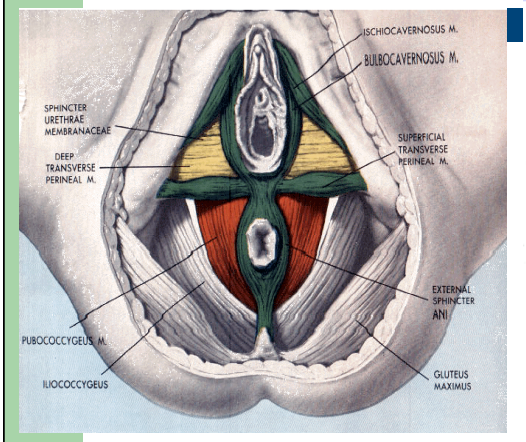
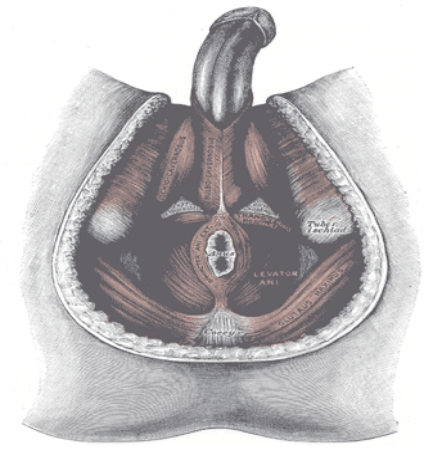
PELVIC FLOOR PHYSICAL THERAPY IN MEN AND WOMEN, CASE STUDIES.

KERRI CASWELL PT

ANATOMY





COMMON PELVIC FLOOR DYFUNCTION SYMPTOMS

- Pain
- High/Low tone/weak pelvic floor
- Muscle guarding
- Sensation changes
- Urinary leaking/urgency/retention
- Constipation
- ED

SEXUAL ACTIVITY IS LIMITED BY:

- Decreased mobility of joints, tissue and flexibility
- Pain
- Alterations in sensation
- Decreased genital arousal
- PHYSICAL THERAPY CAN RESTORE FUNCTION, IMPROVE MOBILTY AND RELIVE PAIN.

CASE STUDY-MALE

- DX: pelvic floor and penile pain
- HPI: Intracavernosal injection 10/31/09 for mild premature ejaculation that caused sustained erection x 4 hours after onset of pain and firm flaccid state. He was first seen in PT on 10/28/2010. Diagnostic procedures: angiogram, MRI pelvis, MRI penis, pudendal nerve block, sympathetic nerve block. Labs: low testosterone. He has tried 3 different alpha blockers, 1 calcium channel blocker locally on the rectum and anal sphincter, nitrogen cream on the penis, clomid to increase testosterone, topical and pill form muscle relaxers, valium and baclofen suppositories and is taking testosterone cream form (recently increased). He has seen various physicians: urologist, endocrinologist, sexual medicine, and proctologist, pain specialist and has tried hypnosis.

CLINICAL FINDINGS

- Pain with left side of penis rubbing, discomfort in sitting on surfaces with a deeper perineal pain. His perineal pain was associated with a firm flaccid stated of the penis that was irritated with any activity especially walking , standing, elevations and any form of exercise. Symptoms rated 7-8/10.
- -decreased flexibility and muscle guarding throughout the pelvic area (HS, PF, ADD, iliopsoas, rectus and oblique's)
- -negative for any pelvic asymmetries
- -negative L/S and SI findings
- - severe guarding and spasm pelvic floor LA and superficial pelvic floor.
- -high resting tone on biofeedback
- No reports of pain with ejaculation, however symptoms worse post intercourse.
- Trouble sleeping

GOALS

- Return to all previous exercise and activity without penile pain and firm flaccid state. Partial met-his symptoms fluctuate daily, he has good days and bad days. He swims without discomfort and has gone hiking with less symptoms and pain.
- Be able to sit for a full workday without perineal discomfort. Ongoing-his symptoms fluctuate day to day and he gets up frequently for stretching throughout the day.
- Perineal and penile discomfort 0-1/10 with activity. Ongoing his discomfort currently has been rated around a 2-3 range the last 2 months.

TREATMENT

- -flexibility (HEP), certain stretches help decreased firm flaccid immediately.
- -biofeedback
- -US
- -IFC in clinic, TENS externally and internal stim used at home.
- -cardio-swimming
- -STM, contract relax, skin rolling, myofascial, trigger point release to all areas around the pelvic and internal pelvic floor.
- -core and LE strengthening
- -T/S mobilizations
- -not willing for self internal massage, does not get wife involved
- -does some external himself but limited, has a thera-cane.

CONCLUSION

- He has continued to be seen in PT since 10/2010 once a week on average. He is currently going to a Biofeedback program at Sharp once a week, 1 hr biofeedback (non pelvic floor), 1hr group session for relaxation and PT. He is able to go out for walks, play light sports with children, hike, back packing and return to some stationary biking (he has a wide seat and does not increase symptoms). He rates his symptoms to be about a 2-3/10. His pain is better, mostly symptoms are the firm flaccid state.

- **Sexual dysfunction in men with chronic prostatitis/chronic** pelvic **pain syndrome: improvement after trigger point release and paradoxical relaxation training.**
- Anderson RU, Wise D, Sawyer T, Chan CA.
- JUrology2006
- **Source**
- Department of Urology, Stanford University School of Medicine, Stanford, California, USA.

- **PURPOSE:**
- The impact of chronic pelvic pain syndrome on sexual function in men is underestimated. We quantified sexual dysfunction (ejaculatory pain, decreased libido, erectile dysfunction and ejaculatory difficulties) in men with chronic pelvic pain syndrome and assessed the effects of pelvic muscle trigger point release concomitant with paradoxical relaxation training.
- **RESULTS:**
- At baseline 133 men (92%) had sexual dysfunction, including ejaculatory pain in 56%, decreased libido in 66%, and erectile and ejaculatory dysfunction in 31%. After trigger point release/paradoxical relaxation training specific Pelvic Pain Symptom Survey sexual symptoms improved an average of 77% to 87% in responders, that is greater than 50% improvement. Overall a global response assessment of markedly or moderately improved, indicating clinical success, was reported by 70% of patients who had a significant decrease of 9 (35%) and 7 points (26%) on the National Institutes of Health-Chronic Prostatitis Symptom Index ($p < 0.001$). Pelvic Pain Symptom Survey sexual scores improved 43% with a markedly improved global response assessment ($p < 0.001$) but only 10% with moderate improvement ($p = 0.96$).
- **CONCLUSIONS:**
- Sexual dysfunction is common in men with refractory chronic pelvic pain syndrome but it is unexpected in the mid fifth decade of life. **Application of the trigger point release/paradoxical relaxation training protocol was associated with significant improvement in pelvic pain, urinary symptoms, libido, ejaculatory pain, and erectile and ejaculatory dysfunction.**

CASE STUDY-FEMALE

DX: pelvic floor weakness

44y.o. female who was referred to PT with decreased feeling with sexual intercourse and decreased ability to orgasm. No reports of pain. MD started her on wellbutrin, estrace, testosterone and prometrium.

PMH: LBP-currently in PT, 1 pregnancy with c-section (twins), active and exercises regularly.

CLINICAL FINDINGS

- No reports of urinary leaking
- Pelvic floor MMT 2/5
- Average max contraction on biofeedback 5 microvolt's with limited ability to hold contraction for >3 seconds. Verbal cues needed to isolate.
- Weak core and pelvic stability with some pelvic asymmetries.

TREATMENT

- Only seen for 1 visit, private pay and monetary reasons
- Education in pelvic floor strengthening, core stability exercises
- Given information on home pelvic exerciser, vaginal weights.
- Flexibility
- Recommend yoga, relaxation, romance books, movies, toys

Int Urogynecol J. 2010 May;21(5):553-6. Epub 2010 Jan 20.

Can stronger pelvic muscle floor **improve sexual function?**

Lowenstein L, Gruenwald I, Gartman I, Vardi Y.

Source

Department of Obstetrics and Gynecology, Rambam Medical Center, Haifa, Israel. lowensteinmd@gmail.com

Abstract

INTRODUCTION AND HYPOTHESIS:

This study aims to evaluate the association between pelvic floor muscle (PFM) strength and sexual functioning.

METHODS:

Retrospective chart review of consecutive all women who were referred with a primary complaint of sexual dysfunction. Women underwent standardized clinical evaluation including pelvic muscle strength which was ranked from 0 (weak) to 2 (strong). The duration of pelvic muscle contraction was also recorded in seconds. Sexual function was evaluated by using a validated questionnaire, the Female Sexual Function Index (FSFI).

RESULTS:

One hundred seventy-six women with a mean age of 37 +/- 11 years were included. **Women with strong or moderate PFM scored significantly higher on the FSFI orgasmic and arousal domains than women with weak PFM** (5.4 +/- 0.8 vs. 2.8 +/- 0.8, and 3.9 +/- 0.5 vs. 1.7 +/- 0.24, respectively; P < 0.001). The duration of PFM contraction was correlated with FSFI orgasmic domain and sexual arousal (r = 0.26, P < 0.001; r = 0.32, P < 0.0001, respectively).

CONCLUSIONS:

Our findings suggest that both the orgasm and arousal function are related to better PFM function.

Int Urogynecol J Pelvic Floor Dysfunct. 2003 Oct;14(4):234-8; discussion 238. Epub 2003 Aug 27.

The effect of pelvic floor training on sexual function of treated patients.

Beji NK, Yalcin O, Erkan HA.

SourceDepartment of Obstetric and Gynecologic Nursing, Florence Nightingale College of Nursing,

Abstract

The aim of this study was to determine the effects of improvements in urinary incontinence resulting from pelvic floor rehabilitation on the sexual function of patients. The study involved 42 clinic patients who received pelvic floor rehabilitation treatment. Their sexual histories were obtained through face-to-face interviews. Pelvic muscle strength was measured with a perineometer. Improvement in incontinence was measured with the pad test. Seventeen women reported decreased sexual desire before the treatment; 5 of these indicated improvement after treatment. Nine of 17 women who experienced dyspareunia prior to treatment reported an improvement afterwards, and four women reported complete relief from pain. Five of 15 women who complained of difficulty in reaching climax before the treatment experienced improvement in this area. **In conclusion, an improvement in sexual desire, performance during coitus and achievement of orgasm were observed in women who received pelvic floor muscle rehabilitation.** No change was seen in the arousal and resolution stages of sexual activity.

CONCLUSION:SOME BENEFITS OF PELVIC FLOOR STRENGTH IN RELATION TO ORGASMIC FUNCTION

- Improved muscle tone, increased stretch from erect penis
- Strong firm muscles with more nerve endings and more sensation
- Increased circulation, more blood flow to the clitoris
- Rhythmic contractions of the pelvic floor contribute to arousal and ability to achieve orgasm.