

## Product reviews

### Private Gym

Savantini Ltd, Kingston upon Hull, £79.99

www.privategym.co.uk

Private Gym is a pelvic floor muscle (PFM) exercise system for men. It is the first programme of its kind to be registered with the US Food and Drug Administration. Launched in 2013, the product is the innovative creation of a multidisciplinary team of urologists, physiotherapists and sexual health educators. This group is headed by Dr Andrew Siegel (see pp. 74–75), and supported by Professor Grace Dorey and the findings of her highly significant collaborative research paper, “Pelvic floor exercises for erectile dysfunction” (Dorey *et al.* 2005).

The selling points are punchy and clear: “boosts sexual performance [...] harder and longer-lasting erections [...] proven science [...] 7 minute abs for your penis [...] maintaining your Sexual Engine”. The sexy promotional material catches the eye and piques one’s interest. However, there is only a secondary reference to the kit being able to reduce premature ejaculations, and support urinary and prostate health.

Private Gym incorporates both basic training and resistance exercise, and addresses the fundamental principles of overload and specificity in muscle training. Each level takes 4 weeks to complete, and therefore, the whole programme should be finished in 2 months.

Because the bulk of my male patient caseload is made up of severely incontinent men who have undergone a prostatectomy, a healthy male subject (patient A) with normal erectile function and good PFM strength agreed to try out the product.

Presented in an attractive yet subtle grey-coloured box, the Private Gym kit includes an information leaflet, an interactive exercise DVD, a training instruction booklet and silicone-covered magnetic weights. The latter fit around the erect penis, and are lifted up and down during the resistance training sessions. The product makes no references to any research.

Patient A chose to follow the interactive exercise DVD. This is divided into three sections: an introduction; a menu allowing the viewer to choose either a male or female a trainer; and the exercise programme itself.

During the introduction, patient A found that the anatomical description of the pelvic floor layers was comprehensive, and described the pictures and highlighted areas of muscle as handy visual aids. The indications for using Private Gym were clear, and there was a useful reference to the benefit of resistance training as a method of strengthening the muscles of the penis. However, the background music used during the DVD was not appreciated. Patient A felt as if he was either about to go clubbing, or had been put on hold while waiting in a queue for an insurance quote over the telephone! He suggested that classical music might have been a better choice.

All the Private Gym basic training exercises are to be performed in three sets, three times a week, which challenges my clinical thinking that exercising three times a day is the most effective approach.

There follow 4 weeks of progressive “basic flex”, “long hard flex” and “hold”, which begin with 30 repetitions and build up to 50. Is this too much, too soon? The evidence suggests that eight to 10 repetitions is best (Bø *et al.* 1990).

The resistance training section claims that users can develop “greater” and “superior” PFM strength and control by using a silicon-covered weighted base that is worn on the penis. This weight can be a little tricky to put on! There follow 4 weeks of progressive “long hard flexes” and “fast flexes” – which can involve up to 50 repetitions! – squeeze-and-holds, and maximum length contractions, both with and without the weight.

You are advised that, if you become fatigued or lose your erection, then the weight should be



removed, and long hard flexes alone should be continued. Although this trial with patient A was not perfectly adhered to over 8 weeks, his general impression of each section was that it is incredibly hard work, even for a male with no erectile or pelvic floor dysfunction.

As a clinician, I would only recommend this product for high-end PFM rehabilitation at the basic training level. It is debatable how realistic and achievable the 4-week resistance training programme is for the average man. Furthermore, the marketing of the product is somewhat sexualized, tapping into a man's possible desire to have harder and longer-lasting erections. Indeed, patient A thought that the body image presented throughout the DVD is too stereotypically "alpha" male – all well-defined abdominals and perfect musculature. Private Gym could do with toning down its "heroic" elements, and lessening the emphasis on sexual performance, which is communicated through the very allusive name of the product itself.

Private Gym is available from a dedicated website ([www.privategym.co.uk](http://www.privategym.co.uk)) for £79.99 plus free delivery. Alternatively, the basic training programme alone is available from Amazon ([www.amazon.co.uk](http://www.amazon.co.uk)) for £39.95 plus free delivery.

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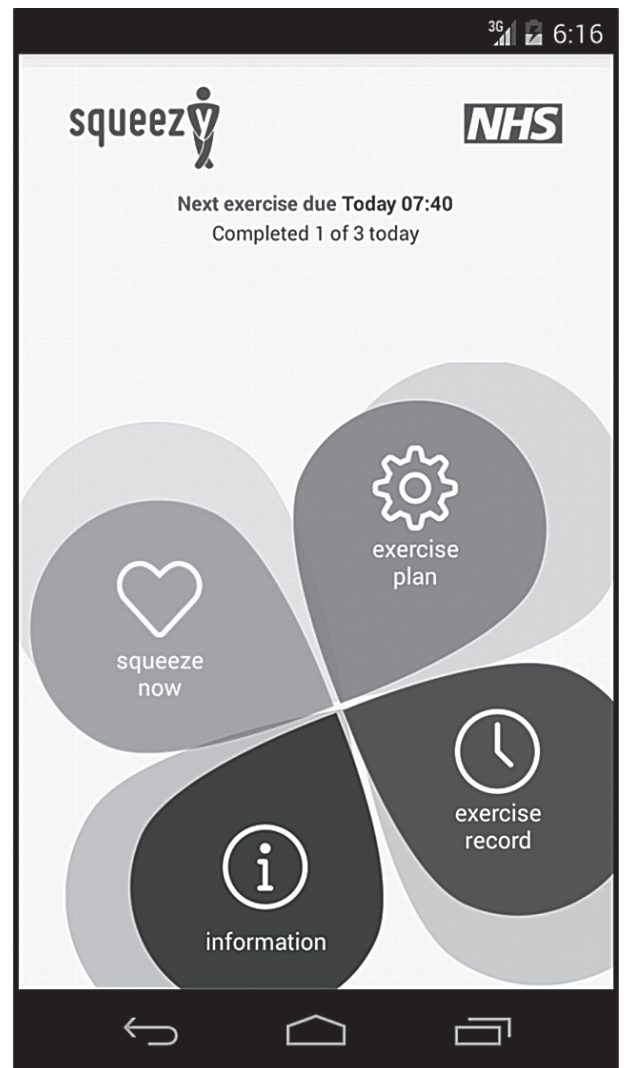
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## Squeezy for Men

Propagator Ltd, London, £2.99  
[www.squeezyapp.co.uk](http://www.squeezyapp.co.uk)

Launched in 2014, Squeezy for Men is a PFM exercise mobile phone application (app) that has been endorsed by the National Health Service (NHS). It is a fantastic addition to and natural progression from the Squeezy for Women app, which was released the previous year.



Unfortunately, at the time of reviewing this product, I did not have a suitable male patient to try it out for me. However, having recommended Squeezy for Women to many of my female patients, I felt equipped and familiar enough with the product to investigate it myself.

Squeezy for Men follows the same format as its female counterpart. The home screen is divided into four categories: "Squeeze Now", "Exercise Plan", "Information" and "Exercise Record". Similarly, the "Information" section is further divided into: "Welcome", "How to Squeeze", "The Knack", "Questions & Answers", "For Health Professionals", "Further Info" and "Legal".

However, there are obviously some differences between the two apps since these are targeted at rather different markets! The "Welcome" section provides a good introduction that has been tailored for men. Common indications of male pelvic floor dysfunction, such as premature ejaculation, erectile dysfunction and urinary

incontinence, are listed. The instructions to seek help from a specialist physiotherapist when needed are comparable to those included in Squeezy for Women.

Users are invited to try the app without supervision. However, on the basis of a considerable amount of patient feedback, I do think that more could be said about achieving a better outcome if you are under the direction of a specialist physiotherapist from the outset. As with the female version of the app, some of the terminology used on the “Squeeze Now” page could be confusing for patients, who may not fully understand that the terms “squeeze” and “hold”, and “relax” and “rest” are synonymous. Personally, I have had to clarify this for patients so that they understand exactly what they are doing. This leads me to conclude that, if the average person on the high street purchased and used the app unsupervised, they might well perform the exercises incorrectly. Generally, however, this is a clear and invaluable tool for both patients and physiotherapists.

Interestingly, Squeezy for Men gives more warnings about the need to see a general practitioner than the female version of the app. Poor flow, having to push urine out and waking at night to void are all mentioned, but I am not sure why this is the case. Perhaps it is because these problems point towards prostate pathology. Does this make these symptoms more of a priority for men than women?

The instructions on how to use Squeezy for Men are in exactly the same format as those for women. One suggestion I would make for future updates is that it would be more user-friendly if the four options listed (i.e. “Squeeze Now”, “Exercise Plan”, “Information” and “Exercise Record”) were in bold.

The “How to Squeeze” page gives a good anatomical description of the PFMs, and has a useful diagram of the male pelvic floor, which is drawn in a similar style to that presented in Squeezy for Women. There is also valuable additional coverage of post-micturition dribble in men, something that is not covered in the female version of the app.

Returning to the home page, the “Squeeze Now”, “Exercise Record” and “Exercise Plan” sections are all identical to those in the app’s predecessor. There is also the additional option of using the professional mode, under the supervision of a men’s health physiotherapist, to do submaximal work and change the speed of the fast repetitions.

What I find particularly useful in both apps is the percentage summary of daily work achieved in the “Exercise Record” section – failing to reach 100% can really prompt you to keep exercising. Daily reminders on your phone can also help enormously with completing your exercise schedule. If you do forget to do the exercises, the app reminds you several times during the following hour.

In summary, this is a great product; however, it is a far better product when it is used under the regular supervision of a professional. Indeed, I am very much looking forward to using the Squeezy for Men app with my next male patient.

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### **Kegel8 V for Men**

Savantini Ltd, Kingston upon Hull, £149.99  
www.kegel8.co.uk

Mixed urinary incontinence in men is often associated with an enlarged prostate, or occurs after the removal of the gland. The first-line treatment for these symptoms is conservative management, which may include individualized PFM training (PFMT) and the use of neuromuscular electrical stimulation (NMES), among other interventions (Anderson *et al.* 2015). The reasoning behind using NMES is that it strengthens the PFMs, including the urinary sphincter, preventing leakage, easing the sense of urgency and increasing bladder capacity. There is some evidence that NMES may enhance the effect of PFMT in the short term (Berghmans *et al.* 2013).

The Kegel8 V for Men is an NMES device that is specifically marketed at the male population. The manufacturer’s website describes it as a “revolutionary digital pelvic floor exerciser designed especially for men [that] can be used with an anal probe, or [ . . . ] external skin electrodes”; it also “prevents and treats post micturition dribble, incontinence, erectile dysfunction, pelvic pain and bowel problems” (Kegel8 2015).

During the time that I took the machine for a “test drive”, I did not have a patient for whom NMES was clinically necessary. Therefore, I decided to compare it to the devices for women

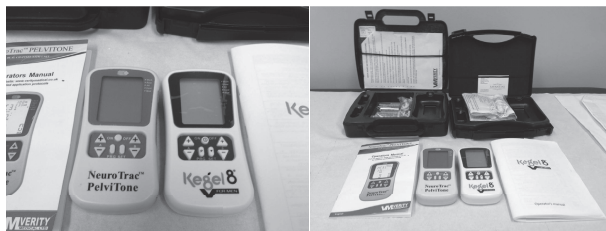


that we have in our department, such as the NeuroTrac PelviTone.

Did I find a radical difference? The answer is: no.

This is the product of a very clever marketing initiative. The Kege8 V for Men is little different from existing NMES devices, especially the NeuroTrac PelviTone (Fig. 1).

However, there are a few positive variations. The machine has a masculine feel, which I believe is necessary because, in all honesty, most NMES devices are pink!



**Figure 1.** Comparison of the NeuroTrac PelviTone (left) with the Kege8 V for Men (right).

I also found that the manual was very clearly written, and believe that it would be self-explanatory from the patient’s point of view. It includes a “Frequently Asked Questions” section, including queries such as: “Is it going to be painful?”; “Will the use of the device affect my fertility?”; and “Can I use it if I have an anal fissure or haemorrhoids?”. The manual also explains that the Kege8 V for Men can be used for bowel control difficulties, which most sets of instructions don’t mention, or at least, don’t have as a different program within the device itself. The manual does not provide information on work and rest periods, or the frequency of each treatment protocol proposed for different conditions, which, as a clinician, I think is very relevant. The manufacturer proposes a sensitivity test, which is no different from the “lack of sensitivity” program described in other manuals; however, from the patient’s point of view, this may be a good starting point.

The Kege8 V for Men is rather more expensive than those marketed at women. For example, the NeuroTrac PelviTone is available for between £98.99 and £109.99. Therefore, from an NHS point of view, I would not pay extra if I needed to buy some NMES devices for the department. However, if a patient was happy to self-fund it, I would have no problem recommending the Kege8 V for Men.

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