

PELVIC FLOOR

REGENERATION & REHABILITATION PROTOCOL GUIDE

25+ CONDITIONS · TREATMENT PARAMETERS · CLINICAL GUIDELINES · EXTERNAL ZONES ONLY

C-SECTION SCAR

PELVIC FLOOR DYSFUNCTION

PUDENDAL NEURALGIA

DYSPAREUNIA & VULVODYNIA

STRESS URINARY INCONTINENCE

POSTPARTUM REHAB

CPPS

“
Shockwave therapy for pelvic health targets the underlying myofascial, neural, and vascular mechanisms of pelvic pain — not just symptom management.”

About This Guide

This protocol guide provides comprehensive OrthoWave DualSync™ treatment parameters for pelvic floor and pelvic health conditions across 25+ clinical presentations. Each protocol includes recommended applicator tip, bar pressure, frequency, pulse count, session count, and Dynamic Tissue Activation™ (DTA) pre-treatment settings. **All treatment zones described are external only** — no intravaginal or intrarectal shockwave application is indicated in this guide.

Clinical Note: Always begin conservative and progress based on patient tolerance. Pelvic tissue is highly sensitized — progress bar in 0.2-0.3 bar increments only. Preferred session frequency is 1 session per week initially. DTA pre-treatment is critical in all pelvic protocols — it significantly reduces discomfort and primes tissue for optimal acoustic energy reception.

COLUMN KEY

TIP	BAR	HZ	PULSES	SESSIONS	DTA SETTING
Recommended applicator tip	Pressure (start low, progress up)	Frequency (pulses/second)	Total pulses per session	Recommended treatment course	Dynamic Tissue Activation™ pre-treatment frequency & time

C-SECTION & ABDOMINAL SCAR TISSUE

Adhesion Dissolution · Sensory Restoration · Fascial Mobility

CONDITION	TREATMENT AREA	TIP	BAR	HZ	PULSES	SESSIONS	DTA SETTING
C-Section Scar (Superficial) Subcutaneous layer along scar line	Scar line & 2-3 cm surrounding tissue	F-Appl. 2	1.0-2.0	8-10	1000-2000	6-8	3 MHz · 2-3 min
C-Section Scar (Deep Fascial) Fascial adhesion plane beneath scar	Deep fascial layer — adhesion plane	F-Appl. 3	1.5-2.5	8-12	1500-2500	6-10	1 MHz · 4 min
Abdominal Adhesion Pain Periumbilical & lower abdominal fascia	Lower abdominal fascial plane	D20	1.5-2.5	8-12	1500-3000	6-8	1 MHz · 4 min
Hypersensitive Scar (Allodynia) Scar & surrounding sensitized tissue	Scar + 2-3 cm surrounding tissue	F-Appl. 1	0.8-1.5	6-8	800-1500	4-6	3 MHz · 3 min

⚠ **NOTE — C-Section Scar:** Begin treatment no earlier than **8 weeks post-surgery** with fully closed, healed skin only. Always treat surrounding fascia — adhesions extend 3-5 cm beyond the visible scar. F-Applicator 1 is mandatory for allodynia presentations. Slow applicator movement is essential for fascial penetration. Mild post-treatment soreness is normal; significant pain increase warrants reducing bar at next session.

PELVIC FLOOR DYSFUNCTION

Hypertonic · Trigger Points · Levator Ani · Obturator · Adductor

CONDITION	TREATMENT AREA	TIP	BAR	HZ	PULSES	SESSIONS	DTA SETTING
Hypertonic Pelvic Floor External perineum & levator origin	Perineum · levator ani origin · adductor insertion	D10	1.0-2.0	8-10	1500-2500	6-8	3 MHz · 3 min
Pelvic Floor Trigger Points External perineal & ischiorectal fossa	External perineal trigger point zones	D10	1.2-2.5	8-12	1500-2500	6-8	3 MHz · 3 min
Levator Ani Tension Posterior perineum & ischiorectal region	External — posterior perineum	D10	1.0-2.0	8-10	1500-2000	6	3 MHz · 3 min
Obturator Internus Medial thigh & ischiorectal external access	Medial thigh insertion — external approach	D15	1.5-2.5	8-12	1500-2500	4-6	1 MHz · 3-4 min
Adductor Dysfunction Adductor longus/magnus — medial thigh	Medial thigh — adductor attachment	D15	2.0-3.5	10-15	2000-3000	4-6	1 MHz · 3 min

STRESS URINARY INCONTINENCE & BLADDER SUPPORT

Urethral Sphincter · Pubococcygeus · Bladder Neck · Interstitial Cystitis

CONDITION	TREATMENT AREA	TIP	BAR	HZ	PULSES	SESSIONS	DTA SETTING
Stress Urinary Incontinence Suprapubic · pubococcygeus external	Suprapubic region · anterior perineum	D10	1.0-2.0	8-10	1500-2500	6-8	3 MHz · 3 min
Bladder Neck Support Suprapubic · anterior perineal zone	Suprapubic external zone	D10	1.0-1.8	8-10	1200-2000	6-8	3 MHz · 3 min
Interstitial Cystitis / Bladder Pain Suprapubic & perineal external zones	Suprapubic · perineal — low bar essential	F-Appl. 1	0.8-1.5	6-8	1000-1800	6-10	3 MHz · 3 min

CLINICAL NOTE — Incontinence: All treatment is external. Interstitial cystitis: always begin with F-Applicator 1 at 0.8 bar — these patients are highly sensitized. SUI typically responds within 4-6 sessions; full protocol is 8 sessions. Combine with pelvic floor PT exercise programming between shockwave sessions for optimal outcomes.

DYSPAREUNIA, VULVODYNIA & VESTIBULODYNIA

Vulvar Pain · Provoked Pain · Introital Hypersensitivity · Vaginismus (External Approach)

CONDITION	TREATMENT AREA	TIP	BAR	HZ	PULSES	SESSIONS	DTA SETTING
Vulvodynia (Generalized) External vulvar & perineal body	External vulvar skin · perineal body — peripheral only	F-Appl. 1	0.5-1.2	6-8	800-1500	6-8	3 MHz · 2-3 min
Vestibulodynia (Provoked) Vestibular region — external approach	Periclitoral & labial external tissue	F-Appl. 1	0.5-1.0	6-8	800-1200	6-8	3 MHz · 2 min
Dyspareunia (Myofascial) Perineum · adductor · ischioanal	Perineum · adductor insertion · ischioanal fossa	D10	1.0-2.0	8-10	1200-2000	6-8	3 MHz · 3 min
Dyspareunia (Scar-Related) Episiotomy scar · posterior fourchette	Perineal body · episiotomy scar line	F-Appl. 2	1.0-1.8	8-10	1000-1800	6-8	3 MHz · 2-3 min
Vaginismus (External) Perineum · bulbocavernosus · superficial transverse	External perineal body & surrounding	F-Appl. 1	0.8-1.5	6-8	1000-1800	6-8	3 MHz · 2-3 min

▲ CRITICAL — Vulvodynia: F-Applicator 1 is **always** the starting tip. Never begin with D-Series or CeraCore in this region. Start at 0.5 bar; progress 0.2 bar increments only when patient confirms comfort. Treatment is external only. Patient must be able to signal discomfort immediately. Pre-treatment consent, verbal communication protocol, and proper draping are mandatory. Discontinue immediately if sharp pain is reported.

PUDENDAL NEURALGIA & PELVIC NERVE PAIN

Neural Desensitization · Alcock's Canal · Neuropathic Pain · Piriformis Entrapment

CONDITION	TREATMENT AREA	TIP	BAR	HZ	PULSES	SESSIONS	DTA SETTING
Pudendal Neuralgia (Perineal Branch) Posterior perineum · ischioanal fossa	Posterior perineum — external approach	D10	1.0-2.0	8-10	1500-2500	6-8	3 MHz · 3-4 min
Alcock's Canal Approach Medial ischial tuberosity — posterior external	External posterior — ischial tuberosity medial	D10	1.2-2.5	8-10	1500-2500	6-8	1 MHz · 4 min
Pudendal Neuralgia (Clitoral Branch) Periclitoral external — low bar only	External periclitoral — extreme caution	F-Appl. 1	0.5-1.2	6-8	800-1500	6-8	3 MHz · 2-3 min
Piriformis / Pudendal Entrapment Piriformis & sacrospinous — gluteal approach	Piriformis & sacrospinous ligament region	D15	1.5-3.0	10-12	2000-3000	6-8	1 MHz · 4-5 min

FOR LICENSED HEALTHCARE PROFESSIONALS ONLY · Parameters are clinical guidelines — adjust based on individual patient presentation and tolerance.

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POSTPARTUM & PERINEAL TRAUMA REHABILITATION

Episiotomy · Perineal Tears · Coccyx Pain · Pubic Symphysis Dysfunction (SPD)

CONDITION	TREATMENT AREA	TIP	BAR	HZ	PULSES	SESSIONS	DTA SETTING
Episiotomy Scar & Healing Posterior fourchette · perineal body	Posterior fourchette · perineal body scar	F-Appl. 2	1.0-2.0	8-10	1000-2000	6-8	3 MHz · 2-3 min
3rd/4th Degree Tear Recovery Perineal body · sphincter region — external	External — sphincter complex region	F-Appl. 1	0.8-1.5	6-8	800-1500	6-8	3 MHz · 2-3 min
Perineal Body Fibrosis Perineal body — fascial fibrosis	Perineal body — superficial & mid-depth fascia	F-Appl. 2	1.0-2.0	8-10	1200-2000	6-8	3 MHz · 3 min
Postpartum Coccyx Pain Sacrococcygeal attachment — posterior	Coccygeal attachment · sacrococcygeal junction	D10	1.5-2.5	8-12	1500-2500	4-6	1 MHz · 3-4 min
Pubic Symphysis Dysfunction (SPD) Pubic symphysis & superior pubic ramus	Pubic symphysis · superior pubic ramus	F-Appl. 2	1.0-2.0	8-10	1200-2000	4-6	3 MHz · 3 min

CHRONIC PELVIC PAIN SYNDROME (CPPS)

Perineal Trigger Points · Suprapubic · Inner Thigh · Sacral Region · All Genders

CONDITION	TREATMENT AREA	TIP	BAR	HZ	PULSES	SESSIONS	DTA SETTING
CPPS — Perineal Trigger Points Perineum & ischioanal fossa	External perineum · ischioanal fossa	D10	1.0-2.0	8-10	1500-2500	6-8	3 MHz · 3 min
CPPS — Suprapubic Region Superior to pubic bone · bladder neck	Suprapubic — bladder neck region	D10	1.0-2.0	10-12	1200-2000	6-8	3 MHz · 3 min
CPPS — Inner Thigh / Adductor Medial thigh — adductor trigger points	Medial thigh · adductor trigger points	D15	2.0-3.0	10-12	1500-2500	4-6	1 MHz · 3 min
CPPS — Coccyx & Tailbone Coccygeal & sacrococcygeal junction	Coccygeal attachment · sacrococcygeal junction	D10	1.5-2.5	8-12	1500-2500	4-6	1 MHz · 3-4 min
CPPS — Sacral Region Sacral foramina & piriformis origin	Sacral foramina · piriformis origin	D15	2.0-3.5	10-12	2000-3000	6	1 MHz · 4-5 min

ENDOMETRIOSIS PAIN & PELVIC ORGAN PROLAPSE SUPPORT

Myofascial Pain Relief · Ligament Support · Fascial Tone — Adjunct to Primary Specialist Care

CONDITION	TREATMENT AREA	TIP	BAR	HZ	PULSES	SESSIONS	DTA SETTING
Endometriosis Pelvic Pain (MSK Component) External pelvic floor — not direct lesion treatment	External pelvic floor & abdominal fascia only	F-Appl. 2	1.0-2.0	8-10	1200-2000	6-8	3 MHz · 3 min
Uterosacral Ligament Pain Posterior pelvic floor — external posterior	Posterior pelvic floor · sacral attachment	D10	1.0-2.0	8-10	1500-2500	6-8	1 MHz · 3-4 min
Pelvic Organ Prolapse Support External perineum — muscle tone support	External perineum · pelvic floor muscle tone	D10	1.0-2.0	8-10	1500-2000	6-8	3 MHz · 3 min

⚠ NOTE — Endometriosis: Shockwave addresses the **myofascial pain component** only — it does not treat endometriosis lesions directly. Do NOT treat over confirmed endometrioma sites. Prolapse support targets pelvic floor muscle tone and is not a substitute for surgical management in advanced prolapse. Round ligament pain: consult treating OB/GYN before treating; avoid in first and third trimester entirely.

HOW ORTHOWAVE WORKS IN PELVIC CONDITIONS — 3 MECHANISMS OF ACTION

Targeting the underlying mechanisms of pelvic pain, dysfunction, and tissue damage

TISSUE REGENERATION

- Stimulates collagen remodeling in scar tissue
- Disrupts fibrotic adhesion planes
- Activates growth factor release (TGF-β, VEGF)
- Restores tissue elasticity and mobility

NEURAL DESENSITIZATION

- Reduces peripheral sensitization pathways
- Inhibits Substance P and CGRP release
- Normalizes nociceptive nerve firing
- Restores normal sensory thresholds

VASCULAR RESTORATION

- Stimulates neovascularization in ischemic tissue
- Improves tissue oxygenation and healing
- Activates nitric oxide pathways
- Enhances metabolic clearance post-treatment

PELVIC TREATMENT ZONES — EXTERNAL ZONE MAP & TECHNIQUE GUIDE

Applicator Motion · Zone Order · Clinical Priority · Tip Selection by Zone

ZONE	PRIMARY TIP(S)	TECHNIQUE, MOTION & CLINICAL USE
01 Suprapubic	D10 / F-Appl. 2	Slow linear strokes superior to pubic symphysis. Treats bladder neck, SUI, and CPPS suprapubic region. Keep movement slow near bony prominence. Primary zone for incontinence protocols.
02 Anterior Perineum	D10 / F-Appl. 1	Small slow overlapping circles. Primary zone for SUI, urethral support, and vestibulodynia. Use F-Applicator 1 exclusively for all vulvar/vestibular conditions. Never use D-Series for vulvodynia.
03 Perineal Body	D10 / F-Appl. 2	Focused hold + small slow circles on perineal body. Primary zone for episiotomy scars, vaginismus, dyspareunia, and pelvic floor trigger points. Highest-yield zone for postpartum rehab.
04 Posterior Perineum / Ischiorectal	D10 / D15	Slow circular motion. Primary zone for pudendal neuralgia, CPPS, levator ani trigger points, and Alcock's Canal access. Deep pressure sensation is a normal patient response.
05 Adductor / Inner Thigh	D15 / D20	Linear strokes along medial thigh toward ischial tuberosity. Treats CPPS adductor component, pelvic floor tension via obturator internus, and referred inner thigh pain patterns.
06 Sacral / Coccyx / Posterior	D10 / D15	Focused hold at coccyx, then slow circular motion over sacral foramina. Treats coccyx pain, postpartum coccydynia, CPPS sacral component, and piriformis-pudendal entrapment.
07 Abdominal Scar Line	F-Appl. 2 / F-Appl. 3	Linear strokes directly along scar line + 2-3 cm surrounding tissue. Deep fascial adhesion work: F-Applicator 3 with slow circular motion. Treat scar then surrounding fascia every session.

HEAD MOVEMENT VISUAL GUIDE

Apply these motion patterns at each zone for maximum therapeutic effect · Always use coupling gel · Start at lowest bar

01

CIRCULAR MOTION

Warm up zone · General coverage

Small controlled overlapping circles, 2-3 cm diameter. Move slowly over target zone. Used on perineum, anterior zones, and scar warm-up. **Slow = deeper penetration.**

02

FOCUSED HOLD

Primary trigger point · Perineal body

Hold applicator stationary for 200-300 pulses at the primary target. Highest-yield technique for perineal body, trigger points, and scar adhesion disruption. Follow with small circles.

03

LINEAR FLUSH

Scar lines · Suprapubic · Completion

Slow linear strokes along scar lines, suprapubic zone, and between zones to distribute acoustic energy evenly. Always finish broad to flush metabolites and complete the session.

SLOW = DEEPER PENETRATION

SLOW

Slower applicator movement drives deeper acoustic energy into tissue

SENSITIVE ZONES MAX BAR

≤ 2.0 BAR

Never exceed 2 bar in vulvar or vestibular treatment zones

COUPLING GEL ALWAYS REQUIRED

EVERY ZONE

Reapply coupling gel between every treatment zone

RESULTS CONTINUE POST-TREATMENT

4-8 WKS

Tissue remodeling continues weeks after the final session

GENERAL PELVIC TREATMENT GUIDELINES

- 01 Start Ultra-Conservative**
Pelvic tissue is highly sensitized — especially in chronic pain conditions. Always begin at the absolute lower end of the bar range. Progress by 0.2-0.3 bar per session only when patient confirms comfort. Never rush bar progression in pelvic protocols. Patient comfort is non-negotiable at all times.
- 02 F-Applicator 1 First Rule**
For any condition involving the vulvar region, vestibule, or history of extreme sensitivity: F-Applicator 1 is always the starting tip. Upgrade to F-Applicator 2 or D10 only after 2-3 sessions confirm patient tolerance. Never begin sensitive pelvic work with D-Series or CeraCore tips.
- 03 Chronic vs. Acute**
Chronic pelvic pain and fibrosis tolerate progressive bar increases over time. Acute postpartum presentations, fresh scars (under 8 weeks), and active inflammatory flares require the lowest bars and fewest pulses. Never treat active inflammation, open wounds, or acute infection.
- 04 Dynamic Tissue Activation™ (DTA)**
DTA pre-treatment is especially important in pelvic protocols — it significantly reduces patient discomfort and primes tissue for acoustic energy delivery. Apply at the listed frequency for the full listed duration. Begin shockwave within 2 minutes while tissue is warm and maximally receptive.
- 05 Coupling Gel — Liberal Application**
Apply coupling gel liberally before every zone. Pelvic treatment involves contoured anatomy — ensure full applicator contact at all times. Replenish gel between every treatment zone. Never treat without adequate gel coverage — energy concentration without gel causes discomfort and reduces therapeutic efficacy.
- 06 Treat Surrounding Tissue**
Always treat 2-3 cm of tissue surrounding the primary target. Pelvic pain has broad myofascial contributions — isolated scar or trigger point treatment without addressing surrounding tissue significantly reduces long-term outcomes. Map the full pain pattern before each session.
- 07 Session Frequency & Recovery**
Preferred frequency for pelvic conditions is **1 session per week** (vs. 1-2 for MSK). Allow 5-7 days minimum between sessions, especially in the first 4 sessions. Allow up to 10 days for highly sensitive presentations. The pelvic floor is richly innervated and requires adequate inter-session recovery.
- 08 Communication & Consent Protocol**
Establish a verbal stop signal before beginning every session. Patient must feel empowered to signal discomfort at any time. Proper draping, professional clinical environment, and documented informed consent are required for all pelvic shockwave treatments. Never proceed if patient is not comfortable.

⚠ PELVIC-SPECIFIC CONTRAINDICATIONS

- ⚠Active pelvic infection or urinary tract infection (UTI)
- ⚠Active vulvar or vaginal infection (BV, yeast, STI)
- ⚠Active endometriosis flare or confirmed endometrioma over treatment site
- ⚠Pregnancy — any trimester (except round ligament per OB/GYN discretion)
- ⚠Pelvic malignancy — active or currently under treatment
- ⚠Open perineal wounds or episiotomy healing under 8 weeks post-delivery
- ⚠Active DVT or known blood clotting disorder in treatment region
- ⚠IUD present — avoid direct suprapubic treatment over device
- ⚠Recent pelvic surgery — under 8 weeks post-operative
- ⚠Severe osteoporosis — avoid pubic symphysis and sacral protocols
- ⚠Active menstruation — defer non-urgent treatment until completion
- ⚠Pacemaker or electronic implanted device in or near treatment zone

Important Clinical Notes: These protocols are general clinical recommendations for licensed healthcare professionals trained in pelvic floor therapy. Parameters may vary depending on OrthoWave DualSync™ device settings, radial vs. focused-lens application, patient body composition, chronicity of condition, and provider clinical judgment. All pelvic shockwave treatment is **external only** — no applicator insertion is indicated or appropriate. Shockwave is an adjunct to pelvic floor physical therapy — not a standalone replacement for manual therapy, exercise, or specialist care. If patient experiences significant pain increase after treatment, reduce bar setting and extend the recovery interval at the next session.