

**Report about the *Wise-Anderson Protocol*
on the Doctor's Channel,
*Internet TV for doctors***

**2010 study
Journal of Urology**

**Improvement in symptoms of
82% of men refractory to any
other treatment**



New Article Reports Wise-Anderson Protocol Helps 82% of Men Diagnosed With Prostatitis

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You can find the source video here on their website: <http://www.thedoctorschannel.com/video/4146.html>

Source: National Institute of Health and US National Library of Medicine at <http://www.ncbi.nlm.nih.gov/pubmed/21334027>

In 2010 a clinical study was performed with sufferers of chronic prostatitis and chronic pelvic pain to determine the effectiveness of the Wise-Anderson Protocol (formerly called the Stanford Protocol) on 116 self-referred test subjects who had reported these symptoms and were diagnosed with these conditions and had found that conventional treatments had not worked.

The results published February 2011 show that more than 4 out of 5 people can experience improved relief of pain, improved sexual freedom from pain or dysfunction, and improved urinary function and improved quality of life using the Wise-Anderson protocol including the Paradoxical Relaxation Technique.

The study was performed at the Department of Urology, School of Medicine, Stanford University, Stanford, California. The lead scholar was Stanford Professor Emeritus Dr. Rodney U. Anderson. The link to this research can also be found on the Stanford website at <http://med.stanford.edu/profiles/frdActionServlet?choiceId=showPublication&pubid=8795682&fid=4542&>.

Rodney U. Anderson, David Wise, Timothy Sawyer, Patricia Glowe, Elaine K. Orenberg, 6-Day Intensive Treatment Protocol for Refractory Chronic Prostatitis/Chronic Pelvic Pain Syndrome Using Myofascial Release and Paradoxical Relaxation Training, *The Journal of Urology*, In Press, Corrected Proof, Available online 22 February 2011, ISSN 0022-5347, DOI: 10.1016/j.juro.2010.11.076. (<http://www.sciencedirect.com/science/article/B7XMT-527G46R-M/2/27fe94b0eda48a693cdacb45ba772921>)

Abstract: Purpose Chronic prostatitis/chronic pelvic pain syndrome continues to elude conventional therapy. Evidence supports the concept that phenotypes of pelvic muscular tenderness and psychosocial distress respond to myofascial trigger point release and specific relaxation training. This case series reports long-term outcomes of a 6-day intensive combination of such therapies in refractory cases.

Materials and Methods A total of 200 men with pain for a median of 4.8 years referred themselves to Stanford University Urology for participation in an established protocol. Daily 3 to 5-hour sessions including intrapelvic/extrapelvic physiotherapy, self-treatment training and paradoxical relaxation training provided a solid introduction to facilitate self-management. Subjects answered baseline and followup questionnaires at variable intervals after initiation of therapy including the National Institutes of Health Chronic Prostatitis Symptom Index, global response assessment and a psychological query. **Results** We followed 116 men for a median of 6 months. Baseline total symptom index was 26 out of a maximum 43 points. Scores decreased by 30% ($p < 0.001$) at followup with 60% of subjects demonstrating a 6-point or greater decrease (range 6 to 30). Domains of pain, urinary dysfunction and quality of life showed significant improvement ($p < 0.001$). Global response assessment revealed that 82% of subjects reported improvement (59% marked to moderate, 23% slight).

Conclusions Men with chronic pelvic pain refractory to traditional treatment benefit from intensive myofascial trigger point therapy and concomitant paradoxical relaxation training. Education in techniques for self-administered trigger point release and continued pelvic muscle relaxation help patients reduce pain and dysfunction. Refinement of clinical phenotyping and selection of patients with pelvic muscle tenderness should enhance the success rate with this treatment modality.

Keywords: prostatitis; pelvic pain; physical therapy modalities; myofascial pain syndromes