Effects of Manual Therapy and Dry Needling Techniques for Managing Hypertonicity in the Male Pelvic Floor: A Case Report

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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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**POURPOSE:**
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 weeks 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.

**MANUAL THERAPY INTERVENTIONS:**

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>LOCALLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trigger Point Dry Needling</td>
<td>All completed on the right side. Adductors, Iliacus, Iliopsoas, Psoas, Superficial Transverse Perineal, Obturator Internus</td>
</tr>
<tr>
<td>Myofascial Release</td>
<td>Adductors, Superficial Pelvic Floor, Rectus Abdominis, Deep Transverse Perineal, Obturator Internus, Spriletic Cord</td>
</tr>
<tr>
<td>Joint Mobilizations</td>
<td>Lumbar: L2-L5 central (PIVM), right L5 UP, L1-L3 unilaterial (PIVM) Sacrum: Central sacral base Hip: Inferior lateral and inferior medial glides</td>
</tr>
</tbody>
</table>

**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.

**REFERENCES:**

This case report was required for partial fulfillment for the Doctor of Physical Therapy degree (DPT) at the University of St. Augustine for Health Sciences.