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**Report on success of trigger point wand used in the
*Wise-Anderson Protocol (Stanford Protocol)***

**87% completing 6 months of use
report significant reduction in pelvic floor
sensitivity/pain from 7.5 to 4 on a 0-10 scale**

From Medscape Medical News

Trigger Point Wand Eases Chronic Pelvic Pain

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May 23, 2011 (Washington, DC) — An internal therapeutic trigger point wand can help relieve the pelvic muscle tenderness that commonly occurs in patients with urologic chronic pelvic pain syndrome (UCPPS), according to data released here at the American Urological Association (AUA) 2011 Annual Scientific Meeting.

Researchers at Stanford University School of Medicine in Palo Alto, California, found that patients with chronic pelvic pain refractory to standard therapies had marked improvement when they used a wand to self-treat painful internal myofascial trigger points in the pelvic floor. What's more, the treatment was shown to be safe.

"A multimodal program whereby patients undergo comprehensive training on the use of a therapeutic wand for myofascial trigger point release under professional supervision appears to be a viable option for reducing the trigger point sensitivity that often does not respond to conventional drug or surgical treatment or physical therapy," lead study author and professor of urology Rodney U. Anderson, MD, told *Medscape Medical News* in an interview.

The open-label pilot study included 157 patients with UCPPS who referred themselves to an intensive 6-day "immersion" program where they were taught how to treat themselves using muscle stretching, external and internal trigger point release, and daily relaxation exercises at home. In all of them standard treatments had failed.

Patients were excluded from the study if they did not have muscle-related pelvic pain, were not found to have internal trigger points painful to palpation, or were found not to be competent in using the wand.

About two-thirds of patients with UCPPS have pain occurring with palpation of internal and external pelvic muscles, Dr. Anderson noted. The pain emanates primarily from myofascial trigger points, which are tender on palpation and reproduce the specific anatomical location of pain described by the patient.

With the Stanford protocol, a physical therapist creates individual drawings to map specific tender trigger points for each patient and also instructs patients about wand insertion and safe pressure application.

The wand used in the study was specially designed to serve as an extended finger that is easily navigated into the pelvis for use in locating and releasing internal myofascial trigger points. The algometer sensor is easily visible and allows same-time monitoring of point pressure to prevent excessive or dangerous force.

Throughout the pilot study, patients continued to use the external muscle massage and stretching techniques and home progressive relaxation exercises that they had learned in the 6-day immersion program. No changes were made in any prescription or over-the-counter medications.

Significant Decrease in Pelvic Muscle Sensitivity

Overall, 113 patients (106 men and 7 women) completed 6 months of regular wand use whereby they used the wand 3 or 4 times a week with sessions lasting 5 to 10 minutes. Forty-four patients dropped out of the study but in no case because of adverse events.

Pelvic muscle trigger point sensitivity data were available in 111 patients. Their baseline median pelvic muscle sensitivity score on the 10-point visual analog scale was 7.5, which had decreased significantly to 4 at 6 months ($P < .001$). Ninety-five of the 111 patients, or 87%, had at least some reduction in sensitivity after 6 months.

Most patients said that they were very satisfied or moderately satisfied with use of the wand.

There were no serious adverse effects and only rare transient episodes of minimal low-grade mucosal bleeding.

Dr. Anderson said that the patient needs to be highly motivated to use the wand several times a week for the tool to be effective.

He also emphasized that wand use represents a single component of a multipronged approach involving physical therapy and relaxation, although he said that use of the wand should help reduce the need for office-based physiotherapy.

Finally, he commented that, for now, it is not possible to say definitively whether the wand improves outcomes in women given the small number of women enrolled in the study.

"The results are good, and I think that there are important treatment benefits," Tomas L. Griebing, MD, MPH, AUA spokesperson and associate professor and vice chair of the Department of Urology at the University of Kansas Medical Center in Kansas City, told *Medscape Medical News*.

"This therapy, which is placed transrectally in men and either transrectally or transvaginally in women to access myofascial trigger points in the pelvis, tries to replicate what some patients do with a physical therapist who is doing internal trigger point massage or trigger point release," he said. "With the wand, patients are able to 'direct' the therapy themselves, so it saves them visits to clinicians, which translates into time and money and also allows them to have a sense of control over their own therapy."

Also, therapy is safe, he added. "Patients were given comprehensive instruction on how to use the wand correctly in order to avoid rectal or vaginal injuries," he said. "And they really didn't see any significant side effects. A few people had transient bleeding for a day or two, but it was not significant."

The study was funded by the National Center for Pelvic Pain Research in Sebastopol, California. Neither Dr. Anderson nor Dr. Griebing has disclosed any relevant financial relationships.

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