

# 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

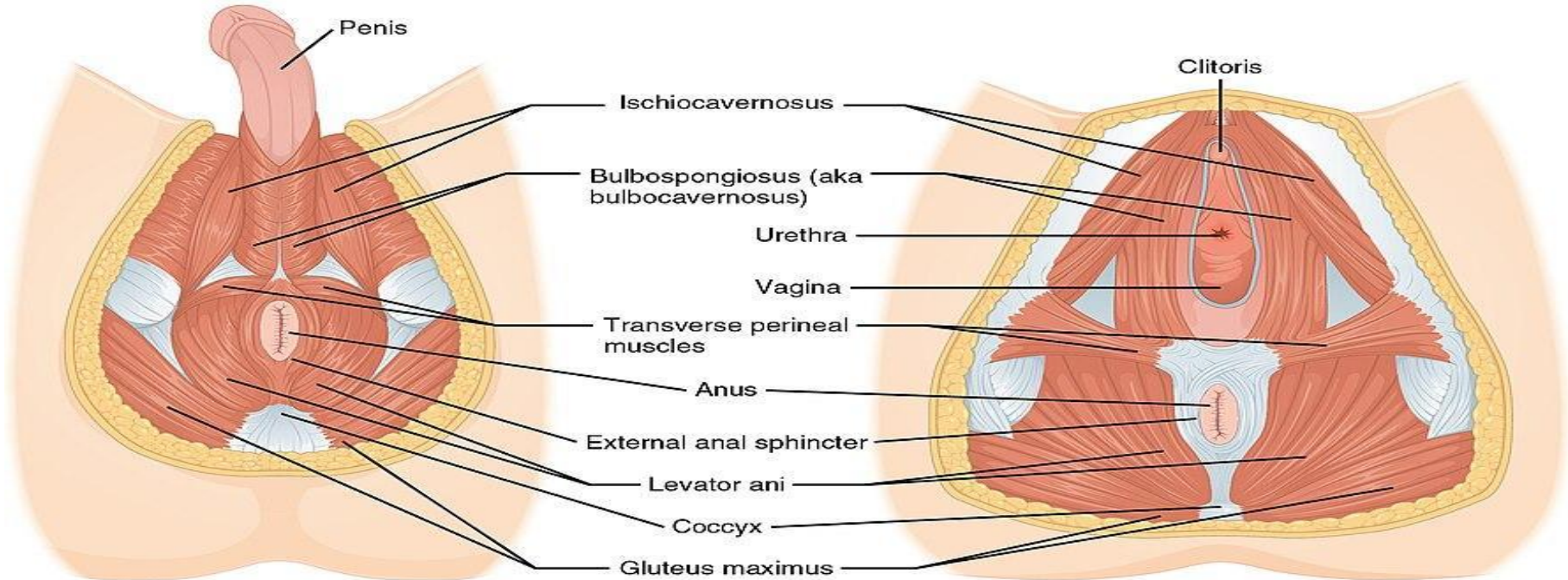


# Objectives

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 clitoral 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](http://Pelvicrehab.com) / [Pelvicglobal.com](http://Pelvicglobal.com) / [Aptapelvichealth.org](http://Aptapelvichealth.org)
- Addressing pelvic floor health can improve intimacy and overall relationship satisfaction.

# Thank You!

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# References

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# Questions