

## THE STANFORD PROTOCOL FOR MALE PELVIC PAIN: INTEGRATION OF MYOFASCIAL TRIGGER POINT RELEASE AND PARADOXICAL RELAXATION TRAINING

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**INTRODUCTION AND OBJECTIVE:** Perspective on the neurobehavioral component of the etiology of chronic prostatitis (CP) and chronic pelvic pain syndrome (CPPS) is emerging. We evaluated a new approach to treatment of CP/CPPS with the Stanford University-developed protocol using myofascial muscular release therapy (MFRT) in conjunction with cognitive behavior paradoxical relaxation therapy (PRT).

**METHODS:** A total of 138 men with CP/CPPS (median duration 31 months) refractory to traditional therapy were treated for at least one month with the Stanford protocol as their sole treatment by a team comprised of an urologist, physiotherapist and psychologist. Physiotherapy of the pelvic floor musculature was given weekly. Patients received individual instruction at weekly intervals for up to 8 weeks in progressive relaxation exercises to achieve specific relaxation of the pelvic floor. Daily home practice relaxation sessions were recommended using a series of instructional audiotapes. Symptoms were assessed with two instruments, a Pelvic Pain Syndrome Survey (PPSS) and NIH-Chronic Prostatitis Symptom Index (NIH-CPSI). Patient-reported perceptions of overall effects of therapy were documented on a Global Response Assessment (GRA) questionnaire.

**RESULTS:** More than half of patients treated with MFRT/PRT had clinical improvements, a  $\geq 25\%$  decrease in pain and urinary symptom scores assessed by the PPSS. For those at the  $\geq 50\%$  improvement level, median scores decreased 69% and 80% for pain and urinary symptoms, respectively. Both scores decreased significantly by a median of 8 points when the  $\geq 25\%$  improvement was first observed; after a median of 5 MFRTs (range 1-30). GRAs of *markedly improved* or *moderately improved*, considered clinical successes, were reported by 72% of patients. Both the PPSS and NIH-CPSI showed similar levels of improvement after MFRT/PRT. The median pretreatment NIH-CPSI total score of 24 decreased a median of 11 points (46%,  $p < 0.001$ ) and 8 points (24%,  $p = 0.008$ ) for patients *markedly* and *moderately improved*, respectively.

**CONCLUSIONS:** This case study analysis indicates that MFRT combined with PRT provides an effective alternative or complimentary therapeutic approach for management of patients with CP/CPPS, providing pain and urinary symptom relief comparable to traditional therapy.

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