PELVIC PAIN IN MEN: WHAT IT IS, WHAT CAUSES IT, AND HOW PHYSICAL THERAPY CAN HELP  By Luisa Siepi, SPT

Male pelvic pain is typically associated with the reproductive and renal systems and the musculoskeletal system that supports them, which may in turn affect the abdomen, rectum, genitalia, or perineum. It can be acute in nature – usually less than 6 months’ duration – and may be caused by infection, physical trauma (including surgery), muscle imbalance, or may have a neurological source, such as nerve compression or skeletal malalignment. Chronic pelvic pain is defined as lasting for 6 months or more, and although exact etiologies have not been clearly identified, chronic prostatitis, musculoskeletal conditions, pelvic floor muscle hypertonus, pudendal neuralgia, and visceral as well as psychological conditions have all been implicated.

The terms chronic pelvic pain and prostatitis are often interchanged in the literature. Prostatitis is a catch-all term that may or may not involve inflammation or infection of the prostate gland. The most important distinction between the various classifications of prostatitis is the presence or absence of bacterial infection. The majority of patients diagnosed with prostatitis (90% or greater) have non-bacterial prostatitis (category III). Category III may include any of the following: chronic pelvic pain syndrome, urologic chronic pelvic pain syndrome, pelvic pain syndrome or chronic prostatitis.

Pelvic pain occurs in 4% of men in the third decade of life and 5.3% of those in the fourth decade of life. It has also been reported that 9.7% of men suffer from prostatitis-like symptoms at some point in life. Chronic persistent urogenital/pelvic pain in men has a 2-10% prevalence rate among adult men internationally with a significant effect on quality of life and healthcare resources. Chronic pelvic pain is associated with significant disability and psychological distress that contributes to further reduction in quality of life.

Chronic pelvic pain means different things to different individuals. It's a general term encompassing an extremely diverse group of conditions. No one definition is considered acceptable. Interestingly, among the definitions given by the National Institute of Health, The International Continence Society and The American College of Obstetricians and Gynecologists, none mention muscle as one of the body systems involved with chronic pelvic pain. Even though Travell and Simons discussed the myofascial origins of chronic pelvic pain in their publications between 1983 and 1992, it has only been in the recent past that muscles have been considered as a potential factor in the etiology of chronic pelvic pain.  

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Although chronic pelvic pain is associated with multiple pain sites and dysfunction within multiple systems, it is the skeletal muscle/myofascial dysfunction component where the specialist input of physical therapy is most effective. A multimodal physical therapy intervention that includes manual therapy techniques applied to the pelvic floor, abdomen, back, and lower extremities, along with progressive muscle relaxation with the help of biofeedback, postural and flexibility exercises, and aerobic exercises has proven to be an effective treatment option in reducing pain and improving bladder, bowel, and sexual function in male patients suffering from chronic pelvic pain.

Despite these positive results, clinicians who possess specialized expertise may be difficult to locate. However, finding health-care practitioners who are experts in pelvic floor disorders is of the utmost importance. Fortunately, manual therapy for myofascial release and trigger point desensitization is becoming more recognized as a treatment option in the urologic community. Zermann et al. reported an inability to contract and relax the pelvic floor muscles in 88% of their patient sample and suggested that compromise of the pelvic floor musculature may cause increased bladder sensitivity, pain, urgency, and undesirable changes within the central nervous system. Anderson et al. reported moderate to marked improvement of Chronic Pelvic Pain Syndrome symptoms among 72% of patients who received manual therapy and education.

More research is needed to better understand the etiologies of pelvic pain and pelvic floor dysfunction and their impact. In the meantime, physical therapists specialized in the field continue to be aware of symptoms and treatment options to effectively manage the varied conditions that may be classified as pelvic pain syndrome or pelvic floor dysfunction.

References
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