August 1, 2023

Dear Doctor,

Potter Physical Therapy has established a one-of-a-kind treatment plan for biological males currently experiencing erectile dysfunction. Studies have shown that over 52% of males between the ages of 40 to 70 years old are suffering from erectile dysfunction and these numbers are even greater in elderly males. Moreover, patients who have undergone radical prostatectomy experience erectile dysfunction between 30 to 80% of the time.

In either case (surgical or nonsurgical ED), it is extremely important to address erectile dysfunctions as soon as possible before atrophic changes occur at the genitals due to prolonged decreased blood flow (hypoxia).

We understand that treating erectile dysfunction involves a multidisciplinary approach that treats the patient’s anatomy, physiology, mental and emotional aspects as a combination of each of these factors that contribute to poor sexual performance and satisfaction.

While many of the current interventions are usually provided by physicians such as PDI-5 medications, Intracavernosus injections, VED, and penile prosthesis, other alternative conservative and non-invasive treatments can be provided by pelvic floor physical therapy.

Potter Physical Therapy proposes a collaboration of effort with physicians to add to their patients’ current treatment for erectile dysfunction a six weeks of intense pelvic floor physical therapy for erectile dysfunction. The holistic program involves the following:

* Individual treatment sessions 2x/week (6-week program or more)
* Thorough pelvic floor muscles and musculoskeletal evaluation at initial visit
* Baseline assessment and every 3 weeks after via IIEF-5, EHS, NHI standardized questionnaires
* Education and treatment to control their bladder, bowel and sexual function
* Individualized pelvic floor muscles exercises and cardiovascular exercises
* Modalities (surface/rectal electrical simulation, biofeedback, therapeutic ultrasound)
* Patient education on diagnosis, prognosis, and plan of Care
* Reinforce physicians’ current recommendations on medications, VED and lifestyle modifications
* Reinforce management to decrease obesity, hypertension and diabetes via individualized exercise and nutritional programs.

Dr. Adriana Potter, DPT, elaborated this program on evidence-based practice from the following scholar articles:

* DAILY PELVIC FLOOR EXERCISE and STIM/biofeedback 1x/week for 4 weeks and assessed the results 4 months post treatment and found that 47% of the participants regained full erection and and 24% improved erection in patients with Erectile function in patient with venous occlusion. (VanKapen et.al)
* Meta Analysis study on effect of aerobic exercises in patients with ED showed that Cardiovascular exercises can benefit patients with arteriogenic ED due to improvement in blood flow to the whole body, decreased BMI, decreased HTN and management of DM. (Sikiru et.al)
* Rislanu et.al studied 30 patients with ED, half received ES and half received aerobic exercises, both had improvement on IIEF-5 scores but the group with ES had higher scores.
* Study by Carboni et al looked assessed scores changed between Electrical stimulation (2x/wk for 4 week) and placebo group and the group who received treatment had higher scores than control group on the following questionnaires IIEF-5 and EHS (erection Hardness Score) and WHOQOL (quality of life questionnaire)
* Study by Gerbild et. Al. - 40 minutes of supervised moderate to vigorous exercise 4 times per week decreases ED and in 6-month periods major contributions in decreasing ED in patients who were sedentary, high BMI, HTN, metabolic syndrome (DM) and/or cardiovascular diseases.

The proposed program - pelvic floor exercise routine, cardiovascular exercises, electrical stimulation modality, nutritional and activity modification, should have similar results as the research listed and we expect that by the end of the program patients should have 50-80% improvement in the following questionnaires IIEF-5, EHS, NIH.

Moreover, patients will also experience an improvement in their overall health, cardiovascular conditioning, and quality of life because of improved blood flow to the whole body, including the genital. Ultimately, experience decreased erectile dysfunction and improved overall sexual performance and satisfaction.

Pelvic floor rehabilitation is covered by most insurance and the clinic currently accept Medicare and provides super bills for other commercial insurance (cash-based).

We appreciate your time, and we hope to count on your support by referring patients to our program.

Sincerely,

Dr. Adriana N Potter PT DPT

Potter Physical Therapy LLC

[www.PotterPhysicalTherapy.com](http://www.potterphysicaltherapy.com)