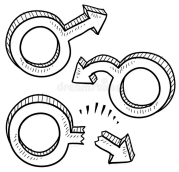
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Men's Pelvic Health Physiotherapy



Erecticle dysfunction

(Biomechanical Causes)

Tight Pelvic Floor Muscles

- **Arterial compression (pudendal artery):** limiting arterial blood flow required to achieve an erection
- **Nerve irritation:** constant muscle tension leading to localised nerve irritation, reducing sensation and reflex responses
- **Impaired muscle coordination:** tight muscles affect the sequence of relaxation contraction required to maintain an erection
- **Overlap with chronic pelvic pain (CPPS)**

Weak Muscles

- **Weakness of bulbocavernosus and ischiocavernosus:** reducing compression of the penile veins - "venous leak" and reduced ability to achieve or maintain erection



Continence

- Urininary and Faecal
- Stress incontinence
- Urgency and Urge incontinence
- Mixed Symptoms
- Post-micturition Dribble



Pelvic Pain/Prostatitis

Prostatitis (Non-bacterial)

- **Pelvic Floor Dysfunction & Muscle Tension:** Spasms, tightness, or dysfunction in the pelvic floor muscles (pelvic floor tension myalgia) can place chronic pressure and stress on the prostate and surrounding nerves.
- **Nerve Irritation or Damage:** Hypersensitivity or local nerve damage involving the lower urinary tract and perineal region can misfire and send chronic pain signals.
- **Physical Trauma or Lifestyle Triggers:** Activities or habits that put prolonged pressure on the perineum—such as frequent bicycle riding, heavy lifting, or extended periods of sitting—can contribute to local inflammation and muscle strain.



Pre and Post Prostate Surgery

- **Pre-Op:** To learn to identify, isolate, and contract pelvic floor muscles
  - **Reduce** risk and severity of post-operative continence issues
- **Post-Op:**
  - Progressive PF exercises
  - Bladder training and good habits
  - Erectile dysfunction and sexual health
  - Graded return to exercise

Assessment

Our Men's Pelvic Health Physiotherapy takes a holistic approach to the pelvic floor, this includes the relationships to the pelvis, hips and lower back as well as the interactions between muscles, nerves and breathing.

Pelvic floor Muscle tone - hypertonic/hypotonic

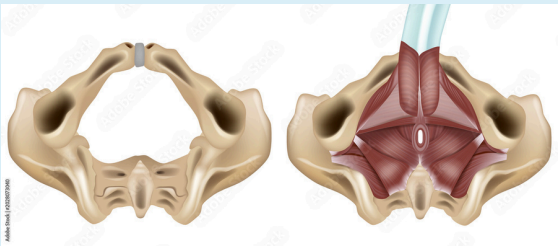
Muscle activation patterns and strength

Muscle relaxation

Coordination between pelvic floor, breathing and "core" muscles

Reasons Pelvic floor exercises/previous treatment may have failed;

- Exercises being performed incorrectly
- Overactivity of PF not being addressed and being aggravated by exercises
- Not taking into account relationship to lower back and pelvis



Treatment

Individualised treatments are tailored to each person's specific requirements this may include:

Manual therapies for overactive muscles

Pelvic Floor relaxation techniques

Pelvic floor exercises - differentiated to target the correct muscles that are underperforming whilst not aggravating muscles that may be overactive

Biofeedback techniques for both activation and relaxation of muscles

PHYSICO Physiotherapy

