

Contribution of Occupational Therapy in Pelvic Floor and Sexual Dysfunction

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Overview

- ◆ Key Issues & Impact
- ◆ Where does Occupational Therapy Fit
 - ◆ Scope of Practice
 - ◆ CAOT, ACOT, Other Provinces
 - ◆ USA
- ◆ PFD Definitions
 - ◆ List of Disorders
- ◆ Strategies
 - ◆ Case Studies
- ◆ Anatomy
 - ◆ 3 layers of muscles
- ◆ Function
 - ◆ Roles of the Pelvic Floor



Key Issues of the Pelvic Floor

Pelvic Floor Dysfunction:

- Urinary Incontinence
- Sexual Dysfunction
- Pelvic Pain
- Prolapse



Impact

◆ Physical health – pain, discomfort, irritation



◆ Psychosocial health – frustration, fear, embarrassment

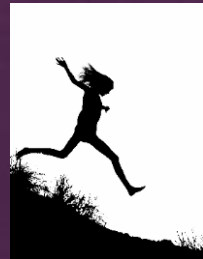
◆ Self worth; self-esteem



◆ Body image

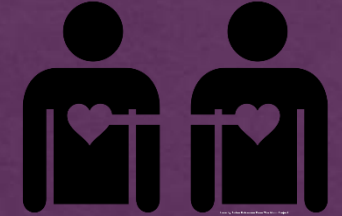
◆ Work activities

◆ Leisure activities



◆ Social interactions

◆ Romantic and intimate relationships



◆ High incidence of anxiety and depression associated with pelvic floor dysfunction

◆ Economic – cost of care and products

◆ Quality of Life



Where does Occupational Therapy Fit?

- ◆ The Canadian Association of Occupational Therapists (CAOT) does not directly state a position for occupational therapy interventions for PFD.
- ◆ However, according to CAOT, the term occupation can refer to “groups of activities and tasks of everyday life... including [self-care]” (Townsend, & Polatajko, 2013).
- ◆ The CAOT suggests that occupational therapy involvement in restricted activities, such as invasive assessments, falls under the discretion of each individual province or territory.

Where does Occupational Therapy Fit?

- ◆ In regards to the Health Professions Act,
 - ◆ Occupational Therapists in Alberta
 - ◆ Can be sanctioned to part take in restricted activities
 - ◆ Required competencies must be obtained and approved by Alberta College of Occupational Therapists (Health Professions Act, Province of Alberta, 2017).
 - ◆ Other provinces in Canada also practice in Pelvic Floor Health
 - ◆ Outside - in VS. Inside - out
 - ◆ Psychosocial impact
 - ◆ Education
- ◆ The American Occupational Therapy Association (AOTA) has included in their practice framework "bowel and bladder management," "sexual activity" and "toilet hygiene" as occupations that fall under activities of daily living (Roley et al., 2008, p.631).

Pelvic Floor Dysfunction

- ◆ Refers to any disorder of the complex system of tissue that makes up the pelvis (Herbert, 2010)
 - ◆ Therefore includes a variety of disorders
- ◆ An "umbrella term that characterizes many different often complex symptoms" (Davis, 2010, p.340).

- ◆ Including:
 - Urinary Incontinence
 - Sexual Dysfunction
 - Pelvic Pain
 - Prolapse

Do your Kegels, dear. It's nice to have your vagina stay inside your body.



Pelvic floor Disorders

- ◇ Urinary Incontinence
 - ◇ Stress Incontinence
 - ◇ Urge Incontinence
 - ◇ Mixed Incontinence
 - ◇ Overflow Incontinence
 - ◇ Overactive Incontinence
- ◇ Sexual Dysfunction
 - ◇ Vulvodynia
 - ◇ Dyspareunia
 - ◇ Vaginismus
 - ◇ Vestibulodynia
 - ◇ Anorgasmia
- ◇ Pelvic Pain
 - ◇ Chronic Pelvic Pain
 - ◇ Myofascial Pelvic Pain
- ◇ Endometriosis
- ◇ Piriformis Syndrome
- ◇ Coccydyna
- ◇ Pudental Neuroglia
- ◇ Interstitial Cystitis
- ◇ Pelvic Organ Prolapse
 - ◇ Cystocele or urethrocele prolapse (prolapse of the bladder)
 - ◇ Enterocele (small bowel prolapse)
 - ◇ Rectocele (prolapse of the rectum)
 - ◇ Uterine prolapse
 - ◇ Vaginal vault prolapse
- ◇ Other:
 - ◇ Non relaxing (tight) pelvic floor
 - ◇ Weak pelvic floor

Sexual Dysfunction – Expanded Definition

- ◆ Sexual dysfunction can include:
- ◆ Sexual arousal disorders
- ◆ Sexual desire disorders such as hypoactive sexual desire and
- ◆ Sexual aversion disorders
- ◆ Orgasmic disorders such as anorgasmia
- ◆ Sexual pain disorders such as vaginismus and dyspareunia

Meet Our Clients



Case Study 1

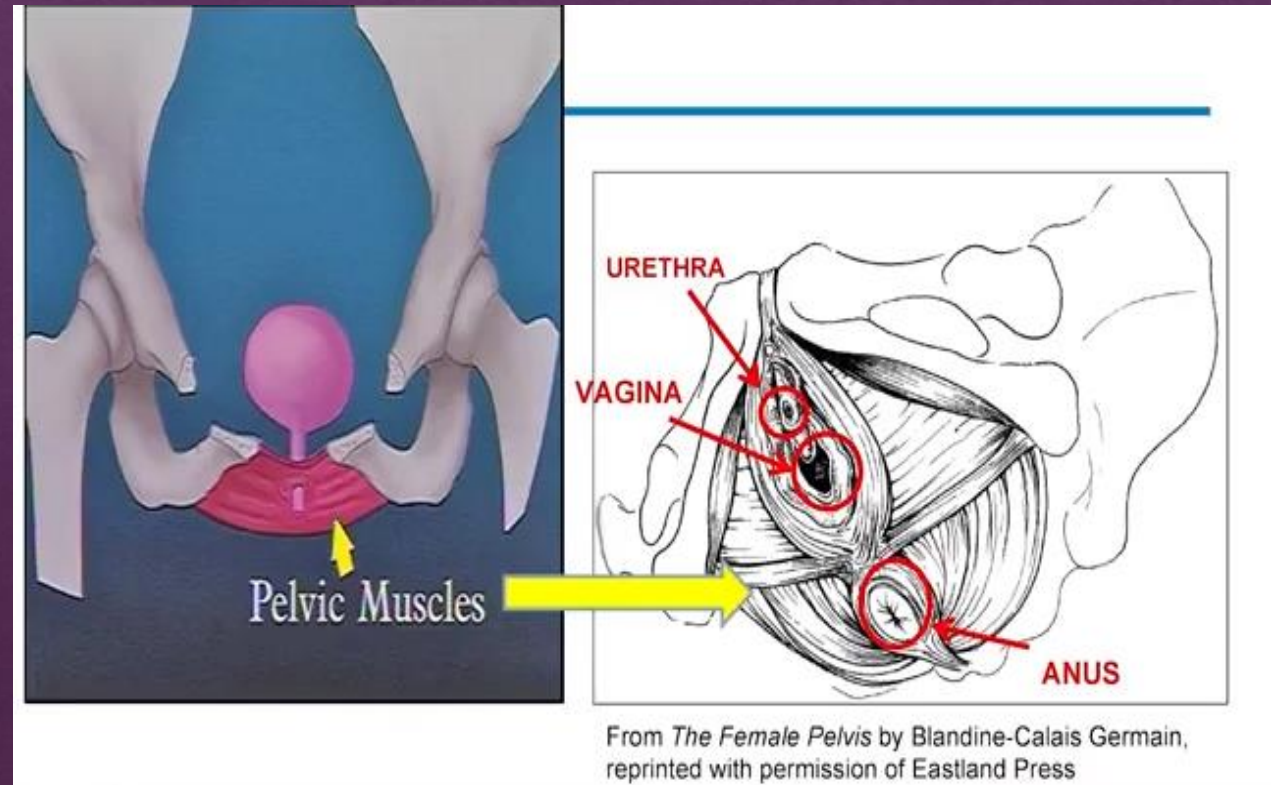
◆ Pauline, a 64 year old women, has come to you because she often cannot control her bladder. She “leaks when she sneezes, coughs, or even moves too quickly.” She is a very successful lawyer and is expecting her first grandchild soon. She likes to stay active and attends 2-3 workout classes a week. Upon your assessment you determine that Pauline wears adult diapers for her urinary incontinence and is feeling quite embarrassed about her incontinence issues.

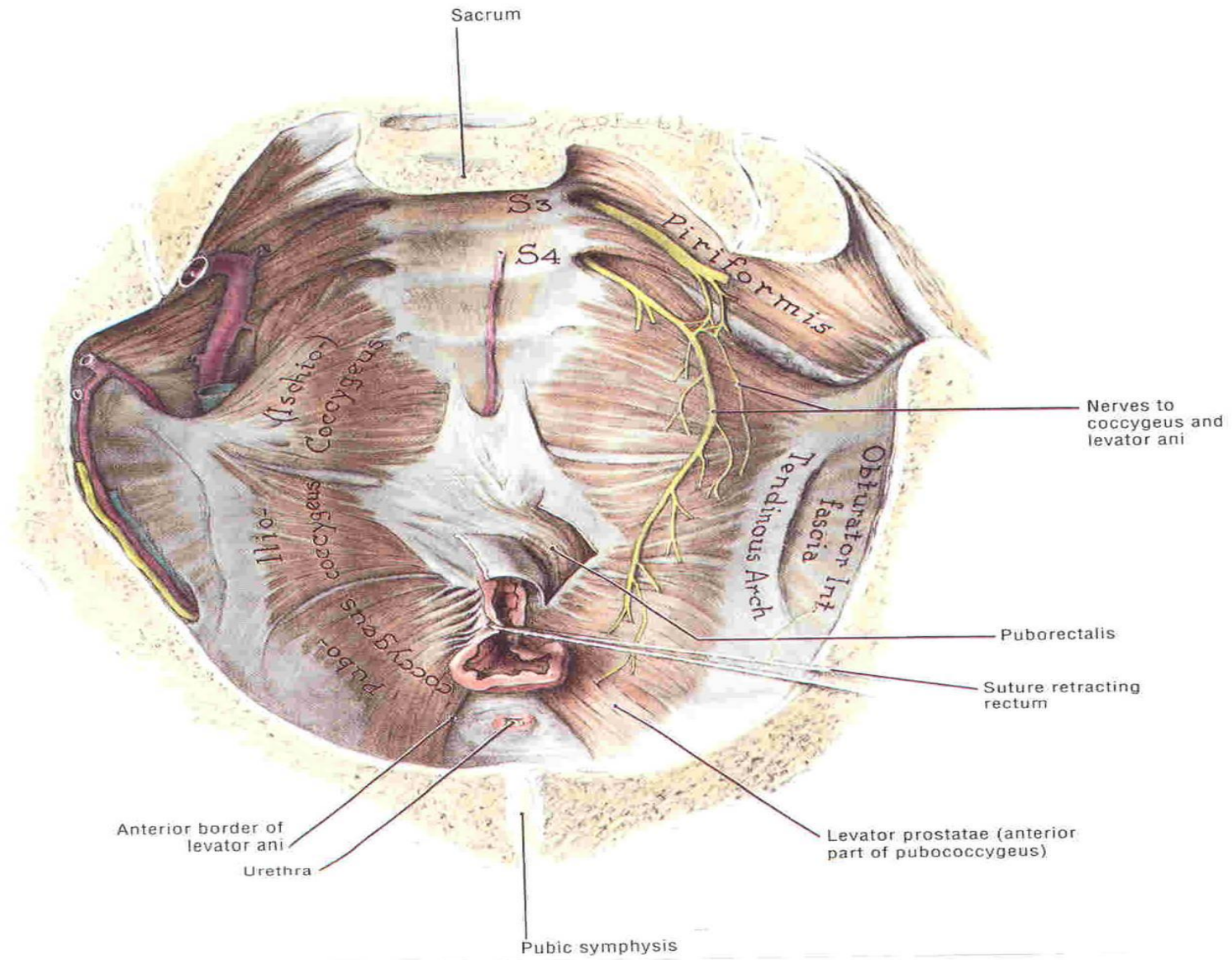
◆ What do you do as her Therapist?



Bowel and Bladder Support (as well as other organs)

- ◆ ‘Cup like’ or ‘hammock’
- ◆ Sits at the base of your pelvis
- ◆ Female: 3 openings
- ◆ Male: 2 openings





Female

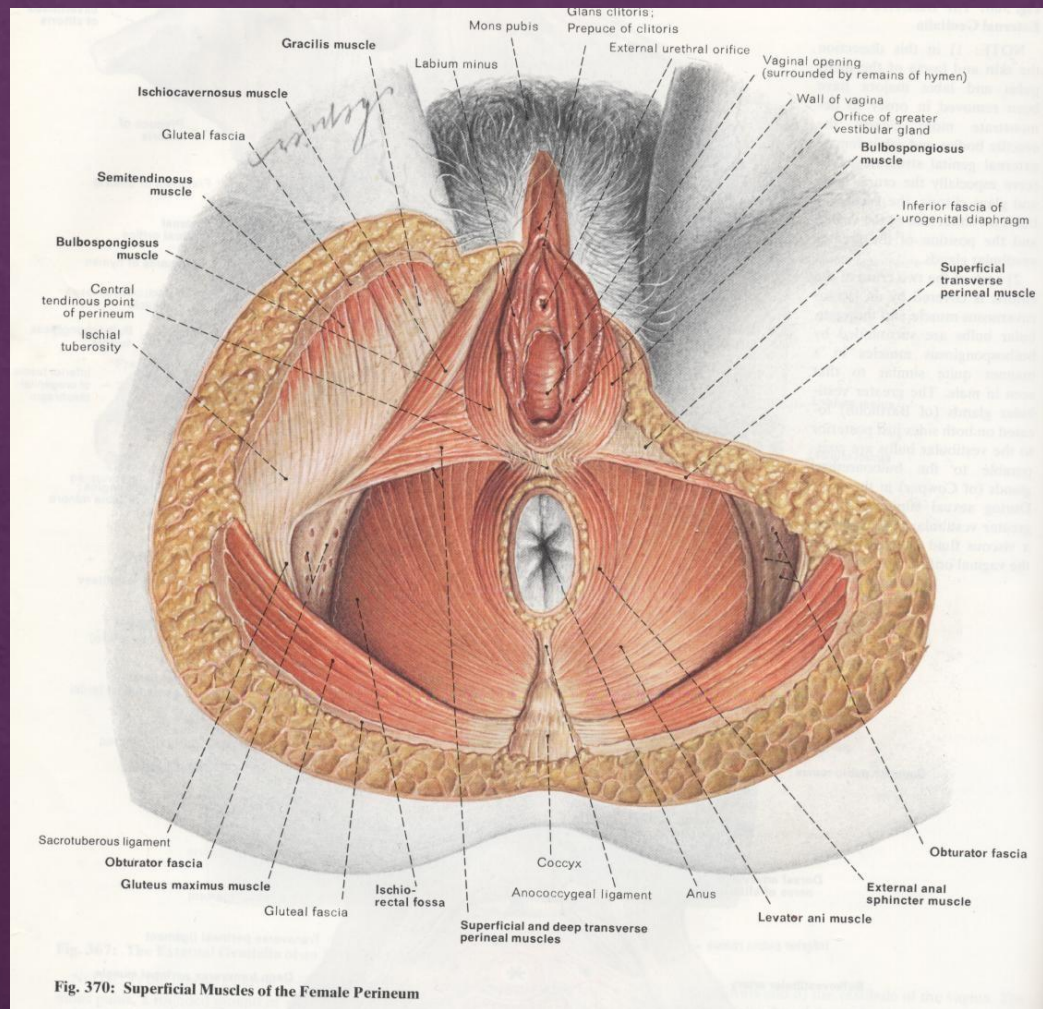


Fig. 370: Superficial Muscles of the Female Perineum

Male

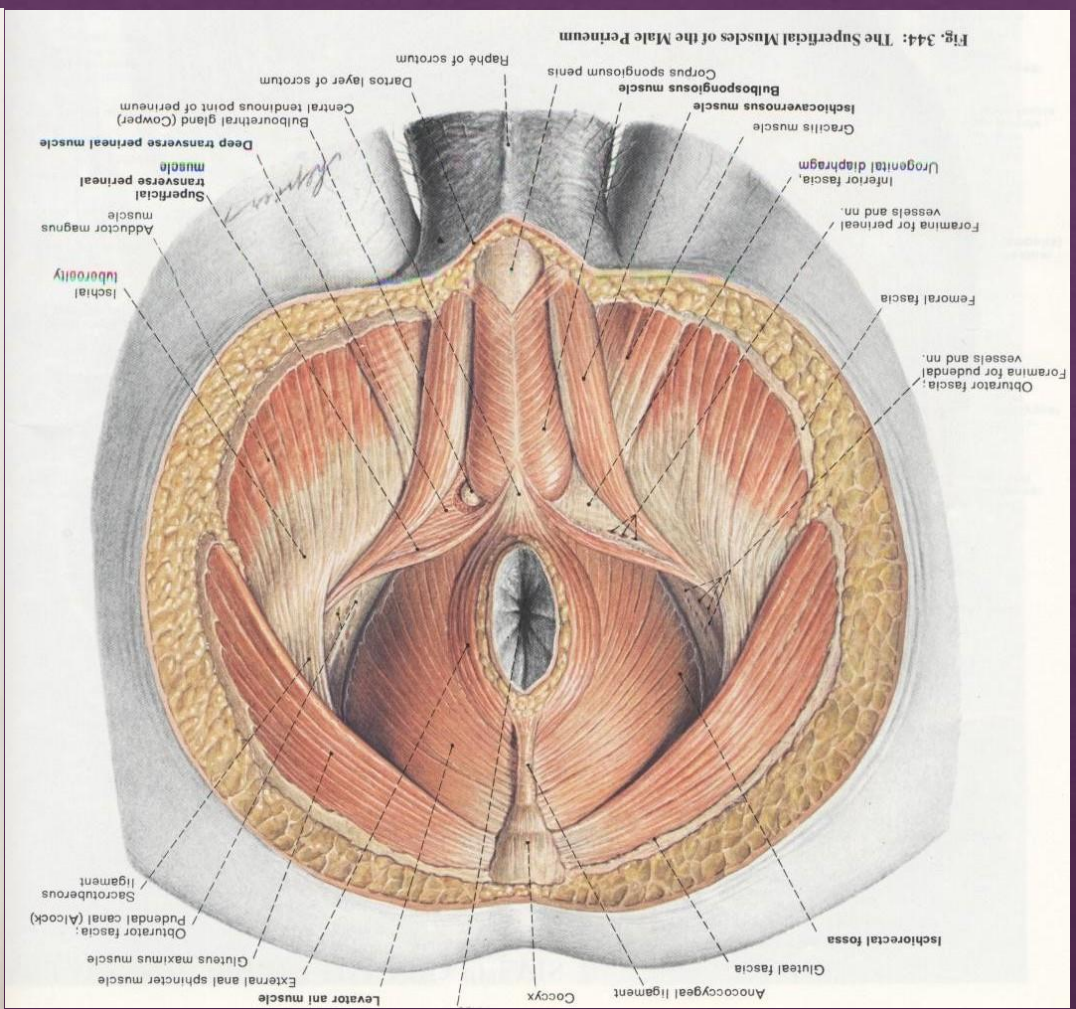


Fig. 344: The Superficial Muscles of the Male Perineum

Bowel and Bladder Control

- ◆ Urge, Stress, Mixed, Overflow or Overactive.
- ◆ The bladder is a muscle
 - ◆ Relaxes and contracts to let you pee
 - ◆ Works with the pelvic floor to help you eliminate urine
- ◆ Very reactive to neural training
 - ◆ BREATHE!!!
- ◆ Bowels are also controlled by the PF
 - ◆ If your pelvic floor is tight you'll have a hard time relaxing to eliminate



How to Control Your Pelvic Floor

- ◆ Not just Kegels
- ◆ Part of your core “four”
- ◆ Quiet your “bell” while breathing
- ◆ “Blow before you go”
- ◆ Important to have them strong to support your body during functional activities
- ◆ BUT!!! They have to be able to relax...



Tips to Control Urinary Urge

(Neumann, Tries, Plummer, 2009)

- ◆ Stop what you are doing and stand still. Sit down if you can. Remain very still.
- ◆ Relax your body and take a few deep breaths.
- ◆ Squeeze your pelvic floor muscles gently and repeat as necessary to help quiet your bladder or bowel.
- ◆ Keep the rest of your body relaxed.
- ◆ Stay calm and concentrate on suppressing the urge feeling.
- ◆ Distract yourself by counting backwards by 7's from 100.
- ◆ When the urge feeling subsides, walk slowly to the bathroom.
- ◆ Stop and repeat the previous steps along the way as needed to stay in control.

Case Study 2

◆ Marie is a 32 year old female that has come to you because she is experiencing pain and discomfort with intercourse. She is married to her husband for 5 years and reports he is very supportive. She has had this pain for many years and reports frustration with the pain she is feeling because she “thought it would eventually go away the more sex she had.” She is wondering what she can do to help this. She heard through the grapevine that maybe having a child might “help loosen her up down there.”

◆ What do you do as her Therapist?



SEXUAL HEALTH



Pleasure

Relationships

Self
Esteem

Sexual Activities

Consent

Body
image

Reproductive
health

Gender
Identity

Vaginal
health

Intimacy Sexual
Orientation

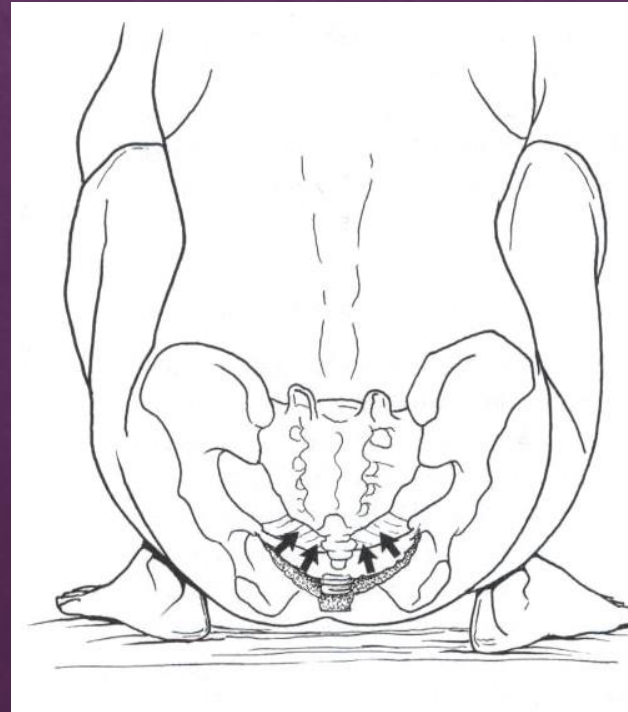
Influenced by:

- Values/Beliefs
- People
- Race/Culture/Ethnicity
- Society
- Personal Experiences
- Religion/Spirituality

Anatomy reminder

The muscles of the pelvic floor attach to the

- ◆ Tail bone
- ◆ Sacrum
- ◆ Pelvis



Sexual function and pleasure

- ◇ Can occur from a combination of physical and psychosocial causes
- ◇ Treat the physical causes
 - ◇ Within a multidisciplinary approach
 - ◇ Breathing and PF exercises
 - ◇ Strength and Coordination of PF muscles have shown to improve some sexual dysfunction in women
 - ◇ Lubricants or Moisturizers
 - ◇ Dilators
 - ◇ Positioning
- ◇ Address the psychosocial component
 - ◇ Communication and other exploratory strategies



Lubricants and Moisturizers

◆ Lubricants:

- ◆ Available in liquid form: water, silicone or oil
- ◆ Applied vaginally & externally and to whatever may be penetrating the vagina: penis, fingers, toys
- ◆ Used to minimize dryness and pain during sexual activity or pelvic exams

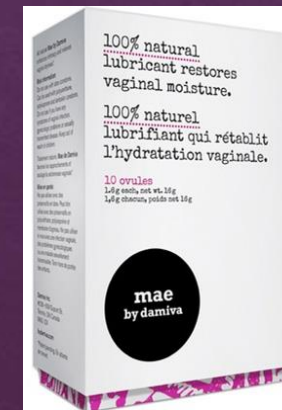
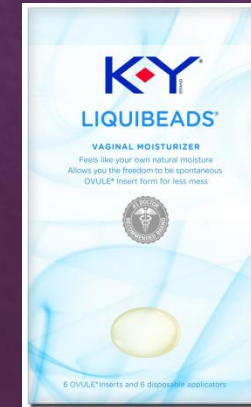
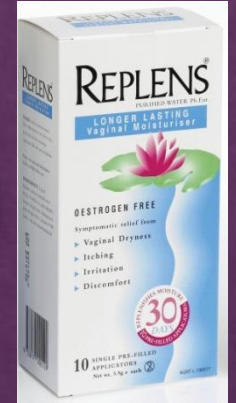
◆ Moisturizers:

- ◆ Available as gels, tablets, or in a liquid base
- ◆ Inserted vaginally
- ◆ Used for hydrating vaginal tissues



YOU.
ME.
BED.
NOW.

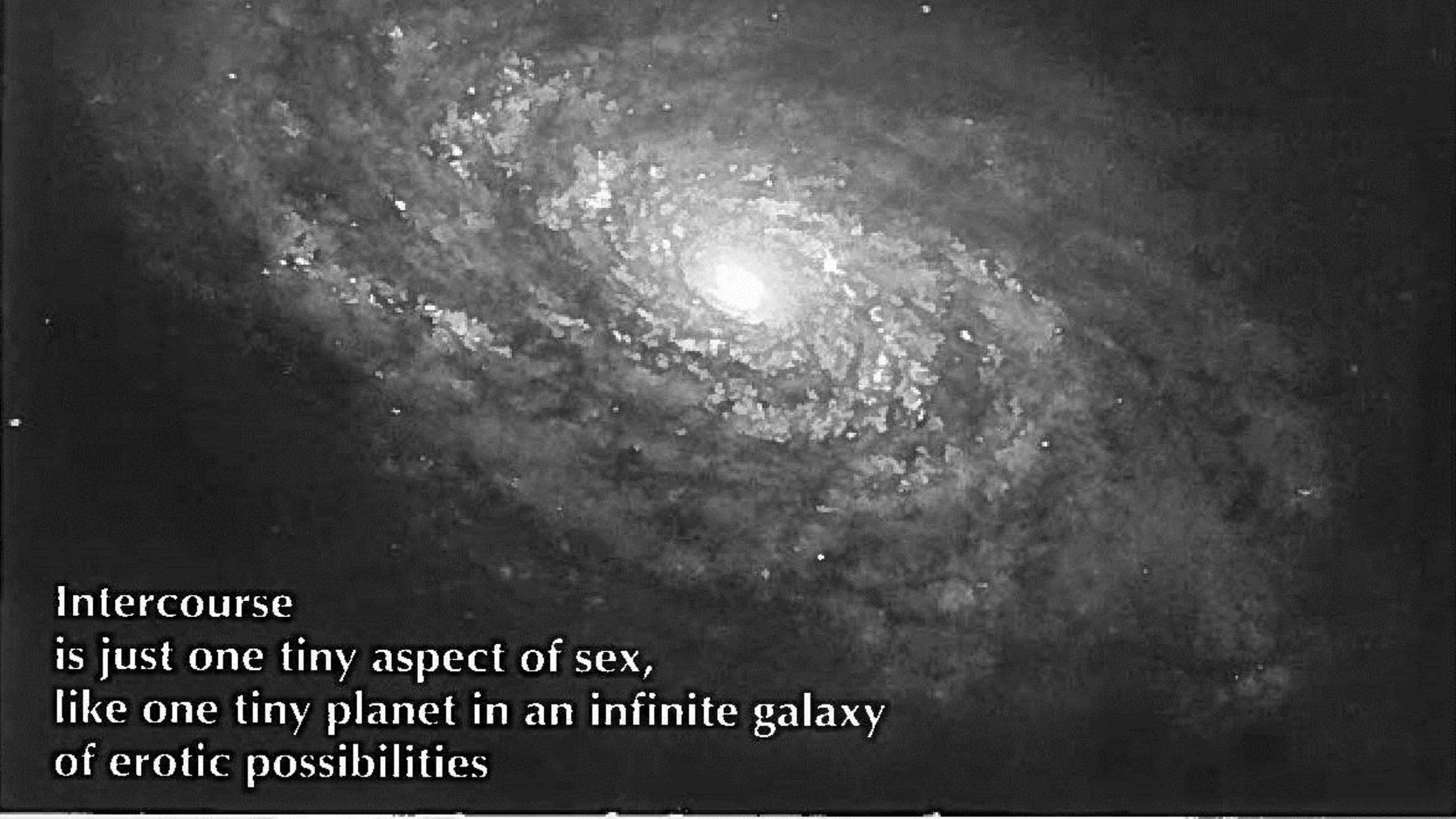
Lubricants and Moisturizers



Vaginal Dilators

- ◆ Used to slowly stretch the vaginal tissue
- ◆ Used most often after pelvic radiation therapy to prevent scar tissue
- ◆ Can be used in other circumstances to improve comfort
- ◆ Can use other 'sex toys'





**Intercourse
is just one tiny aspect of sex,
like one tiny planet in an infinite galaxy
of erotic possibilities**

Case Study 3

◆ Travis is a 37 year old male that and has come to you because he is having difficulty controlling when he orgasms. He describes symptoms of rapid or early ejaculation. He is quite embarrassed and frustrated with this and it is impacting his intimate relationships.

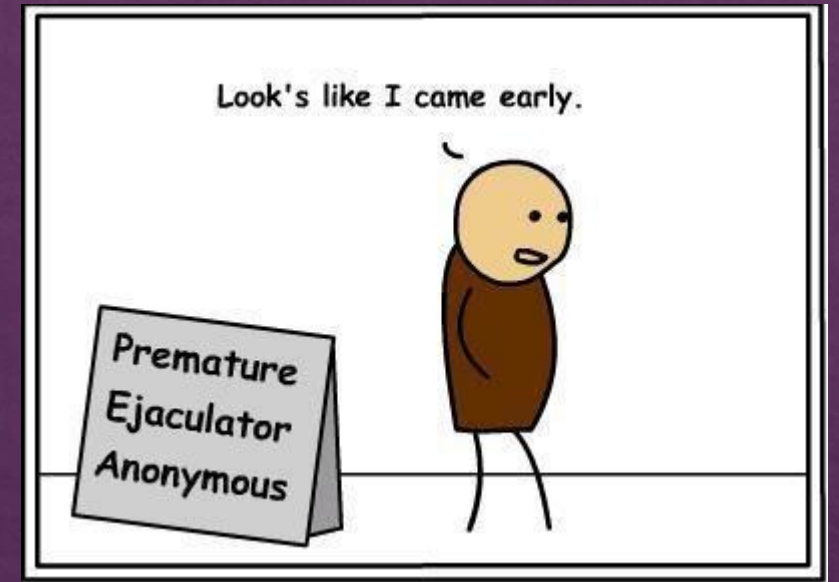
◆ What do you do as his Therapist?



Causes

Sexual dysfunction can be related to:

- Desire
- Arousal
- Penetration
- Erection Maintenance
- Orgasm and Ejaculation



Premature (Rapid or Early) Ejaculation has predominantly psychological causes.

- ◇ Anxiety
- ◇ Negative Experiences, especially initial sexual experiences

What to do?

- ◆ Kegels have been shown to improve control over ejaculation as well as potential for multiple orgasms.
- ◆ Focus on sensations
 - ◆ Anticipate orgasm to gain control over the timing of ejaculation
- ◆ Two primary methods:
 - ◆ a) Stop - go technique
 - ◆ b) Squeeze techniques



Body Mapping and Sensate Focus

- ◆ Can be done in solitary or with a partner
- ◆ Performed in stages:
 1. Touching the body, no genitals
 2. Touching the body including genitals, no orgasm
 3. Touching of the body including genitals, with orgasm
- ◆ The goal is exploration and pleasure
 - ◆ builds trust and intimacy
 - ◆ allows for pleasurable sensations, positive emotions/ feelings without ANY expectation of sex
 - ◆ takes the pressure off
 - ◆ feel safe



Other Common Sexual Dysfunction

◆ Erectile dysfunction

- ◆ inability to achieve or maintain an erection of sufficient firmness to have intercourse.

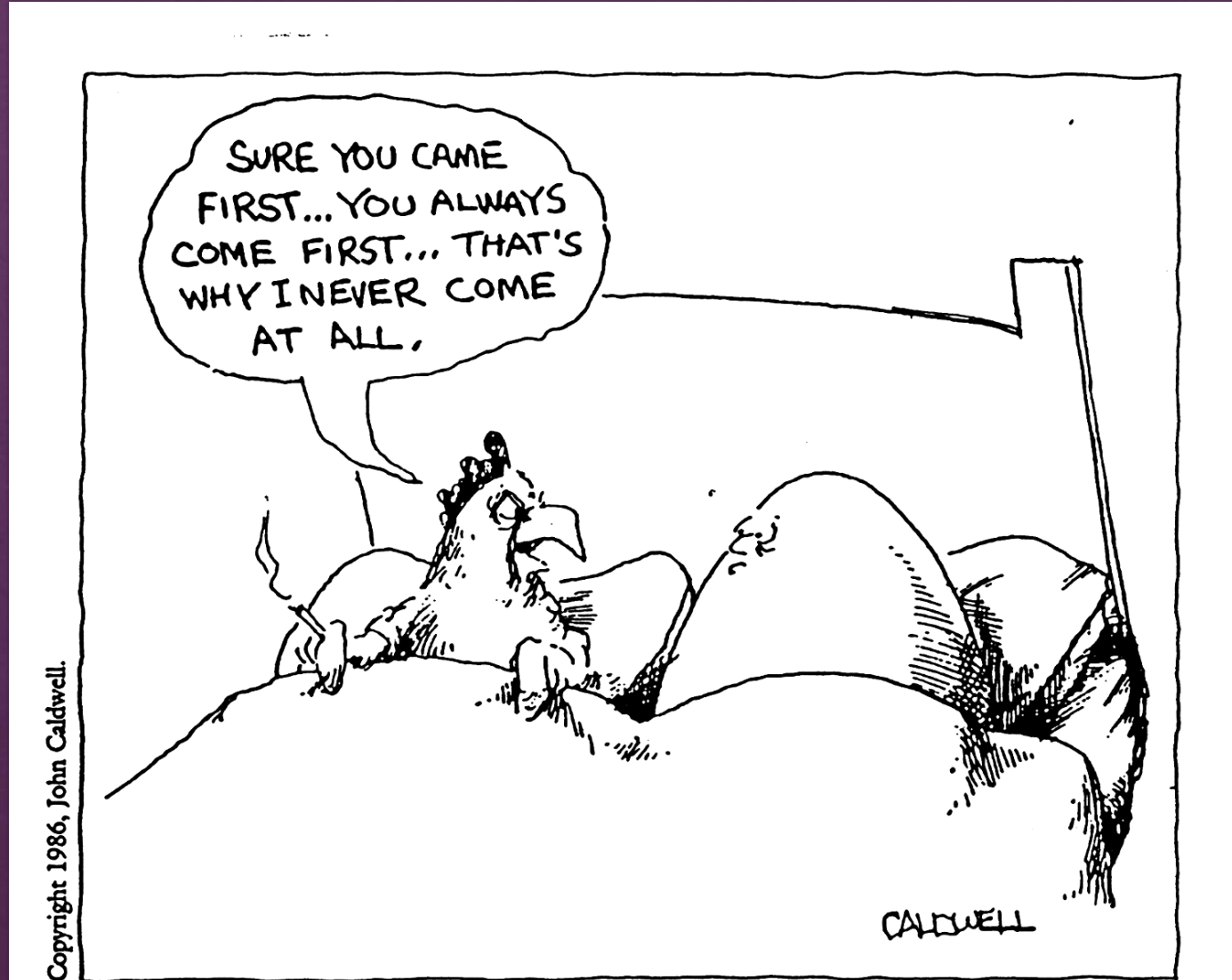
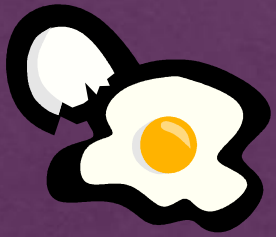
◆ Ejaculatory Incompetence

- ◆ inability to ejaculate after penetration despite firm erection and sufficient arousal.

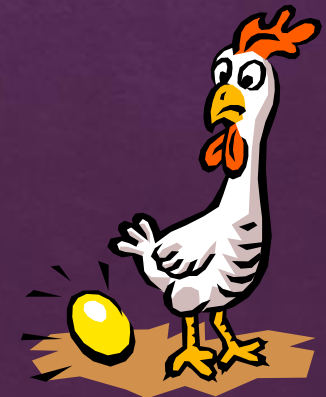
◆ Genito-pelvic pain/penetration disorders: Dyspareunia

- ◆ Recurrent or persistent genital pain occurring either before, during or after intercourse. Not very common.

Communication is Key



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In Practice

- ◆ Give permission to talk about pelvic floor and sexual dysfunction:
 - ◆ Having sexual health or other PFD health information in the form of posters or hand outs as a form of permission to for the topic of sexual health to be brought up
 - ◆ Having sexuality as part of an initial assessment as appropriate to normalize and raise awareness of the topic
 - ◆ During assessment if issues of incontinence or other pelvic floor dysfunction arise during client/patient interactions the topic of sexuality can also be introduced as appropriate

Summary and Thank you

- ◇ Variety of areas where occupational therapy can contribute to the assessment and intervention of pelvic floor and sexual dysfunction
 - ◇ Education
 - ◇ Physical Remediation
 - ◇ Posture and Positioning
 - ◇ Psychosocial Aspect
 - ◇ Equipment and Environment
- ◇ Thank you for your time and attention today!

**May your
coffee,
pelvic floor,
intuition and
self-appreciation
be strong**

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