

## **Treating Female Infertility and Improving IVF Pregnancy Rates With a Manual Physical Therapy Technique\***

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### **Abstract**

**Objective:** To assess the effectiveness of site-specific manual soft tissue therapy in (1) facilitating natural fertility and (2) improving in vitro fertilization (IVF) pregnancy rates in women with histories indicating abdominopelvic adhesion formation.

**Design and Intervention:** Pursuant to 2 promising pilot studies, 53 infertile, premenopausal patients received a 10- to 20-hour series of site-specific manual physical therapy treatments. Seventeen patients hoped to achieve a natural pregnancy; 36 planned to undergo IVF within 15 months. The primary criteria for inclusion in the studies were the inability to conceive following a minimum of 12 months of unprotected intercourse and suspected or confirmed pelvic adhesions due to abdominal and/or pelvic surgery, infectious or inflammatory disease (e.g., endometriosis, PID), or trauma. Treatments were specifically designed to address biomechanical dysfunctions of the pelvis, sacrum, and coccyx and restricted soft tissue and visceral mobility due to adhesions or microadhesions affecting the reproductive organs and adjacent structures.

**Main Outcome Measures:** (1) Natural fertility group: pregnancy within 1 year of therapy and subsequent full-term delivery; (2) Pre-IVF group: pregnancy (via transfer of fresh embryos from nondonor eggs) within 15 months of the last manual treatment date.

### **Results:**

**Natural fertility group:** Of the 14 patients available for follow-up (ages 25 to 44; mean, 33.5 years), 10 (71.4%) became pregnant within 1 year, and 9 (64.3%) reported full-term deliveries. Three of the 9 women who delivered reported a subsequent pregnancy, suggesting that the treatment protocol might have lasting effects. Two women have had a second live birth delivery; and the third is still pregnant.

**Pre-IVF group:** Of the 25 patients available for follow-up (ages 28 to 44; mean, 36

years), clinical pregnancies were documented in 22 of 33 embryo transfers vs the US Centers for Disease Control and Prevention (CDC) 2001 age-adjusted expected number of 12.7 ( $P < .001$ ). The estimated odds ratio for a successful pregnancy in a cycle (manual treatment: no treatment) is 3.20 (95% confidence interval = 1.55–8.4).

**Conclusions:** The data trend across these studies suggests that this innovative site-specific protocol of manual soft-tissue therapy facilitates fertility in women with a wide array of adhesion-related infertility and biomechanical reproductive organ dysfunction. The therapy, designed to improve function by restoring visceral, osseous, and soft-tissue mobility, is a nonsurgical, noninvasive manual technique with no risks and few, if any, adverse side effects or complications. As such, it should be considered a new adjunct to existing medical infertility treatments.

Complete published study available courtesy of PubMed, a service of the National Library of Medicine and the National Institutes of Health.

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## **Treating Fallopian Tube Occlusion with Manual Physical Therapy**

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**Objective:** To determine the efficacy of a non-invasive, manual soft-tissue physical therapy in opening completely blocked fallopian tubes in infertile women with confirmed bilateral occlusion and a history indicative of abdominopelvic adhesions.

**Design:** Retrospective analysis.

**Setting:** Clear Passage Therapies, Inc, clinic, Gainesville, Florida.

**Patients:** 28 infertile women (mean age=35.2) with diagnosed complete tubal occlusion (proximal, midtubal, distal, or combination). The patients were being treated for various types of abdominopelvic pain and dysfunction (eg, intercourse and/or pelvic pain, menstrual cramps, endometriosis pain).

**Intervention:** A 20-hour series of manual physical therapy treatments (mean duration=1 week) designed to address pain and restricted soft tissue mobility due to adhesions and micro-adhesions. The therapists accessed some of the deeper structures (such as the fallopian tubes) indirectly by manipulating the peritoneum, uterine and ovarian ligaments, and neighboring structures.

**Main outcome measures:** (1) Unilateral or bilateral tubal patency confirmed by diagnostic test or natural intrauterine pregnancy; (2) natural intrauterine pregnancy rate achieved by patent patients within the 2-year follow-up period.

**Results:** Of the 28 patients, 17 (61%, 95% exact CI 41%-78%) demonstrated post-treatment unilateral or bilateral patency, as measured by hysterosalpingography or natural intrauterine pregnancy. The median interval between the last treatment date and patency confirmation was 1 month. Nine of the 17 (53%) patent patients reported a subsequent natural intrauterine pregnancy.

**Conclusion:** Since truly occluded tubes are not known to reopen spontaneously, the results suggest this non-invasive therapy might be considered as an adjuvant to standard gynecological procedures in treating tubal occlusion. (*Altern Ther Health Med.* 2008;14(1):18-23.)