Sex is an ADL, too: Sex and PT practice

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“Health professionals who are aware of their own feelings and attitudes toward sexual behavior and responses feel more comfortable and are less likely to impose their opinions, judgments, and anxieties on others.”


Why talk about sex?

• Sexuality is important to quality of life
• Sexual health is a basic human right
• World Health Organization (WHO) encourages clinicians to help patients achieve this
• Not just about “having sex”
• Need for touch/connection
• Part of an individual’s identity
• Part of relationship dynamics

Why should physical therapists talk about sex?

• Sex is an ADL, too
• Sex has health benefits
• Sex is affected my many of the conditions that we treat
• PTs treat pain and pain affects sex
• Sex affects wellbeing
What are the barriers to talking about sex?

Barriers of health practitioners?
- Lack of training/inadequate knowledge or skills
- Assumption that it is not relevant to patients
- Lack of awareness of associated co-morbid conditions
- Time constraints
- Underestimation of prevalence
- Lack of awareness of associated conditions
- "Improving quality of life" may not be considered a high priority

Barriers, continued
- Fear of offending the patient
- Deficits in communication skills
- Reimbursement concerns
- Lack of available or approved treatments

Common barriers: patients
- Lack of opportunity
- Sense of embarrassment and shame
- Societal taboo against the open discussion of sexuality
- Not feeling optimistic about the outcome of such a discussion
Common barriers: patients

• Uncertain whether sexual problems/concerns are part of health care
• Uncertain which specialty treats sexual problems/concerns
• Afraid that the health professional will dismiss their concerns

Barriers of patients

• 85% of adults would like to discuss sexual functioning with their HCP

BUT...

• 71% believe their HCP would not want or have the time to deal with sexual problems
• 68% of adults are concerned about embarrassing their HCP
• 76% thought no treatment was available for problems

(Marwick, 1999)

Conclusions

• It is important to talk with patients about sex as it is a basic function and affects quality of life and relationships
• Many of the conditions physical therapists treat affect the sexual lives of clients
• Clients as well as health care practitioners are hesitant to bring up the topic of sex

References


Why should physical therapists address sex and sexuality?

Learning Objectives

- Participants will be recognize the important role of addressing sex in clinical physiotherapy settings

Physical therapy

- Physical therapists are trained to provide treatment to restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. (Bureau of Labor Statistics, U.S. Dept. of Labor, 2004)
- Physical therapists in various settings have an important role in promoting sexual health and treating dysfunction

PT and sex

- Promoting wellness: Sexual health is an integral component to overall wellness
- Functional ADL: Sexual activity is a valued human activity.
- Sex can be limited by the very domains that physical therapists treat: Engaging in comfortable and enjoyable sexual activity requires the ability to feel, touch, and move.
Types of practices where addressing sex is relevant

- Neuro-rehabilitation: to restore to prior levels of function and identity (stroke, SCI, TBI)
- Orthopedics: Medical/oncological
- Geriatrics
- Women's and men's health
- Chronic pain
- Chronic medical illness

Case Study 1

- Comfort with sex
  - A 2004 survey of orthopedic physicians demonstrated that 80 percent reported they rarely or never discuss sexual activity with their patients who have had THR. Of surgeons who stated they did discuss this topic, 96 percent spent five minutes or less on the subject (Dahm, Jacofsky, & Lewallen, 2004).
  - However, this is changing.

This is now being studied (Charbioner, et al 2013)
Sexual Function in Post-Stroke Patients: Considerations for Rehabilitation

- Sexual function is an important component to QoL and ADL
- Physicians and rehabilitation specialists, should receive training in addressing sexuality in the treatment of post-stroke patients.
- Sexologists and sex therapists should be an integral part of the rehabilitation team.

(Based on Rosenbaum et al, 2013)

Benefits in Neuro Rehab

Ejaculation and/or orgasm can decrease rigidity and improve muscle relaxation in women and men with musculoskeletal injuries or diseases — e.g., paralysis or MS (Halstead & Seager, 1991).

Musculoskeletal pain and sexual function

- Lack of mobility and MP can restrict intercourse and limit sexual activity
- Physical therapists are uniquely qualified to provide treatment to address functional activities of daily living, including sexual intercourse, and offer advice for modifications in positioning.

(Based on Rosenbaum, 2010)

Sex as analgesia

- Relieves chronic pain (Kaplan, 1984)
- Relieves LBP (Shapiro, 1983)
- Vaginal/clitoral stimulation relieved pain (Whipple et al, 1988)
How comfortable are PTs talking about sex?

• 2005 study of 333 PT students in Australia
• Over 50% reported they anticipated not feeling comfort with sexually related issues
• Over 90% of 3rd and 4th year students reported their degree program did not deal sufficiently with this area. (Pynor, et al 2005)

Allied health professionals and sex

• Gender, personal values, and experiences influence students’ attitudes toward sexual issues.
• Since negative attitudes can impede effective sexual health consultations, it is imperative to teach communication and human sexuality in the medical and allied health professions curricula that will enhance students’ awareness of their own values and prejudices. (Papaharitou S, 2008)

Concluding points

• Sex is a valued function and is associated with health, wellness and increased quality of life
• Sex is affected by movement disorders that PTs address in their practice
• PTs are in a unique position of understanding physical mechanics and offering positional advice
• PTs should become more comfortable with discussing sex and more knowledgeable in the field of sexuality

References

References


Addressing sexual issues in PT practice

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Counseling skills

- Empathy (Green, 2009)
- Active listening
- Listen to the patient’s story
- Mirror and reflect
- “Tell me more about that”

What is a sexual counselor?

PLISSIT (Annon, 1976)
- Permission
- Limited Information
- Specific suggestions
- Intensive Therapy

AASECT: American Association of Sexual Educators, Counselors, and Therapists
www.aasect.org
Talking about intimacy

- Culture and religion
- Acknowledging the difficulty
- Language
- Communication
- Comfort
- Values, attitudes, assumptions

How to ask the questions?

- Mention that the presenting condition may impact sexual activity
- Ask permission to discuss the topic
- Give permission to discuss the topic
- Listen
- Be direct, but appropriate with language
- Consider client’s body language
- Feel personally comfortable or don’t bring it up

How to ask the questions?

- Ask pointed questions
- Request clarification that will result in specific data about the patient’s symptoms
- Be sensitive to the optimal time to ask the most emotionally charged questions
- Look for and respond to non-verbal cues that may signal discomfort or concern
- Be sensitive to the impact of emotionally charged words (e.g. rape, abortion)

Principles for Sexual History Taking

- Women prefer HCP to initiate topic
- Use simple, direct language
- Compassionate honest, and normalizing statements
- Declare & demonstrate lack of embarrassment
- Be aware of patient’s cultural background
- Ensure confidentiality
- Avoid judgmentalism & assumptions
Examing our own values, attitudes and knowledge about sex

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Learning Objective

• The participant will articulate their own values, attitudes and feelings about sexuality and
• Acknowledge, respect and affirm the sexual values, attitudes and feelings of others

Activity: sexual education

How comfortable am I?

• I have no problem talking about this
• I have a little hesitation talking about this
• I am very hesitant to talk about this
• No way can I talk about this
How comfortable am I?

• I like doing this sexual act
• I would like to try this
• Not interested

Self Reflection Exercise

• If I were unable to have an orgasm or an erection, what would I do?
• If my partner were unable to have an orgasm or an erection, what would I do?
• If a friend were experiencing a sexual dysfunction, what advice would I give to him or her?

Language and communication

• What forces and institutions make open communication about sexuality difficult?
• What has hindered you from talking comfortably about sex and sexuality personally and professionally?
• What has helped you?
• How have differences in age, race, culture, gender, professional position, and sexual orientation affected your ability to communicate in general and about sexuality?

Are you comfortable asking or talking about?

• Values and attitudes around sex
• Culture and religious beliefs regarding sex
• Masturbation experiences
• Sexual experiences with partner(s)
• Feelings about diminished sensation, no orgasm, no ejaculation
• Meaning of sex
Talking about intimacy

- Acknowledging the difficulty
- Language
- Communication
- Comfort
- Values, attitudes, assumptions

Skills for effective communication about sex

- Respect
- Rapport
- Empathy
- Sensitivity
- Non-judgment

Conclusions

- Talking about sex requires respect and non-judgmentalism
- In order to effectively talk about sex, we need to examine our own values, attitudes and beliefs.

References

Conine T. A.,(et al(1979) Physical therapists knowledge of sexuality of adults with spinal cord injury
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