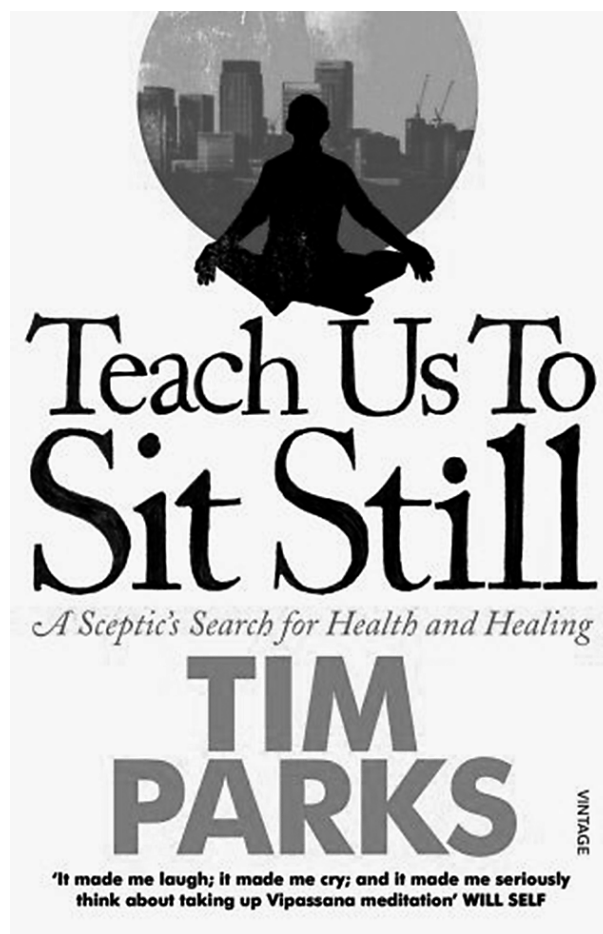
## Teach Us to Sit Still: A Sceptic’s Search for Health and Healing

By Tim Parks

Vintage, London, 2011, 331 pages, paperback, £9.99

ISBN 978-0-099-54888-1

Tim Parks has departed from his usual work as a novelist to write *Teach Us to Sit Still: A Sceptic’s*





*Search for Health and Healing*, an autobiographical account of his journey from a life dominated by acute pain to one of relative comfort. He developed chronic pelvic pain and an irritable bladder at the age of 51, which had a debilitating effect on his life. At its peak, his pelvic pain prevented him from sitting down while working.

The first part of the book describes the various tests and investigations that Parks had to undergo in his search for a diagnosis; however, all of these were inconclusive. He was prescribed  $\alpha$ -blockers that made him constipated and did not help his pain. A “breezily overconfident consultant” recommended a transurethral resection of the prostate, but a subsequent cystoscopy revealed no abnormalities. Every doctor that he consulted was eager to treat his bladder symptoms, but offered no help for the pain.

Unsure what to do next, Parks googled obsessively, trawling through an array of theories. He tried various diets and general exercise regimes, but nothing reduced his pain.

While googling his symptoms, he came across *A Headache in the Pelvis*, a book written by a urologist, Rodney Anderson, and a psychologist, David Wise (Wise & Anderson 2008). Parks believed that the authors described his symptoms exactly, and they suggested that these could be treated by relaxation of the pelvic floor. He describes his first attempt as follows: “Abruptly, a tight girdle of muscle between navel and pubis slid down, as if settling into its proper place. At once I felt more comfortable” (p. 151). Parks felt better immediately and was astonished: “You go to three or four urologists and pay hundreds of pounds only to get the first piece of useful advice, the first instruction that makes a tiny difference, from a selfhelp book” (p. 151).

Within a short time, he started to get his life back. While trying to work out why this method was so effective, he realized that not only was his

pelvic floor full of tension, but so was his whole body: “This link between posture and pain was no longer just a whimsical notion” (p. 176). This was a painful process of self-recognition, and Parks describes how a relentless drive can play havoc with our sense of well-being.

He became obsessed with relaxation and meditation, and visited an Indian doctor who told him that he had blocked vata, the energy that flows through the body. He took up Vipassanā meditation and went on a 10-day retreat. By the end of this, he felt physically and mentally recovered. Something had profoundly shifted in him, and he now allows himself to exist in a totally different world, one in which every spare moment is not filled with computer work and reading.

Parks is a classic example of the large section of the population who believe that, if they pay enough money, someone somewhere will be able to fix them without any effort from themselves. To his credit, he does not succumb to the surgeon’s knife, but the fact that he is so surprised that muscle relaxation is very helpful will be rather disheartening for therapists.

*Teach Us to Sit Still* will be useful for anyone with a chronic pain condition, anyone whose work–life balance needs adjusting and anyone who thinks that there is a quick fix out there. I have already recommended it to some of my patients and friends.

**Linda Wolfenden**

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## Reference

- Wise D. & Anderson R. (2008) *A Headache in the Pelvis: A New Understanding and Treatment for Prostatitis and Chronic Pelvic Pain Syndromes*, 5th edn. National Center for Pelvic Pain Research, Occidental, CA.