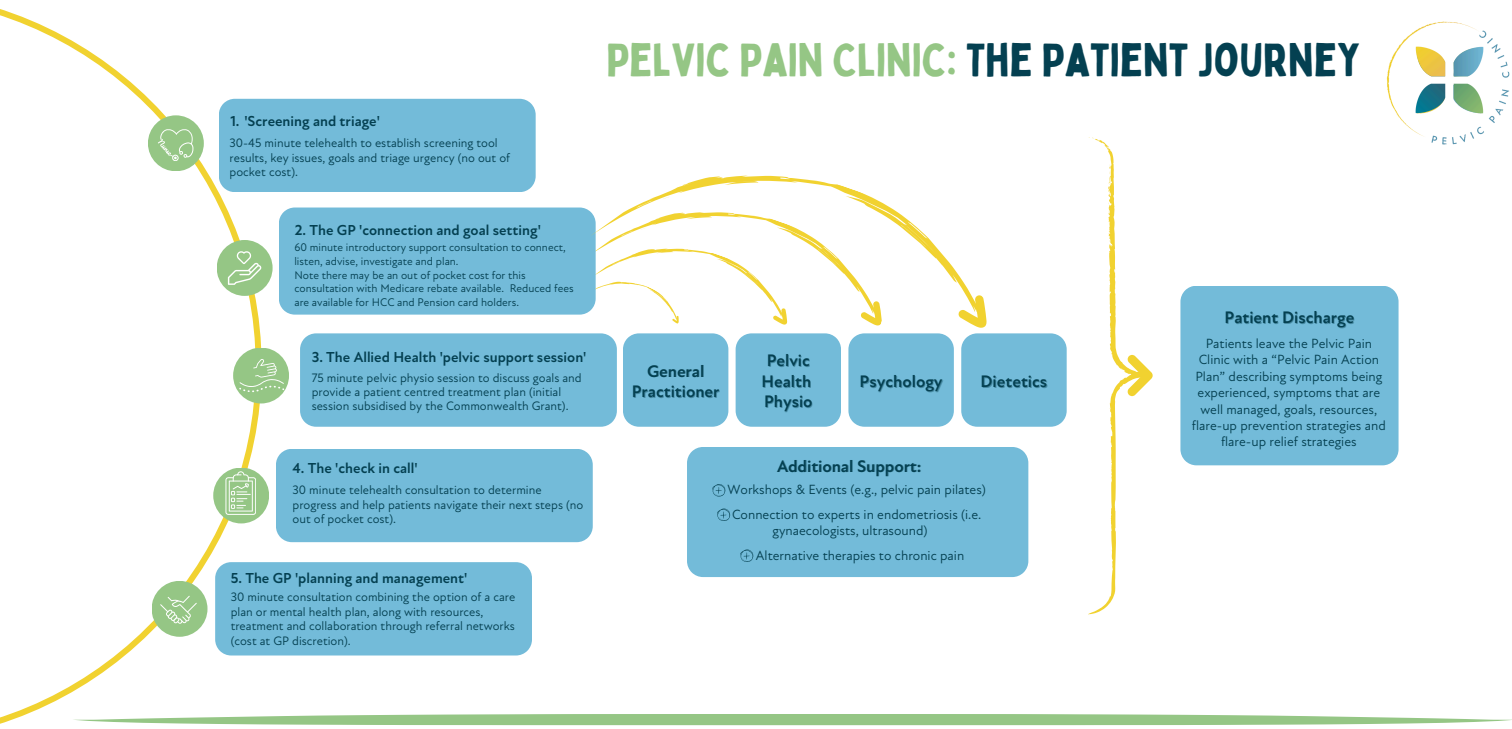
The Pelvic Pain Clinic
at The Garden

Meet our Allied Health Practitioners

We have put together an introduction to our Allied Health Practitioners who work out of The Garden Family Medical Clinic and provide services to our Pelvic Pain Clinic patients. Allied Health has been recognised as a crucial component of managing complex conditions such as pelvic pain, and we are very proud to have such wonderful professionals as a part of our team. Our psychologist, Rebecca, and our Pelvic Health Physiotherapist, Siobhan, offer care and holistic management of persistent pelvic pain. The first two sessions with each of these practitioners is subsidised by the Pelvic Pain Clinic to reduce the cost of each appointment for $50 out of pocket for Pelvic Pain Clinic patients. Please read on to meet them, and find out a little bit more about what they can do for you and the management of your pelvic pain.



Psychology: Rebecca

Rebecca Harris is a Registered Psychologist with diverse experience in not-for-profit organisations, state government, remote communities, and private practice. Rebecca is passionate about women's health. She offers specialised support for pelvic and chronic pain, endometriosis, intimacy and relationship issues, trauma, depression, low motivation, anxiety, grief, and loss.

DASS 21

The DASS 21 is an indicator of depression, anxiety, and stress levels, and if you scored high on the DASS-21, a psychologist such as myself can help you. You may feel anxious, low, or stressed. You may have a busy mind, feel overwhelmed and might not be able to relax. These feelings can sometimes lead to avoidance and low motivation. You may avoid socialising, chores, or work. You may struggle to manage high pain days and find it difficult to do anything during these times.

One of the therapeutic techniques that I use in my sessions is Cognitive Behaviour Therapy (CBT). This is an evidence-based therapy which can help you with your thoughts, feelings and behaviours. Psychology can help you unpack your worries through cognitive restructuring. Additionally, you can learn techniques to manage your mood and pain levels. Therapy can help you notice your emotional symptoms and teach you techniques to help you cope better. I understand that every client is unique and I am dedicated to working with you help you build strategies to achieve your individual goals and improve your wellbeing.

Insomnia Sleep Index

CBT for insomnia (CBT-i) is the most widely used and effective psychological treatment for insomnia and can help you identify which thoughts and behaviours are causing sleep problems or making existing ones worse. CBT can help you learn how to replace these thoughts and behaviours with habits that support good sleep, helping you overcome the causes of your sleep problems.

The cognitive part of CBT teaches you to look for and change beliefs that affect your ability to sleep. This type of therapy can help you control or get rid of negative thoughts and worries that keep you awake. The behavioural part of CBT helps you develop good sleep habits and avoid behaviours that keep you from sleeping well. This may involve changing your routine (“stimulus control therapy”), setting sleep limits (“sleep restriction therapy”), learning relaxation techniques, and identifying and changing certain lifestyle habits that may be preventing you from sleeping.

Pain Catastrophising Scale

The Pain Catastrophising Scale (PCS) was developed to help quantify an individual’s pain experience and how they respond psychologically to pain. People that have high PCS scores have developed psychological distress in response to pain and a cognitive response style that concentrates on the pain sensation and views the experience of pain as uncontrollable, permanent, and destructive, and may feel overwhelmed or helpless in the presence of pain. This view of pain impacts people’s ability to manage painful stimuli and experiences, which affects your mental wellbeing and quality of life.

Some research suggests that there are physiological aspects of pain catastrophising, including Central Sensitisation and something called a hypothalamic-pituitary axis dysregulation, which means that your body is more sensitive to painful stimuli and amplifies these pain signals to your brain so that you feel them in a more heightened way. This pain is not “in your head” - it is real and it’s severe. I can help with the way your brain is responding to pain and any barriers that might be preventing successful pain management strategies.

CBT has been shown to assist in reducing pain catastrophising, especially when in combination with physical therapies such as physiotherapy, and in the case of pelvic pain, pelvic health physiotherapists. As I psychologist I will work with you to identify and work to adjust maladaptive thoughts, emotions, and behaviours so that you can better manage your pain.

Pelvic Physiotherapy: Siobhan

Siobhan is a passionate Physiotherapist working within Pelvic Health and Pelvic Floor Dysfunction. She enjoys treating a wide range of pelvic health and continence issues including pelvic pain, pregnancy & post-natal conditions, pelvic floor, and bladder & bowel. She uses evidence-based techniques to guide treatment with the goal of making a real difference to the lives of her patients.

Central Sensitisation

As a pelvic health physiotherapist, it is part of my role to uncover what drives your pain, what contributes to your pain persisting and help you to better understand your pain.
As pain is very complex and involves multiple body systems and factors, using questionnaires such as the central sensitisation, DASS21 and insomnia sleep index score helps me as a pelvic health physiotherapist better understand other factors that may be contributing to your pelvic pain.

As Pelvic health physiotherapists, we look at you as a WHOLE person. We look at factors that might be contributing to your pelvic pain at a:

1. 'Local' level: pelvic floor muscle tension, vaginismus/vulvodynia/vestibulodynia (sexual pain), surgery/trauma, recurrent thrush, anal fissures, vulval skin issues
2. 'Regional' level: sensitivity in your pelvic organs and gut (IBS, bladder pain), endometriosis, recurrent UTIs, abdominal and hip muscle tension, mobility in your spine/ hips/ lower limb, surgery/ trauma/injuries, hip/ back pain, breathing dynamics, movement mechanics, gait and your body's bracing tendency
3. 'Central' level (central nervous system = brain and spinal cord): anxiety/depression/stress, persistent pain/ pain history, migraines, past trauma, hyper vigilance, culture/family pressures, relationship issues, work/ financial pressures

Local, regional and central factors are always ALL involved in the pain experience, however some factors might be more of a driver to your pain than others. Pain is a unique experience and no two people experience pain in the same way, and you might even find your own pain experience changes over time.

This change in your pain overtime happens because of biological changes that have occurred in your nervous system.
When your nervous system is exposed to repeated pain (such as monthly period pains), overtime there will be remodelling of the central nervous system and changes to pain processing pathways. So at a pelvic level, you will start to notice more sensitivity. You may notice that what in the past wasn't painful, is now painful. This occurs due to "central sensitisation" - there have been changes to the nervous system and the way it processes pain, which cause:

- The nerves in the spinal cord and brain to become much more excitable (they respond more easily and intensely to stimuli such as exercise, sexual intercourse, light touch, stress etc)
- There is reduced "inhibition". Normally there are mechanisms in place to stop the transmission of pain signals, however in central sensitisation these inhibitory processes are stopped
- "Neuroplasticity": the nervous system undergoes changes in its structure and function which leads to an altered response to pain

So if your central sensitisation score is high, it indicates that your nervous system is sensitised and this information helps to direct my treatment. It will be important to use strategies to help "de-sensitise" or calm your nervous system such a breath work, mindfulness, engaging in appropriate exercise, managing sleep and stress and providing you with self-management strategies such as pelvic floor relaxation exercises and pelvic stretches.