

Some pelvic pain comes not from the bladder or reproductive organs but from the **muscles, joints, nerves, and connective tissue** of the pelvis — often a tight, overactive pelvic floor that won't relax. This is real, common, and treatable, even when scans and lab tests come back normal.

About This Condition

The pelvic-floor muscles can become tight or go into spasm, much like a knotted muscle anywhere else. Common features:

- Aching, pressure, or burning in the pelvis, perineum, low back, or hips
- Pain with **sitting**, with sex (dyspareunia), with tampon use, or with bowel movements
- **Urinary urgency or frequency** driven by the tight muscles, not by the bladder itself

What Causes It

Often several things together: muscle tension or spasm, a prior injury, surgery, or childbirth, posture and habits, stress (which makes us clench), and sometimes irritation of a pelvic nerve. It is frequently a "short and tight" pelvic floor rather than a weak one — which is why forceful Kegels can make it worse.

LEARN THE TERMS

Pelvic floor

The sling of muscles supporting the pelvic organs.

Overactive / tight floor

Muscles that stay clenched and can't fully relax.

Dyspareunia

Pain with sexual activity.

Trigger point

A tender muscle knot that can refer pain elsewhere.

Pelvic-floor PT

Physical therapy that releases and retrains these muscles.

Down-training

Learning to relax (not strengthen) a tight pelvic floor.

Pudendal nerve

A pelvic nerve that, when irritated, can cause pain.

WHY IS MY TEST NORMAL BUT I STILL HURT? Because this pain comes from muscles and nerves, not from an infection or growth that shows up on a scan. A normal test is good news — it points toward a treatable muscle problem rather than something dangerous. Pain that has no “picture” is still very real.

How It's Diagnosed

- A history of where, when, and what worsens the pain
- An exam that gently **checks the pelvic-floor muscles** for tenderness and tightness
- Ruling out other causes (infection, etc.) with simple tests

How It's Treated (Step by Step)

- 1 **Pelvic-floor physical therapy** is the cornerstone — manual release, stretching, and relaxation (“down-training”).
- 2 **Self-care** — heat, gentle movement, relaxation/breathing, posture, and easing constipation and bladder irritants.
- 3 **Medicines or injections** — nerve-pain medicines, or trigger-point injections.
- 4 **Addressing stress and sleep**, which strongly influence muscle tension.

Living With It

- Notice and release **clenching** (jaw, buttocks, pelvic floor) through the day.
- Use heat and gentle stretches; avoid prolonged hard sitting.
- Progress is usually gradual over weeks of therapy — consistency matters.

Call your team if you have:

- New **severe** pelvic pain, or a fever
- New bowel or bladder changes, or numbness/weakness in the legs
- Pain after a fall or injury, or any blood in urine or stool

THREE THINGS TO REMEMBER

1. Pelvic pain often comes from tight, overactive pelvic muscles and nerves — real and treatable even when tests are normal.
2. Pelvic-floor physical therapy (to relax, not strengthen) is the main treatment, with self-care, medicines, and stress management.
3. Improvement is gradual. Seek care for new severe pain, fever, leg numbness/weakness, or bowel/bladder changes.