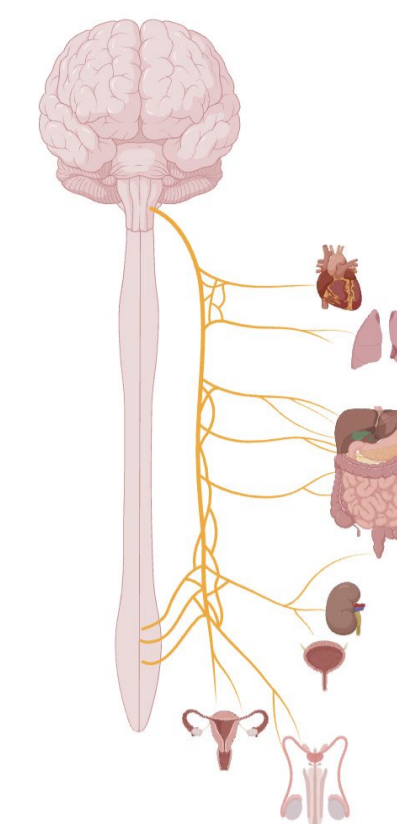


ENDOMETRIOSIS PAIN RELIEF THROUGH OSTEOPATHIC MANIPULATION: INVESTIGATING THE ROLE OF SACRAL ROCKING



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BACKGROUND

ENDOMETRIOSIS

- “The presence of endometrial glands and stroma in ectopic locations, primarily the pelvic peritoneum, ovaries, and rectovaginal septum”¹
- Symptoms: dysmenorrhea, dyspareunia, chronic pelvic pain, irregular uterine bleeding and/or fertility¹

SACRAL PAIN REGULATION

Sympathetic Nervous System	Parasympathetic Nervous System
Sends pain signals to prepare the body for action	Counteracts sympathetic signals to relax the body when pain is unnecessary

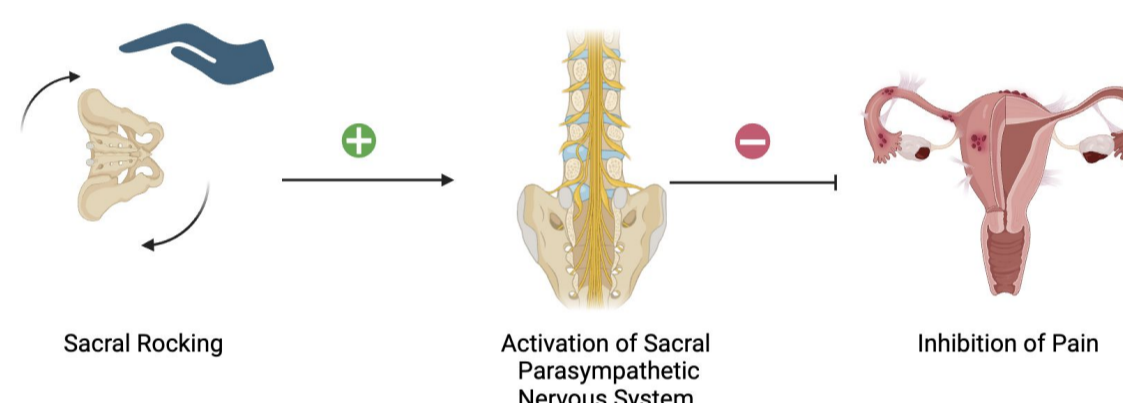
- Sacral parasympathetics:
 - S2 to S4 spinal segments via pelvic splanchnic nerves²
 - Innervates the rectal muscles, bladder detrusor, internal urethral sphincter, and reproductive organs²

SACRAL ROCKING

- Sacral rocking is an osteopathic manipulative medicine technique that can correct sacral somatic dysfunction.
- Technique: physician exaggerates extension and flexion of the sacrum, following the patient’s normal respiration, via manual gentle force from their hands
- Indications for treatment: somatic dysfunction of sacrum, dysmenorrhea, craniosacral immobility, and muscle tightness³

HYPOTHESIS

- By stimulating the sacral parasympathetic nervous system through sacral rocking we will reduce the pain experienced by those with menstrual pain, including those with endometriosis.



AIMS

- Evaluate if sacral rocking can alleviate menstrual pain at a significant level
- To study the impact of regular-interval sacral rocking on menstrual pain (vs. corresponding to the menstrual cycle)

METHODS

- Double-blinded study
- Population: Individuals with the ability to menstruate
- Likert scale survey before the study begins, before each session, and at the conclusion of study
 - Includes: quantifying menstrual pain, relevant medical history
- Control group: Individuals with no pelvic pain
- Experimental group: Individuals with pelvic pain
- Experimental group receives sacral rocking every 2 weeks for 6 months

LIMITATIONS

- Endometriosis is often unrecognized and undiagnosed with an average diagnostic delay of 6.7 years, leading to the inclusion of anyone with menstrual pain in the experimental group
- Pain is subjective
- Potential interval inconsistency due to scheduling availability
- Variability across OMT providers

FUTURE DIRECTIONS

- Evaluate correlation of sacral rocking efficacy and its relationship to menstrual cycle timing
- Determine the peak interval timing between treatments to maximize sacral rocking efficacy

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