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Combined Manual Therapy Techniques for the Treatment of Women With Infertility: A Case Series


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BACKGROUND

CDC definition of infertility: The inability to get pregnant after one year of unprotected intercourse.

Normal Fertility Rates of women (aged 22-40 years):
- 20% conceive in 1 month
- 50% conceive in 1 year
- 90% conceive in 3 years

Causes of infertility:
- Tubal Factors: 35%
- Ovarian Dysfunction: 25%
- Diminished Ovarian Reserve: 15%
- Endometriosis: 10%
- Vaginal Factors: 5%
- Male Factors: 15%
- Other: 5%

Percentage infertility:
- Unknown: 12%

Spontaneous pregnancy rates in “infertile” couples:
- In Canada, Collins et al.²² found that pregnancy rates for 873 infertile couples without any treatment were 35% after 5 years and 8% after 7 years.

Costs for Current Infertility Protocols:
- Median cost for IVF: $24,573

PURPOSE

Just as mechanical dysfunction in a joint is due to fascial restrictions and edema resulting in decreased mobility, it is hypothesized that fascial restrictions and edema within the pelvic can cause decreased mobility of the pelvic organs and result in a mechanical infertility.

MATERIALS AND METHODS

Intervention

Ten infertile women ages 28-41 were evaluated and treated based on findings and received external manual therapy techniques, twice a week until no further mechanical issues were found on exam. The number of sessions required ranged from 1-6.

Treatment Protocol

1. Assessed the pelvis for asymmetry: corrected asymmetry with muscle energy, if needed
2. Assessed sacral mobility: corrected dysfunction with craniosacral techniques
3. Assessed for trigger points and within the pelvis: treated trigger points with positional release techniques
4. Assessed lymph drainage of the pelvis and pelvic organs: applied manual lymph drainage, if needed
5. Assessed mobility and motility of pelvic viscera: used visceral manipulation techniques to release restrictions, if needed
6. Reassessed symmetry and all mobilities
7. Treatments were repeated twice a week until there was no restriction in mobility, pelvis was symmetrical, and lymph was flowing normally

RESULTS

6 out of 10 women conceived within a 3 month period of the termination of treatment and delivered at full term.

CONCLUSIONS

Further research is needed to assess the efficacy of manual therapy as a treatment option for infertile women. For future studies, researchers should use a larger study population, include a control group, and assess the efficacy of the individual manual techniques. If proven efficacious, other research options also could include the use of manual therapy techniques as an adjunct with current in vitro and intratreatment treatment protocols. The combination of manual techniques in conjunction with acupuncture or other complimentary therapies are other avenues of investigation.

REFERENCES