A reflection on applying a biopsychosocial approach to persistent pelvic pain management

DATE
9 June 2026

PROVIDER
Advanced Pelvic Health Physio Course UK

STUDY TIME
3h

REFLECTIVE STRUCTURE
Rolfe

LEARNING ACTIVITY TYPE
Formal / Educational

WHAT?

I recently completed an advanced online course focusing on a biopsychosocial approach to persistent pelvic pain. This educational activity provided a comprehensive overview of the condition, integrating pain neuroscience, the mechanisms of central sensitisation, and the influence of psychological factors. A significant component of the course was dedicated to understanding trauma-informed care and its application within this patient group.

The learning delved into the complexities of persistent pain, moving beyond a purely biomedical perspective. I explored how biological, psychological, and social elements interact to shape an individual's experience of pain. The course materials specifically detailed the neurophysiological underpinnings of persistent pain states and the concept of central sensitisation, offering a deeper biological understanding.

Furthermore, the curriculum highlighted the critical role of psychological factors and past experiences, particularly in the context of trauma-informed care. This provided me with a more nuanced understanding of how to approach patients who may have experienced adverse life events, ensuring a sensitive and effective therapeutic relationship.

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SO WHAT?

This course has significantly broadened my understanding of persistent pelvic pain, shifting my clinical perspective towards a more holistic biopsychosocial model. I now recognise that persistent pain is not solely a consequence of tissue damage but a complex phenomenon influenced by a dynamic interplay of biological, psychological, and social factors. This integrated view challenges any previous inclination towards a purely biomechanical assessment and intervention strategy.

The emphasis on trauma-informed care has been particularly impactful, revealing the profound and often overlooked influence that past traumatic experiences can have on an individual's current pain presentation and their ability to engage with treatment. This has highlighted a potential area for development in my practice, prompting me to consider how I can more effectively and sensitively enquire about and respond to such histories.

Moreover, the course reinforced the understanding that psychological factors are not secondary considerations but are intrinsically woven into the fabric of persistent pain. This learning has underscored the necessity of addressing emotional wellbeing, coping mechanisms, and beliefs about pain as integral components of effective management, rather than as mere adjuncts to physical rehabilitation.

NOW WHAT?

Moving forward, I intend to integrate the principles of pain neuroscience and central sensitisation into my patient communication. I will develop simplified language, analogies, and potentially visual aids to help patients understand their pain experience in a way that reduces fear and promotes self-efficacy. This will involve explaining how the nervous system can become hypersensitive and how this contributes to persistent pain, empowering patients with knowledge.

I will also systematically apply graded exposure techniques within my treatment planning for patients exhibiting fear-avoidance behaviours related to movement or specific activities. This will involve carefully designing and progressing exercises that gradually challenge these fears in a safe and controlled manner, tailored to individual tolerance and confidence levels, thereby facilitating functional recovery.

Furthermore, I am committed to enhancing my practice of trauma-informed care when working with individuals experiencing persistent pelvic pain. This will involve a conscious review of my communication style, treatment environment, and approach to consent and shared decision-making, ensuring that patients consistently feel safe, respected, and in control throughout their therapeutic journey. I will actively seek opportunities to embed these principles more deeply into my clinical interactions.

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PROFESSIONAL STANDARDS MAPPING

Psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related physiotherapy interventions;

This reflection demonstrates an understanding of psychological and social factors that influence an individual's experience of health and illness, specifically in the context of persistent pelvic pain and its management through a biopsychosocial approach.

Change their practice as needed to take account of new developments, technologies and changing contexts

The reflection shows a commitment to changing practice as needed to take account of new developments, specifically by integrating advanced concepts like pain neuroscience, central sensitisation, and trauma-informed care into patient explanations and treatment planning.

Understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement

The structured reflection process, detailing 'What?', 'So What?', and 'Now What?', clearly indicates an understanding of the value of reflective practice and its role in supporting continuous professional improvement.

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