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**Report on the study at the American Urological Association on the new internal trigger point wand developed and used in the *Wise-Anderson Protocol***

## Self-massage shows benefit in CP/CPPS patients with myofascial pain

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<http://urologytimes.modernmedicine.com/urologytimes/Modern+Medicine+News/AUA-2011-Self-massage-shows-benefit-in-CPCPPS-pati/ArticleStandard/Article/detail/723402>

Men with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) can be do-it-yourselfers when it comes to treating the myofascial component of their pain. And that may mean that the men with a phenotype of muscle tenderness—which may be 60% of CP/CPPS patients—could get significant relief and save money.

Many clinicians who specialize in treating the urologic pelvic pain syndromes have seen the value of physical therapy of the pelvic floor for their patients' pain, and the approach has proven its mettle in a clinical trial in interstitial cystitis patients.

But regular physical therapy, which is often not covered by insurance, can be out of financial reach for many sufferers. Physical therapists have responded by helping patients learn to massage their own pelvic floor muscle trigger points with internal massage tools. Now, there's evidence that this do-it-yourself approach works.

"Once you find these trigger points, you get a good return on treatment without drugs or surgery," Rodney Anderson, MD, of Stanford University, Stanford, CA, told *Urology Times*.

He and psychologist David Wise, PhD, have developed and tested a device that helps men massage these muscle trigger points internally. In the physical therapy component of Dr. Anderson and Dr. Wise's treatment program, they map the pelvic floor trigger points and train patients to massage them internally with a j-shaped, rigid wand made of Ultem plastic. The wand integrates an algometer that measures applied point pressure to prevent patients from using excessive or dangerous force.

Patients used the wand two to three times per week for 5 to 10 minutes and were followed up at 1 and 6 months. Ninety-five percent (106/111) reported the therapy was very or moderately effective in relieving pain. Their average assessments of pelvic floor pain on a scale of 1 to 10 dropped from 7.5 at baseline to 4 at 6 months; 39% of patients reported a greater than 50% reduction in pelvic muscle sensitivity.