EIQ Men’s Podcast – Premature Ejaculation

Welcome to the EIQ Men podcast, where we tackle the facts, debunk the myths, and

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provide real solutions to help you take control of your sexual health and confidence. I am Mark Goldberg,

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certified sex therapist and host of the show. For any men who are serious about resolving erectile dysfunction,

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premature ejaculation, or other sexual challenges, we encourage you to visit our website, eiqmen.com. You'll find

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additional resources and you can reach out to us directly with questions or schedule a 15inute complimentary Zoom

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call with myself or one of the other team members. We're passionate about helping men like you. So, please do not

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hesitate to get in touch with us. Joining us again today is Philipe Schaefer, a doctor of physical therapy

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based in New York City and one of the emerging voices in the space of men's sexual health and pelvic health. Flee

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holds advanced specialization through the Herman and Wallace Pelvic Rehabilitation Institute and brings a

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rigorous whole body approach to some of the most intimate and undertreated challenges that men face. In our last

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conversation, we explored erectile dysfunction and the pelvic floor. And today we're going even deeper into

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territory that affects far more men than anyone talks about. Phipe, great to have

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you back with us. Thank you. Pleasure being here. So today we're diving into premature ejaculation,

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one of the most common and most silently suffered sexual challenges that men experience. And we're going to look at

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the pelvic floor's role in all of it. What physical therapy can actually do to help and how the shame and anxiety that

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come with premature ejaculation can make the whole thing so much worse. So flip

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to get us started, premature ejaculation affects a huge number of men. Yet so

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many suffer in silence. Before we get into the pelvic floor piece, can you help us understand what PE actually is,

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how it's defined clinically, and why it's so chronically under reportported and undertreated?

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I think so. Premature ejaculation is uh it's essentially if you're having sex

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and then you ejaculate before you want to is essentially uh if if you have that

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issue then you can come see you know a physical therapist or uh another medical provider. Um

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why it's not talked I think it's a very embarrassing thing that people don't even want to acknowledge that they have.

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Um, and I think there's not uh there's definitely not a lot of information about it. They don't even want to ask to

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ask somebody to improve. It's I I don't I don't know why people consider it embarrassing, but it just it just is. It

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doesn't matter what the the why is. So, I would tend to agree with you. I

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It's one of the most like shameridden uh conditions that a man could experience.

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So most men and I think honestly most clinicians think of PE as either purely

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psychological or like a neurological phenomenon. So like

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can you help our listeners understand a little bit more about what the pelvic floor connection is? How muscular

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dysfunction or challenges in that region can contribute to a man actually losing control of ejaculation?

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Sure. So there, you know, similar to erectile dysfunction, there's a number

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of factors that uh with any anything sexual in nature, there's a lot of things at play uh with premature

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ejaculation. But I've found that even more so than erectile dysfunction, it's

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something that can be uh like completely solved through physical therapy. And of

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course, there's there's a lot of, you know, there can be anxiety or uh like blood flow issues, stuff like that. Um,

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how the muscles are involved is so the the the pelvic floor are muscles at the base of the pelvis and they're involved

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with supporting sexual function and bladder function and bowel function. And

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they during uh when you're having sex during orgasm,

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those muscles contract and relax to help release fe uh to help release semen uh

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and uh fluid from the prostate. And so if those muscles are really tight that

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contracting and relaxing is not the norm. And if there's uh like if you part

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of it is also arousal. So if you get aroused too fast this go this goes into the the like the the mind body

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connection psychological those muscles like if you don't have control over the muscles essentially

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like it's it's not necessarily if the muscles are like strong or weak. It's like you want to have control over the muscles, then that can kind of trigger

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the the ejaculation sequence. Yeah. Um, so let's let's kind of dive in

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here a little bit further. I mean, men that come to talk to me about premature ejaculation present in so many different

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ways. In your experience, do do the tight muscles send signals back up the

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brain to like trigger ejaculatory release or is it something happening

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just purely at the muscular level when a man is experiencing pre

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it so at the root of it I mean essentially everything is controlled by the brain but there's it's not I was

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actually explaining something to to a patient today that it's not always how it works because it can you know there

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can be a sort of kind of reciprocal nature. It's like the there can be like a feedback loop where if the muscles are

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really tight that can you know that can trigger more anxiety like you can feel like if there's pain involved as well

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that can trigger more anxiety and then you start to get self-conscious and then your breathing changes and then that can

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change like when you're having sex and that can also cause an issue. So it there's also you know everything starts

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in the brain and then there's the spinal cord and then there's the peripheral nerves that go down to the muscles and

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there can be anything wrong in that chain and there's a lot more stops

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around the way from what I just described it uh I would say dominantly

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it probably starts in the brain. If I were to like give a definitive answer to that question, I would say that's more

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of what's kind of happening. But it can definitely go the other way where there are tight muscles and like I've I've

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seen plenty of people where you know we were discussing with erectile dysfunction you know how much does anxiety play a role and how much is it

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more physical. Uh definitely with premature eje ejaculation there's I

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think it's more you can fix the physical nature of the muscles whether it's relaxation or making them stronger or

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there there's other things we'll talk in a second like other things that you can do and it'll completely fix and the person doesn't necessarily as much as

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erectile dysfunction have an underlying like anxiety or depressive nature to to

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what's going on. That's that's always a factor you have to consider. But I think with with premature ejaculation, there's

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a lot of things with loosening the muscles and uh increasing strength in

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the rest of the body and controlling your breathing that can really help fix things. Okay. Another um phenomenon that that I

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see a fair amount of is that men men often present in one of two categories.

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Um, some men with premature ejaculation will report that they feel like the arousal process escalates very quickly.

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Um, like they go from 0 to 60 almost instantly. And other men will report

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that they feel like they don't even necessarily get aroused before they're

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ejaculating, meaning they have an erection, but they're not really hitting what we call ejaculatory inevitability.

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They don't feel like a buildup. They also don't feel any particular like heightened mental arousal before they

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release. To me, these look like two different mechanisms. And I'm wondering from a physical therapy standpoint if

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one, you see these distinctions as well of men reporting these like different phenomena, different presentations. And

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two, if there's anything at that physical therapy pelvic floor level that might account for some of this. I see

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way more of the first one uh where the arousal is very quick uh or it causes

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ejaculation a lot faster. Um so there are people where the arousal is so

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intense that they feel like they have no control whatsoever. And that's part of so part of what I do is I do before

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somebody comes in I like to talk to them on the phone for like 15 minutes just to make sure that they're a good candidate.

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And depending on how they present, uh, I'll say, "Oh, your your arousal is, you

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know, I've had people where literally they'll tell me on the phone like one touch from like their partner or, you

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know, whatever arouses them and then they ejaculate like and very quickly."

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And I'll say, "Well, you can come in. We can see kind of how you present physically." And you never know, maybe the pelvic floor is really tight and

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there's other things we can work on, but it sounds like that's probably something that uh you require a sex therapist for

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because I don't as far as that arousal process, if it's very intense, it's not something uh I know how to fix besides

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just like giving you stretches and stuff. So, that's somebody that definitely needs to go to like a sex therapist. Um, but if it's within the

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range, if they have a decent amount control, they're like, "All right, like I'm having sex with my wife and it's going well, but it's I just I can't get

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last. I get I get I get so excited." That's something that definitely a physical therapist can solve. I don't

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see a lot of the the latter where they just don't like they have an erect penis

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and they [clears throat] they're just not getting the arousal. Um, I don't see many of those. I think

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maybe um people do research on the internet and they they just go to a sex therapist

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first and they find that that that resolves it. It's to be honest that's not a lot of uh uh like the patients

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that come in for premature ejaculation. That's not quite the like the profile that I see the presentation. Yeah. And I I would

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tend to agree with you. I think we also see more of the former but I have been seeing more of the latter being

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presented um as of late. Definitely a question which was um on my mind. Um

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Fle, can you walk us through what a what an assessment or a pelvic floor assessment? I know that when we spoke

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about erectile dysfunction, it's a lot more thorough than what I initially thought it was. Just kind of like

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working like the whole like region basically from the neck all the way down. Um can you talk us through what an

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assessment looks like from the physical therapy standpoint for premature ejaculation? Sure. So the the evaluation is the same

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for every type of patient. So it's for um everybody it's at least a the from

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the base of the neck down to the feet. Um people with more involved issues like if you have a spinal cord injury or

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some surgery involving the neck um I've seen those types of patients and that's definitely something where I will look

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at the neck itself. Um, but the especially with premature ejaculation

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like the thoracic spine. So the thoracic spine is from the base of the neck down to about the belly button in the back.

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There's a number of things that can come into play. So if you're very very stiff, you have like sympathetic over overload.

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The sympathetic nerves line the ribs and the thoracic spine. So, if those muscles are really tight, um, loosening them up

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can can just definitely make you more relaxed and will not have you, you know, if getting a bunch of massages and

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stretches 100% will help somebody who's just like really stressed out at work

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and then they can go have sex and then they just don't ejaculate as quick. That 100% helps. Um, also is breathing, which

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is very important during sex, keeping you because you know sex is a combination of the parasympathetic and

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the sympathetic. So the parasympathetic gets the erection up and then the sympathetic gets it out uh basically speaking. And so a way to control that

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is with breathing kind of keeping you in control in that parasympathetic state so that you don't uh that you don't have an

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orgasm too quickly. So breathing you has a lot to do with the thoracic spine. So, if you're not breathing well and you do

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a lot of shallow breathing, um, one thing that you walk people

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through in a variety of positions is, okay, standing, take some deep breaths,

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like some nice controlled breaths. You don't want to do like really deep breaths because that's not,

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you know, that's not realistic during sex all the times. But essentially, it's a breathing evaluation. you're looking at the thoracic spine and then there's

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uh nerves at the base of the thoracic spine and the top of the lumbar spine that go down to the the penis where if

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there's like increased inflammation if there's a herniated disc you know that's something if you have a lot of rigidity

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in the lumbar and the thoracic spine uh that's something that could be a contributing factor to your issue. Then

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you want to look at the the lumbar spine. If also if it's stiff, if it's strong and stability of the lumbar spine

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and the hips and the core like the abs and the obliques is uh something that

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you look at a little bit more with premature ejaculation compared to

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uh uh erectile dysfunction because having sex is a very physical thing. And again, if you're in like parasympathetic

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mode and you're trying your best to not like overwhelm yourself, part of the issue is like if you're not strong in

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your hips and your lumbar spine, you don't have control over what you're doing during sex. You're just going to

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have less control of the pelvic floor muscles and just less control over the over your breathing in general. Like if

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you're not in good shape, you're not going to have control over your breathing if you don't have good blood flow. So part of that is just having adequate strength in the lumbar spine,

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the obliques, like the abs, the hips, like looking at the strength of that whole region. Um, so just overall

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fitness. Can I can I slow you down here for a moment? Yeah, slow you down here for a moment because like um I mean it's

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helpful for me. Hopefully our listeners will glean from this as well. Um I hear you connecting a lot of the like

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physiological aspects here. at a muscular level to the

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ability to activate the parasympathetic and probably try to downregulate the

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sympathetic. So, I'm getting the sense that the perspective here, and correct me if I'm wrong, is that um because

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ejaculation is controlled by the sympathetic nervous system and staying in a more toned parasympathetic state

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will keep an erection, but also like will delay ejaculation to some degree.

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that like the perspective here is that um if the body is toned and muscular and

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you've got good breathing and whatnot that really the the mechanism at play here is the autonomic nervous system

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like much more than things that are controlling things at a muscular level. I know I'm oversimplifying but I'm also

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doing that trying to clarify it is part of it and there's you know there's multiple systems in the body and

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I think it uh so one that is true it is the autonomic nervous system but you can

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you know there's also the cardiovascular system where if you overtax it uh I think it is tricky to discern what

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triggers what so if you have a poor cardiovascular system uh yeah you're going to tap into

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the autonomic nervous system more because you need certain, you know, you're going to go into a uh as far as

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like your energy reserves if you go into the KB cycle or the Corey cycle like as far as where you're getting like the um

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the energy to move your muscles like all the systems are very intricate, you know, intricately connected and it's

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essentially just making sure that each system is uh you you know, you want it working how you want it to work. Um like

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uh if you work out a lot like if you if you go jogging a lot that helps you with temperature regulation. Um and that's

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you know you you have stronger muscles and the cardiovascular system is better and it's it's just like everything is

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kind of rolled into one. So it yes that I mean I would I would I would say that's probably the main driver but I

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think it's you just want to make sure that everything is working like how it should.

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Okay. So, so, so to that end, um, do you formulate like a, um, unique

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perspective on each patient that you work with, on each man that comes to see you? Like, do you have like a working

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theory about where some of that weakness might be? Um, what systems might be

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contributing to the problem? And then try to work on targeting that, right? And sometimes it could be lack of

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conditioning. Sometimes it could be a tight thoracic. Sometimes it could be something in the actual like in the pelvic floor. Like do you is part of the

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assessment trying to work with like a like a model or a theory or developing

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like a unique theory? Yes. So you look at as to what we help you look at the thoracic spine, the lumbar spine, the hips and then the

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pelvis itself and then we do the internal exam. So you look, so there's three layers of pelvic floor muscles,

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and then one layer is external, which is the first layer of the pelvic floor underneath the the testicles. Um, and

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then there's the two internal layers. So you're checking for strength and tightness. You look at the hips, and you

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look at the the thigh muscles, and there's ways that you can test for strength and range of motion, how tight

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the muscles are, and you look at the whole holistic thing, like how you're breathing, and

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then, you know, I ask patients about lifestyle. Are you stressed at work? What's what are your relationships like?

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Is there something like there? Uh how health like you know how is your nutrition? How is your sleep? How is how

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is all that? And you all you kind of look at everything and I make a determination of okay is this a physical

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thing that physical therapy can really help. And a lot of times it's yes. Some

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people it, you know, we mentioned uh yeah, you might have like really a lot of arousal issues that I don't know if

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like stretching or working out is really gonna help. I'll suggest it like it's definitely if somebody has a lot of

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arousal issues and you don't exercise at all. Like I'll suggest it as this is,

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you know, this is something you should try because it can it can it can help uh it can help reduce your arousal if it's

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if it's too high. But uh a lot of I think every patient that I've seen that

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has that is already working with a sex therapist already and that's as I mentioned that's more

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coming from there. So you look at the whole person and you say okay is this is there something significant from the

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physical therapy perspective as far as their strength and their conditioning and the tightness of their pelvic floor muscles. Like do I think there's

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something really significant that can help them? And sometimes it's no. and I say like there's a different avenue.

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Usually I can tell on the phone like I screen people beforehand and they kind of give me their whole profile. There's

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usually a lot of history kind of that goes with uh premature ejaculation or

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erectile dysfunction. I say there there's there's a small percentage of patients where I say I don't know if I

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can help you but like you should go see X Y and Z first. Um, but most people I say you should come in and I can tell

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you if there's I do a very thorough evaluation if there's something that you can do to either completely solve the

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issue or fix it 10 15 20%.

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Yeah. I think this is where things get so uh complex, but I think also like there's a lot of hope I think in that

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because when you when I hear you talking about let's say the breathing side of things and a tight thoracic and whatnot.

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So it it it even if somebody's experiencing let's say um rapid arousal

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right or they're having trouble controlling that like you know from the sex therapy side I also wonder about

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like what what happens when a person is shallow breathing what kind of message

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is that giving to the brain right maybe it's also informing the brain speed up the arousal because we've got to get

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through this because we're detecting danger right so it's very very complex and intricate and I think there's a lot

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chicken egg that goes on which I think was makes it multiffactorial but I think

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also gives a lot of hope that like you know we as you know sex therapists will sometimes assess that we do think

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there's overactive uh sympathetic nervous system activity and we think breathing exercises are important but if

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a person is having trouble opening up the thoracic it's very difficult to implement those breathing exercises at

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the same time so I do see a fair amount of overlap between our work and your work it's like you can you know you know

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there's a lot of benefits of meditation and yeah like you said the chicken and the egg of if you do deep breathing and

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you practice that can that affect your mental state absolutely it's like but if your mental state if you get triggered

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very easily you know is that going to affect your breathing absolutely um but

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yeah you can't I've I've had plenty of people where you can't really give them substantial breathing exercises because

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they can't breathe to begin with like it's it's actually amazing there's people who can't. You tell them to take

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a deep breath in and they're just and part of it is it's just like physically for whatever reason, however

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it manifested, they they just don't have the range of motion in their ribs to like to give you a deep breath. And part

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of that is definitely you have to do some massage and some exercises to get the ball rolling. And that's not going

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to completely fix the breathing because there's there's a lot of other things that play with like what causes people to breathe a certain way. But that's one

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piece to kind of fixing everything. Yeah. And you know, one of one of the other things about working with like

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sexual function challenges, and I remind this to guys that come to see me all the time, is that you don't always have to

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clear everything that's going wrong, let's say, or everything that's challenging in the mental health arena.

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Oh, yeah. And you don't have to get anxiety down to zero. Sometimes it's a matter of getting aspects under control. And like

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that's that's where like when I hear about like the breathing piece and I'm now I'm thinking about thoracic more and more. It's like sometimes that's enough

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to help calm the system to extend ejaculation and then just cut off the anxiety cycle. Now a person still may be

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very stressed at work. All right. So, it's important for me that our listeners understand that it doesn't have to be,

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let's say, a 5year or a 10-year process where you have to make a massive change to your life. Move out of New York City

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and, you know, take up a 9 to5 in the suburbs. There are ways to work even

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with a stressful life. There ways to work with the challenges that life brings. But making some of these small

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changes can have major downstream effects. You're not going to be stress free. I'm not guaranteeing that. But um

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and when it comes to some of these sexual function challenges, I think people can make significant progress without having to completely overhaul

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their lives. I 100% agree. I think it's uh and then sometimes

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not, you know, you said like some people have to wait before their anxiety gets down to issue. It gets down to zero before you try certain things.

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No, you probably shouldn't wait until it gets down to zero because the the other things that you need to try like if you

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like, oh, my diet is not great, which has a, you know, a small contribution to that, it's like you should just start

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doing that. If you if you know that there is, and there's so many aspects to this um with sexual issues, if you know

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that there's something that needs to improve, I would say you should just start doing that. if you need to exercise more, if you feel like you do

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need to go talk to somebody, or if you need to get a massage or whatever, don't don't fix all of one because you

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probably need to do all of those things to to improve whatever issue you're having.

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Yeah. And I would say that I think all of those things are going to help, right, create much more of a positive

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effective cascade. So like if you you're waiting for like the perfect time to do this, there's never a perfect time and

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it really won't get better until you kind of dive in and take some approach or start something. So um Flee, what

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does a what does the arc of treatment look like stereotypically if a guy comes to you with premature ejaculation

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um and uh saying, you know, doc, you know, fix me or help me out here. So

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that interesting and that really that has a lot of variability because you uh a lot of times you get guys who they

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have an issue only with their partner which is typically when it occurs um and

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don't you know uh I think I've only had like a few where it where it existed not

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with a partner and sometimes these guys don't have a current partner that they have to try it with. So it they come in

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and I do the evaluation and I say good there's lots of things that we can do to work on. Um

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but you know you have to you know if it's heterosexual guy like

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you know have to go find a girlfriend or something. And also there's a like a relational piece to this where it's if

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you're in a relation relationship with somebody for a longer time there's a less of a chance that you're going to have premature ejaculation. and I tell

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them that um because there's some guys that have not been in a relationship or they have issues and that's a whole

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other piece that again depends on how extensive that is like I don't deal with

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that but sometimes so typical profile guy comes in he's

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maybe 30 years old he's single um and he he has this issue but he knows he's like

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it's affecting my relationships and then it's like well you have to do these things and then you have to try it out.

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Uh maybe you can benefit. You know, you have a really your your hips and your thoracic spine are stiff and working on

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this can kind of, you know, lower your stress levels a little bit if you come in for a couple of massages or something. Um, so typical would be like,

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let's say it's a guy who's single. It's like, okay, yeah, come in for one or two sessions of me stretching out and then

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massaging you, work on these things and then I'll be in touch with you because you don't have to come in past that

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unless they want to stay on for personal training, which some people do because I

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was a strength and conditioning coach and they they want somebody to kind of look at all the weakness that they have. It's like you have to go find a partner

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to try this stuff out with and then we'll be in touch and then you have to let me know how it goes. Like you don't have to come in constant like typical

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physical therapy like if you had pain in your pelvic floor region or if you have

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a shoulder issue it's like you come twice a week for a bunch of weeks and then it you follow the symptoms and then when the symptoms improve you're done

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whatever. Um with premature ejaculation you have to have a partner that you try

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it out with. So, it's like, okay, they come in twice and then maybe they're gone for a month while they're doing the exercises and then they have to get a

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regular partner and then they let you know how it goes and then you and then you kind of take it from there. Um, if

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it's somebody uh they have a partner right now, then it's like, oh yeah, you can come in once a week, you come once,

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we do massage and stretching and strengthening and whatever, whatever you need to do, and then you, you know, go

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have sex for a week and then you come back the next week and then you let me know how it goes. And then you say, "Oh, I noticed that the breathing really

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worked." And, you know, I didn't even mention keigull in this episode. Because sometimes that's not sometimes that's

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not what you want to do. Like you want to have, you know, good control of the pelvic floor muscles. You need to be

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able to contract them when you need to and you need to be able to relax them when you need to. And depending on the person, yeah, that's the component that

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we work on when you're having sex. So, it's we see. So, somebody comes in, like if they have a partner, they come in, I

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tell them the things they have to work on. They do that for a week, they let me know how it goes, and then they I tell them like, "You have to let me know what

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you feel like works the best." Like, you have to have some kind of discernment as far as what exercises you feel like work

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the best because it's such a multiaceted issue that um that's the direction we're

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going to lean. So, if you say the breathing really worked, we're going to do breathing in different positions and

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with the different patterns and we're going to go that direction. If you feel like um you know I when I have sex with

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my wife, I like being on top and I figured my arm strength is not good and it just makes my body shake and I like can't control everything. Then maybe

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we're going to work on that. I don't know. It depends. Um uh it just and then so whatever the person says that they

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find works the best. It's it's it's really like there's a lot of communication involved. That's the avenue that we're going to go down.

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Okay. So, Philip, for a closing message for our listeners, um especially for men who are finding this episode and are

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suffering in silence or maybe are afraid to uh pursue that partner. You said a

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lot of guys who are single um and a lot of times I see that premature ejaculation or the fear of premature

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ejaculation is is a culprit. It's a factor. So message that you would give to those listeners um who are unsure

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about what to do or where to turn or how to address this issue as far as you said finding a partner or

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well I'm saying for just any man who's suffering in you know quietly silence alone you know with premature

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ejaculation and unsure where to turn. It's a 100% fixable issue. And I would

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say the biggest thing is don't be afraid to just contact a professional and get the help that you need because it's very

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there's many things that you can do to help you have a regular sex life. And

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that's good. The re the the fact that it's multiffactorial is good because there's a number of things that you can

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work on to help it improve. Um and again very very fixable issue. Uh just find a

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professional and they'll kind of they'll guide you in the right direction. Philipe once again thank you very much. This conversation is so important

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because these are topics that are just not spoken about very openly and uh your

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perspective on all of this is tremendously beneficial to our listeners to any guy who is struggling with PE. Um

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and you know this is the exact reason why this show exists to bring on people with expertise like yourself to help um

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give that hope but also give like real information. Um so like once again

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anybody who's in the New York area and um is struggling with this condition or

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you know other related conditions you know Philipe is uh based in New York City and he does pelvic floor but also

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does uh orthopedic and sports physical therapy. Um we're going to link to his

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uh website if you want to book a consultation with him. He does, you know, do 15-minute consultation much

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like we do um for any potential patient who wants to work with him. And if you are ready to tackle the psychological

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side of things, for all you New York-based listeners, I am recently licensed in New York, I'd be happy to

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work with you from the psychological standpoint. You can visit us at eiqmenmed.com.

31:02

Phipe, thanks for being with us. Absolutely. Thank you so much for having me. I really appreciate it.