

# FERTILITY AND STERILITY

Reprinted from **FERTILITY AND STERILITY**<sup>®</sup>  
Volume 86, Supplement 2, September 2006

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## **IMPROVING SEXUAL FUNCTION IN PATIENTS WITH ENDOMETRIOSIS VIA A PELVIC PHYSICAL THERAPY**

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**OBJECTIVE:** Among the most common symptoms experienced by the 5 million American women with endometriosis is pain during sexual intercourse. The purpose of this study was to assess the efficacy of a non-invasive manual pelvic physical therapy in reducing dyspareunia and improving overall sexual function in this population.

**DESIGN:** Retrospective analysis.

**MATERIALS AND METHODS:** A retrospective analysis was performed on 14 patients (mean age = 33.8) with endometriosis, confirmed by laparoscopy or laparotomy. The outcome measure was post-treatment test scores vs. pre-treatment test scores on the validated Female Sexual Function Index (FSFI) full scale and 6 individual domains (desire, arousal, lubrication, orgasm, satisfaction, and pain). After completing the pre-test, the 14 patients underwent 20 hours of a manual pelvic physical therapy designed to address restricted soft tissue mobility due to micro-adhesions and adhesions. The post-test was completed 6 weeks after the last treatment date to allow time for the body to assimilate the changes and undergo a full menstrual cycle.

**RESULTS:** Although the FSFI was designed to evaluate the relative degree of dysfunction within the individual domains, there is obvious overlap among the 6 categories. The Wilcoxon Sign-Rank Test (2-sided) was used on the paired post-test/pre-test differences. It showed a statistically significant improvement ( $P = <0.001$ ) on the overall full scale score, as well as on each of the 6 individual domains: Desire ( $p = 0.011$ ); Arousal ( $p = 0.004$ ); Lubrication ( $p = 0.001$ ); Orgasm ( $p = 0.004$ ); Satisfaction ( $p = 0.005$ ); and Pain ( $p < 0.001$ ).

**CONCLUSION:** Many aspects of sexual dysfunction in patients with endometriosis appear to be treatable by a non-pharmaceutical, non-surgical pelvic physical therapy technique. The therapy should be considered as a new adjuvant to existing medical and gynecologic treatments.

Supported by: None.