WHITE PAPER

Matthew Quitto II, M.A.

Erectile dysfunction is on the rise. Yale experts explain why - Performance anxiety.[1]

Erectile dysfunction, or ED, is a common condition for men over 40, with vascular problems often presenting as the underlying cause. Now, cases seem to be on the rise in young men. ED is common. Research suggests that between 30 million and 50 million men in the United States have ED. ED is more common as people get older. At age 40, about 40% of men are affected, while 70% report having ED by age 70.[2]

Weakness in the ischiocavernosus (IC) and bulbospongiosus (BS) muscles

Insufficient pelvic floor muscle strength, specifically in the IC and BS muscles, may contribute to erectile dysfunction ED,[3] diminished erection quality, and premature ejaculation. These conditions are frequently addressed through structured Pelvic Floor Muscle Training protocols, such as the Penis Push Down technique, which has demonstrated efficacy in enhancing erectile rigidity and improving ejaculatory control. The strategic strengthening of these muscular structures, which provide critical support at the base of the penis, facilitates more effective blood retention necessary for sustained erections and enables greater physiological control over seminal expulsion. Therefore, pelvic floor muscle exercise causes contraction of the external anal

---

[1] Zoe Beketova. Erectile dysfunction is on the rise. Yale experts explain why. Yale Daily News 2025 https://yaledailynews.com/blog/2025/01/22/erectile-dysfunction-is-on-the-rise-yale-experts-explain-why-2/#:~:text=A%20study%20found%20a%2031,believed%20to%20experience%20ED%20today.

[2] Leslie SW, Sooriyamoorthy T. Erectile Dysfunction. [Updated 2024 Jan 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK562253/

[3] Kim JK, Lee YJ, Kim H, Song SH, Jeong SJ, Byun SS. A prospectively collected observational study of pelvic floor muscle strength and erectile function using a novel personalized extracorporeal perineometer. Sci Rep. 2021 Sep 15;11(1):18389. doi: 10.1038/s41598-021-97230-6. PMID: 34526524; PMCID: PMC8443575.

sphincter, which consequently causes contraction of the aforementioned muscles to enhance erectile function.[4]

Clinical research suggests a correlation between targeted pelvic floor rehabilitation and improved sexual function across various demographic groups, particularly in cases where pharmacological interventions have yielded suboptimal outcomes.

Physiological Impact of Muscular Weakness on Erectile Function

- IC muscle: Contraction of this muscle significantly increases intracavernous pressure, which is essential for maintaining penile rigidity during erection. Diminished strength or tone in this muscle may result in suboptimal erectile firmness and reduced sustainability of erections during sexual activity.
- BS muscle: This muscle serves dual critical functions: facilitating blood flow into the corpus cavernosum of the penis and assisting in the expulsion of seminal fluid during ejaculation. Weakness in this muscle structure may compromise both the maintenance of erection quality and precise ejaculatory control.

[4] Kim JK, Lee YJ, Kim H, Song SH, Jeong SJ, Byun SS. A prospectively collected observational study of pelvic floor muscle strength and erectile function using a novel personalized extracorporeal perineometer. Sci Rep. 2021 Sep 15;11(1):18389. doi: 10.1038/s41598-021-97230-6. PMID: 34526524; PMCID: PMC8443575.

Signs of deficiency

- ED, characterized by the inability to achieve or maintain sufficient penile tumescence for satisfactory sexual performance.
- Diminished rigidity during tumescence, potentially indicating vascular insufficiency or hormonal imbalance.
- Ejaculatio praecox (premature ejaculation), defined as persistent or recurrent ejaculation occurring with minimal sexual stimulation before, upon, or shortly after penetration and before the individual desires it.

Strengthening Techniques

PENIS PUSH DOWN (PPD). Consistency as a Fundamental Principle: Muscular atrophy may occur as a consequence of disuse, whether attributed to the natural aging process or prolonged periods of physical inactivity. Such weakened muscular structures necessitate systematic and regular training protocols to facilitate the restoration of optimal muscular function and strength capacity.[5]

Clinical Manifestations of Pelvic Floor Muscular Insufficiency

When the pelvic floor musculature exhibits inadequate tonicity or neuromuscular coordination, several physiological dysfunctions may manifest:

- ED: The IC muscle functions primarily to compress the crura of the penis, thereby creating suprasystolic pressure necessary for maintaining penile rigidity.

[5] Pierre Lavoisier, Pascal Roy, Emmanuelle Dantony, Antoine Watrelot, Jean Ruggeri, Sébastien Dumoulin, Pelvic-Floor Muscle Rehabilitation in Erectile Dysfunction and Premature Ejaculation, Physical Therapy, Volume 94, Issue 12, 1 December 2014, Pages 1731–1743, https://doi.org/10.2522/ptj.20130354

Insufficient muscular tone may result in compromised tumescence or inability to sustain an erection during sexual activity.

- Ejaculatory Dysfunction: The BS muscle facilitates rhythmic contractions essential for seminal propulsion during ejaculation. Muscular insufficiency may manifest as diminished ejaculatory force, sequential post-ejaculatory leakage rather than physiological expulsion, or contribute to premature ejaculation due to impaired neuromotor control mechanisms.
- Post-Micturition Dribbling: These pelvic floor muscles serve a critical function in urethral emptying following micturition. Muscular weakness frequently results in post-void dribbling (involuntary urine leakage following completion of micturition).[6]
- Sensory Deficit: Compromised pelvic floor muscular integrity can contribute to diminished intensity of orgasmic response and overall reduction in sexual satisfaction and proprioception.

Etiology of Pelvic Floor Weakness

- Age-related Physiological Changes: Progressive muscle atrophy associated with the natural aging process, resulting in diminished pelvic floor integrity and functional capacity.
- Anatomical Trauma: Pelvic injuries or surgical interventions, particularly prostatectomy procedures, may compromise neural pathways or muscular tissue integrity essential for proper function.

[6] Bordoni B, Launico MV. Anatomy, Abdomen and Pelvis, Perineal Body. [Updated 2024 Dec 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK537345/

- Behavioral and Environmental Factors: Chronic constipation with associated straining behaviors, improper biomechanics during resistance training, and sedentary lifestyle patterns contributing to muscular deconditioning.
- Systemic Pathophysiology: Diabetes-induced neuromuscular degeneration, characterized by peripheral neuropathy and microvascular changes, significantly impairs both ischiocavernosus and bulbospongiosus muscular function and coordination.

Corrective Strategies

The primary clinical intervention for pelvic floor dysfunction involves Pelvic Floor Muscle Training (PFMT), typically administered under the supervision of a specialized pelvic floor physical therapist. This evidence-based approach has demonstrated significant efficacy in restoring muscle tone and functionality. Pelvic floor muscle exercises are an effective treatment for men with erectile dysfunction.[7]

1. For male patients, treatment protocols include PPD integrated with Kegel exercises, which facilitate targeted contractions of the pelvic floor musculature.
2. The therapeutic technique requires applying downward pressure exclusively at the proximal portion (base) of the erect penis while simultaneously executing a Kegel contraction (gluteal compression).
3. Adjunctive Therapeutic Interventions: Implementation of body mass index management protocols and structured cardiovascular conditioning to enhance treatment outcomes.

[7] Dorey G, Speakman M, Feneley R, Swinkels A, Dunn C, Ewings P. Randomised controlled trial of pelvic floor muscle exercises and manometric biofeedback for erectile dysfunction. Br J Gen Pract. 2004 Nov;54(508):819-25. PMID: 15527607; PMCID: PMC1324914.