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Effects of manual therapy and dry needling techniques for managing hypertonicity in the male pelvic floor: A case report

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PURPOSE:

Pelvic floor hypertonicity, which typically presents with myofascial pain syndrome, is a common disorder that is consistently misdiagnosed or untreated within the medical community.

Dry needling has demonstrated beneficial results for decreasing hypertonicity and improving musculoskeletal dysfunction within various tissues of the body.

The purpose of this case report is to describe the effectiveness of a multi-modal intervention utilizing dry needling for a 27-year-old male with a hypertonic pelvic floor.

PATIENT DESCRIPTION:

This patient was a 27-year-old Caucasian male with a diagnosis of chronic prostatitis/epididymitis.

- Chief complaint was pain with prolonged sitting in the right testicle.
- Primary goal was to return to weight lifting and all functional activities with no pain.

Treatment consisted of dry needling trigger points, myofascial release, manual therapy, and exercise for hip and core stability.

METHODS:

Frequency and duration of treatment was two times a week for six weeks with sessions lasting between 45 to 60 minutes.

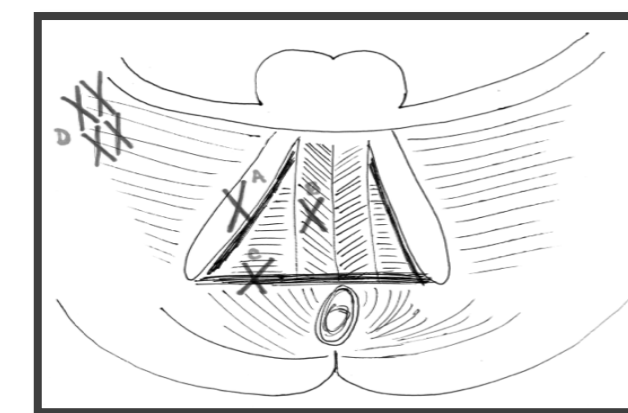
The intervention plan consisted of therapeutic exercises and manual therapy techniques including myofascial release, trigger point dry needling and joint mobilizations.

INTERVENTION:

Manual Therapy Interventions	
Interventions	Location
Trigger Point Dry Needling	All completed on the right side. Adductors, Iliacus, Iliopsoas, Psoas, Superficial Transverse Perineal, Obturator Internus
Myofascial Release	Adductors, Superficial Pelvic Floor, Rectus Abdominis, Deep Transverse Perineal, Obturator Internus, Spermatic Cord
Joint Mobilizations	Lumbar: L2-L5 central (PIVM), right L5 UPA, L1-L3 unilateral (PIVM) Sacrum: Central sacral base Hip: Inferior lateral and inferior medial glides

Palpation for Tenderness					
Region of Palpation	Initial Exam	1-6 weeks	7-13 weeks	14-20 weeks	21-28 weeks
Trigger Points [Tenderness^a]:					
Adductors	Severe [3]	Severe [3]	Mild [1]	Moderate [3]	Mild [1]
Bulbocavernosus	Severe [3]	Moderate [2]	Slight [1]	Slight [1]	Slight [1]
Iliopsoas	Severe [3]	Moderate [0]	Mild [1]	Mild [1]	None [1]
Ischiocavernosus	Severe [3]	Moderate [2]	Slight [1]	Slight [0]	Slight [0]
Obturator Internus	None [0]	None [0]	None [0]	Mild [0]	Mild [0]
Piriformis	None [0]	None [0]	None [0]	None [0]	None [0]
Transverse Perineal	Severe [3]	Moderate [2]	Moderate [2]	Moderate [2]	Moderate [2]

^aTenderness
0=No tenderness noted
1=Complaint of pain
2=Pain with wincing
3=Wincing and withdrawal



Adapted from Davia and Welty, 2014.³³
Palpable tenderness locations.
(A) right ischiocavernosus (B) right bulbospongiosus
(C) right superficial transverse perineal (D) right adductors

Therapeutic Exercise			
Weeks	Stretching	Hip Strengthening	Core Stability
1-6	Butterfly (adductors)		TrA Isolation in supine
	Single knee to chest		Posterior pelvic tilts in supine
	Double knee to chest		
7-14	Hip Flexors in standing	Clams/ Reverse Clams	Bent knee fall out with TrA
	Hamstrings in supine	Prone windshield wipers	Seated multifidus Seated posterior pelvic tilt
14-28	Thoracic towel in sitting and supine	Resisted Clams/ Reverse Clams	Incorporation of TrA with all activities
		Single leg stance Stable / Airex	
	Bilateral open books	Side stepping ½ kneeling PNF	
	Obturator Internus	Side stepping Resisted Internal and External Rotation	

RESULTS:

The patient attended 38 sessions over 7 months of physical therapy.

- Initial Focus on Therapeutic Outcomes (FOTO) score of 67, with an overall change of 50 points at discharge.
- Initial Numeric Pain Rating Scale (NPRS) of 10/10 at worst that gradually decreased to a 2/10 at worst by discharge.

The patient demonstrated clinically meaningful functional and symptomatic improvements from initial evaluation to discharge.

CONCLUSION:

Dry needling and manual therapy techniques demonstrated significant improvement for addressing pelvic floor hypertonicity in this patient.

Overall improvements included: increased hip strength, decreased pelvic floor tenderness, and decreased pain.

Further investigation is recommended to determine whether dry needling can be utilized independently of other manual therapy interventions.

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