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## Pelvic floor myofascial trigger points: manual therapy for interstitial cystitis and the urgency-frequency syndrome.

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### Abstract

**PURPOSE:** The effectiveness of manual physical therapy was evaluated in patients with interstitial cystitis and the urethral syndrome, that is urgency-frequency with or without pelvic pain. The rationale was based on the hypothesis that pelvic floor myofascial trigger points are not only a source of pain and voiding symptoms, but also a trigger for neurogenic bladder inflammation via antidromic reflexes.

**MATERIALS AND METHODS:** From September 1995 to November 2000, 45 women and 7 men, including 10 with interstitial cystitis and 42 with the urgency-frequency syndrome, underwent manual physical therapy to the pelvic floor for 1 to 2 visits weekly for 8 to 12 weeks. Results were determined by patient completed symptom score sheets indicating the rate of improvement according to outcome parameters, including 25% to 50%-mild, 51% to 75%-moderate, 76% to 99%-marked and 100%-complete resolution. In 10 cases these subjective results were confirmed by measuring resting pelvic floor tension by electromyography before and after the treatment course.

**RESULTS:** Of the 42 patients with the urgency-frequency syndrome with or without pain 35 (83%) had moderate to marked improvement or complete resolution, while 7 of the 10 (70%) with interstitial cystitis had moderate to marked improvement. The mean duration of symptoms before treatment in those with interstitial cystitis and the urgency-frequency syndrome was 14 (median 12) and 6 years (median 2.5), respectively. In patients with no symptoms or brief, low intensity flares mean followup was 1.5 years. In 10 patients who underwent electromyography mean resting pelvic floor tension decreased from 9.73 to 3.61 microV., which was a 65% improvement.

**CONCLUSIONS:** Pelvic floor manual therapy for decreasing pelvic floor hypertonus effectively ameliorates the symptoms of the urgency/frequency syndrome and interstitial cystitis.

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