

Dyadic Sexuality and Navigating Couples with Sexual Dysfunction Through the Urological Lens

Pelvic Physical Therapy Perspective

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(He/Him)

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Lance Frank PT, DPT, MPH

- Originally grew up in Missouri
- Graduated from the University of Missouri with Bachelor of Health Science ('13) and Master of Public Health ('19)
- Moved to Atlanta, Georgia to attend Emory University - graduated in 2017 with DPT
- Owns a cash practice in Midtown, Atlanta, Flex PT ATL treating orthopedic and pelvic health for all genders
- Active on social media advocating for pelvic health physical therapy - @lance_in_your_pants

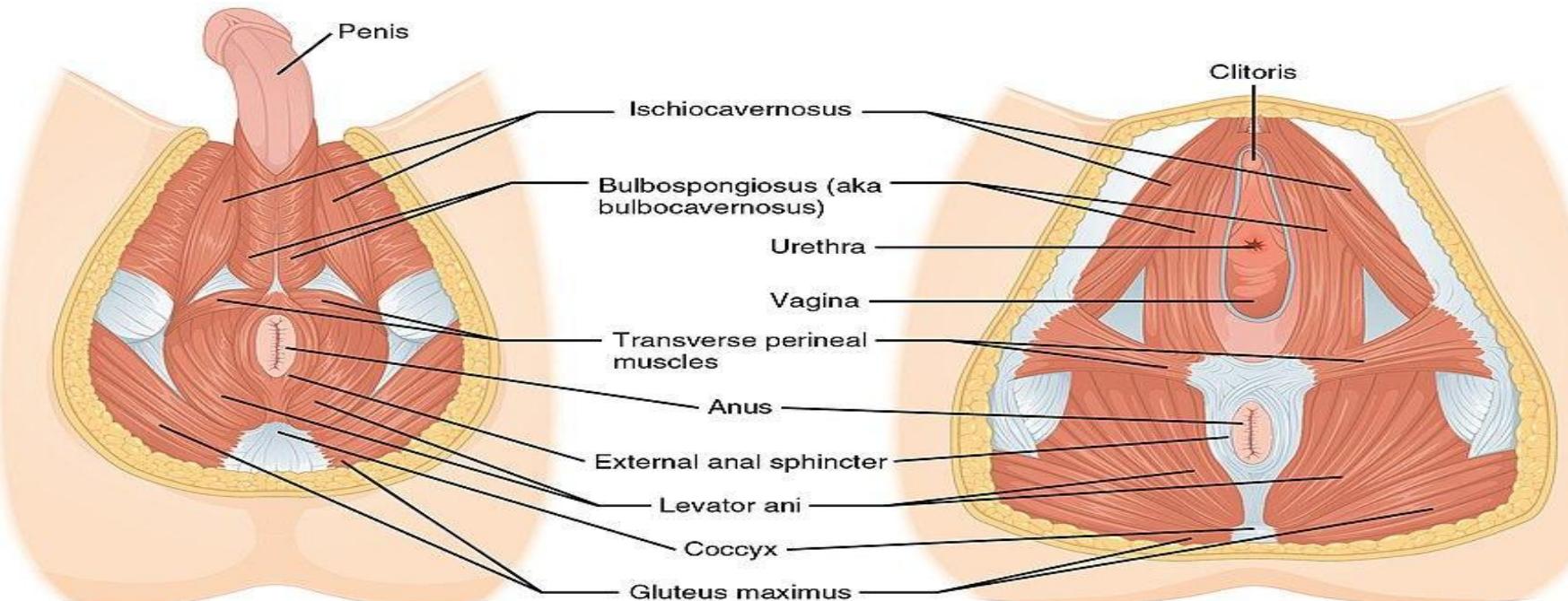


Objectives

1. Understand the anatomy and biomechanics of the pelvic floor.
2. Recognize how pelvic floor dysfunction can impact dyadic sexuality.
3. Explore treatment approaches from a pelvic health physical therapy perspective for sexual dysfunction in couples.
4. Develop strategies to support couples in navigating sexual health challenges.

The Pelvic Floor & Sexual Function

Pelvic Floor Anatomy



Male perineal muscles: inferior view

Female perineal muscles: inferior view

Function of the Pelvic Floor in Sexual Response

- **Arousal** - enhance blood flow to genital tissues, contributing to erections and cliteral engorgement/vaginal lubrication
- **Penetration** - relaxation allows vaginal expansion and reduces pain during penetration; coordinated muscle function supports erectile rigidity
- **Orgasm** - rhythmic contractions of the pelvic floor muscles intensify orgasm and enhance pleasure
- **Ejaculation** - PFM contractions assist semen propulsion and ejaculation control

Common Pelvic Floor Dysfunctions Affecting Sexual Health

- Hypertonicity
- Weakness
- Coordination Issues

Impact of Dysfunction on Intimacy & Partner Dynamics



Impact of Dysfunction on Intimacy & Partner Dynamics

- Physical Barriers
- Emotional Strain
- Negative Feedback Loop
- Partner Disconnect
- Restoring Connection

Common Pelvic Health Issues in Couples with Sexual Dysfunction

Common Pelvic Health Diagnoses

- **Men:** Prostatitis / Chronic pelvic pain syndrome (CPPS),
Peyronie's disease, hard flaccid, erectile dysfunction,
premature ejaculation, post-prostatectomy issues
- **Women:** Dyspareunia (pain with intercourse), vaginismus,
vulvodynia, postpartum/postmenopausal changes

Pelvic Physical Therapy Interventions

Assessment & Treatment Approaches

- External and / or internal pelvic floor muscle evaluations and examinations
 - Assessing myofascial trigger points, ROM, strength, flexibility, coordination, overall mobility
- Manual Therapy
- Neuromuscular Re-Education
- Therapeutic Exercise
- Biofeedback

(Stein et al., 2019)

Pain Reduction Strategies

- Myofascial + connective tissue release techniques
- Neuromuscular downtraining
- Relaxation + breathing techniques
- Modalities
 - Dry needling, shockwave therapy, biofeedback
- Mobility and/or strengthening exercises

(Stein et al., 2019)

Enhancing Sexual Function

- Core + pelvic floor strengthening
 - Improves blood flow and can enhance orgasm intensity and sensation (Jorge et al., 2024).
- Coordination training
 - Can improve neuromuscular control and help prevent involuntary contractions / spasms (Rosenbaum, 2007).
- Breathwork & Relaxation
 - Reduces PFM tension and improves parasympathetic response for better arousal (Jorge et al., 2024).

Communication & Partner Involvement

- Exercises for couples to improve intimacy, connection, and trust
 - Often refer to couples therapists or sex therapists
- Include partners in pelvic therapy sessions and HEP

Case Study

Case Study

- Husband presents with Peyronie's disease with ~30* curvature to the left + painful erections
- Wife presents with pain with penetration as well as R sided low back pain and hip pain

Case Study

- 45 y.o. AMAB presents with complaints of erectile dysfunction x ~15 years, referred by sex therapist colleague
- History of “emotionally traumatic relationship”
- Interested in dating again, but difficulty maintaining erection sufficient for masturbation
 - Significant anxiety related to self-touch, avoids partnered touch completely
- Bloodwork + hormones = “Normal”

Conclusion

Key Takeaways

- Sexual dysfunction is often a shared experience, requiring a team approach.
 - Partners in relationship
 - Physicians + Pelvic PT's + Sex Therapists
- Collaboration among medical and therapeutic disciplines should be standard of care.
 - Pelvicrehab.com / Pelvicglobal.com / Aptapelvichealth.org
- Addressing pelvic floor health can improve intimacy and overall relationship satisfaction.

Thank You!

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References

- Jorge, C. H., Bø, K., Chiazuto Catai, C., Oliveira Brito, L. G., Driusso, P., & Kolberg Tennfjord, M. (2024). Pelvic floor muscle training as treatment for female sexual dysfunction: a systematic review and meta-analysis. *American journal of obstetrics and gynecology*, 231(1), 51–66.el.
<https://doi.org/10.1016/j.ajog.2024.01.001>
- Kanter, G., Rogers, R. G., Pauls, R. N., Kammerer-Doak, D., & Thakar, R. (2015). A strong pelvic floor is associated with higher rates of sexual activity in women with pelvic floor disorders. *International urogynecology journal*, 26(7), 991–996.
- Rosenbaum T. Y. (2007). Pelvic floor involvement in male and female sexual dysfunction and the role of pelvic floor rehabilitation in treatment: a literature review. *The journal of sexual medicine*, 4(1), 4–13.
<https://doi.org/10.1111/j.1743-6109.2006.00393.x>
- Stein, A., Sauder, S. K., & Reale, J. (2019). The Role of Physical Therapy in Sexual Health in Men and Women: Evaluation and Treatment. *Sexual medicine reviews*, 7(1), 46–56. <https://doi.org/10.1016/j.sxmr.2018.09.003>

Questions