Men with chronic pelvic pain syndrome often keep it quiet. Physiotherapists can help.
CHRONIC PELVIC PAIN syndrome is hard to diagnose. And diagnosis is only the beginning of what can be a long—and painful—journey.

Affecting anywhere from three to 10 per cent of men, many of the symptoms of chronic pelvic pain are similar to acute bacterial prostatitis, including painful, frequent urination and pain in the bladder, perineum, penis and testicles. Some men feel pain in their lower back or glutes. Some experience pain on ejaculation. Many say the feeling is like sitting on a golf ball. But the key difference between bacterial prostatitis and chronic pelvic pain syndrome—also known as prostatodynia or non-bacterial prostatitis—is that prostatic fluid cultures come back negative for bacteria.

It’s the same kind of pain as women experience, says Marie-Josée Lord, a pelvic floor physiotherapist in Kirkland, Quebec, who treats chronic pelvic pain patients. The difference between the sexes, of course, is anatomical. Women describe pain in the labia and vagina, and they often self-diagnose a vaginal infection. But urinary symptoms, sexual dysfunction and hypertonicity of the pelvic floor muscles are common for both men and women.

Faced with a negative test result, family doctors and urologists are often stumped. Many try antibiotics anyway, particularly if the patient has had acute bacterial prostatitis in the past. They should also rule out chronic urethritis, sexually transmitted infections, inflammatory bowel disease, kidney stones and cancer of the prostate, urethra and bladder, all of which may have similar symptoms. After months and maybe even years of dead ends and dashed hopes, patients are told there’s not much their doctors can do. They’ll have to learn to live with it.

“A poorly understood condition
Allen considers non-bacterial chronic prostatitis to be one of the biggest challenges in a urologist’s practice. “Urologists aren’t trained in myofascial or musculoskeletal restrictions,” she says. “They can only look at the specific set of symptoms and try to put them in the context of what they know, which is the bladder and prostate.”

It’s not the physician’s fault, says Vancouver-based physiotherapist Marcy Dayan, who specializes in pelvic floor and women’s health issues. There’s almost no research on the benefits of physical therapy for men with chronic pelvic pain syndrome and very little understanding of the causes of the condition. Men’s reluctance to discuss pain “down there” contributes, too. They aren’t talking to their buddies—or even their practitioners—about their painful ejaculations or bowel movements, or the fact they sometimes have to strain to urinate. “Often men are just so shattered that something’s wrong with them they don’t want to address it,” says Chrumka.

Chronic pelvic pain syndrome tends to happen in men between the ages of 20 and 40. Risk factors include a history of lower urinary tract or sexually transmitted infections, or a bout of acute bacterial prostatitis. Fitness buffs with a penchant for ab crunches and cyclists also seem to have a greater prevalence of chronic pelvic pain syndrome, says Allen. But the most significant risk factor is stress. “Most of the people I treat are very high-powered professional go-get’em men with very stressful jobs,” says Dayan. Allen has noticed that her clients’ symptoms often first appear at the same time as a divorce, job loss, promotion or other stressful life event.

“This condition affects 90 million men worldwide. Are you likely to be seeing these men? Absolutely. But will you know you’re seeing them? Not unless you ask the right questions.” — Caroline Allen, physiotherapist
Stress triggers stomachaches for some men. For others it’s migraines, tense shoulders or a clenched jaw. For many men with chronic pelvic pain syndrome, stress causes tension to build up in the pelvic floor muscles.

The impact of this condition on quality of life and activities of daily living can be significant. Coping with chronic pain is exhausting and it can negatively affect almost every area of life. If the pain impacts sexual function, it can cause self-image and relationship woes. Problems sitting—sometimes for anything longer than a few minutes—and difficulty with bowel and bladder management can affect a wide range of activities, including employment, athletics, driving and socializing. Some men are prescribed antidepressants or anticonvulsants to help manage the pain, which have their own set of side effects. Simply feeling alone and without answers can be debilitating.

**How physiotherapists treat**

“The biggest role of the physiotherapist for this condition is education,” says Lord.

Allen agrees. “I always say to these patients, I’m the coach and you’re the athlete. The more you understand and the more you learn to listen to your own body, the less of me you’ll need.” Then we start things off with a good anatomy lesson.”

Men present with a variety of symptoms, but Dayan says typical subjective findings include pain (before, during or after an ejaculation or bowel movement; before, during or after urination; and when sitting), co-existing bladder or bowel movement; before, during or after an ejaculate or bowel movement; before, during or after urination, frequent urination (may be particularly noticeable during the night) and recurrent urinary tract infections.

**“Do you have any urinary symptoms?”**

Probe for: leakage, being slow to start, a feeling like you need to urinate but there’s nothing there, pain or burning during urination, frequent urination (may be particularly noticeable during the night) and recurrent urinary tract infections.

**“Do you have any pelvic pain?”**

Probe for: testicular pain or aching, penile pain or burning at the tip of the penis, and pain on ejaculation. You can also ask, “Does it ever feel like you’re sitting on a golf ball?” to find out about perineal pain.

**“How are your bowels?”**

Probe for: rectal pain, constipation and recurrent anal fissures.

**Asking the HARD QUESTIONS**

A client comes into your clinic complaining of back or leg pain—but he may actually have chronic pelvic pain syndrome. Here’s a list of questions every physiotherapist should be prepared to ask:

**“Do you have any urinary symptoms?”**

Probe for: leakage, being slow to start, a feeling like you need to urinate but there’s nothing there, pain or burning during urination, frequent urination (may be particularly noticeable during the night) and recurrent urinary tract infections.

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Probe for: testicular pain or aching, penile pain or burning at the tip of the penis, and pain on ejaculation. You can also ask, “Does it ever feel like you’re sitting on a golf ball?” to find out about perineal pain.

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**MORE ON THE FLOOR**

Chronic pelvic pain syndrome is only one of a number of male pelvic floor dysfunctions that physiotherapists can treat. Pre- and post-op prostate cancer patients, particularly those who have had a radical prostatectomy, can be taught to use their pelvic floor muscles to minimize urinary stress incontinence. Men with a vasculogenic form of erectile dysfunction (which accounts for 70 per cent of cases due to physical causes) can learn how to boost strength and endurance in their pelvic floor muscles to better sustain an erection, according to research published by U.K.-based physiotherapist and researcher, Grace Dorey. Avid cyclists may learn from the internal exam as well. “When I palpate their muscles, it increases their proprioception so they can learn to undo something they didn’t even know they were doing,” says Allen.

Chrumka’s experience is proof. He now knows he has a pelvic floor—and that he can move it. “Because of physiotherapy, I have increased body awareness,” he says. “I can look for increasing tension and know that if that’s happening, I can do breathing exercises to drop down the pelvic floor.”

Pain sensitization is a critical but often overlooked aspect of the condition, says Dayan. Clients have to learn that pain doesn’t mean tissue damage and that thoughts, beliefs and fears increase their pain sensitivity. Meditation, breathing exercises, yoga, tai chi, qi gong and other helpful practices will reduce stress, decrease tension in the pelvic floor and minimize pain. Pharmacological interventions that help regulate a hypersensitized system, combined with physiotherapy, can often help, Dayan adds.

A team approach offers the most benefit, with the physiotherapist working in conjunction with mindfulness practitioners, psychologists, yoga instructors, urologists and the family physician.

Chrumka is realistic about physiotherapy’s ability to solve his pelvic problems. “It won’t work on its own,” he says. “Caroline has given me a few exercises to do. If I just do that all week and I don’t do any meditation, forget it. It’s not going to work. And let’s say I just do meditation. Well, symptoms are down but not completely gone. It really takes both.”

Allen tends to see her pelvic pain clients once a week for between three and six weeks. The frequency of visits drops to two to four
I always say to these patients, ‘I’m the coach and you’re the athlete. The more you understand and the more you learn to listen to your own body, the less of me you’ll need.’ Then we start things off with a good anatomy lesson.

— Caroline Allen
weeks after that, with clients who are diligent about doing their “homework”—breathing exercises, relaxation techniques, connective tissue release—seeing Allen less frequently. Years later, however, clients will call her up when their lives get stressful for a quick refresher.

Dayan sees clients for an average of four to six sessions. “My goal is to provide education and active treatment interventions that clients can do for themselves to decrease or eliminate their symptoms, rather than have them be dependent on passive interventions that I have to do to them.”

Dayan has found that some of her clients respond quickly to treatment, while others see few results. “Can I tell who is going to respond and who isn’t?” she asks. “No. But I think people who have fewer co-morbidities tend to have greater success.” Practitioners working with chronic pelvic pain clients can use the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) as an outcome measure to gauge progress.

Coping well with chronic pelvic pain syndrome requires a lifelong commitment to pain management, says Lord. “These patients might be doing quite well. Then something stressful happens and they have a relapse and their pain starts again.” Fortunately clients can address the issues right away, minimizing the likelihood the setback will be significant.

“We can give men with chronic pelvic pain hope,” says Allen. “We can give them a toolbox of techniques they can use so they feel they’re in control of their own bodies.”

The importance of screening
And what of physiotherapists who haven’t taken extra training in male pelvic floor dysfunction? Do they have a role to play?

“This condition affects 90 million men worldwide,” says Allen. “Are you likely to be seeing these men? Absolutely. But will you know you’re seeing them? Not unless you ask the right questions.”

Men with chronic pelvic pain syndrome may present with pain in the buttocks, thighs, low back or legs, and it’s only through asking direct questions that a physiotherapist will discover that “back pain” is code for pain in more private areas of the body. Physiotherapists can ask about testicular pain, pain on ejaculation, bladder issues (difficulty voiding, poor stream, being slow to start or a burning sensation), and bowel symptoms (pain, constipation or anal fissures). “These are difficult conversations, but we have to probe a little,” says Allen.

Consider it part of your regular screening, recommends Dayan, but always ask if the client has seen a physician about the problem. “I don’t want to take responsibility for medical diagnoses,” she says. “Urinary frequency and urgency can be a sign of end-stage presentation of prostate cancer as well.”

If the client describes symptoms reminiscent of chronic pelvic pain syndrome, it’s time to connect with a pelvic floor physiotherapist to determine if a referral is warranted. You can do that by checking out CPA’s Find a Physiotherapist service at www.physiotherapy.ca. CPA’s Women Health Division is also a good resource.

By asking some pointed questions, sharing some helpful information and referring to a colleague who works with pelvic floor issues, physiotherapists can start their pelvic pain clients on the road to recovery.

THE PELVIC FLOOR PT’S TREATMENT TOOLKIT
Specific treatment modalities and techniques vary according to the needs of the client and the background of the practitioner, says pelvic floor physiotherapist Marcy Dayan, but often include combinations of the following interventions:

• Pelvic floor proprioception and motor control exercises, both with and without EMG biofeedback, to teach pelvic floor relaxation techniques
• Pelvic floor trigger point release
• TENS
• IMS and acupuncture
• Visceral mobilization and myofascial release techniques
• External trigger point release
• Behavioural and dietary bladder and bowel interventions and education to help with constipation and bladder pain
• Peripheral and central pain pathophysiology education and interventions to increase the client’s ability to minimize pain sensation
• Sexual health education and referral to sex therapists if warranted
• Information on support, research and education organizations to give the client a feeling of control and minimize feelings of “being alone”
• Referrals to other health professionals, including physicians, counsellors, dietitians, employment supports and ergonomists, who have an interest and experience in managing chronic pelvic pain

Become a pelvic floor physiotherapist
Physiotherapy is becoming an increasingly popular option for clients with pelvic floor dysfunctions and physiotherapists who treat men have busy practices—but you need additional training to perform the examinations and treatments required. Courses in pelvic floor cover both theory and practice, including internal techniques, and are available through the Women’s Health Division of the CPA and the American Physical Therapy Association (APTA). Introductory courses focus on female urinary incontinence and teach vaginal and anal examinations. Advanced courses cover ano-rectal dysfunction, male urinary incontinence, and pelvic floor issues in pregnancy and postpartum. Courses in central and peripheral pain sensitization are also recommended; they’re available through the Pain Science Division of the CPA, the APTA and the Neuro Orthopaedic Institute.