



# Beyond Basics Physical Therapy

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## Female Sexual Dysfunction and Physical Therapy By Stephanie Lutz, DPT & Amy Stein, MPT

### Part 1

*[Written for Women's Sexual Health Foundation]*

Many women experience sexual difficulties at some point in their lives. Difficulties with sexual function can be extremely distressing to women and to their partners, especially if these difficulties persist. If you experience long lasting lack of desire or arousal for sexual activity, or persistent pelvic pain, you may have a form of female sexual dysfunction. Several factors, including psychological and physical conditions, should be considered in diagnosing and treating female sexual dysfunction.

#### What are the symptoms of Female Sexual Dysfunction?

Female sexual dysfunction (FSD) includes conditions such as decreased libido, decreased sexual response or pelvic pain. Decreased libido can be described as a persistent lack of interest in sexual thoughts or activities. Sometimes the desire is present,

but there is difficulty with arousal. Decreased sexual arousal or response can manifest as lack of lubrication, or difficulty achieving or maintaining an aroused state. Decreased sexual response can also result in trouble achieving orgasm or inability to experience orgasm. Occasionally, a hyperarousal syndrome results, which is another form of FSD. Women with this condition experience constant arousal, but orgasm may be impossible or painful to achieve.

Pelvic floor dysfunction (PFD) and pelvic pain often leads to female sexual dysfunction. Sensitivity of the tissue at the opening or deeper in the vagina can make intercourse painful or impossible. A recent research article in JAMA (Journal of American Medical Association) found that one out of every four women suffers from pelvic floor disorders. In the Journal of Sexual Medicine, it is estimated that up to 21% of women experience dyspareunia (painful intercourse) at some point in their lifetime. **Continues on Page 2**

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More to Your Core

### More to Your Core by Stacey Grant

As the Baby Boomer and Generation X populations grow older and more active, the stressors of life and the prevalence of chronic injuries among them also increases. This can lead to core complaints ranging from gastrointestinal issues to back pain. Considering that the **core** is the main site of pain complaints, let us define what the core is in terms of this article. Like the rest of the body, the core is an interrelated system that includes a superior area (respiratory diaphragm), anterior area (abdominal wall), posterior area (hip and back muscles) and the inferior area of the pelvic floor muscles. This integrated system is referred to as the **Pelvic Floor Neuromuscular System**.

Physical and emotional stress can manifest itself as an accrual of tension in various muscles of the body. This muscle tension often becomes more evident in the core with the back and pelvic floor being the foremost



areas of painful abnormality. Postural deviations are good indicators of muscle tension and back pain is often cited as the leader in chronic pain. According to the National Spine Society (NASS) 1 in 3 Americans suffer from back pain nearly every day. Of the people NASS polled, 59% of Americans suffer from lower back pain, 19% of mid-back pain and 16% claim ongoing neck pain. However, pelvic floor dysfunction can masquerade as back pain so "core pain" might be a more appropriate term. **Continues on Page 2**

**Female Sexual Dysfunction and Physical Therapy Part 1**

**By Stephanie Lutz, DPT & Amy Stein, MPT**

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**What can cause FSD?**

It is important to remember that sexuality is complex and female sexual dysfunction can be caused by multiple factors that include psychological or social attitudes, hormonal changes, underlying medical conditions and musculoskeletal factors. For purposes of this article we are going to discuss the musculoskeletal components of FSD as it relates to pelvic floor dysfunction.



Various medical conditions can factor into female sexual dysfunction. Chronic yeast or urinary tract infections can lead to increased sensitivity of the vulvar and vaginal area. Other skin conditions, such as lichen sclerosis and lichen planus, can also alter the delicate tissue near the vaginal opening. Also, hormone levels, specifically estrogen, affect the skin around the vagina. When estrogen levels are low as in menopause or following childbirth, the sensitivity and lubrication of the vaginal tissues can be altered. Bowel or bladder dysfunctions are commonly seen in conjunction with FSD. This can add to the pain and discomfort, as well as the complexity of the problem.

Musculoskeletal impairments can also contribute to female sexual dysfunction. For sexual arousal to occur adequate blood flow must reach the genital tissues. Decreased circulation or restrictions in

muscles and connective tissue can limit blood flow. The muscles of the pelvis, specifically the pelvic floor muscle group, are a big factor in controlling sexual appreciation and response. The pelvic floor muscles need to maintain 'proper' tone throughout sexual activity. Weakness or hypotonicity (muscle laxity) of the pelvic floor muscles can limit sexual response. Hypertonicity, or 'overactive' tone, can result in disorders such as dyspareunia (pain with intercourse), vulvodynia, vulvar vestibulitis, vaginismus, levator ani syndrome and more. These can also limit sexual response. The Section on Women's

Health of the American Physical Therapy Association defines vulvodynia as pain and inflammation in the vulvar area, while vulvar vestibulitis refers to pain at the vestibule of the vagina. Vaginismus is another pelvic floor condition that is defined as muscle spasm of the vagina that is persistent and disrupts normal sexual function.

**What is happening with the Pelvic Floor Muscles?**

The pelvic floor muscles and tissues form a sling that connects from the front of the pelvis (the pubic bone) to the tailbone and sacrum. They help support the pelvic and abdominal organs. The muscles and tissues also surround the urethral, vaginal and rectal openings, and they assist in bladder, bowel and sexual function. Therefore, if there is a disorder in the muscles, this can result in bladder, bowel and/or sexual dysfunction, whether it is a weakness issue or a 'hypertonic' issue.

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**More to Your Core by Stacey Grant**

Core pain and tension can develop for a variety of reasons and is usually a symptom of multi-layered issues and imbalances. The real problem begins when the body adapts to its improper state of tension which can happen even before pain arrives. It is during this adaptation stage that muscle imbalances are formed. It then becomes important to rehabilitate and then re-train imbalanced muscles to perform optimally.

Beginning at the rehabilitation stage, a crucial step in the recovery process is empowering the afflicted person with the knowledge of body awareness. Heightened body awareness makes it easier to highlight the muscle areas where tension is stored. It can be

achieved with stress reducing relaxation techniques such as mindful breathing before mentally scanning the body for areas of tension and releasing them.

The FlowFUSION Factor® fitness system offers post-rehabilitative, core-centric classes based on the premise of body awareness and training the body as a sum of its parts. Classes range from the low-intensity FlowFUSION MAT (which combines Restorative Yoga, Pilates Mat and ballet) to the high-intensity boot camp format of SCULPT and TURBO. Classes are taught throughout Brooklyn and New York City.

Call Stacey for more information (917) 583-2626



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