PRIMARY CARE, UROLOGY & PHYSICAL THERAPY HANDOUT

Male urinary and pelvic symptoms

Compare urine production, sleep, storage, emptying and pain before choosing a referral question. Several can contribute in the same patient.

Route urgent symptoms first

Sudden inability to urinate needs emergency care. Visible blood in urine or urinary symptoms with fever, chills or flank pain need urgent assessment. New bladder or bowel changes or saddle numbness alongside back or leg symptoms require emergency evaluation.

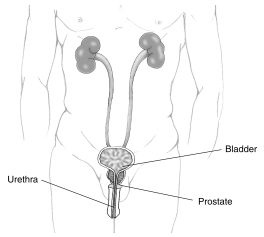
Nocturia · Use a three-day diary

Record sleep timing, drinks, void times and volumes, and what woke the patient if known. The first void after final rising contributes to overnight urine volume and is excluded from the night-trip count. Consider medications, sleep apnea, fluid redistribution, diabetes, storage symptoms and emptying concerns as indicated.

Hesitancy or weak stream · Clarify emptying

Review medications and symptom onset. Consider urinalysis and PVR in context. One PVR estimates remaining urine on that occasion.

Online clinical note on diary interpretation



National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health

Pelvic pain or impaired release · Frame the referral

A consented pelvic PT exam can address symptom-relevant mobility, recruitment, release, tenderness and coordination. AUA guidance allows individualized manual PT for pelvic floor or abdominopelvic myalgia (conditional, Grade C). An assessment of pelvic floor function complements medical evaluation.

Selected sources

Nguyen et al. · Canadian Urological Association nocturia report (2022)
EAU · Non-neurogenic male lower urinary tract symptoms
AUA · Male chronic pelvic pain guideline (2025)
NIDDK · Urinary retention symptoms and causes
NHS · Blood in urine
NHS · Urinary tract infections
NHS Dudley Group · Back pain and emergency warning signs