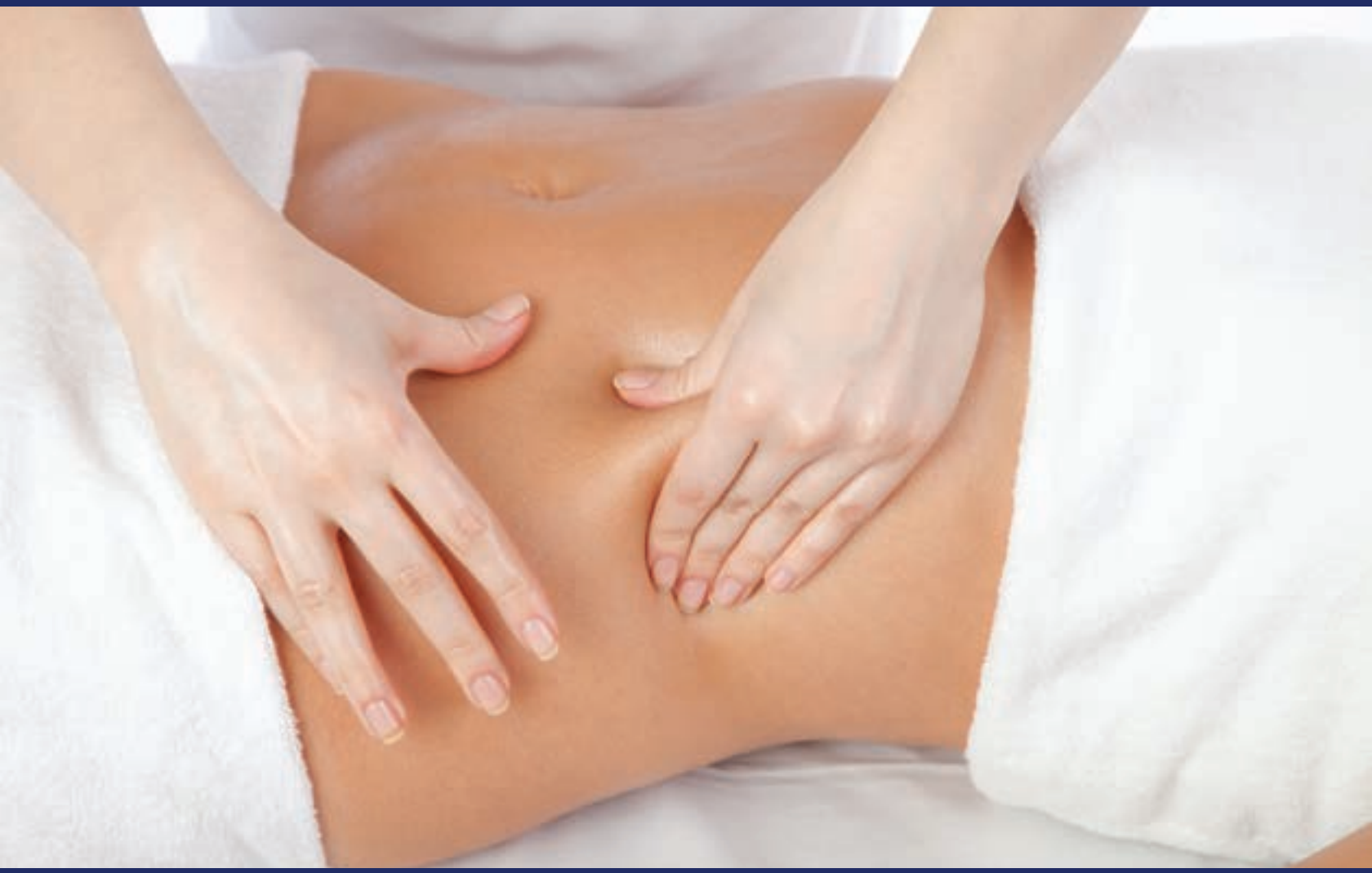
Guide For Physicians

A conservative physical therapy with published results as an adjunct to your professional care



Clear Passage

Physical Therapy • Physiotherapy

Hands-On Care with Proven Results

Resolving: Pain • Infertility • Adhesions • Obstructions

This booklet provides information on our therapy, conditions we treat, and outcomes you can expect for your patients. Our 30-year focus is to decrease adhesions which can adversely affect a wide variety of bodily processes:

- Recurring bowel obstruction, abdominopelvic adhesions
- Chronic pain, post-surgical pain and dysfunction
- Female infertility, pelvic pain, endometriosis

Table of Contents

A Brief History

In 1984, physical therapist Belinda Wurn was in debilitating pain. Diagnosed with 'frozen pelvis,' her organs were glued together by adhesions causing pain and dysfunction after surgery and radiation therapy. Concerned with creating more adhesions, her doctors rejected more surgery. Faced with a life of terrible pain, she and her massage therapist husband Larry began a 30-year investigation into the structure of adhesions, with a focus on decreasing them without surgery.

While using techniques they developed for patients with pelvic pain, they were surprised when several women diagnosed infertile due to total bilateral tubal occlusion became pregnant – their tubes were opening. This happened so often that a gynecologist surgeon, the Chief of Staff of their local hospital, offered *pro bono* time to investigate the phenomenon scientifically.

Today, over a dozen studies and citations published in peer-reviewed journals measure the safety and efficacy of this non-surgical therapy to decrease adhesions in various parts of the body. We will touch on several of these in succeeding pages.

Following The Scientific Method

Early on, we realized that this therapy was important enough that we needed to follow the scientific method in order to create credible data for inquiry into this new field of healthcare. We created teams of researchers including surgeons, specialist MDs, bio-statisticians, and a PhD expert in histology to help test and measure our results treating various conditions. This booklet gives results from those efforts with citations in a wide variety of journals.

Studies and Citations Appear in These Journals:

Fertility and Sterility

Journal of Endometriosis

Journal of Palliative Medicine

Medscape General Medicine

Contemporary Ob-Gyn

Alternative Therapies in Health and Medicine

Gastroenterology

World Journal of Gastroenterology

Healthcare

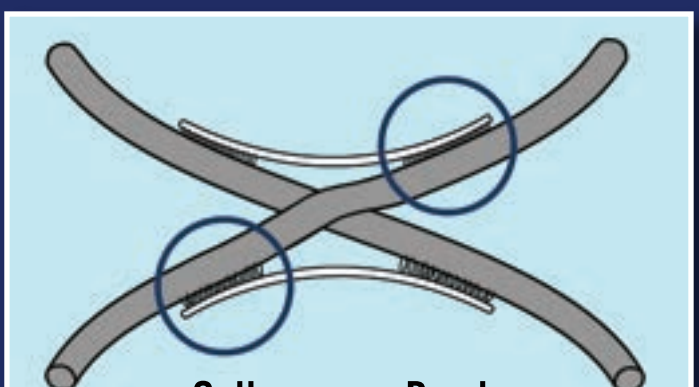
BioMed Research International

International Journal of Case Reports

Pediatric Reports

REVIEW OF ADHESION FORMATION

The body's first response to tissue injury, whether from trauma, infection, inflammation or surgery, is to lay down collagenous crosslinks in the affected area. They rush in by the thousands to stop bleeding, contain bacteria, isolate the injured area, and prepare the immune system to continue the healing process.



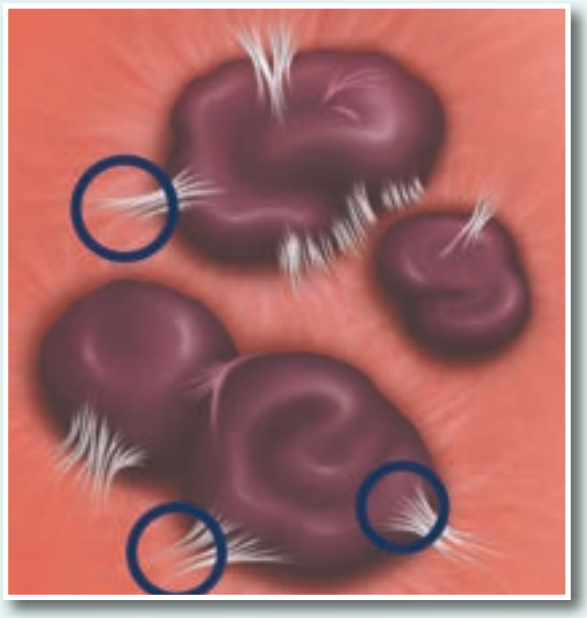
Collagenous Bonds

At a cellular level, tiny but powerful collagen fibers attach to each other and the underlying structure with a molecular chemical bond. Like the strands of a nylon rope, these fibers bind to each other and the underlying structures, creating the powerful glue-like bonds we call adhesions. Due to inflammation that can occur adjacent to injured tissue, adhesive crosslinks may spread beyond the traumatized area into nearby tissues, as a 'healing scar' that can cover a larger area than that of the original trauma.

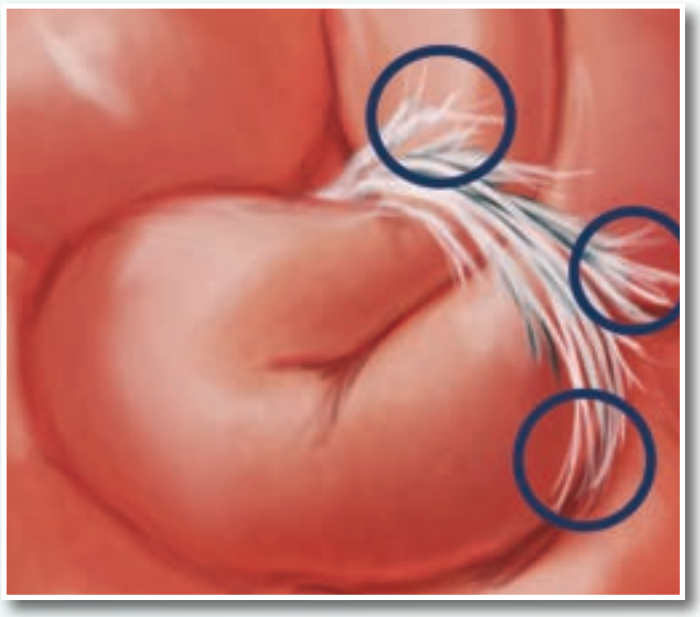
OUR FOCUS: REVERSING THE ADHESIVE PROCESS

Skilled surgeons can cut or burn the collagen fibers, freeing structures of adhesions. But even the finest surgeon cannot prevent new adhesions from forming, as more collagen fibers rush in to repair the tissue damaged by the surgical process designed to eliminate adhesions. While various barriers and gels have been used in attempts to minimize adhesion reformation, their success has not proven to be the panacea that can prevent the formation of new adhesions.

Our work is quite different. **Our focus is to detach the molecular chemical bond that attaches each collagen fiber to the next, and to the underlying structure. In doing so, adhesions appear to unravel much like pulling out the run in a sweater.** As we detach each collagenous fiber from neighboring fibers, the underlying tissues are freed to resume the mobility they had before they became adhered. As the body returns to an earlier state of mobility, pain generally decreases and function returns.



Adhesions at Endometriosis



Adhesions in the Bowel

Our focus is to detach collagenous cross-links from underlying surfaces.

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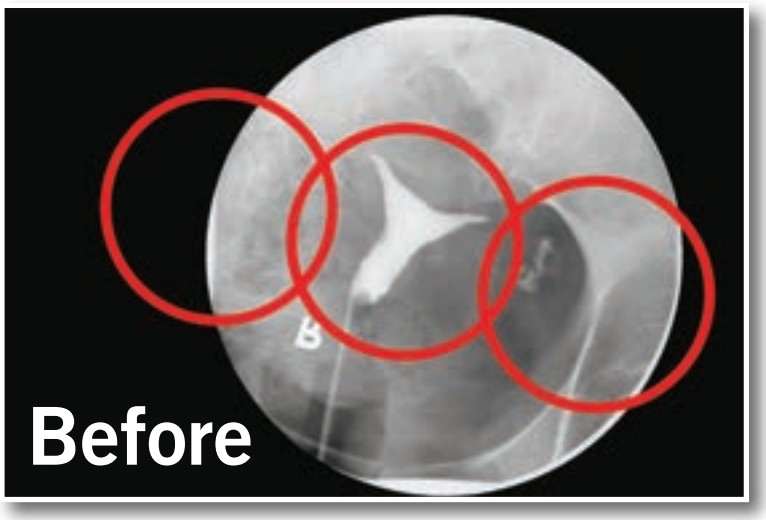
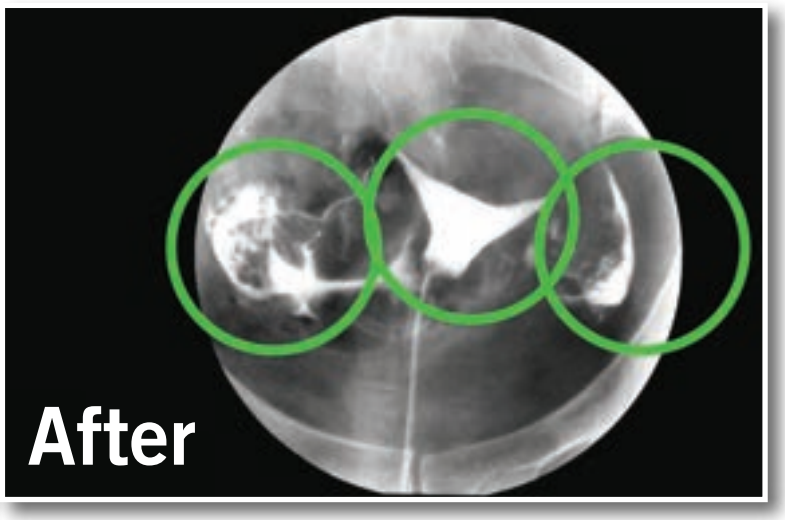
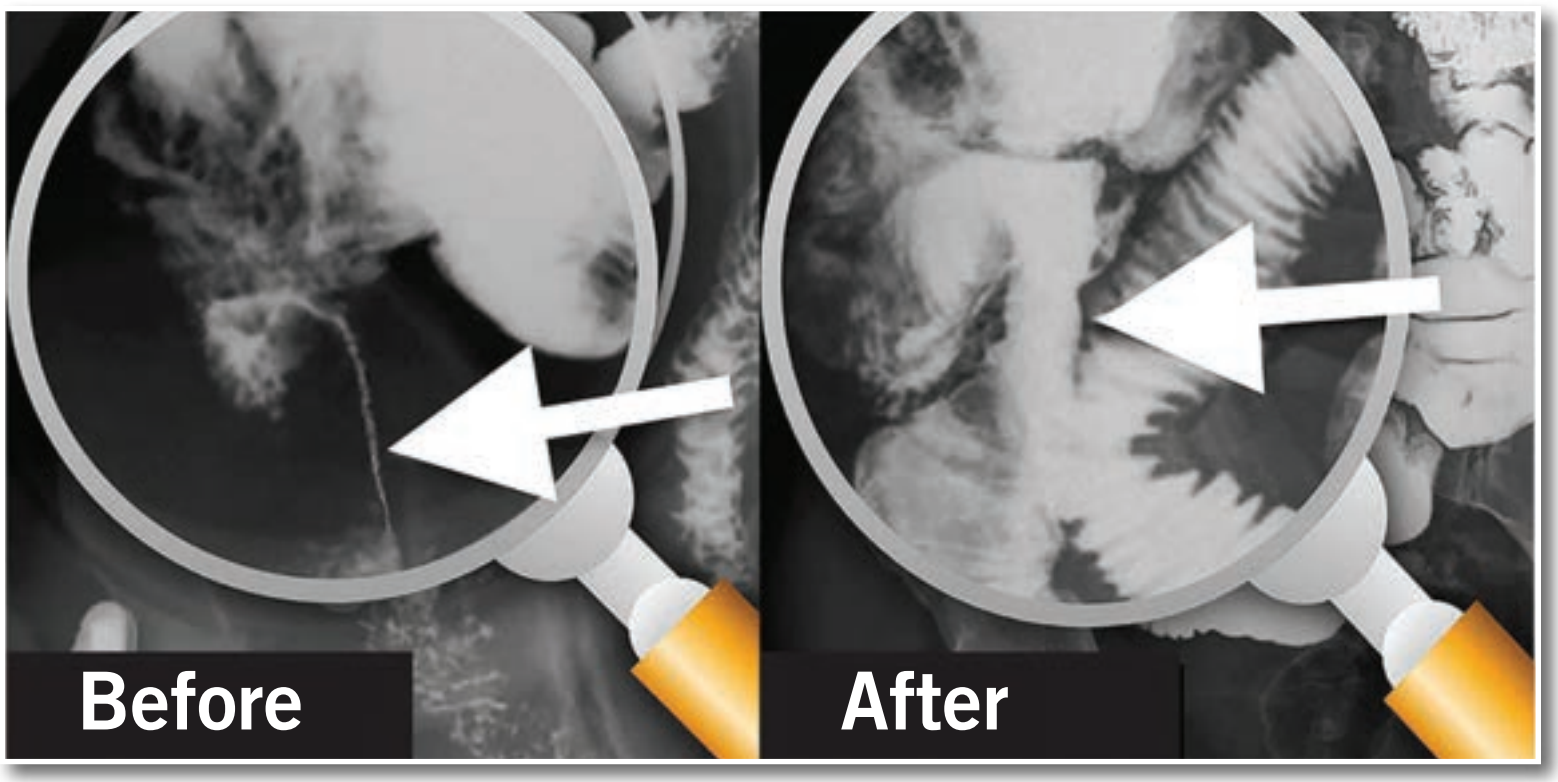
SCIENTIFIC TESTING





We began studying this phenomenon after witnessing a return of patency and full-term natural pregnancies in women diagnosed with total adhesive bilateral tubal occlusion. In a 10-year retrospective study[1], Clear Passage® was shown to return patency in 61% (143/235) of patients with total bilateral occlusion. Note that the uterus before therapy appears squeezed by adhesions *vs.* the uterus after therapy, perhaps helping achieve the 57% (81/143) post-patency pregnancy rate.

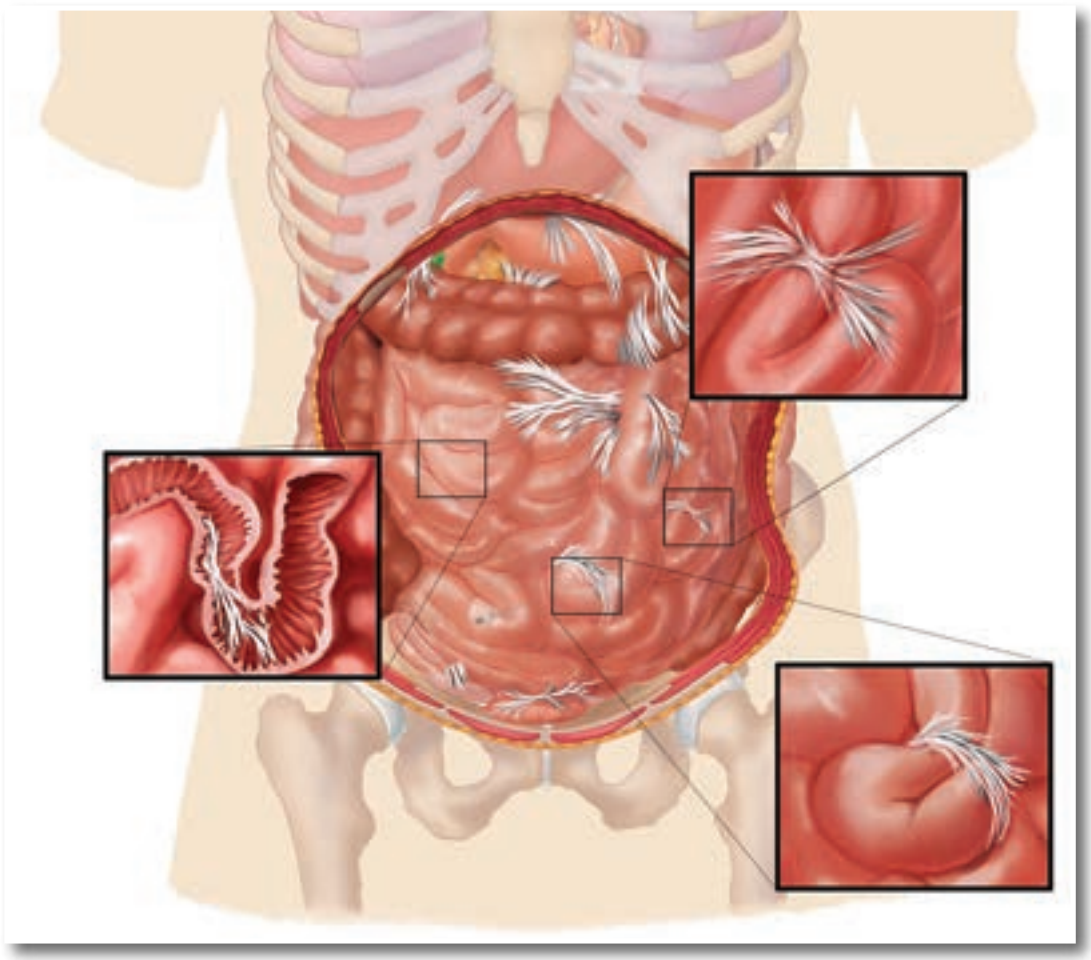
[1] Alt Ther Health Med. 2015 May-Jun;21(3):36-44



Over time, we began clearing adhesive bowel strictures and obstructions. This radiographic study[2] shows total reversal of a 3-inch long "string stricture" obstruction in the bowel of a patient scheduled for emergency surgery. After Clear Passage® treatment, the surgeon canceled the surgery because the patient was diagnosed with normal bowel – no obstruction.

[2] International Jour Case Reports, 2018 2:19

Small Bowel Obstruction



HISTORY

Our first small bowel obstruction (SBO) patient reported seven surgeries for adhesiolysis and bowel resection in the prior 30 months. Her eighth surgery, a Whipple, was scheduled when she opted for our therapy. **After therapy, her physician canceled the surgery because she was no longer obstructed.**

In our second SBO case, a patient's only nutrition was by intravenous TPN (total parenteral nutrition). **After we treated her, her physician was able to remove the IV feeding line because she could eat normally.** Once afraid to leave town due to the complexity of her case, a month after therapy she reported, "I just had a hamburger and I'm going to Cancun with my husband next week."

After these and similar cases, we came to realize our therapy could save lives and return quality of life. Studies on the Clear Passage® Approach began in 1997. Following the scientific method, our studies were designed by independent MD and PhD researchers. We advanced from case studies to a controlled phase 2 study published in the *World Journal of Gastroenterology* in 2018. Success rates from our pilot studies were generally replicated in the larger studies. Peer-reviewed study summaries and results are shown on the following pages, with QR codes to download each study.

PUBLICATIONS, RESULTS

Decreasing recurrent bowel obstructions, improving quality of life with physiotherapy: a controlled study
World Journal of Gastroenterology, 2018

STOPPING RECURRING OBSTRUCTIONS

Total Bowel Obstructions

Control Group: 14.52%
Therapy Group 0.97% ***(p=0.0003)***

Controls had 15 times as many Total SBOs as the Therapy Group

Partial Bowel Obstructions

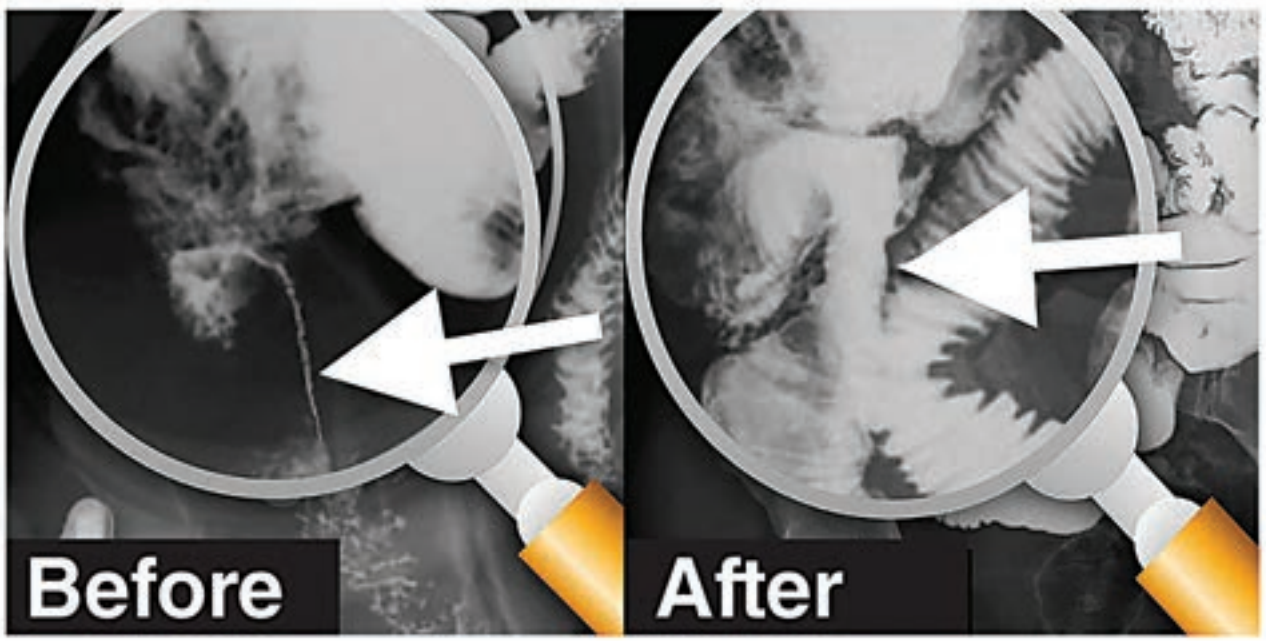
Control Group: 21.77%
Therapy Group 8.74% ***(p=0.0076)***

Controls had 2½ times as many Partial SBOs as the Therapy Group

This controlled study compared the rate of repeat small bowel obstruction between 103 patients who received CP therapy and 136 who received the standard of care (no therapy.) Those results are shown above.

Quality of Life improved significantly ($p<0.0001$) for all CP treated patients in 5 of 6 domains: diet, general pain, gastrointestinal symptoms, overall quality of life, and pain severity.

Manual physical therapy clears adhesive bowel obstructions and strictures in a patient with Crohn's disease
International Journal of Case Reports, 2018



Clearing String Stricture Obstruction

Patient with two stricture obstructions and 8/10 pain was scheduled for resection but chose to try Clear Passage instead. Pre- and post-surgical films showed total resolution of obstructions and strictures, including a 3" long "string stricture." (shown above)

Clearing Hourglass Stricture Obstruction

After CP therapy, the patient reported significant pain decrease. The bowel was judged normal, and the planned surgery was canceled as unnecessary.

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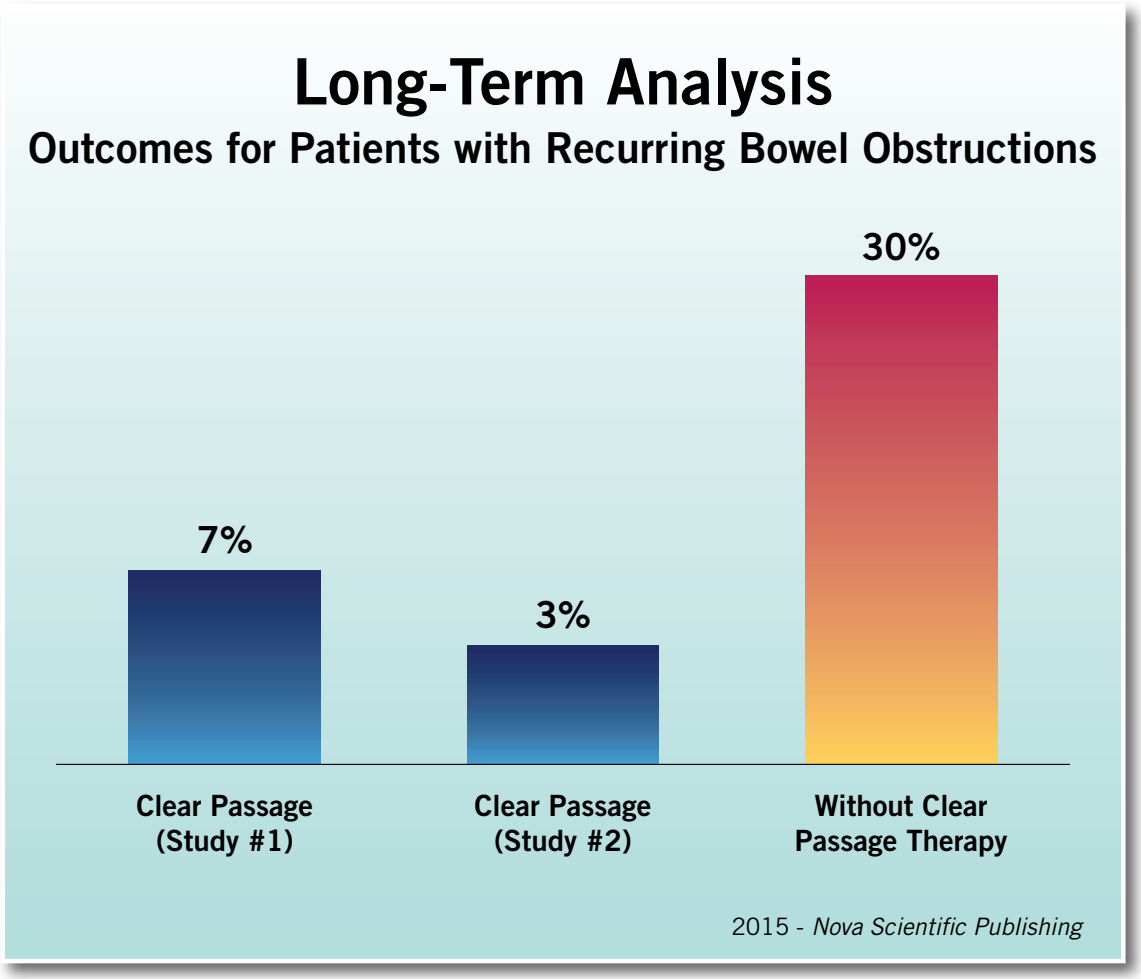
Treating Small Bowel Obstruction with a Manual Physical Therapy: A Prospective Efficacy Study *BioMed Research International,* 2016

CP therapy was shown safe and effective on 27 patients with recurring small bowel obstruction. Improvements in pain, quality of life, GI symptoms and trunk range of motion were all significant.

Decreasing Post-Surgical Adhesions That Cause Recurrent Small Bowel Obstructions with a Conservative Manual Physical Therapy
NOVA Scientific Publishing, 2015

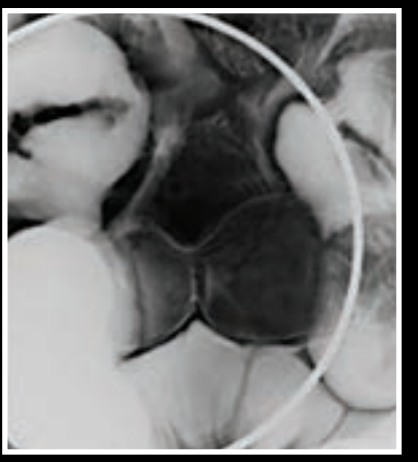


The first published data on the long-term outcomes for SBO patients after CPA treatment showed a significant decrease in the rate of repeat surgeries (3%) compared to the expected rate of surgery (30%), when measured 19 months after therapy.

Manual Physical Therapy for Non-Surgical Treatment of Adhesion-Related SBOs: Two Case Reports *Journal of Clinical Medicine*, 2013

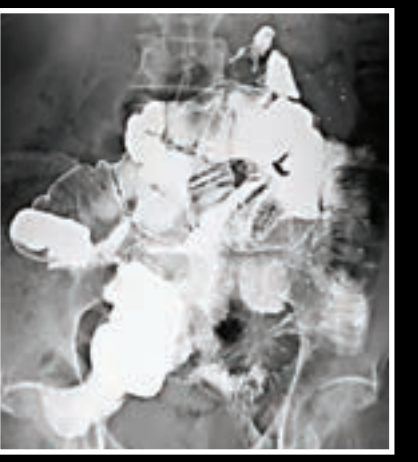
Before Treatment

Stricture



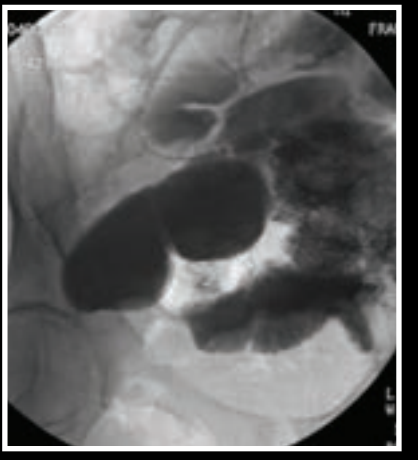
After Treatment

No Stricture



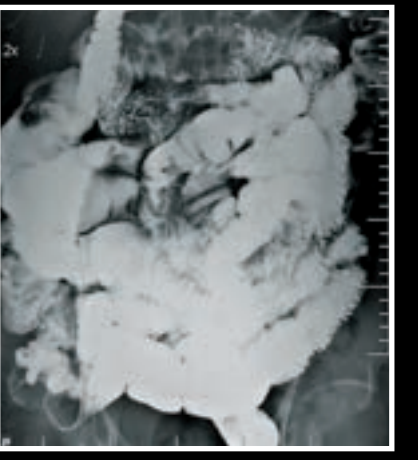
Before Treatment

Obstruction



After Treatment

No Obstruction



In this early study of therapy for SBO, two adults with extensive surgical histories were experiencing recurrent adhesive small bowel obstructions (ASBO). Both reported a decrease in pain, improvement in quality of life and no additional surgery for ASBO two years following treatment. Follow up small bowel X-ray series demonstrated clearance of the adhesions and stricture after CP treatment.

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Development and Validation of a Questionnaire to Measure Serious and Common Quality of Life Issues for Patients Experiencing Small Bowel Obstructions *Healthcare,* 2014

We created and validated a tool to assess quality of life for patients with a history of SBO. Now available to all healthcare professionals, the tool monitors changes in diet, pain, gastrointestinal symptoms, requirements for medication and overall quality of life in this population.

Decreasing Adhesions and Avoiding Further Surgery in a Child After a Severe Vehicle Accident *Pediatric Reports,* 2014

Run over by a vehicle, a child's pelvis split open. The child presented with recurring SBO and adhesion-related complications after 19 surgeries in 12 months. Repeat SBOs ended after therapy with significant decrease of pain and bowel dysfunction. **Planned surgery was canceled; ultrasound imaging of pelvis showed a decrease in the adhesions post-treatment.**

Clearing Bowel Obstruction and Decreasing Pain in a Terminally Ill Patient via Manual Physical Therapy *Journal of Palliative Medicine,* 2013

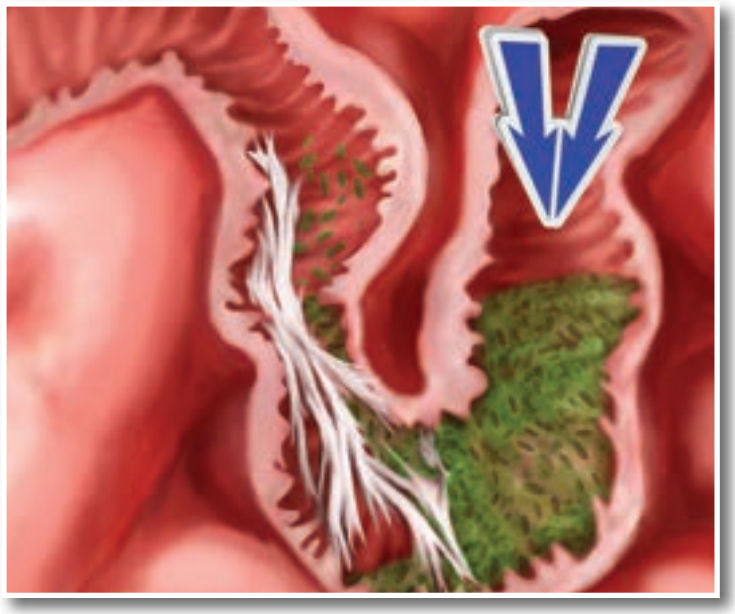
This single patient case report describes the improvement in quality of life in a terminal cancer patient experiencing recurrent small bowel obstruction. **Previously dependent on IV nutrition and afraid to travel due to fear of obstruction, patient was able to eat normally and travel after CP therapy.**

Small Intestinal Bacterial Overgrowth (SIBO)

HISTORY

Doctors from the Gastroenterology Department of the National University of Natural Medicine in Portland, Oregon called us, then flew in to consult us directly. "Your therapy saved this patient's life and we want to know why," they said. The patient had SIBO. Intestinal bacteria were apparently consuming her food; she was losing weight at a dangerous rate. When the physician treated her with medications, SIBO symptoms would decrease, but would return within 3-10 days. When the patient first came to see us, she was so weak that she was in a wheelchair; her weight was down to 86 pounds.

"When she received your therapy, the medications started working. We'd like to know why," the doctor said. **Together, we determined that the medications had been working but the weakened bacteria were blocked by adhesions; unable to leave the patient's system, they re-proliferated. Once we cleared the adhesions in the bowel, she was able to eliminate the treated bacteria through normal bowel movements.** When we last saw the patient, she was out of her wheelchair and had returned to her normal 120+ pounds – a marked improvement from her earlier condition.



Adhesions in the bowel can trap bacteria and lead to recurrent SIBO. Once adhesions are decreased using this therapy, the bacteria can be eliminated through normal bowel movements.

We have not yet conducted studies with SIBO patients. For data about our ability to clear bowel obstructions, please refer to that section of this booklet. We have developed protocols to work hand-in-hand with physicians to help address SIBO in a multidisciplinary way, with doctors prescribing medications in concert with our therapy.

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Chronic Pain

Our first patients came to us with debilitating chronic pain due to adhesions or unexplained causes. These conditions are still a major focus of our practice.

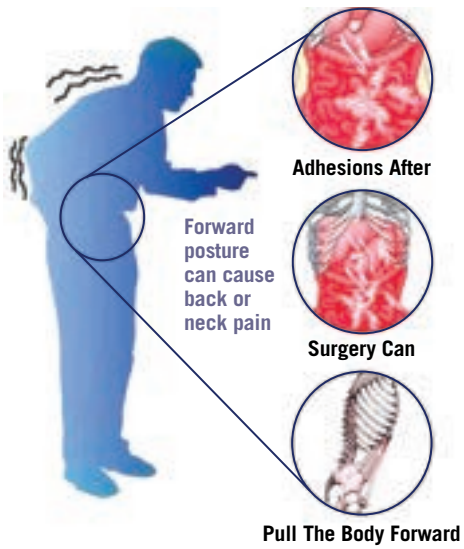
Physicians generally send us patients where they suspect a mechanical cause of a patient's pain or dysfunction. Once we review their histories, we can generally advise physician and patient whether we feel the patient will do well at a Clear Passage facility.

Chronic pain patients we accept generally respond very well to therapy; **we find we can usually identify and resolve pain after we trace their history of surgery, trauma, infection, inflammation or radiation therapy**. Some of the most rewarding cases we have resolved include severe migraine headaches, and debilitating back or neck pain. Others involve unexplained chronic abdominal, hip or pelvic pain for years or decades after a surgery or traumatic event.

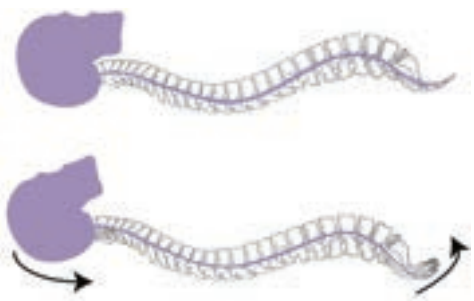
Due to the wide variety of chronic pain issues and the flood of patients who came to us with well-defined diagnoses of endometriosis, dyspareunia, bowel obstruction, etc. and the ability to isolate those conditions, we have not yet conducted studies on treating unexplained debilitating chronic pain. Nevertheless, these patients have been a core focus of our therapy since we began in 1989.

Conditions that have been successfully treated at our clinics include:

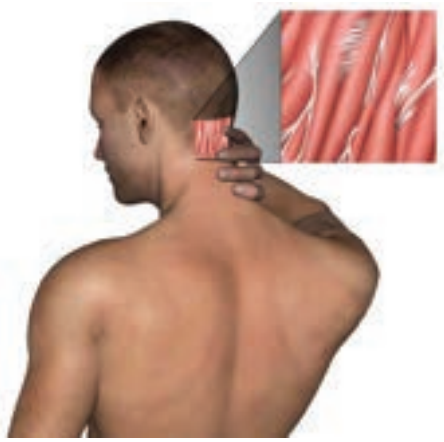
- Myofascial pain
- Abdominal pain
- Back & hip pain
- Migraine headaches
- Mastectomy tightness
- Pain from early surgery & trauma
- Neck Pain
- TMD/TMJ pain
- Post-surgical pain
- Post-radiation pain
- Chronic poor posture
- Tailbone (coccyx) pain



Adhesions from surgery can pull the upper body forward, making it difficult to stand straight. Back, neck, or head pain can ensue as muscles struggle to keep the body upright.

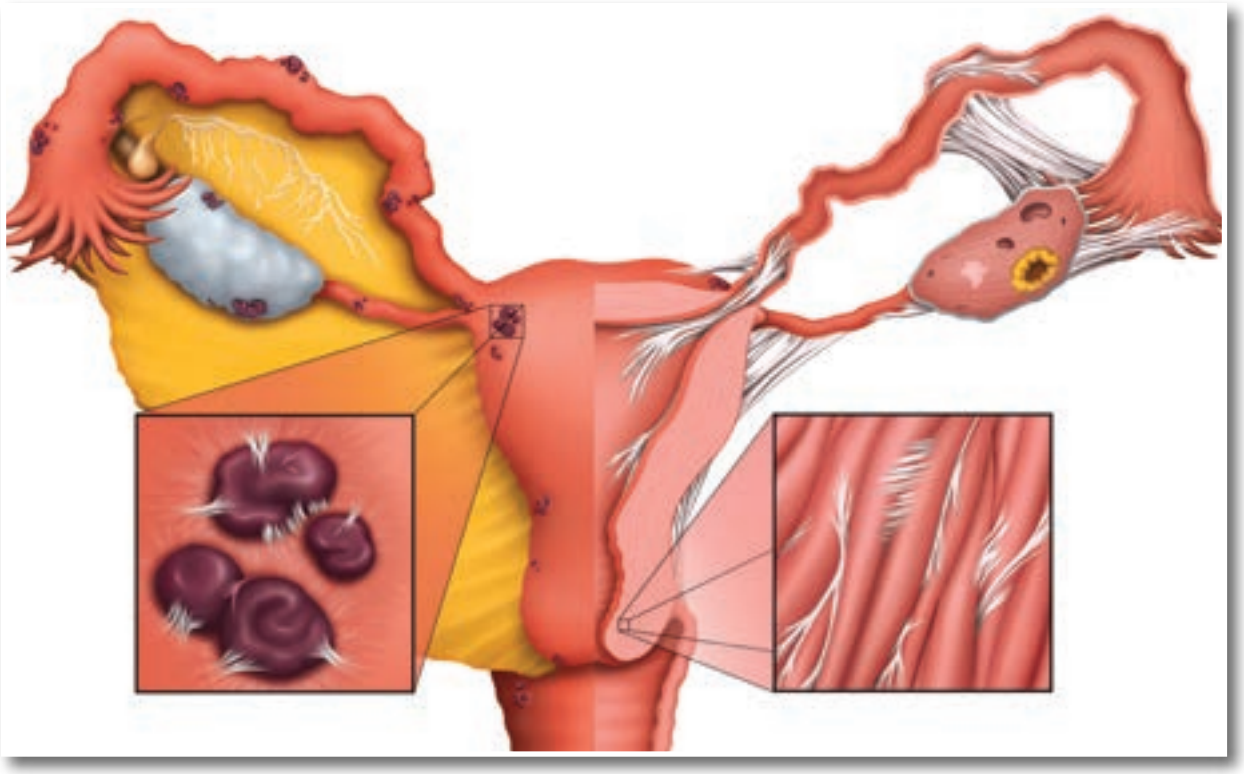


Falls, trauma, or surgery can push or pull the tailbone forward, pulling the dura down and causing issues along the spine, at the cranial base, and into the temporal area.



Injury or muscle tension can create crosslinks to form within neck muscles, causing recurring headaches and pain due to their strong pulls.

Female Infertility



HISTORY

While treating a pelvis post-injury, a woman became pregnant despite a seven-year history of total bilateral tubal occlusion. She explained that she had the same boyfriend for all of that time, and had not used birth control.

After hearing this, a physician referred several other infertile women to us for treatment. Two had bilateral occlusion; two had other causes of infertility. Three of the four we treated became pregnant. The physician then referred his 41-year old wife. She had a history of severe endometriosis and only one fallopian tube, which had been blocked for 11 years. After therapy, she became pregnant naturally and delivered a baby at age 42.

The gynecologist-surgeon Chief of Staff of our local hospital, Richard King MD, called us in to discuss these cases. With his *pro bono* help, we continued our investigation of treating female infertility. Along with gynecologists, biostatisticians, and research scientists, we examined our therapy for women diagnosed infertile due to a variety of contributing causes.

We noticed that patients with histories indicating possible adhesion formation seemed to respond well. Clear Passage treatment was effectively increasing fertility rates, relieving pain, improving quality of life, and was even showing promise for some hormonal conditions. **Results are supported in several PubMed indexed peer-reviewed studies and by 'before and after' radiographic films, as shown on the following pages.**

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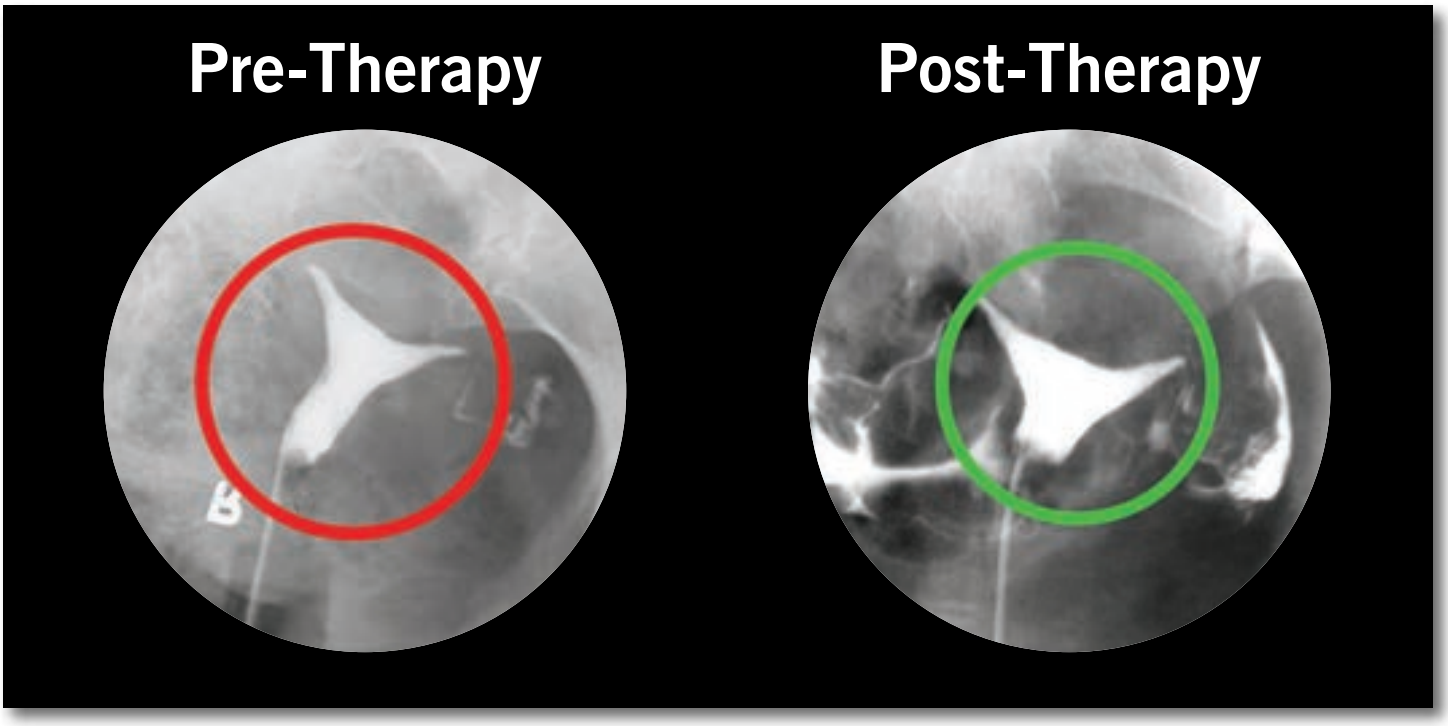
Improving Uterine Structure and Function



SUCCESSFUL IMPLANTATION REQUIRES THE OPTIMAL UTERINE ENVIRONMENT

Any history of infection, surgery or micro-trauma can cause collagenous crosslinks to bind the uterus (left image). Our therapy appears to decrease these bonds (right image), improving reproductive function.

UTERUS

Part of our success with female infertility appears to be our ability to decrease crosslinking on and within the structure of the uterus. **Shown before CP therapy, the uterus on the left appears to be squeezed by a straitjacket of adhesive crosslinks within the muscles of the uterus – not the ideal environment for implantation. After CP, the inner cavity of the uterus has widened significantly creating a more relaxed and hospitable environment for implantation.**

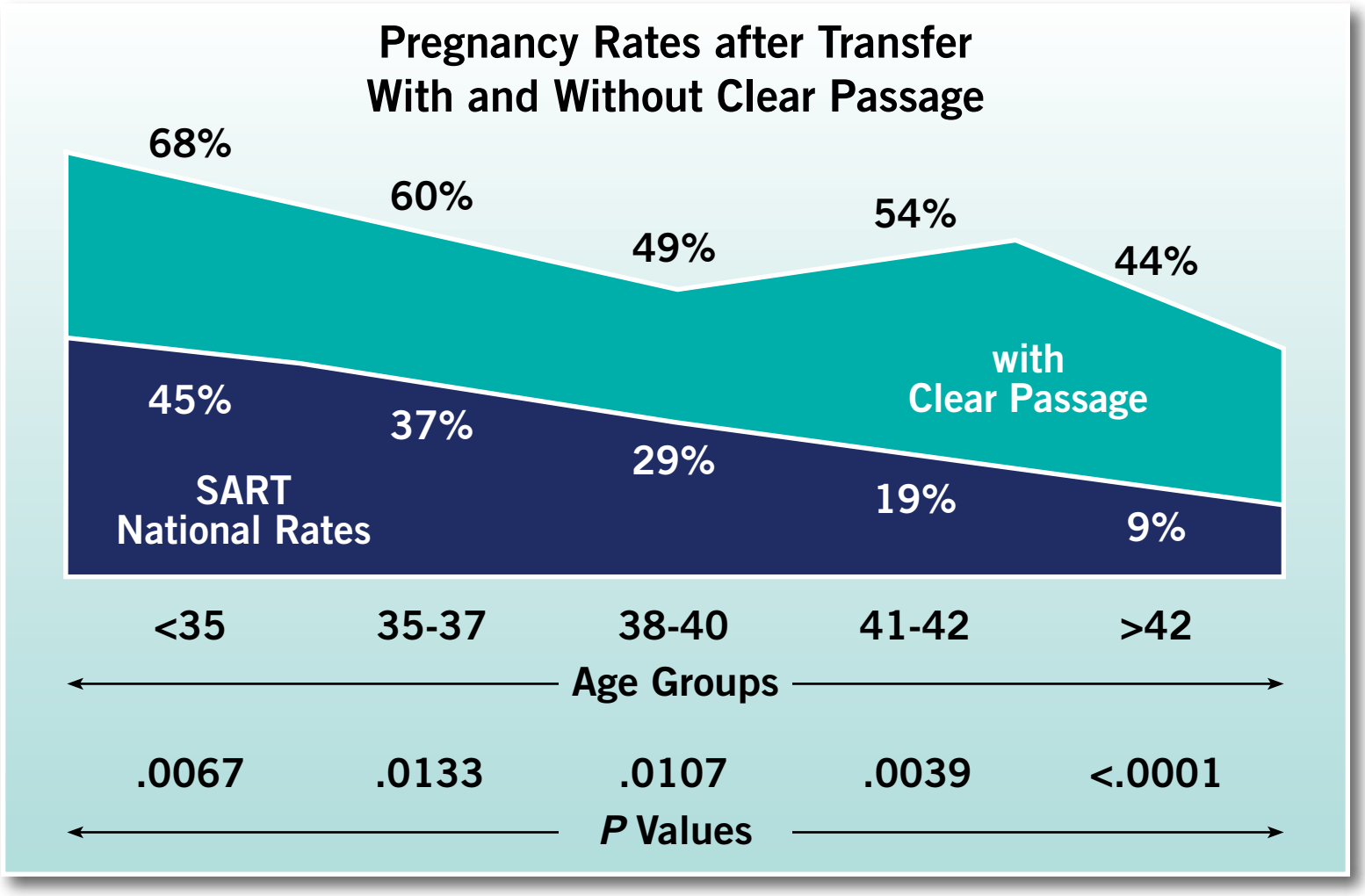
FALLOPIAN TUBES

Initially, we had no intention of clearing tubal occlusions. Our focus was to decrease collagenous crosslinking in and around the reproductive structures following surgery, infection, injury, abuse, or endometriosis. With the Gyn Chief of Staff of a local hospital, **we began researching this phenomenon when patients we treated diagnosed infertile with total bilateral occlusion began reporting spontaneous full-term pregnancies. In a 10-year study of 1392 infertile women we treated, 61% (143/235) of patients with total tubal occlusion reported one or both tubes opening, and 53% (81/143) had live births. Patency with both occlusion and hydrosalpinx was 50%; with similar pregnancy rates.**

HORMONAL IMPROVEMENTS

We regularly declined treating women with hormonal infertility, thinking our work would not help these conditions. However, we were surprised when women with very high day 2-5 FSH levels reported natural conceptions. **Published data shows a 39% (48/122) pregnancy rate for women diagnosed with FSH levels at or above 10 mIU/mL.**

Pre-IVF Therapy (N=146)



IVF Pregnancies With and Without CP Therapy
56.16% with CP therapy
37.3% without CP therapy

- CP therapy increased IVF pregnancy rates in every age group; p-values are shown.
- Patients who received CP within 15 months before embryo transfer had a pregnancy rate of 56.16% (82/146).
- The national average without CP therapy, extrapolated from SART for the year of the study was 37.3%.
- This represents a 50.56% increase in pregnancies over the national average.

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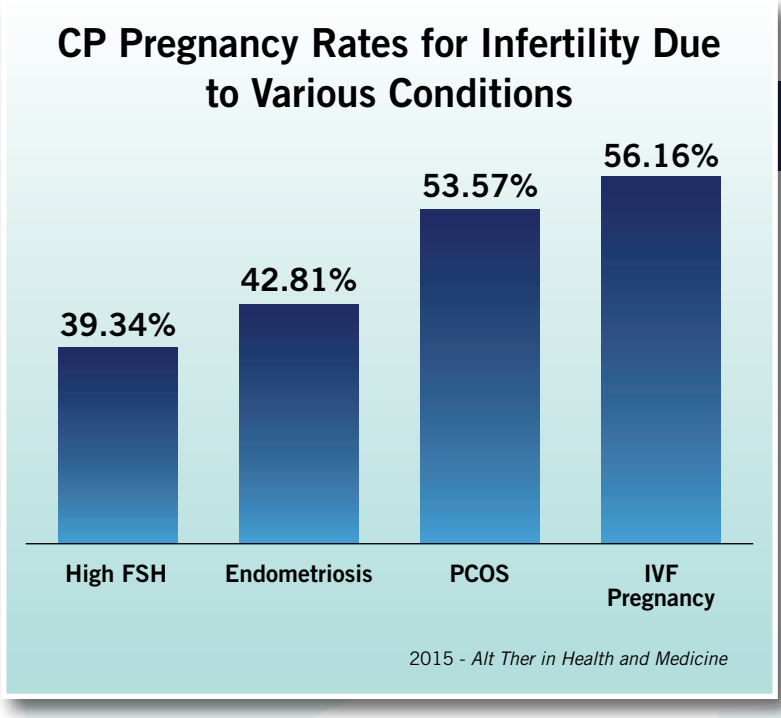
FEMALE INFERTILITY – PUBLICATION TIMELINE

Ten-year Retrospective Study on the Efficacy of a Manual Physical Therapy to Treat Female Infertility
Alt Therapies in Health and Medicine, 2015

This study examined a population of 1392 infertile women treated at all Clear Passage clinics between 2002 and 2011. As shown, CP increased IVF pregnancy rates significantly when performed before embryo transfer. CP pregnancy rates generally compared well to standard medical treatments. CP pregnancy rates are shown in the graph below.



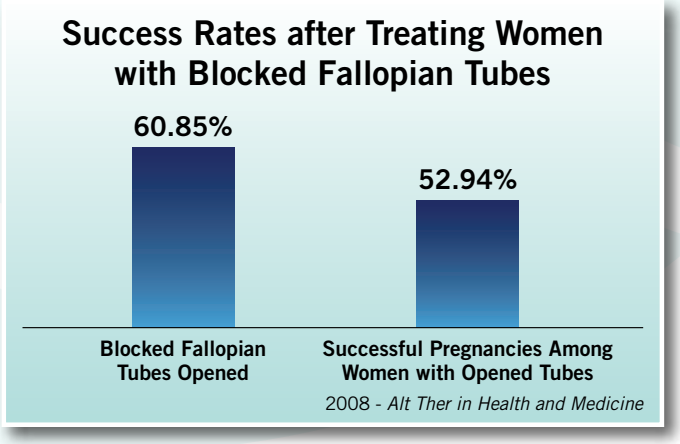
CP Pregnancy Rates

- **Pre IVF – 56.16% pregnant**
  (82/146) 95% CI: 48.10 – 64.00
- **PCOS – 53.57% pregnant**
  (15/28) 95% CI: 35.81 – 70.47
- **Endometriosis – 42.81% pregnant**
  (128/299) 95% CI: 37.33 – 48.47
- **High FSH – 39.34% pregnant**
  (48/122) 95% CI: 31.12 – 48.21

Treating Fallopian Tube Occlusion with Manual Physical Therapy *Alt Therapies in Health and Medicine,* 2008 **Noninvasive Pelvic Physical Therapy Opens Occluded Fallopian Tubes** *Contemporary Ob/Gyn,* 2008

- **Opening Blocked Fallopian Tubes – 60.85%**
  (143/235) 95% CI: 54.48 – 66.87
- **Pregnancy Rates After Opening Tubes – 56.64%**
  (81/143) 95% CI: 48.45 – 64.48

This early pilot study reported a 61% (17/28) success rate for opening blocked fallopian tubes and a 50% clearance rate for hydrosalpinx after treatment. Pregnancy occurred in 53% (9/17). Notably, the results in this pilot study closely mirror the results in the much larger, 10-year study noted at right. Success was independent of blockage location and age of the patient.



Treating Hydrosalpinx with a Manual Pelvic Physical Therapy ASRM Presentation, 2006, Abstract in: *Fertility and Sterility,* 86(3): S307

This pilot study reported initial findings treating women infertile due to tubal occlusion and hydrosalpinx. Therapy cleared tubes in 50% (4/8) of subjects, 50% (2/4) became pregnant after therapy and one reported a second pregnancy from the tube which was opened. 75% (3/4) of the women whose tubes did not open became pregnant at follow-up (2 by IVF, 1 natural.)

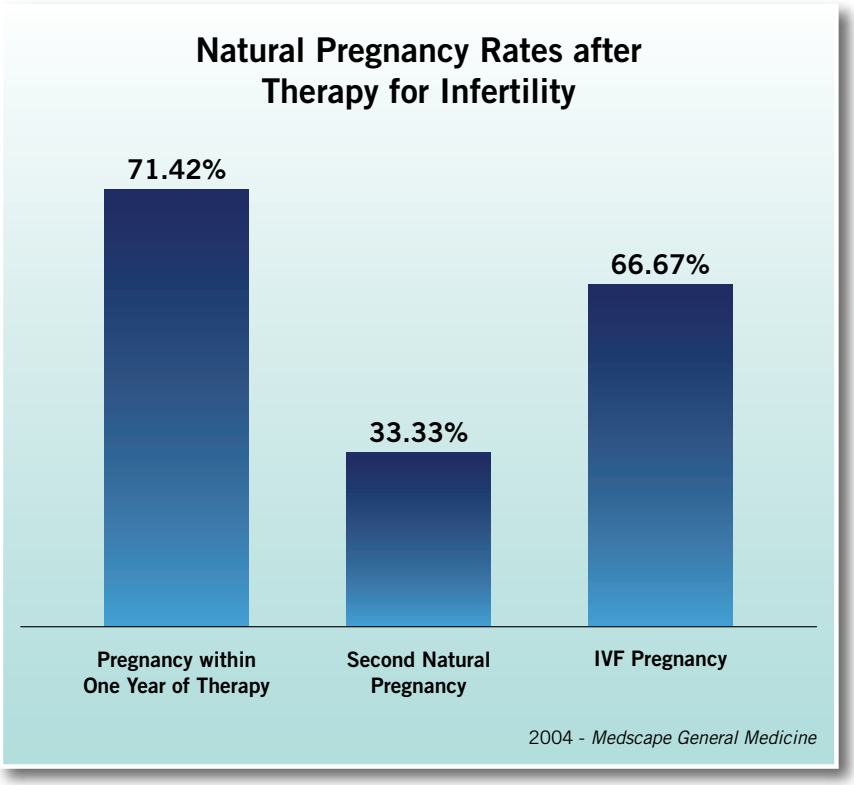
Treating Female Infertility and Improving IVF Pregnancy Rates with a Manual Physical Therapy Technique *Medscape General Medicine,* 2004

This early pilot study examined two sets of infertile women, seeking either natural or IVF pregnancies.

Results showed a 71.42% (10/14) pregnancy rate for the natural group with 90% (9/10) having full term pregnancies.

Three of the nine reported second pregnancies.

Pregnancy rates for the group choosing to undergo IVF within 15 months after CP treatment was 66.67% (22/33).



Manual Physical Therapy to Decrease Abdominopelvic Adhesions *Earliest In House Study,* 1997

Our first study was inspired by unexpected pregnancies we witnessed in women diagnosed infertile. This was a two-part study conducted by a former NIH researcher.

Study #1: a retrospective study of four female infertility cases (2 with totally blocked fallopian tubes, 1 adhesion related, 1 unexplained); **Results:** Natural intrauterine pregnancy and live births after therapy in 100% (4/4) of the women.

Study #2: a prospective study of four infertile women with total tubal blockage, designed to test and replicate results of the prospective study. **Results:** The therapy opened the tubes in 50% (2/4) of the women.

Combined Results: Fallopian tubes opened in 67% (4/6) of women initially diagnosed with total tubal blockage, a number quite close to our two larger studies on opening blocked fallopian tubes. Positive outcomes in 75% (6/8) of women after therapy (pregnancy/birth or cleared tubes).

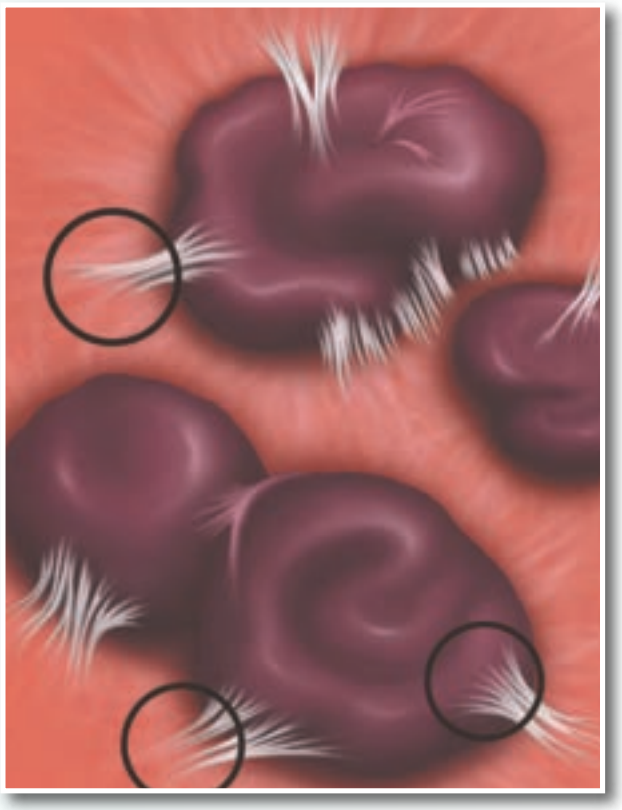
Endometriosis

HISTORY

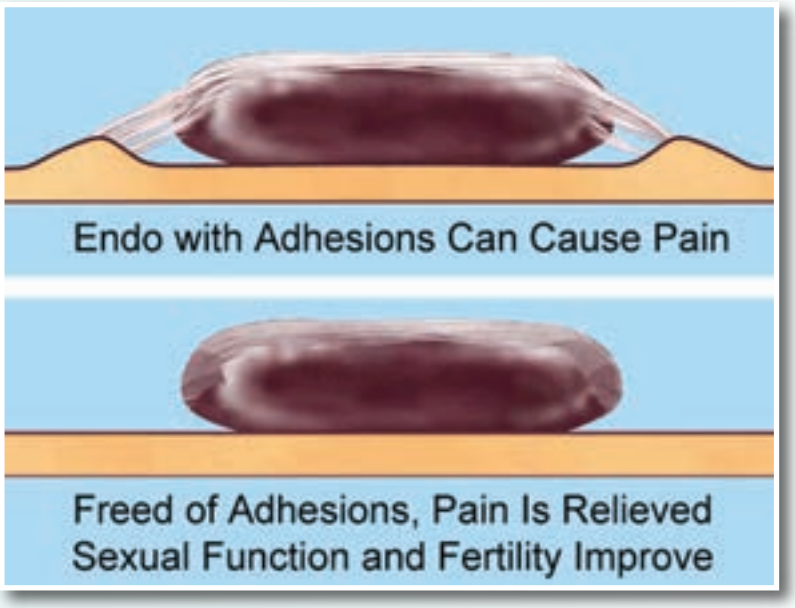
Like most conditions noted in this booklet, endometriosis found us rather than us searching for a treatment for the pain and infertility that comes from this condition. Initially, several patients with endometriosis reported, "My period came, and I didn't even know it was coming; there was now no pain at all."

As we began to hear this more and more, we realized that endometriosis and adhesions are closely related. We knew only that we were treating to decrease adhesions and yet we were seeing dramatic positive results treating pain and infertility in women with endometriosis.

We surmise that when endometrial tissues swell each month, the pull of the adhesions can cause pain. When adhesions attach to reproductive structures, they can restrict normal function, and cause infertility.



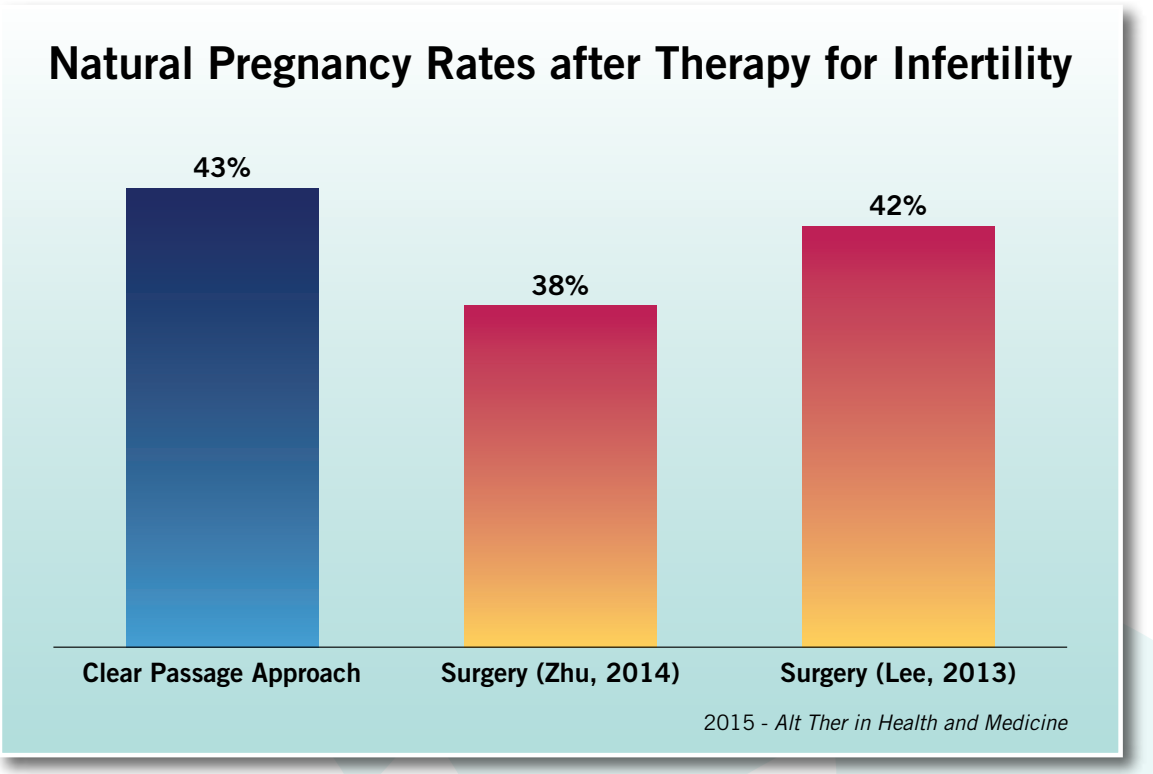
Adhesions are frequently found at the sites of endometrial implants, acting like glue or strait jackets within the delicate tissues of the reproductive tract.



When we detach collagenous crosslinks, adhesions are freed, endometrial tissue can swell without pulling on nearby structures, decreasing pain and improving function, including fertility.

Endometriosis - Published Studies

Ten-year Retrospective Study on the Efficacy of a Manual Physical Therapy to Treat Female Infertility *Alt Therapies in Health and Medicine* – 2015



This landmark study examined a large population of 1392 infertile women treated at all Clear Passage (CP) clinics, between 2002 and 2011, and compared success rates of CP to traditional medical treatments (surgery and pharmaceuticals). Success rates with CP therapy rivaled medical success rates in several causes of female infertility: PCOS, blocked tubes, endometriosis and high FSH hormone levels. As shown here, Clear Passage pregnancy rates for women with endometriosis were 42.8% (128/299), a close parallel to many surgical rates. Therapy increased IVF pregnancy rates significantly when performed within 15 months before embryo transfer.

Treating Endometriosis Pain with a Manual Pelvic Physical Therapy

ASRM Presentation, 2006*, Abstract in: Fertility and Sterility,* 86(3): S262.

This early abstract published in *Fertility and Sterility* showed:

- Significant pain decreases for three phases of the menstrual cycle (ovulation, pre-menstruation, menstruation (p=0.0014);
- Significant decrease of pain during menstruation (p=0.001);
- Significant decrease in intercourse pain (p=0.001).

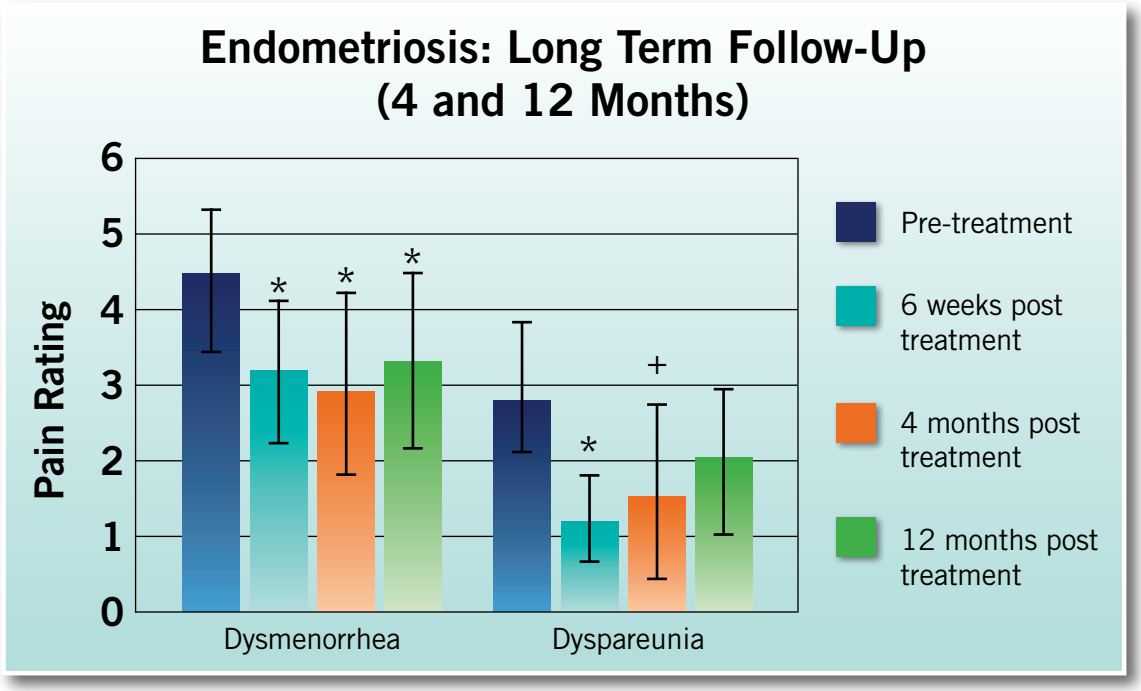
info@clearpassage.com www.clearpassage.com phone: 1-352-336-1433

Update on 'Decreasing Dyspareunia and Dysmenorrhea in Women with Endometriosis via a Manual Physical Therapy: Results from Two Independent Studies.' *Journal of Endometriosis,* 2014

Follow-up to the study, this report assesses the long-term impact on menstrual and intercourse pain with times similar to those used for surgical interventions. Results showed:

- significant reduction in menstrual pain 4- and 12-months post treatment;
- significant reduction in intercourse pain at 4 months;
- suggestive reduction in intercourse pain at 12 months post treatment;
- 50% of patients reported complete resolution of pain.

Thus, the longevity of relief closely paralleled long-term surgical success rates.



Average reported pain scores for dysmenorrhea and dyspareunia over time. Error bars represent SEM. *$p \leq 0.01$; + $p \leq 0.2$, by Wilcoxon signed rank test (2-sided) for each time point, *vs.* pretreatment averages. The pain scale range was 0 (no pain) to 10 (maximum pain) (n=7).

Improving Sexual Function in Patients with Endometriosis via a Pelvic Physical Therapy

ASRM Presentation, 2006, *Abstract in: Fertility and Sterility,* 86(3): S29-S30.

This early abstract published in *Fertility and Sterility* showed these improvements in sexual function:

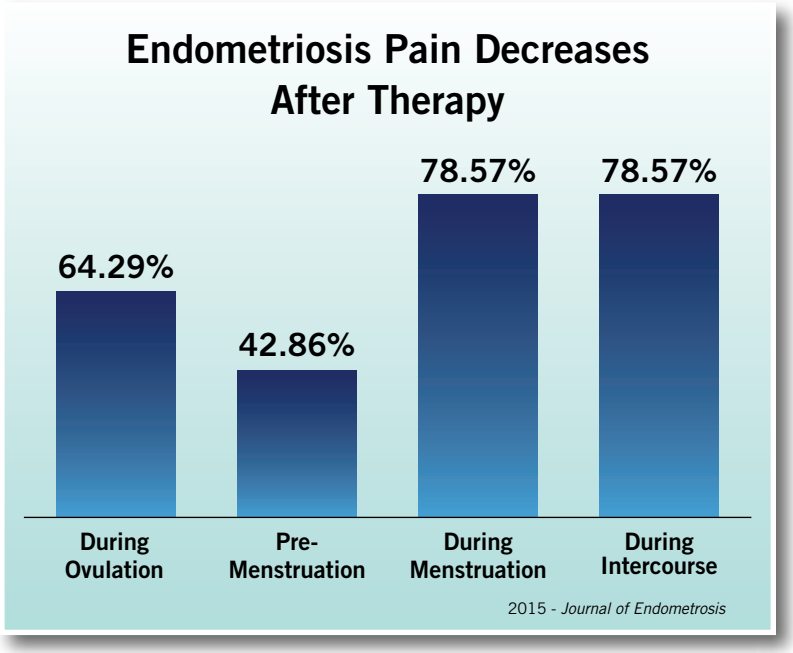
- statistically significant increase in desire (p=0.011)
- statistically significant increase in arousal (p=0.004)
- statistically significant increase in lubrication (p=0.001)
- statistically significant increase in orgasm (p=0.004)
- statistically significant increase in satisfaction (p=0.005)
- statistically significant decrease in pain (p<0.001)

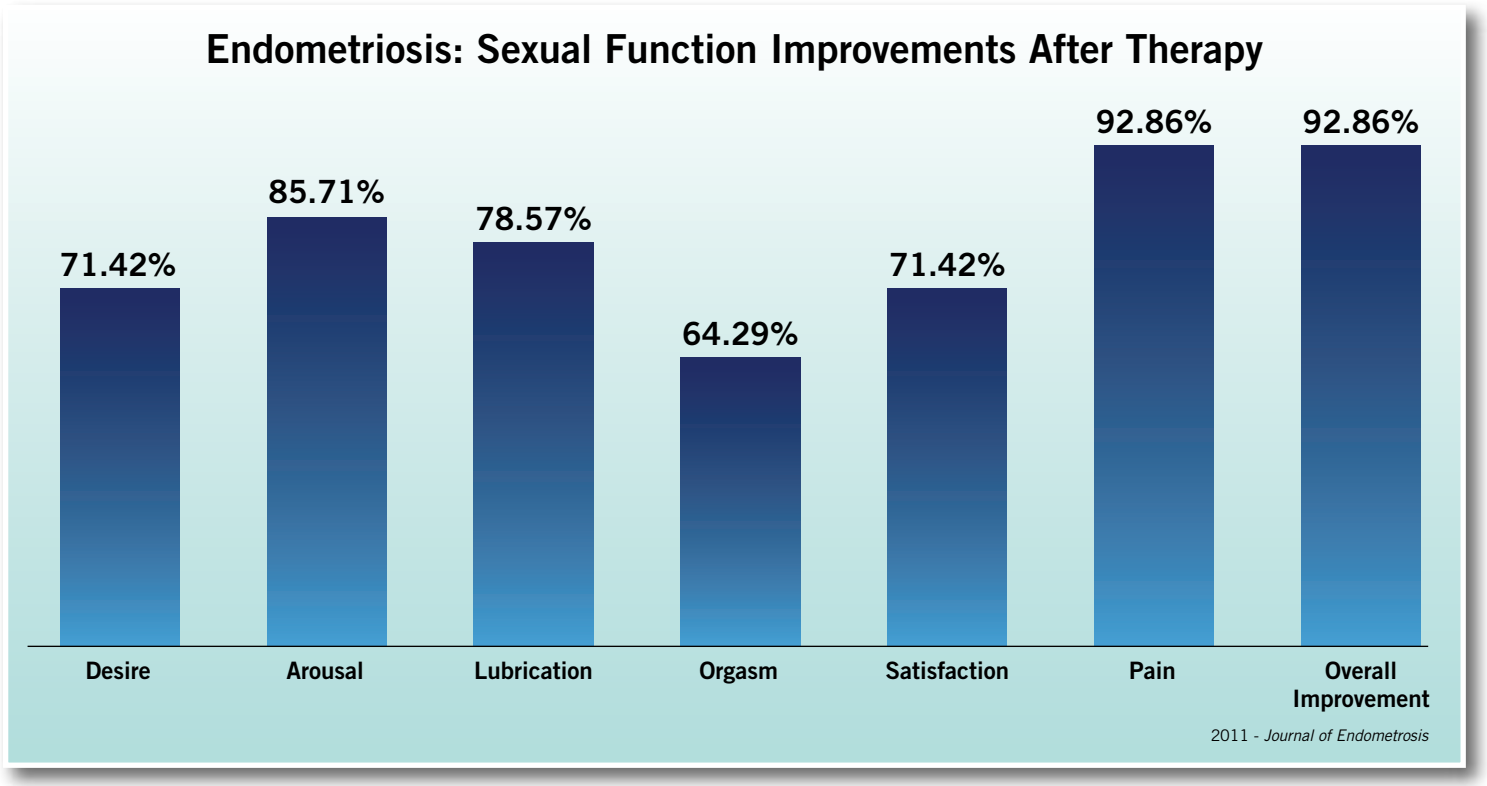
Decreasing Dyspareunia and Dysmenorrhea in Women with Endometriosis via a Manual Physical Therapy: Results from Two Independent Studies. *Journal of Endometriosis*, 2011

This report assessed pain in two different groups of women with endometriosis pain after treatment with the Wurn Technique® (CP therapy).

Results:

- 78.57% reported a reduction in menstrual pain (p=0.001);
- 78.57% reported a decrease in intercourse pain (p=0.001);
- 93% reported improved overall sexual function (p=0.001).





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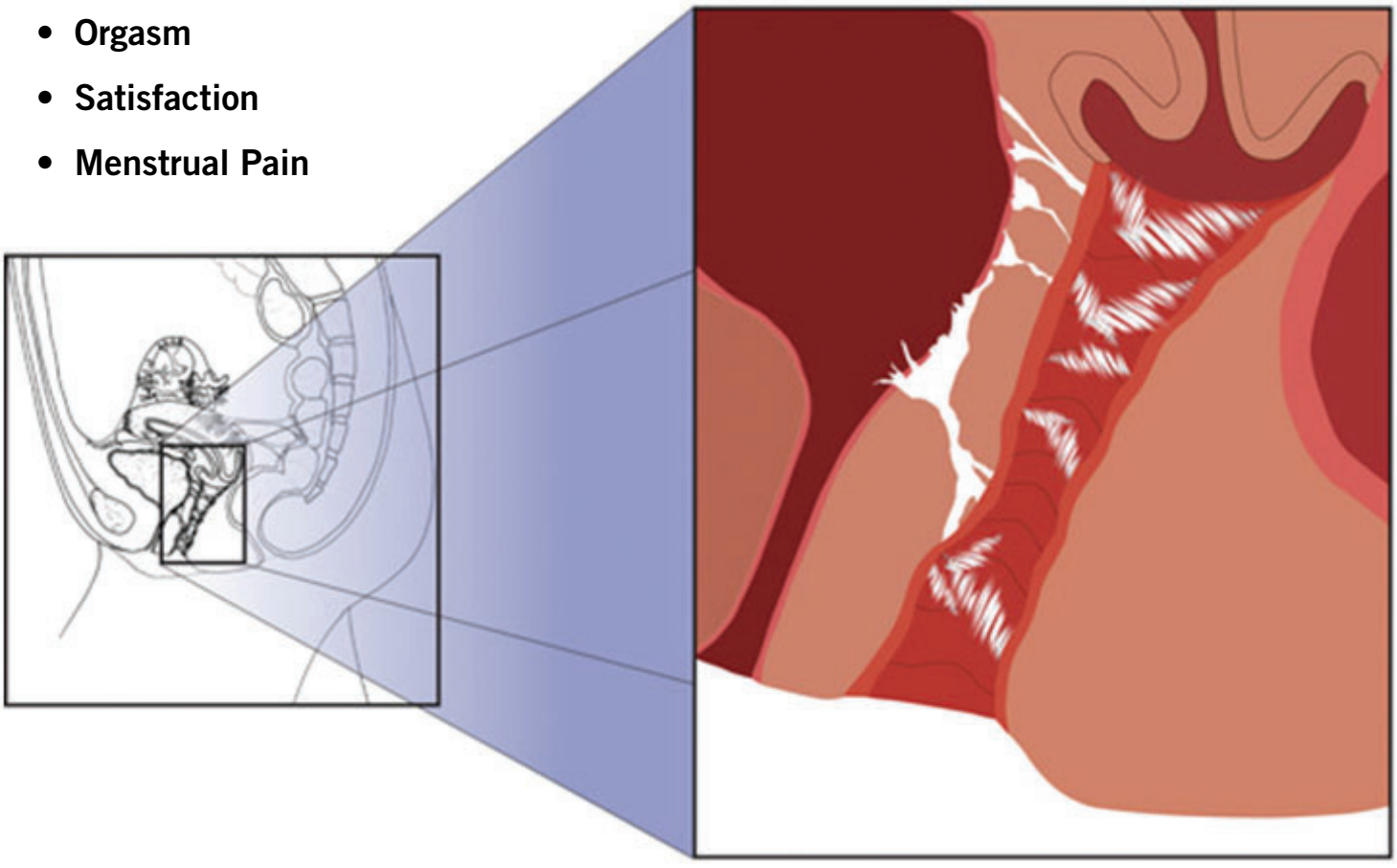
Intercourse Pain & Sexual Function

Due to its location, the female reproductive tract is prone to injury from falls and athletic injuries. The warm, moist, dark environment of the vagina is perfect for promoting life, including bacteria that can easily enter from the outside world. Sexual abuse or rushed sex can cause microtraumas to its delicate, internal walls. The body's first response to any of these events is to send in collagen crosslinks, the building blocks of adhesions.

As collagen fibers lay down, these glue-like strands can decrease fertility and cause significant pain. Through our research, we feel that intercourse pain can be caused by collagenous cross-linking on or near these reproductive organs. **As we began to test our ability to decrease adhesions in this area, we saw significant improvements in every measurable domain of sexual function.**

Significant Improvement In:

- **Pain with Intercourse**
- **Desire**
- **Arousal**
- **Lubrication**
- **Orgasm**
- **Satisfaction**
- **Menstrual Pain**



INTERCOURSE PAIN, SEXUAL DYSFUNCTION – PUBLICATIONS

Update on 'Decreasing Dyspareunia and Dysmenorrhea in Women with Endometriosis via a Manual Physical Therapy: Results from Two Independent Studies.' *Journal of Endometriosis,* 2014

This follow-up report assesses the long-term impact on menstrual and intercourse pain in patients treated with the Clear Passage® Approach. Long-term follow up at 4 and 12 months post-treatment was performed in a subset of these patients. The results showed a significant reduction in menstrual pain 4 and 12 months post treatment, as well as significant reduction in intercourse pain at 4 months and suggestive at 12 months post treatment with 50% of patients reporting complete resolution of pain.

Decreasing Dyspareunia and Dysmenorrhea in Women with Endometriosis via a Manual Physical Therapy: Results from Two Independent Studies. *Journal of Endometriosis,* 2011

This study assessed pain in two different groups of women with endometriosis pain after treatment with the Clear Passage® Approach. Results: 61% of women in this study reported an overall reduction in menstrual pain; 79% to 93% reported a decrease in intercourse pain; 93% reported improvements in overall sexual function.

Treating Endometriosis Pain with a Manual Pelvic Physical Therapy. *ASRM Presentation,* 2006 *Abstract in: Fertility and Sterility,* 86(3): S262

This early abstract published in *Fertility and Sterility* showed

- significant pain decreases for three phases of the menstrual cycle (ovulation, pre-menstruation, menstruation (p=0.0014);
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Improving Sexual Function in Patients with Endometriosis via a Pelvic Physical Therapy.
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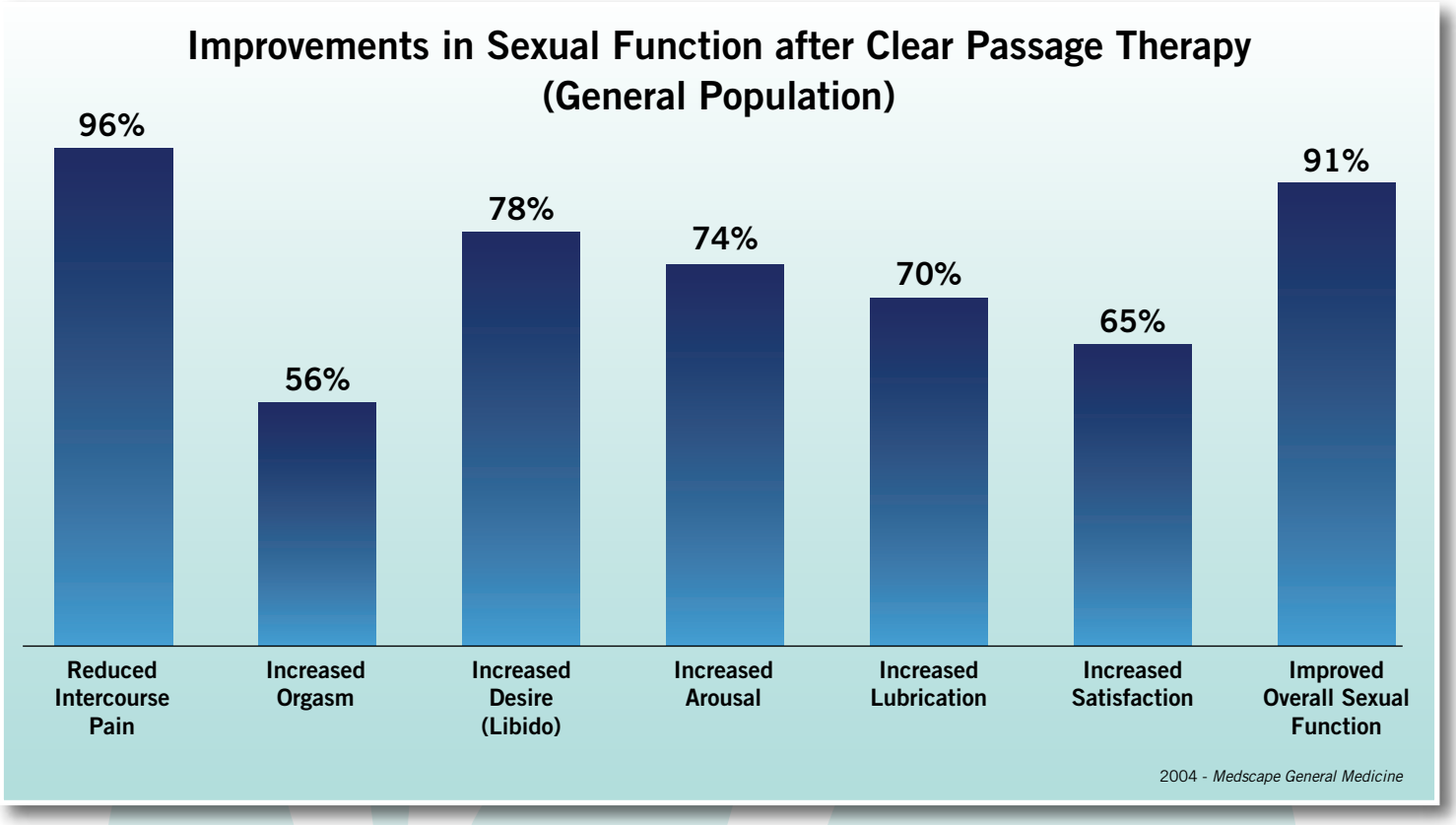
This early abstract published in *Fertility and Sterility* showed significant increases in sexual function:

- statistically significant increase in desire (p=0.011)
- statistically significant increase in arousal (p=0.004)
- statistically significant increase in lubrication (p=0.001)
- statistically significant increase in orgasm (p=0.004)
- statistically significant increase in satisfaction (p=0.005)
- statistically significant decrease in pain (p<0.001)

Increasing Orgasm and Decreasing Dyspareunia by a Manual Physical Therapy Technique. *Medscape General Medicine,* 2004

This study assessed the decrease in intercourse pain and improvements in overall sexual function in women with a history of chronic pelvic pain. In this population, 96% of patients reported a decrease in intercourse pain after Clear Passage therapy and 91% reported an increase in overall sexual function.



How To Refer

- **The Referral Process**
- **Cautions and Contraindications**
- **Standard Course of Treatment**
- **Our Therapy Network**
- **Contact Information**
- **Referral Sheet (Back of Booklet)**

Clear Passage therapists have worked closely with physicians for 30 plus years. We work as an extension of your office; you prescribe therapy in the same way you would prescribe a medication. Simply copy, print and sign the referral sheet on the back page of this booklet.

The Referral Process

Photocopy the referral sheet on the back of this booklet, or scan this code. Include any significant medical or surgical history and comments you wish to make. All referrals go to our Florida headquarters for review. You may call us (1-352-336-1433) with questions, or to share the patient's name and phone number.

SCAN ME

Helping your patient with reimbursement: We are 'out of network' providers; your patient may ask you for a 'letter of medical necessity' for her/his insurer. Because we often provide intensive therapy sessions (up to 20 hours a week of therapy), *that letter should specify "multiple hours of therapy per day."*

Cautions and Contraindications

Screening for contraindications: Please note on the referral sheet any cautions or contraindications to deep manual therapy. We may request additional medical records and tests where appropriate. Call us if you would like to discuss your patient.

Standard Course of Treatment

Time: Treatment generally consists of 20 hours of manual physical therapy performed over 5 days or longer (may be spread up to 90 days). Patients with extensive histories of surgery, trauma or infection may require additional therapy (about 10% of patients).

Insurance: Insurers often reimburse in part or in whole for our therapy. While we do not accept insurance, we offer documents to assist patients requesting reimbursement. Before therapy, we can help each patient understand roughly what their insurer may reimburse them.

Our Therapy Network

Therapists: We work diligently to find and train the best manual therapists in the English-speaking world. Our therapists undergo extensive training, testing and certification in the Clear Passage® Approach. They are among the top of all manual PTs anywhere.

Locations: We have locations throughout the U.S. and in England. Most locations are by large cities or transportation hubs with international airports.

Philosophy: Our goal is to treat each patient individually with compassion and professionalism. We listen deeply to physicians and our patients. We enroll each patient as an active member of the therapy team; we respect our patients' feelings at all times. Our goal is to provide the finest rehabilitation from pain and dysfunction available anywhere.

Contact Information

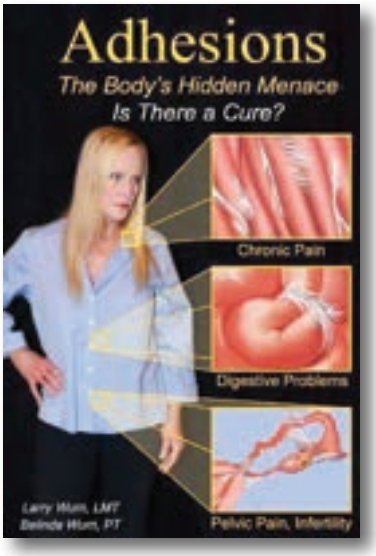
Mailing Address:

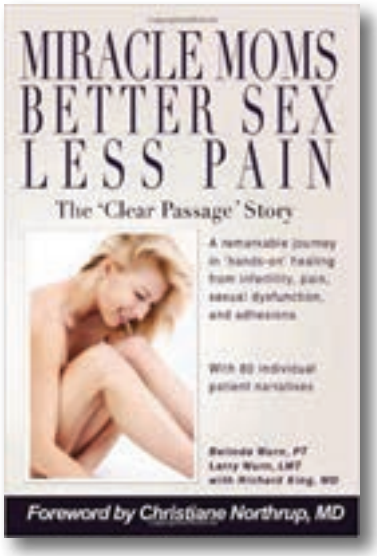
Clear Passage Physical Therapy
4421 NW 39th Ave, Suite 2-2
Gainesville, FL 32606

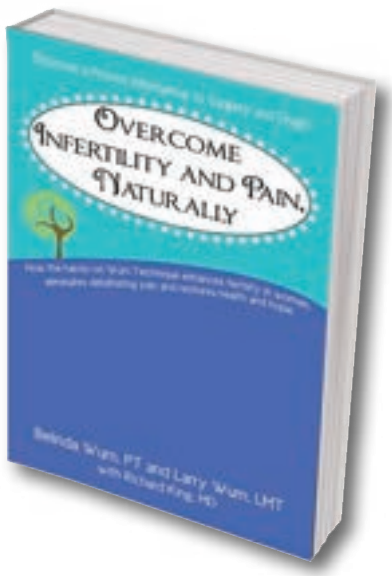
Phone: (352) 336-1433

Fax: (352) 336-9980

Website: www.clearpassage.com







Our books are available at Amazon.com

Physician Referral and Clearance

This is my referral and clearance for deep manual physical therapy to the whole body, including the abdomen and pelvis. Per published studies, this therapy has been shown safe and effective in a 20-hour protocol over the course of five days or spread over time. Patient has no listed contraindications listed; precautions are noted below; reports may be attached. This therapy is medically necessary.

Patient Name:_____ Date of birth:_____

CONTRAINDICATIONS TO THERAPY

Abnormal Cysts or endometriomas requiring surgery
Active infection – bacterial, viral, fungal, or parasitic (must be clear of infection before therapy)
Active cancer, hepatitis, or HIV
Aneurysm
Connective tissue disorder (EDS, Marfan's)
Deep Vein Thrombosis, PE or CVA within 12 weeks of scheduled therapy
Fistula present within 6 weeks of scheduled therapy
Surgery within 12 weeks of scheduled therapy

PRECAUTIONS TO THERAPY

(Check if applicable; make notes or comments below)

☐ Autoimmune disorders must be under control. May need to spread therapy over two weeks if applicant has elevated inflammatory markers for these conditions:

- ☐ Celiac Disease
- ☐ Crohn's
- ☐ Fibromyalgia
- ☐ Grave's disease
- ☐ Rheumatoid Arthritis
- ☐ Systemic Lupus Erythematosus
- ☐ Ulcerative Colitis

☐ Bipolar disorder patients often do not do well with this therapy
☐ Blood thinning medications, blood clotting disorders
☐ Cancer in the last 18 months (type, location) _____
☐ Cardiac conditions, including DVT, PE, or CVA within the last 12 months
☐ Congestive heart failure (details) _____
☐ Gallstones or kidney stones
☐ Genital herpes – must be on acyclovir or lysine during CP treatment
☐ Liver or kidney dysfunction; gall stones; kidney stones
☐ Hernia (size, location) _____
☐ Hydrosalpinx, hematosalpinx (ACOG suggests considering prophylactic antibiotics)
☐ IUD or Essure coil (must be removed before therapy)
☐ Lymphedema – wear compression garments during therapy and traveling
☐ Osteoporosis – circle severity: (mild, moderate, severe)
☐ Seizures (please give details below)
☐ SIBO
☐ Sickle cell disease
☐ Stents (note location, approx. date inserted) _____
☐ Tubes in body (I-V, ostomy, etc.) with location, approx. date insert _____

Evaluate and Treat; 20 hours over 5 days (space for physician notes below)_____

_____

_____

_____

_____ _____ _____
Physician's signature NPI or License # Date

Contact: *Clear Passage Physical Therapy; 352-336-1433 phone (USA); 352-336-9980 fax (USA)*