



Wired For Connection

Understanding Sexuality and Intimacy for Neuro Populations

Presented by Diana Le OTR/L, CST, and CBIS & Christine Lee, OTR/L





Our Objectives

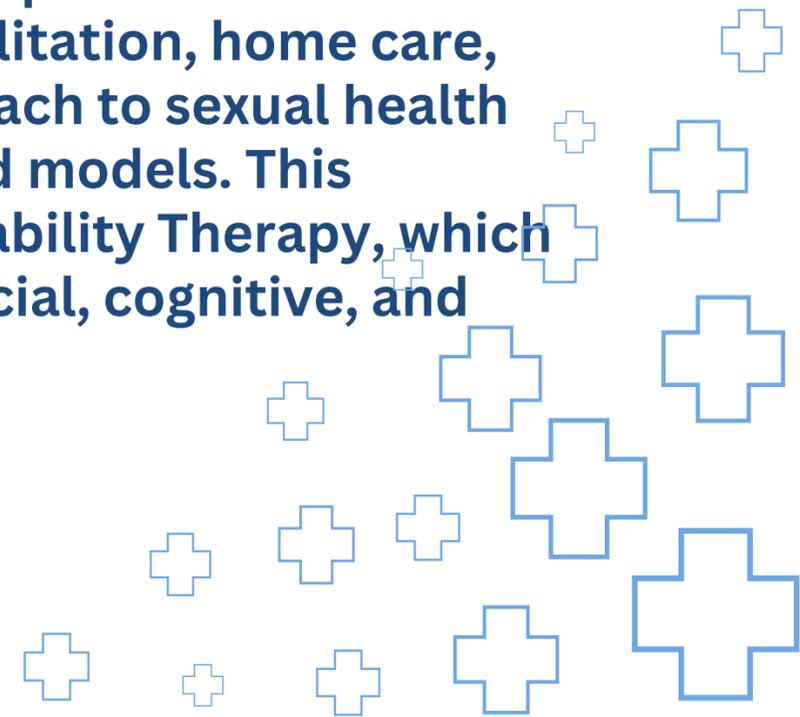


- Identify stigma and important barriers to addressing sexual health
- Understand importance of addressing sexual health
- Learn how to approach sex and sexuality with patients recovering from trauma & a major injury
- Recognize specific considerations for patients who have neurorehabilitation injuries, such as stroke, brain injury, limb loss and spinal cord injury (SCI)
- Discover techniques for modifying sexual activity for these diagnoses
- Learn about multiple resources to support patients in their sexual health journey

Your Presenters: Diana Le



- Diana Le is a certified sexuality occupational therapist (OTR/L, CST, CBIS) based in Los Angeles, California. Her passion for sexuality began at Rancho Los Amigos, where she developed a program addressing post-stroke sexual needs, and continued at California Rehabilitation Institute, collaborating on an inpatient sexuality education initiative.
- After earning her undergraduate degree from UCLA, Diana completed her Master of Science in Occupational Therapy at Columbia University and obtained advanced certifications in sexuality and brain injury. With extensive experience across various settings, including inpatient rehabilitation, home care, and schools, she promotes a holistic approach to sexual health that integrates medical and pleasure-based models. This philosophy informs her new venture, Interability Therapy, which addresses the complex physical, psychosocial, cognitive, and communicative aspects of sexual health.



Your Presenters: Christine Lee

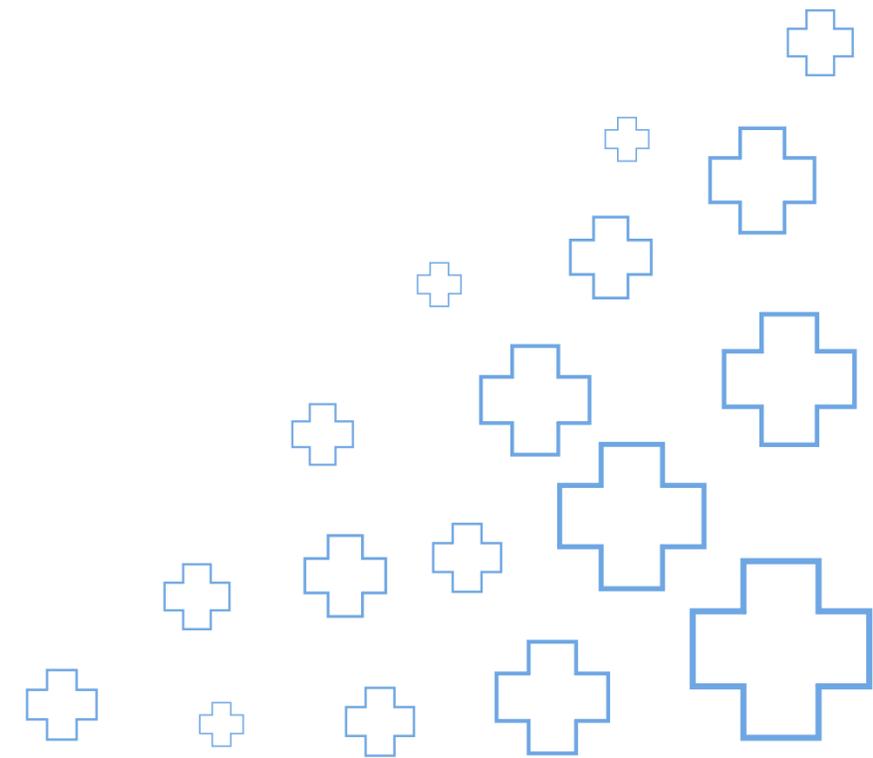
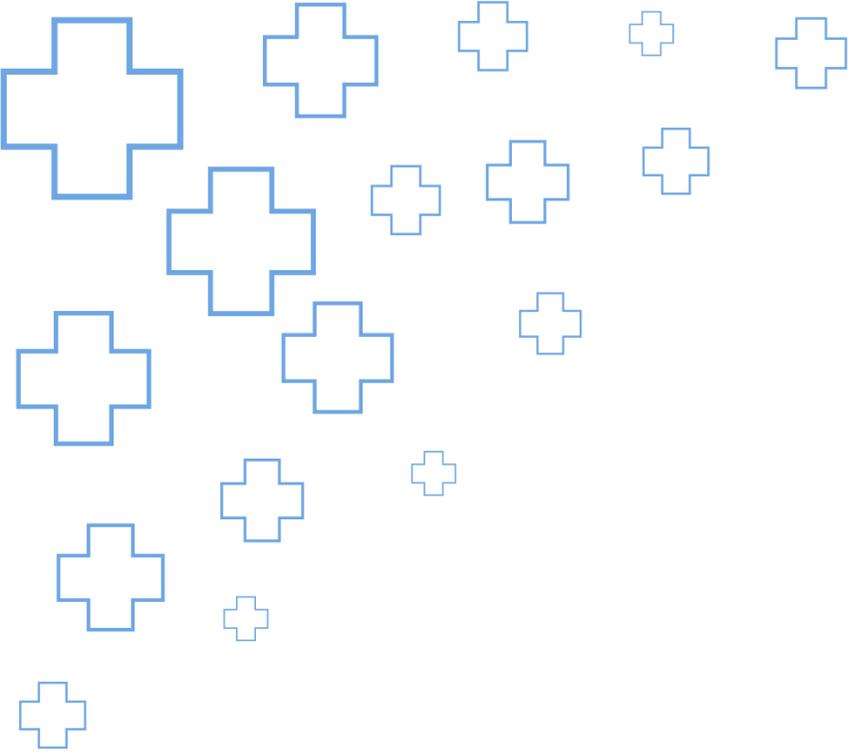


- **Christine Lee (OTR/L) is an occupational therapist currently working at California Rehabilitation Institute, in Los Angeles CA. She completed her MSOT at USC. Her experiences have expanded from inpatient mental health settings to acute care and then eventually to inpatient rehabilitation. While working in inpatient rehab, Christine began working with patients with neurological conditions, especially with spinal cord injuries (SCI). From her experiences, she learned extensively about how sexual health can be affected. Christine has since went on to study about sexual health and teach a monthly lecture on sexual health for patients with SCI at California Rehabilitation Institute. She has since expanded the most recent lecture with her co-presenter Diana Le to include other neurological disorders after discovering a mutual passion for assisting patients with neurological disorders with sexual health concerns.**





Introduction to Sexuality





Facts & Myths About Sexuality



True or False?

- Sex is considered an IADL
- People with disabilities are asexual
- People with a disability do not need sex education
- Sexual activity must be spontaneous
- A person is more likely to have another stroke during sex, than other activities
- Sexual activity must always end in orgasm

Sexuality Defined

Sexuality includes sexual roles, activity, identity, intimacy, and pleasure including, but not limited to the following:

- Self-perception
- Self-esteem
- Self-care
- Grooming/hygiene
- Body image
- Intimacy
- Family planning
- Safe participation/consent
- Relationships
- Social interaction
- Communication
- Sexual practices
- Sexual expression
- Sexual activity
- Sexual health
- Sexual orientation
- Sexual behaviors



Sexual Health



Sexual health: a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity

Requires a positive and respectful approach to sexuality and sexual relationships

Comprehensive sexual and reproductive health encompasses a wide range of health needs including: contraception, fertility, maternal/perinatal health, STIs, sexual and gender-based violence, healthy relationships

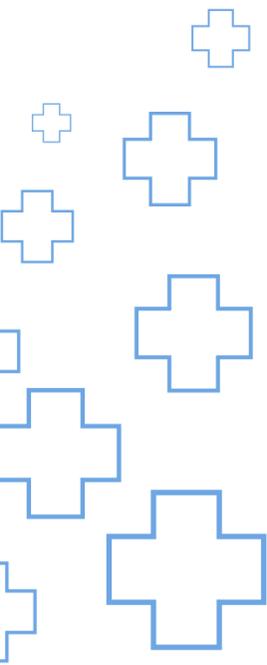
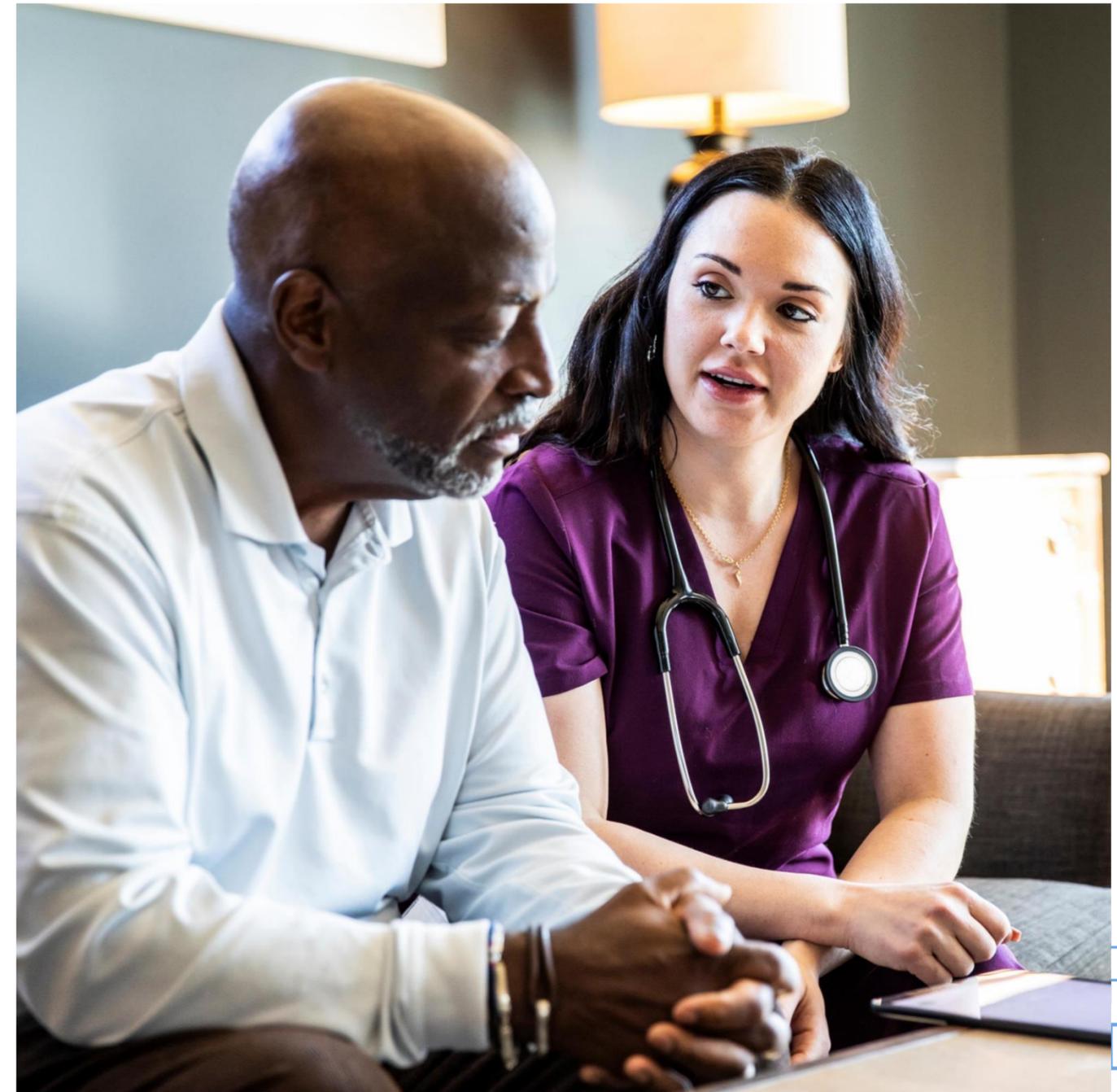
By addressing these various aspects of health, primary health care systems demonstrate a commitment to holistic care that considers the physical, mental and social wellbeing of individuals



Patient / Client

Common barriers, limitations, and biases that affect patients & clients:

- Comfort
 - Embarrassment/Discomfort
 - Stigma, taboo
- Privacy/Safety
- Competence
 - Lack of formal education & knowledge
- Attitude & Assumptions
 - Assume healthcare provider is not appropriate
 - Assume another health care provider or discipline will address the subject
- Prioritization
 - Time constraints
 - Sexual health = low priority



Patient / Client Factors

- Age
- Gender
- Ethnicity
- Socioeconomic status
- Educational status
- Culture
- Religion
- Values
- Roles
- Relationship status
- Personal beliefs
- Biases
- Sexual orientation & identity





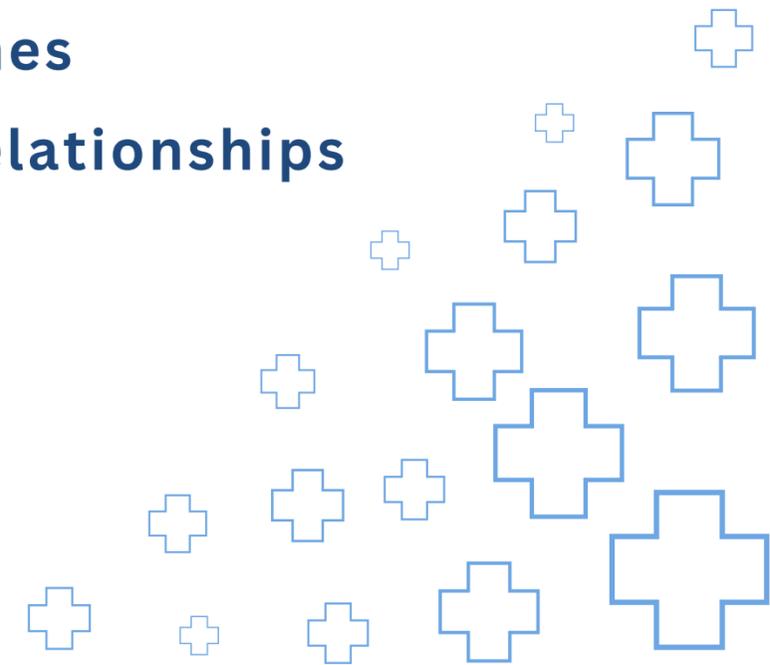
Patient / Client Outcomes

The earlier sexuality and intimacy is introduced, screened, assessed, and addressed - the greater the likelihood the patient will receive skilled services to address:

- Inadequate sexual education
- Increased risk of STIs
- Reduced access to available resources
- Consent – consider cognition/communication

Failure to recognize or address impact of illness, injury, disability or life stage on client sexuality, intimacy, and overall sexual health and well-being may lead to negative outcomes:

- Quality of life
- Mental health
- Body image
- Self-esteem
- Disruption of roles/routines
- Strained/dissolution of relationships



Healthcare Providers

Common barriers, limitations, and biases

- **Comfort**
 - Embarrassment or Discomfort with topic
 - Stigma, taboo
- **Competence**
 - Lack of formal education & knowledge
 - Limited practical experience
- **Legal concerns**
 - Risk of lawsuit or loss of patient relationship
- **Prioritization**
 - Time constraints
 - Sexual health = low priority
- **Attitude & Assumptions**
 - Assume patient is not appropriate
 - Assume another health care provider or discipline is addressing the subject



Healthcare Providers



Who should bring it up?

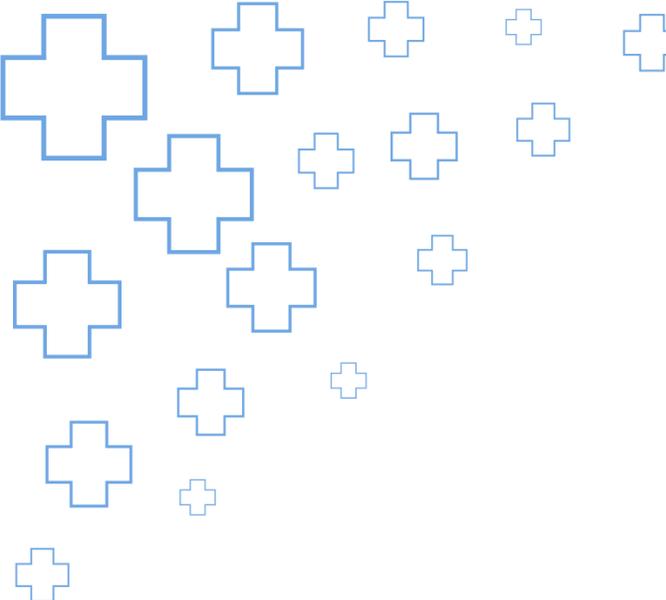
- A 2017 and 2022 study of women with cancer found that nearly 70% of the participants preferred the topic to be raised by the healthcare team
- A 2002 study by the American Academy of Family Physicians (AAFP) found only 35% of primary care physicians reported often taking a sexual history [The Proactive Sexual Health History | AAFP]

Healthcare Providers

How to bring it up?

- **Treat it as a sensitive subject**
- **Respect the patient's privacy**
- **Plan your treatment to have time and space for the discussion**
- **Do not put them on the spot**
- **Be non-judgmental, open, and patient**
- **Inform patient of the upcoming topic and give information to review for next session**
- **Respect their decision on whether they want to discuss sexuality with you**





Partner Activity

Clinical Competency

"Sexual health is an important aspect of overall well-being. Are there any specific issues or questions you'd like to discuss?"

"Many patients find it helpful to talk openly about their sexual health. Would you be comfortable discussing any concerns you may have?"

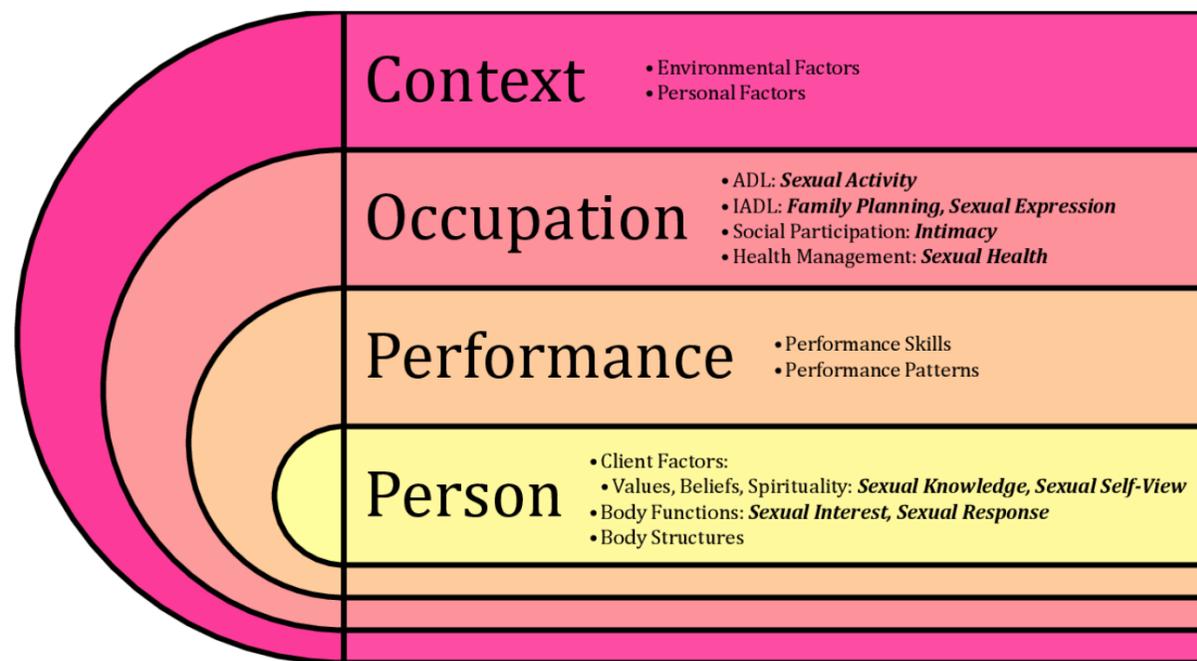
"I want to make sure we address all aspects of your health, including sexual health. Is there anything you'd like to talk about in that regard?"

"I'm here to support you in all aspects of your health, including sexual health. Is there anything on your mind that you'd like to discuss?"

"Sexual health is an important topic, and I'm here to provide information and support. What questions or concerns do you have that we can address together?"



Occupational Therapy & Sexuality

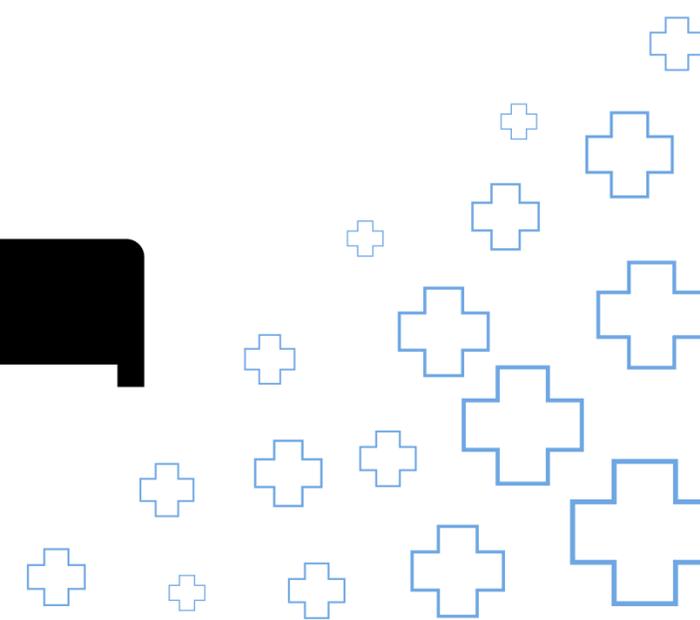
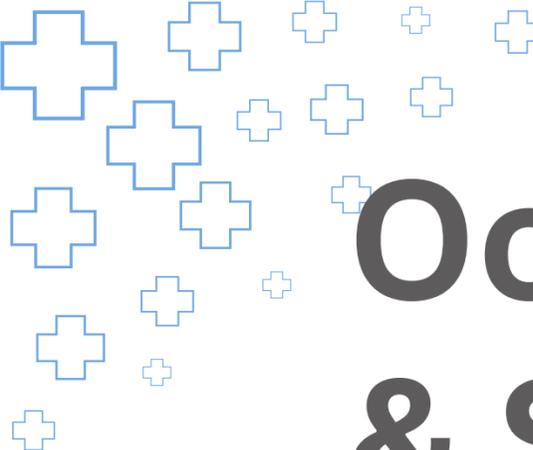


According to the OTPF, sex is an ADL and therefore in our scope of practice. However, it is not routinely addressed by all occupational therapists

Role of an OT consists of assisting pt's in returning to roles and occupations post-illness, injury, or disability, which can also include sexuality & intimacy

Occupational Therapy & Sexuality

- Holistic, client-centered care
- Activity analysis
- Intervention
- Education
- tools/resources
- Compensatory strategies
- Environmental modifications
- Fall prevention
- ADLs
- Positioning
- Environmental modifications
- DME
- Energy conservation
- Functional Mobility
- Transfers
- Balance
- Strength
- Endurance
- Joint protection



Locations for OT's



- 
1. **Acute**
 2. **Inpatient Rehabilitation**
 3. **Skilled Nursing Facility and/or
Long-term Care Facility**
 4. **Home Health**
 5. **Outpatient Therapy**

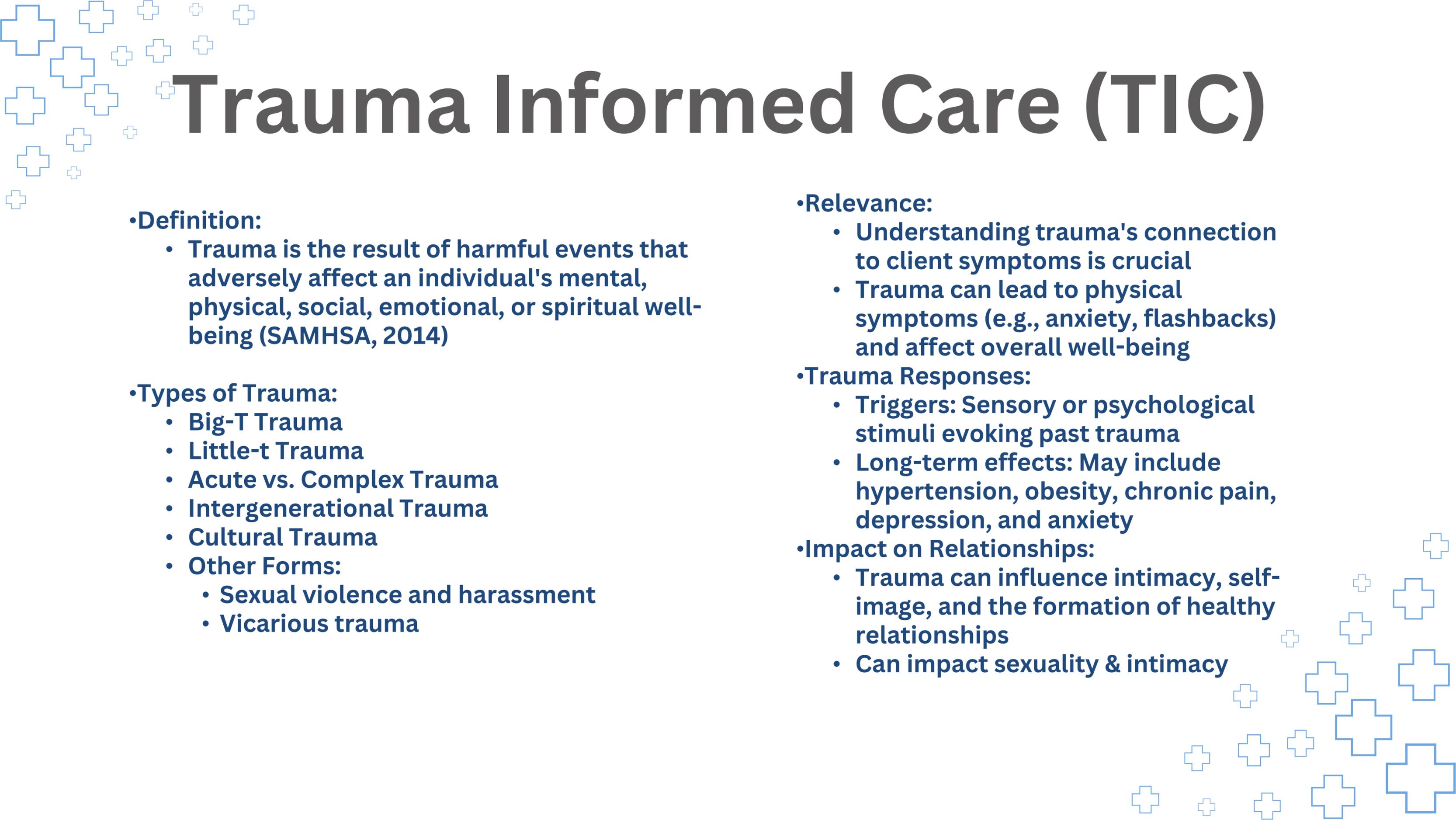
Interdisciplinary Approach

Other healthcare professions who can assist patients & clients in specific ways:

- 1) Nursing**
- 2) Medical Doctors**
- 3) Psychologist**
- 4) Case Management**
- 5) Respiratory Therapy**
- 6) Pharmacists**

Can you think of any others?





Trauma Informed Care (TIC)

•Definition:

- Trauma is the result of harmful events that adversely affect an individual's mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014)

•Types of Trauma:

- Big-T Trauma
- Little-t Trauma
- Acute vs. Complex Trauma
- Intergenerational Trauma
- Cultural Trauma
- Other Forms:
 - Sexual violence and harassment
 - Vicarious trauma

•Relevance:

- Understanding trauma's connection to client symptoms is crucial
- Trauma can lead to physical symptoms (e.g., anxiety, flashbacks) and affect overall well-being

•Trauma Responses:

- Triggers: Sensory or psychological stimuli evoking past trauma
- Long-term effects: May include hypertension, obesity, chronic pain, depression, and anxiety

•Impact on Relationships:

- Trauma can influence intimacy, self-image, and the formation of healthy relationships
- Can impact sexuality & intimacy

Trauma Informed Care (TIC)

How to Implement Trauma-Informed Care

1) The 3 E's:

- Events
- Experiences
- Effects:

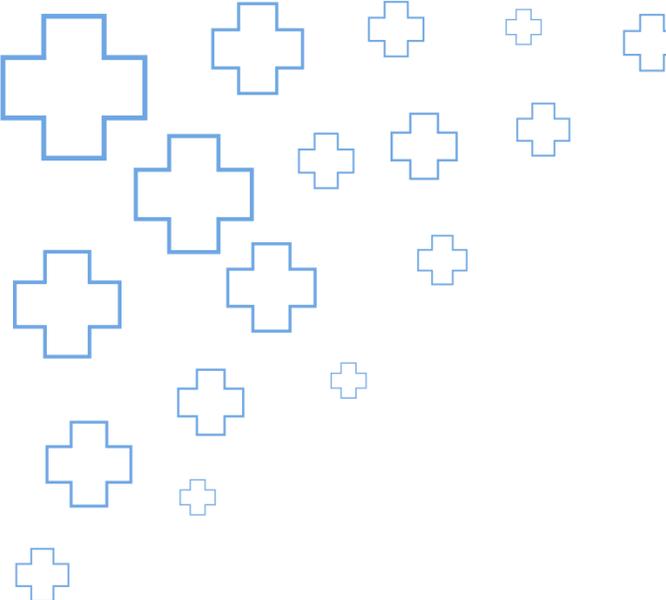
2) Key Principles:

- Address trauma in treatment settings to promote positive outcomes
- Recognize trauma's widespread effects on recovery
- Identify signs and symptoms of trauma.
- Integrate trauma knowledge into policies and practices
- Prevent retraumatization by identifying triggers and toxic environments



Goal:

- To understand the client better and develop a safe, effective care plan as part of helping patients address their sexuality & intimacy concerns



Partner Activity

Case Study

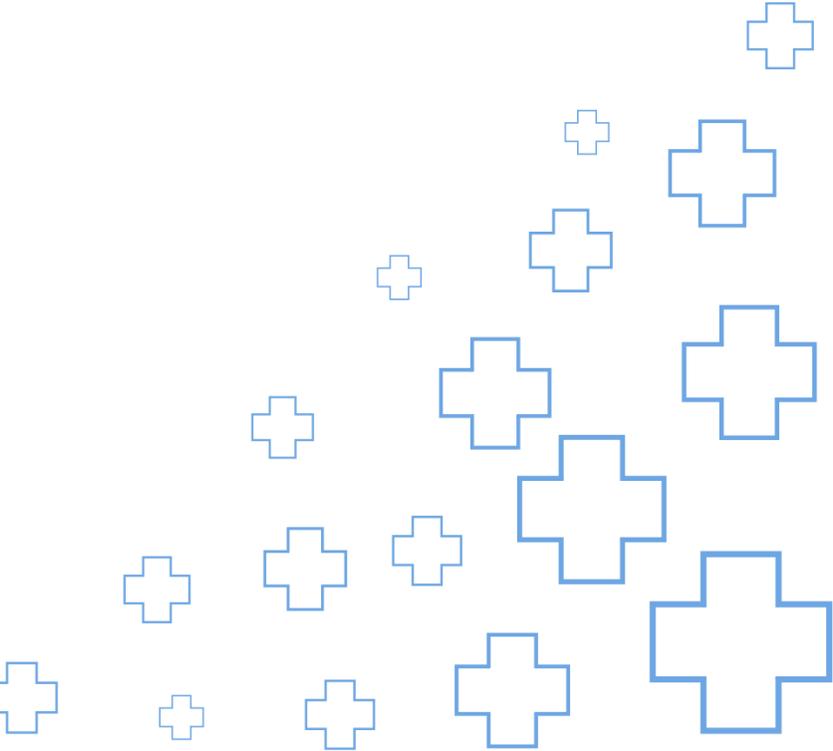
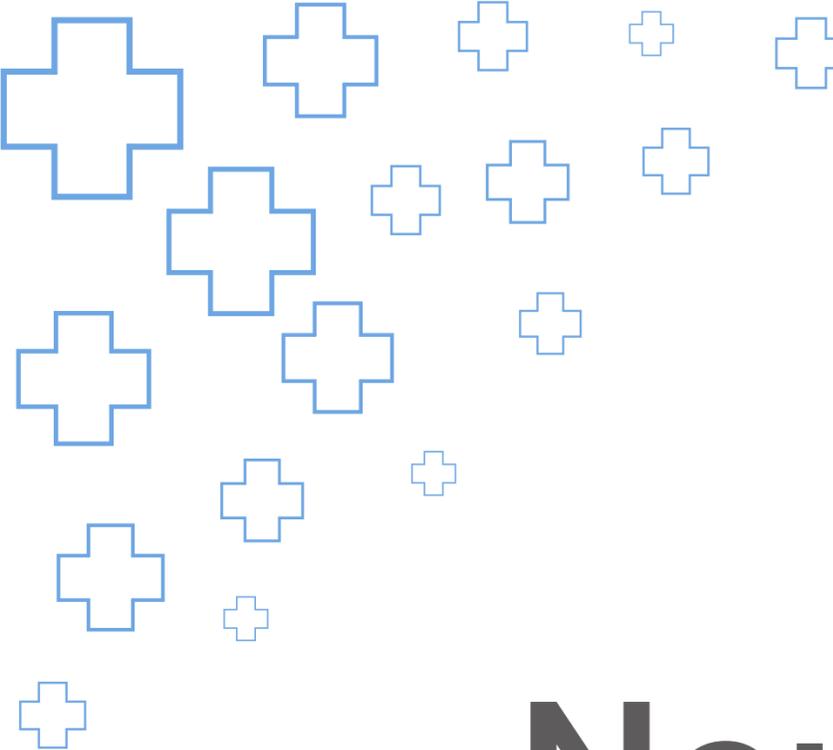
| Your client is a former veteran who is highly reactive on the PTSD scale. He states that he has multiple types of trauma, has difficulty with forming relationships, and identifies wanting to be more comfortable with his partner on “date nights” as a personal goal.

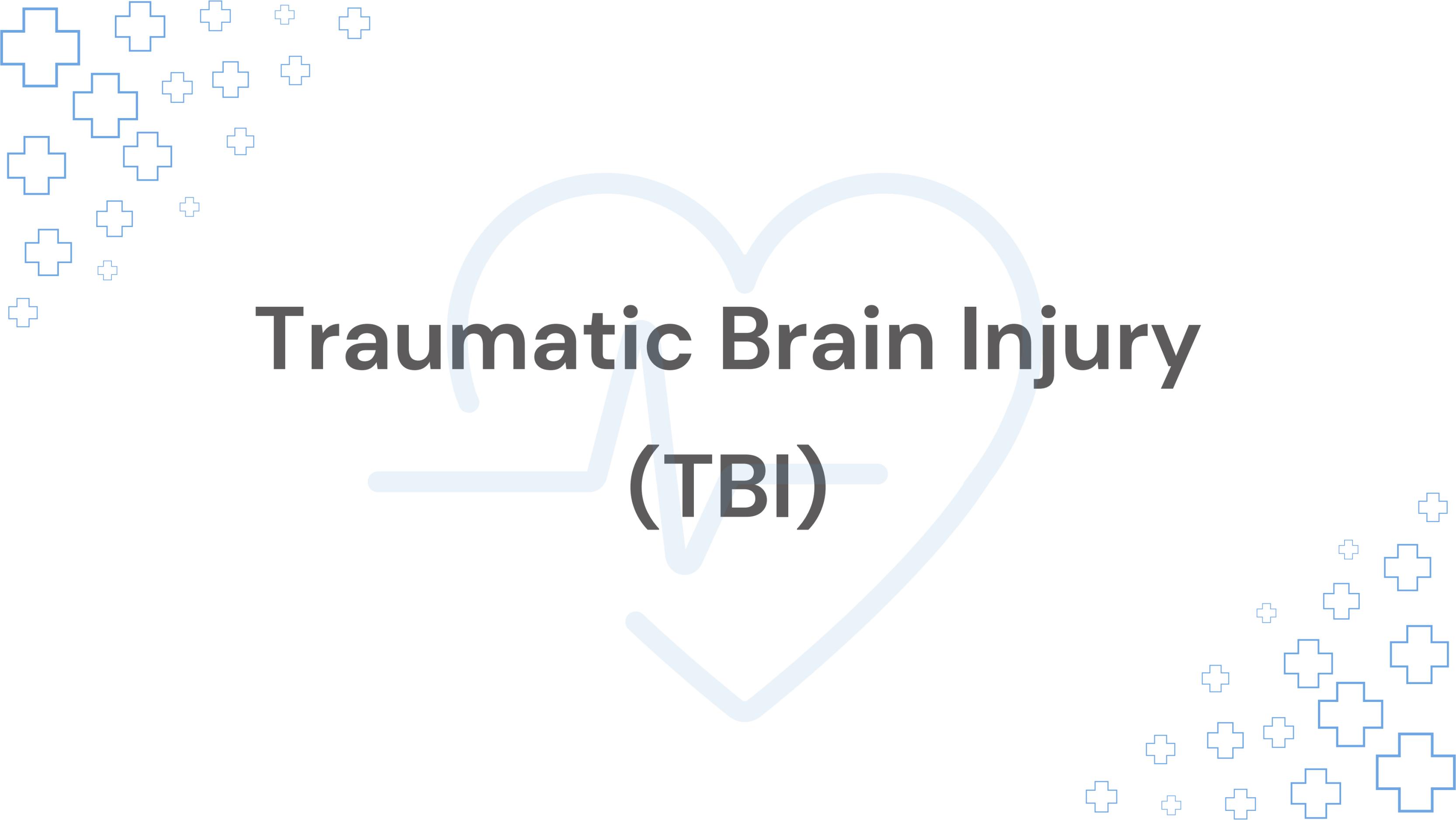
You identify specific triggers for your patient. They include hearing sudden loud noises, being in large crowds, sitting with their back to the entryways, and experiencing unexpected touch. What can you as the OT work on to help the client self-advocate with their partner to create better positive experiences and meet their goal?





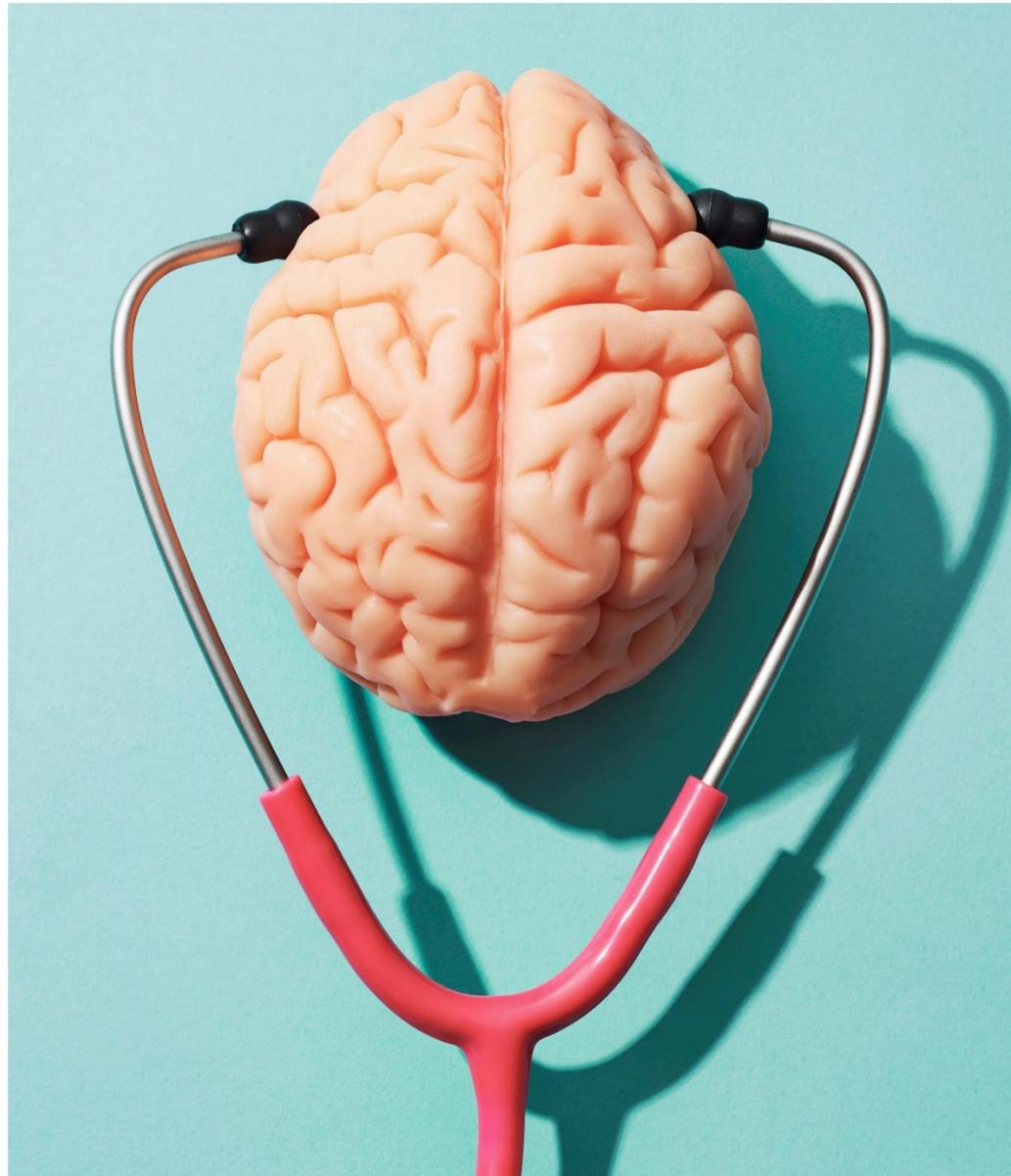
**Neurological Diagnoses
& Conditions**





Traumatic Brain Injury (TBI)

Traumatic Brain Injury (TBI)



Impact on Sexual Function and Activity:

- **TBI Impact:** Patients with traumatic brain injury (TBI) report decreased libido, sexual frequency, satisfaction, and pleasure (Aloni & Katz, 2003)

Common Issues:

- 1) **Hypersexuality:** Increased sexual preoccupation and drive (Kaplan & Krueger, 2010)
 - **Impulsive behaviors:** inappropriate comments, touching, increased need for sexual gratification.
 - **Higher risk for social and vocational relationship issues,** including sexual harassment.
- 2) **Hyposexuality:** Decreased or absent sexual desire



Traumatic Brain Injury (TBI)

Treatment Options & Strategies

1) Hypersexuality:

- Focus on decreasing maladaptive behaviors and increasing adaptive skills
- Identify target behaviors, model appropriate behavior, and ensure consistent follow-through
- Strategies:
 - Ignore inappropriate behavior for attention
 - Change the topic or distract the client
 - Avoid scolding; instead, praise socially acceptable behavior

2) Hyposexuality:

- Consider medication or hormonal options
- Address effects on social skills, relationships, and self-esteem



Consider Rancho Los Amigos Cognitive Scale

- Level IV (Confused/Agitated): May display inappropriate behavior or language
- Level V (Confused/Inappropriate/Non-Agitated): Behaviors may be less severe
- Level VI: Inappropriate behaviors may diminish
- Level VII+: Impaired judgment and abstract reasoning may persist



Traumatic Brain Injury (TBI)

Barriers and Limitations

1) Cognitive Impairments:

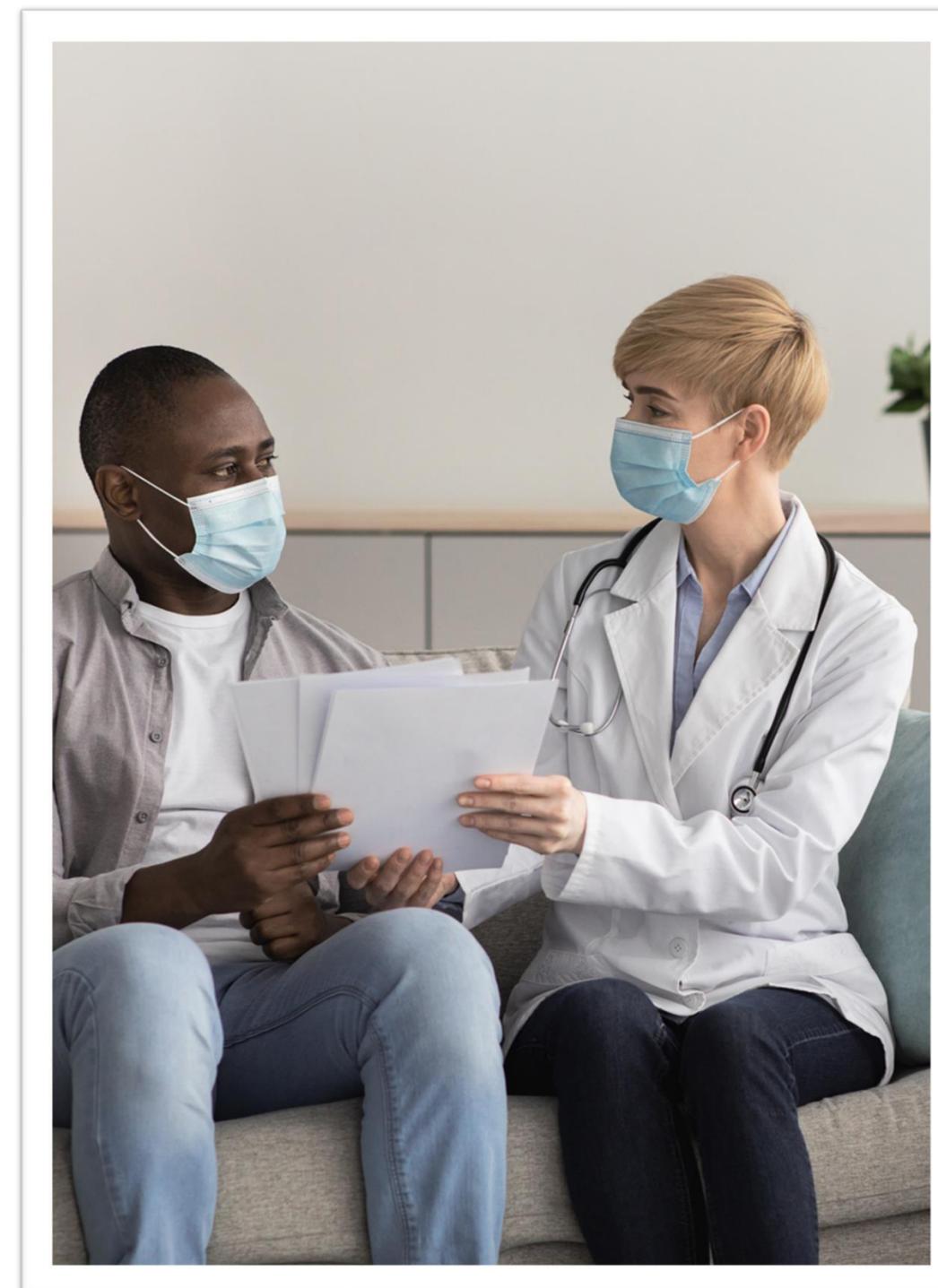
- Amnesia, agnosia, apraxia, aphasia, and oral-motor impairments (e.g., dysphagia)
- Communication difficulties can lead to frustration and reduced libido

2) Emotional and Behavioral Changes:

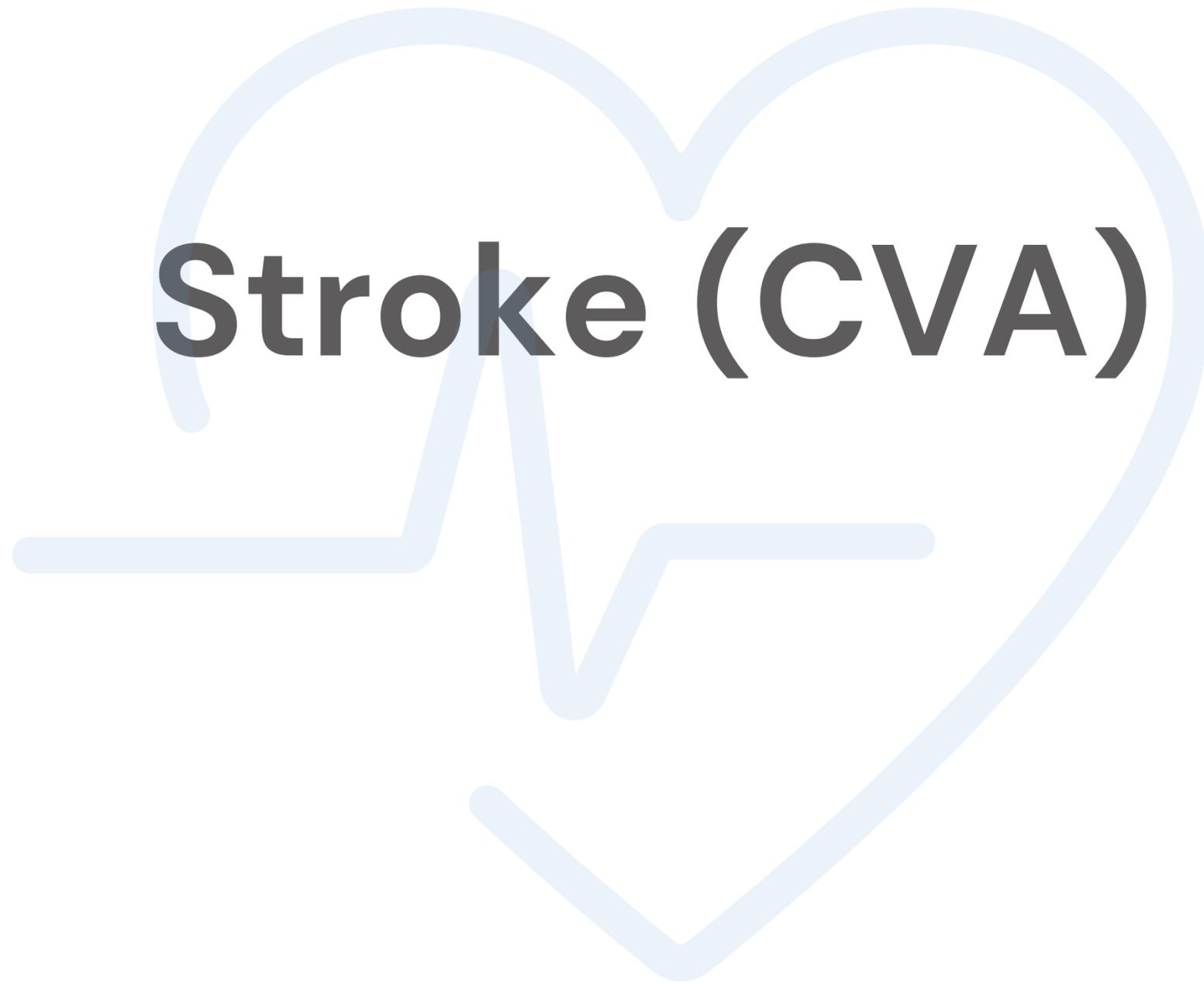
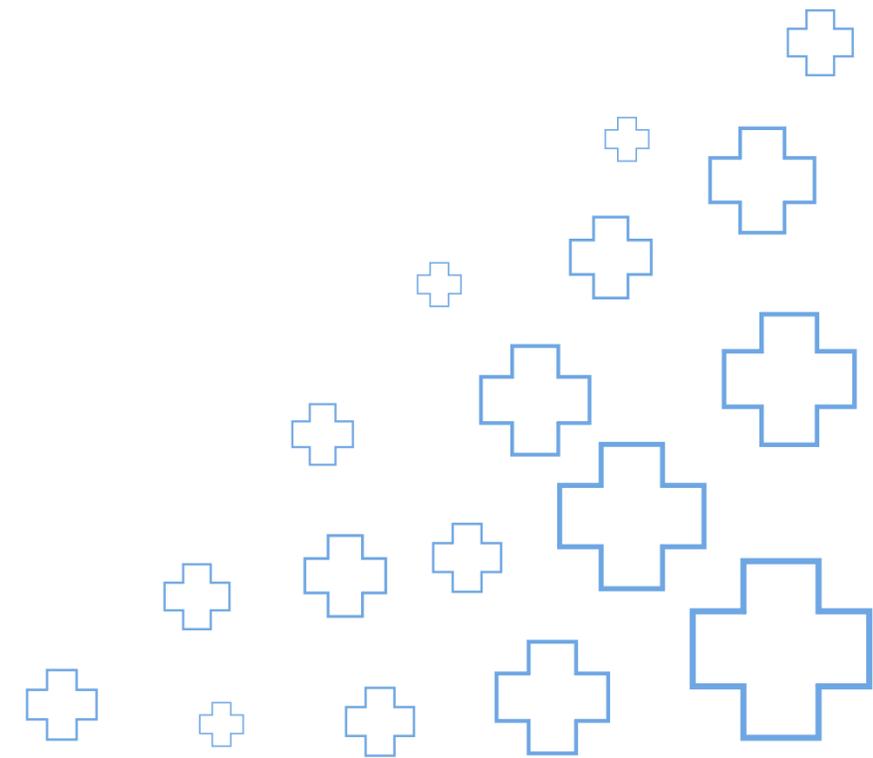
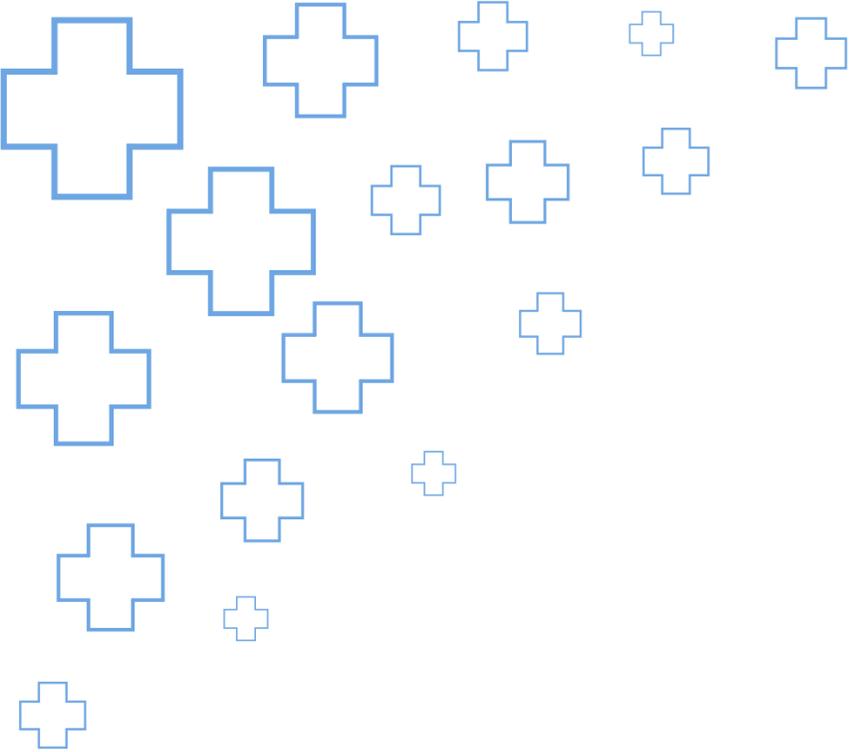
- Stress, personality changes, decreased self-esteem, anxiety, and depression

Comprehensive Treatment

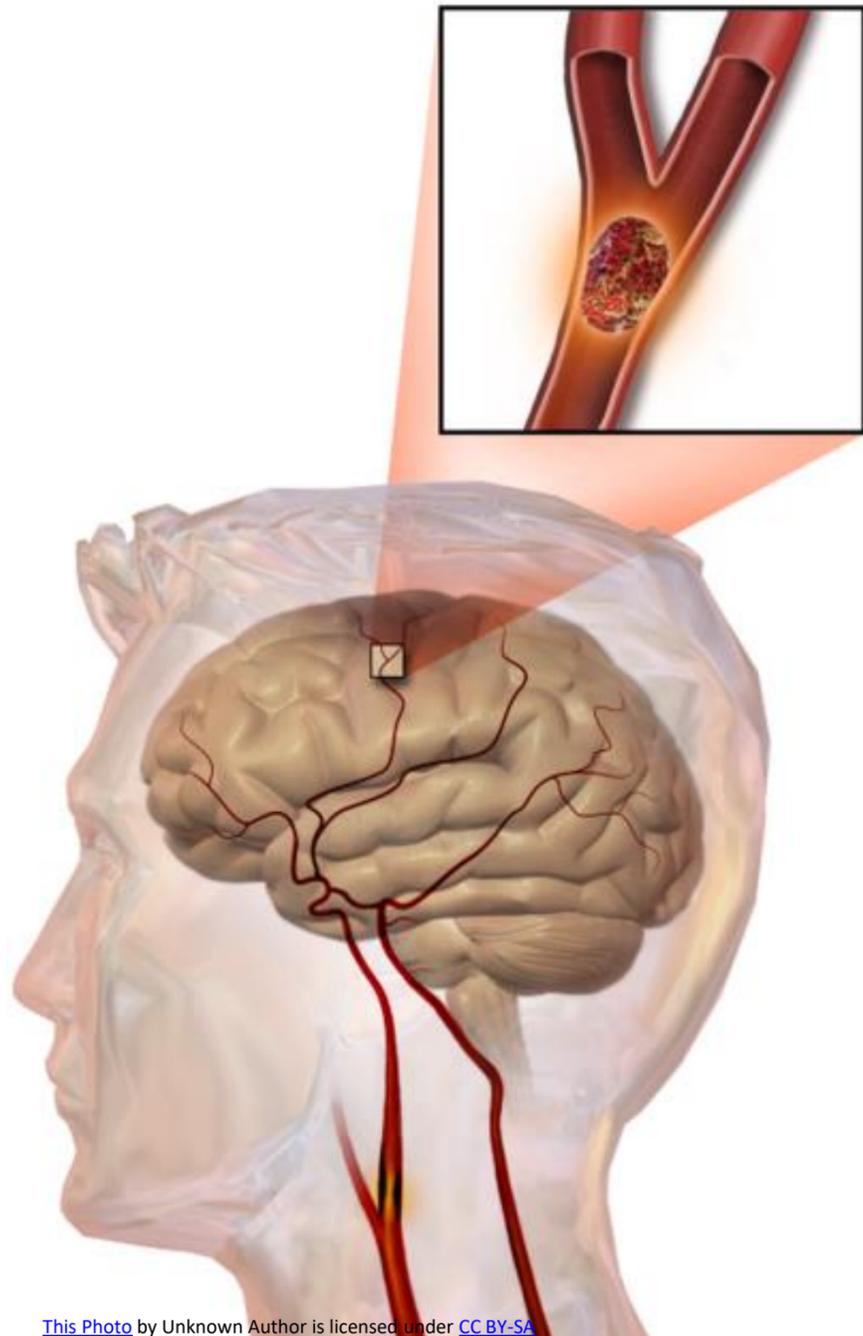
- Tailor interventions to individual needs with consistent implementation
- Use medication, behavior plans, social skills training, and role-playing
- Apply the ABC model (Antecedent, Behavior, Consequence) in treatment planning



Stroke (CVA)



Stroke (CVA)



Impact on Sexual Function & Activity

- After a CVA, there is a reduction in sexual activity and partner satisfaction
- Research indicates that depression and psychosocial issues are more influential than physical limitations (Rees et al., 2007)

What would be some common barriers & limitations that would affect sexual activity after a CVA?

What would be a possible treatment options to address these barriers & limitations?



CVA Concerns & Treatment Options

Physical

- Hemiparesis/Hemiplegia
- Hypo/Hypertonia
- Spasticity
- Fatigue
- Fine Motor Control (FMC)
- Bowel/Bladder Dysfunction
 - Treatment: Timed voiding, avoid diuretics (alcohol/caffeine), use wet environments (bathtub/shower), sidelying positioning

Oral Motor

- Dysarthria
- Dysphagia
- Difficulty managing saliva for kissing/oral sex
- Aspiration risk
 - Treatment: Keep tissue/towel handy

Cognitive

- Challenges with alertness, arousal, orientation, sequencing, planning, problem-solving, and new learning
- Communication issues (Aphasia: receptive and expressive)
 - Treatment: Use nonverbal communication (hand signs, taps, pain/discomfort signs)

Global

- Dysarthria and Dyspraxia
- Sensory issues:
 - Hyperactive: Avoidance of touch, slow desensitization needed
 - Hypoactive: Safety concerns, risk of dropping items



CVA Concerns & Treatment Options

Emotional-Behavioral Changes

- Impulsivity, depression, emotional lability, irritability, apathy, frustration, stress

Visual-Perceptual Issues

- Ocular-motor challenges: visual field cuts, homonymous hemianopsia, double vision, blurry vision, eye strain, headaches, neglect
 - Treatment: Compensatory strategies, Vision therapy



Stroke (CVA)

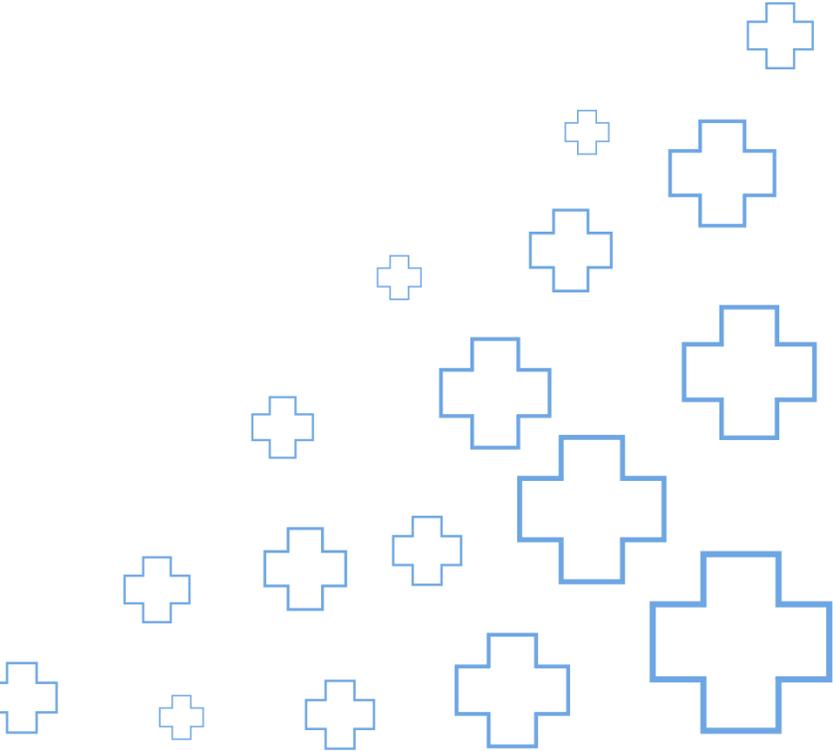
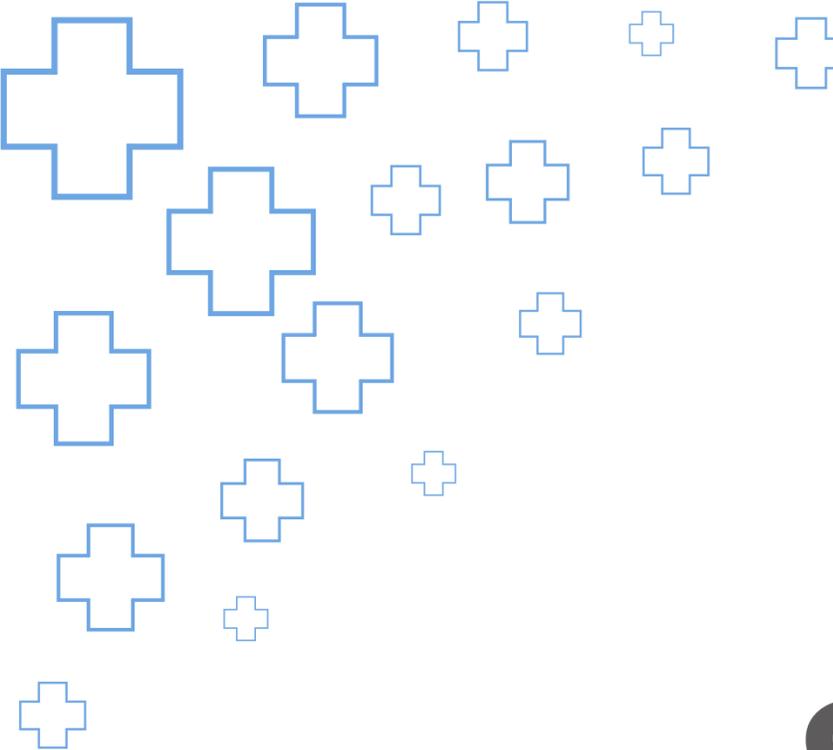


Positioning Strategies

- Start with supine, sidelying, or seated positions with back support
- Hemiparetic arm on top in sidelying
- Use higher positioning to facilitate chin tuck with partner below to reduce aspiration risk
- Partner seated in front with upright posture, chin tucks, and swallowing
- Partner in supine with patient on side for safer swallowing
- Adjust head of bed (HOB) to 30 degrees if holding position for long periods
- Consider neck and mouth angle during positioning



Spinal Cord Injury
(SCI)



Spinal Cord Injury (SCI)

Impact on Sexual Function

- **SCI can significantly affect sexual function due to nerve damage, leading to loss of sensation and difficulties in achieving a “normal” orgasm**
- **The impact varies based on the level and severity of the injury**
 - **ASIA/ISNCSCI test helpful for diagnosis**
 - **Consider spinal shock**

Common Fears and Concerns

- **Autonomic Dysreflexia: Can occur during sexual activity, requiring cessation of activity**
- **Spasticity: Increased tone can complicate sexual activity, especially during stimulation**
- **Changes in Sexual Functions**
- **Fertility / Family Planning**
- **Accidents During Intimacy**
- **Psychological & Emotional: Depression and anxiety are common in addition to self-esteem & self-image concerns**



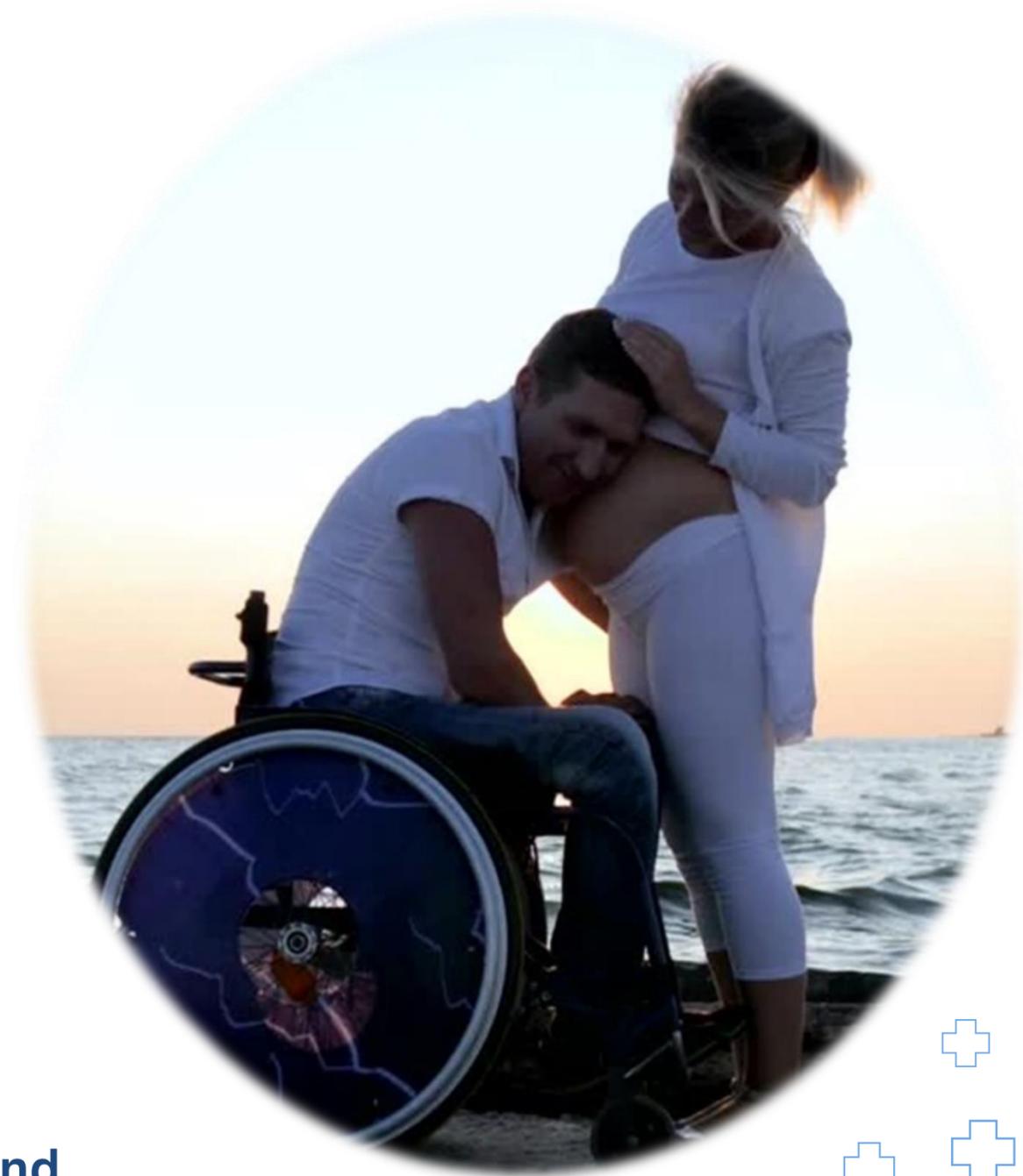
Spinal Cord Injury (SCI)

Fertility

- Women with SCI can still become pregnant, though it depends on age and injury level
- Need to monitor for pressure sores, infections (e.g., UTIs), hypertension, balance issues, and autonomic dysreflexia
- Breastfeeding is possible but may require special positioning
- Vaginal delivery is possible with extra monitoring based on injury level
- For men, sperm may be healthy but not strong swimmers; access to specialized clinics is available
- Techniques such as penile vibratory stimulation and rectal probe electroejaculation can assist

Contraception

- Menstruation may stop for 6-8 months post-SCI but usually resumes
- Common contraceptive methods include condoms and birth control; IUDs may be difficult to monitor



Spinal Cord Injury (SCI)



Changes in Sexual Functions

- **Loss of Sensation:** Women may experience reduced vaginal muscle control, lubrication, and sensation; safe lubricants and alternative stimulation recommended
- **Erectile Dysfunction:** Men may struggle with erections and decreased libido; pelvic innervation plays a role

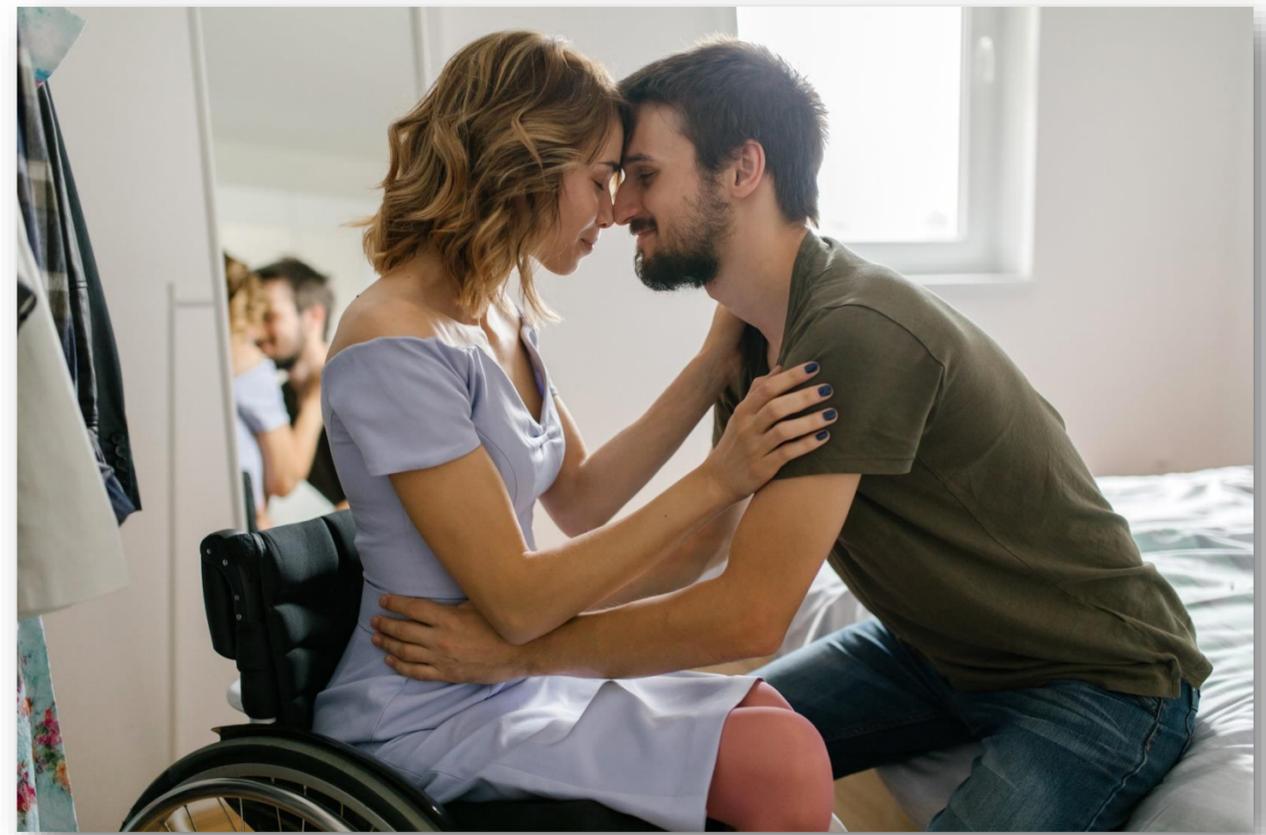
Orgasm Achievement

- **Reflexogenic vs. Psychogenic Erections:**
 - Psychogenic erections result from sexual thoughts or stimuli
 - Incomplete injuries at lower levels may allow for psychogenic erections
 - Most paralyzed men can have reflex erections unless S2-S4 pathways are damaged

SCI Treatment Options

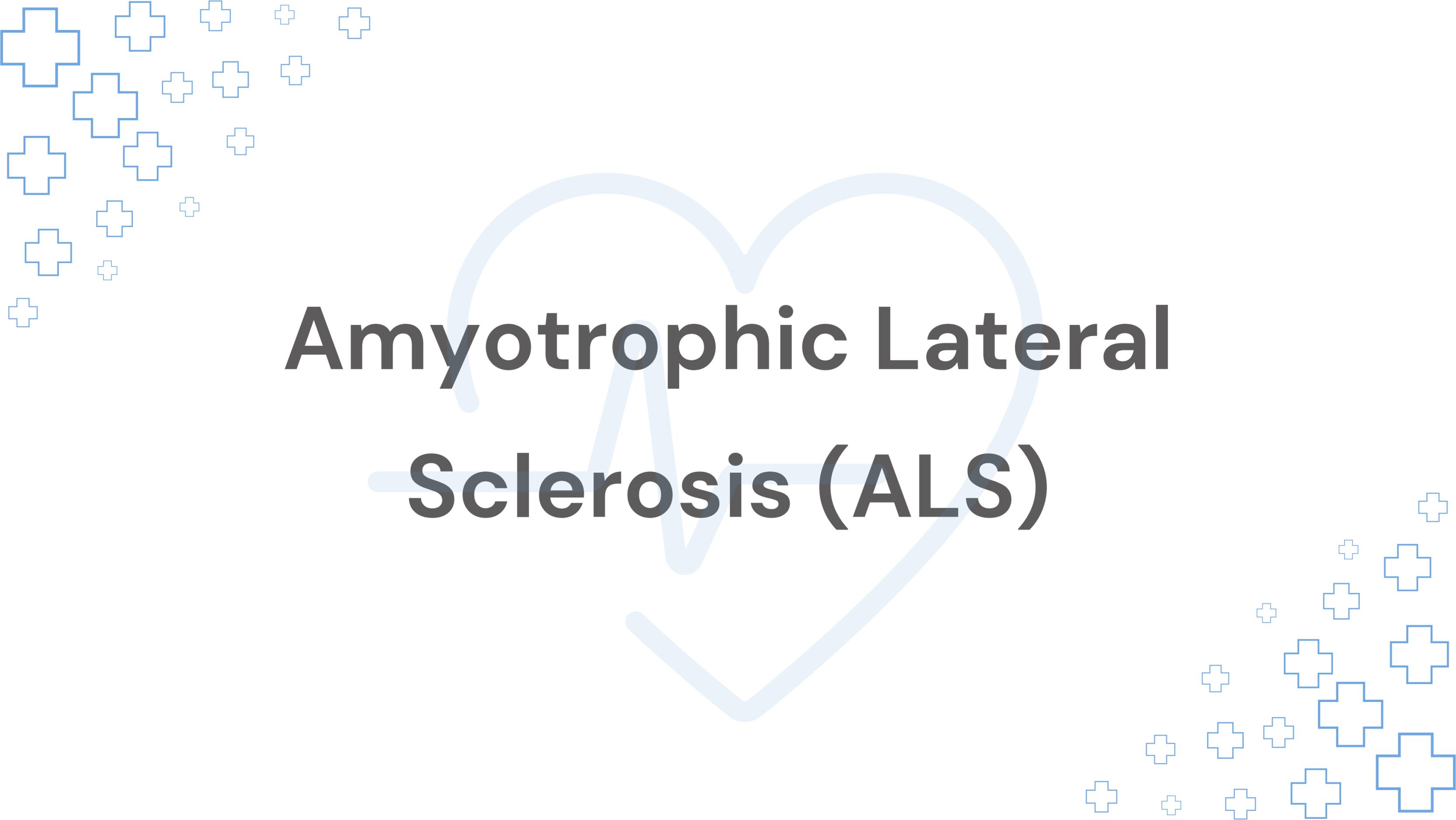
Medical Interventions

- **Medications:** Viagra, Cialis, and Levitra can be effective (especially for T6 to L5 injuries)
- **Caution with contraindications** (e.g., nitrates)
- **Other options:** vibration therapy, penile injection therapy, vacuum pumps, penile prosthesis, and constrictive devices like cock rings (with care to avoid skin breakdown)



Bowel and Bladder Management

- **Limit excess fluid & food intake before sexual encounters**
- **Maintain a consistent bowel & bladder program** (cathing, digital stim, etc.)
- **Establish good hygiene with thorough hand-washing and peri-care**



Amyotrophic Lateral Sclerosis (ALS)

Amyotrophic Lateral Sclerosis (ALS)

Concerns with Intimacy and Sexual Function

Physical Changes

- Fatigue and motor impairments (limb weakness)
- Respiratory difficulties and oral motor issues (swallowing difficulties)

Cognitive Changes

- Recent research shows ALS patients may experience issues with executive function, disinhibition, emotional processing, and apathy, similar to frontotemporal dementia

Emotional/Psychological Changes

- Depression and anxiety
- Self-image concerns
- Decreased libido due to ongoing physical changes
- Interpersonal Changes
- Shift from partner to caregiver role
- Loss of intimacy due to changing dynamics
- Grief for lost sexual life and activities



ALS Strategies & Treatment Options

Communication

- Open discussions about wants, needs, and desires
- Focus on maintaining or improving what still works
- Consider couples counseling

Positioning

- Side-by-side, partner-on-top, or wheelchair positions
- Use sexual aids like lubricants, toys, and wedges/pillows for support

Timing/Planning

- Energy conservation strategies (e.g., engaging in sexual activity in the morning)
- Schedule planned dates to foster intimacy and shift roles back to partners
- Create a relaxing atmosphere with music, candles, and scents



ALS Strategies & Treatment Options



Acts of Intimacy

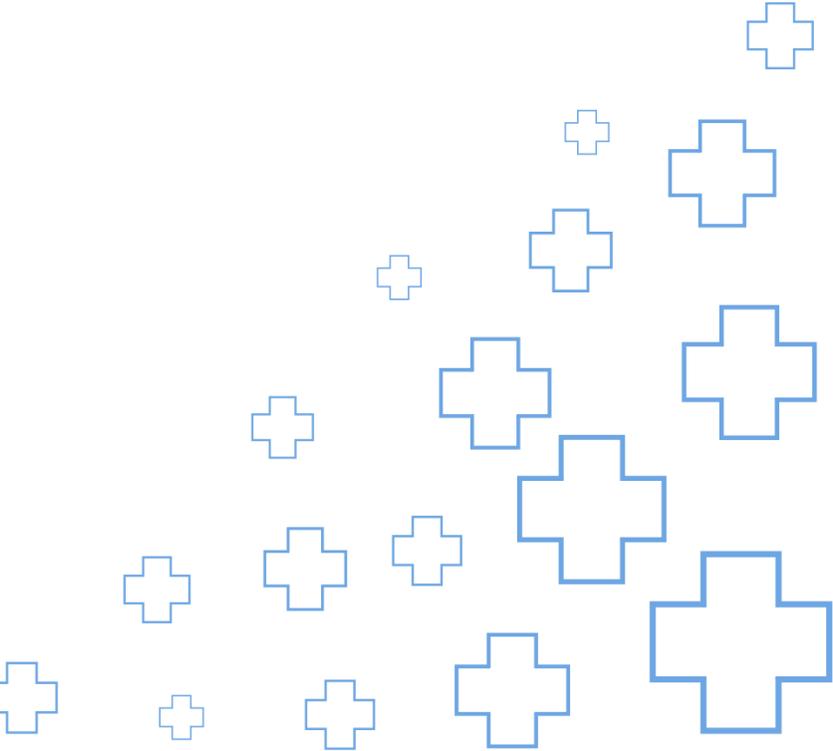
- Engage in physical touch (hugging, caressing, kissing, massage, holding hands)
- Assisted manual and/or oral sex using aids

Physical Body Changes

- Secure PEG tube with tape or wear tighter clothing to hold it in place
- Manage saliva by maintaining a modified posture and using darker clothing to reduce visibility
- Opt for more upright positions for respiratory support, such as sitting in a wheelchair or using a large wedge for support



Parkinson's Disease



Parkinson's Disease



Impact on Sexual Health

- Increased difficulties with mobility and communication can affect sexual performance & safety
- Older adults with Parkinson's are at higher risk for dementia and depression, both of which can negatively impact sexual activity and health

Specific Challenges

- Women: Commonly report decreased interest in sex and difficulties achieving orgasms
- Men: Often experience erectile dysfunction (ED), premature ejaculation, difficulties achieving orgasm, and sexual dissatisfaction

Parkinson's Disease Treatment Options

Treatment Considerations

- Parkinson's medications (e.g., L-Dopa, Sinemet) can help restore interest in sexual activity, reduce rigidity, improve erectile function, and enhance overall motor skills
- Side effects of these medications may include hypersexuality, excessive masturbation, extramarital affairs, or sexually deviant behavior (e.g., exhibitionism)

Recommendations

- Consider alternatives or dosage adjustments for medications
- Couples counseling and individual therapy can be beneficial for those with Parkinson's to address sexual health concerns



The background features a light blue heart shape with a pulse line running through its center. The pulse line starts horizontally on the left, dips down, rises to a peak, dips again, and then rises to a higher peak before dipping and rising again. The heart is surrounded by numerous blue crosses of varying sizes, scattered across the white background.

Multiple Sclerosis (MS)

Multiple Sclerosis (MS)



Impact on Sexual Health and Intimacy

Sexual Dysfunction (SD) Types

1. **Primary SD:** Direct neurological damage affecting sexual responses (e.g., erectile dysfunction, anorgasmia, decreased sensation)
2. **Secondary SD:** Physical changes (fatigue, muscle tightness) that indirectly affect sexual responses
3. **Tertiary SD:** Psychosocial issues like body image concerns and depression impacting sexual function

Common Sexual Problems

- **Dysfunctional sexual desire and arousal in women, primarily due to psychological factors**
- **Erectile dysfunction in men**
- **Both genders often experience depression and fatigue**

Multiple Sclerosis Treatment Options

Treatment Options

For Primary Causes

•Erectile Dysfunction:

- Trial medications (e.g., PDE-5 inhibitors like sildenafil)
- Consider injectable medications (e.g., prostaglandin)
- Cognitive Behavioral Therapy (CBT) for unhelpful beliefs

•Decreased Vaginal Lubrication:

- Use water-soluble lubricants
- Consider menthol-based lubricants

•Decreased Libido:

- CBT, counseling, body mapping
- Medications like flibanserin for women

•Decreased Genital Sensation:

- Use vibrators for increased stimulation

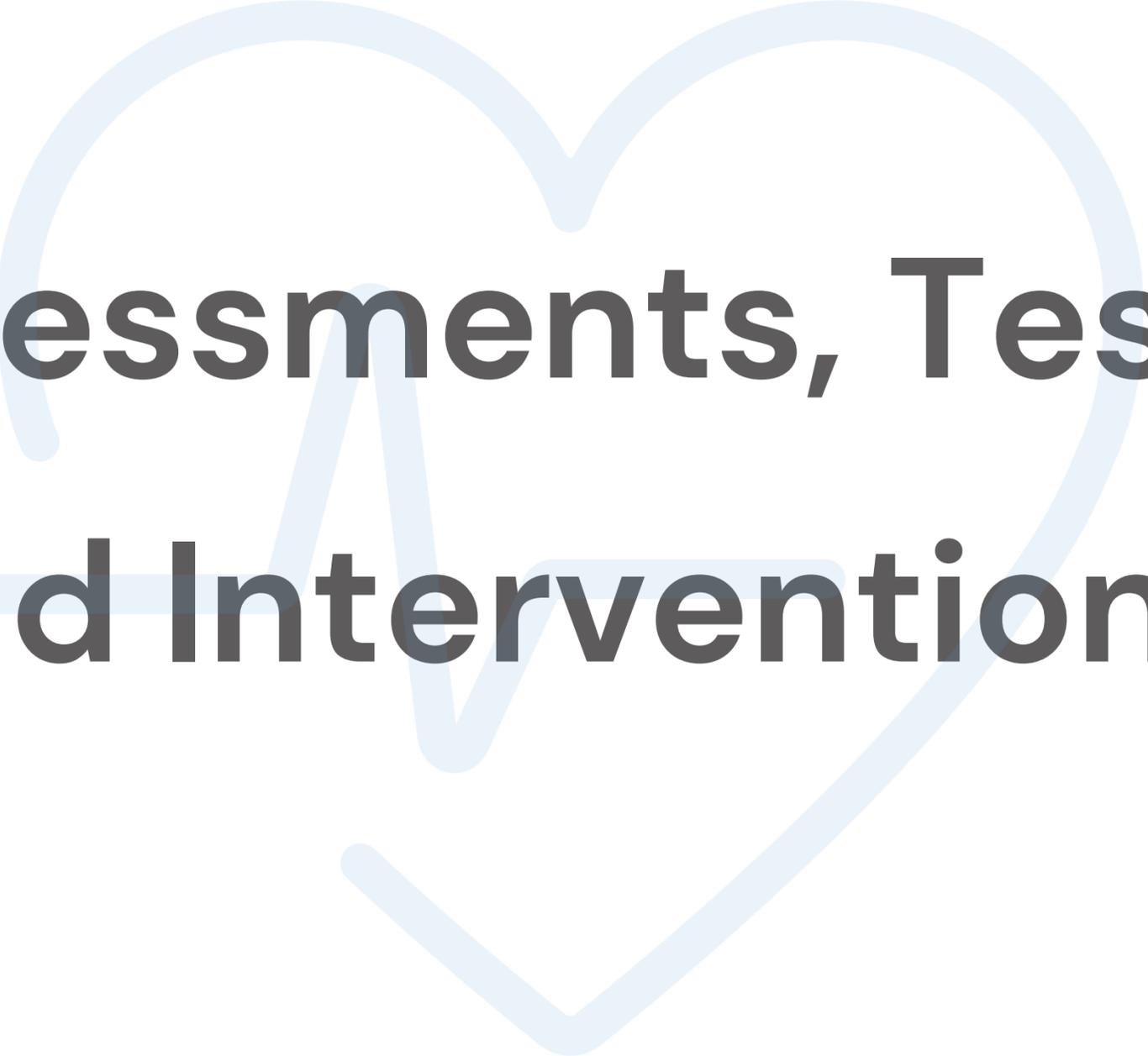


Multiple Sclerosis Treatment Options

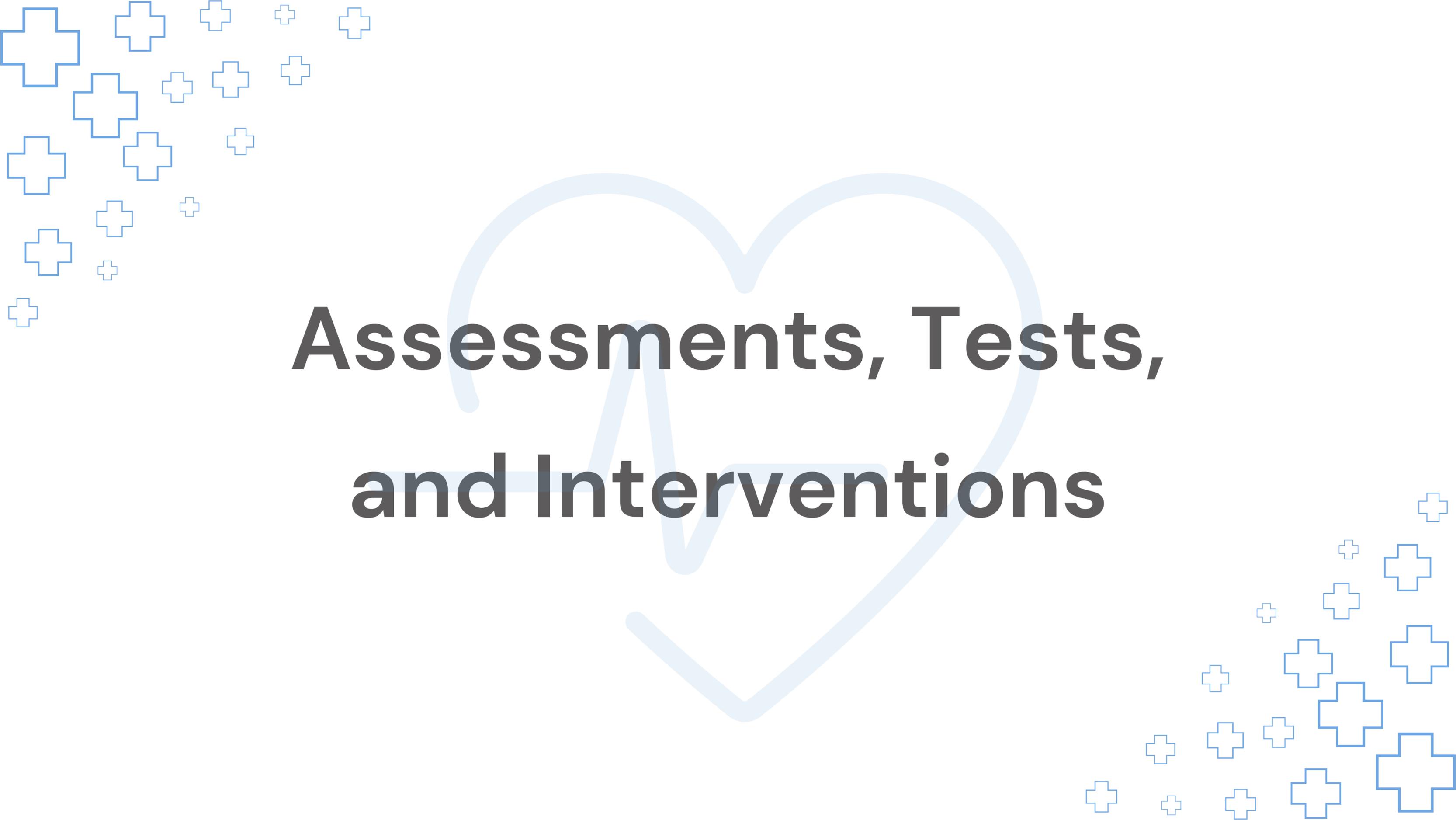
For Secondary and Tertiary Causes

- **Fatigue:**
 - Energy conservation strategies; plan sexual activity during low-fatigue times
- **Bladder/Bowel Symptoms:**
 - Behavioral strategies (e.g., fluid restriction, self-catheterization)
 - Anticholinergic medications may reduce vaginal lubrication
- **Spasticity:**
 - Symptomatic management and physical therapy; take antispasticity medications before sexual activity
- **Cognitive Changes:**
 - Minimize distractions during intimacy; consider cognitive rehabilitation
- **Body Image Issues:**
 - CBT, individual/couples counseling, and support groups
- **Depression:**
 - CBT, counseling, and consider SNRIs with a lower risk of sexual side effects





**Assessments, Tests,
and Interventions**



Ex-PLISSIT Model

Definition:

- A collaborative, patient-centered framework for addressing sexual concerns, extending the original PLISSIT model
- Emphasizes the importance of patient permission at every stage of the process



Explicit (EX)

- Explicitly ask permission each stage
- Continual evaluation and check-ins

Permission (P)

- Establish sexuality and intimacy are appropriate, acceptable, and normal topics
- Request client's permission to address sexual concerns
 - Include as part of evaluation process

Limited Information (LI)

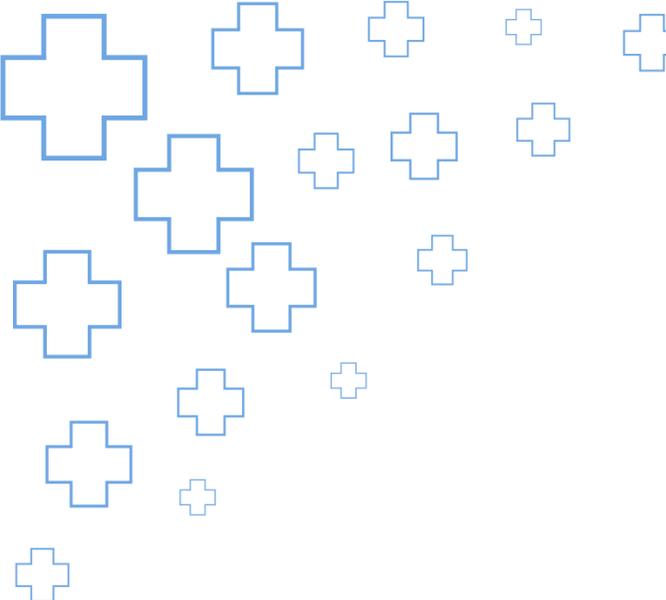
- Provide clients with general, but specific and factual information
 - Review handouts/articles

Specific Suggestions (SS)

- 1:1 discussion
 - Identify individual concerns about relationship/sexual activity
 - Give specific suggestions

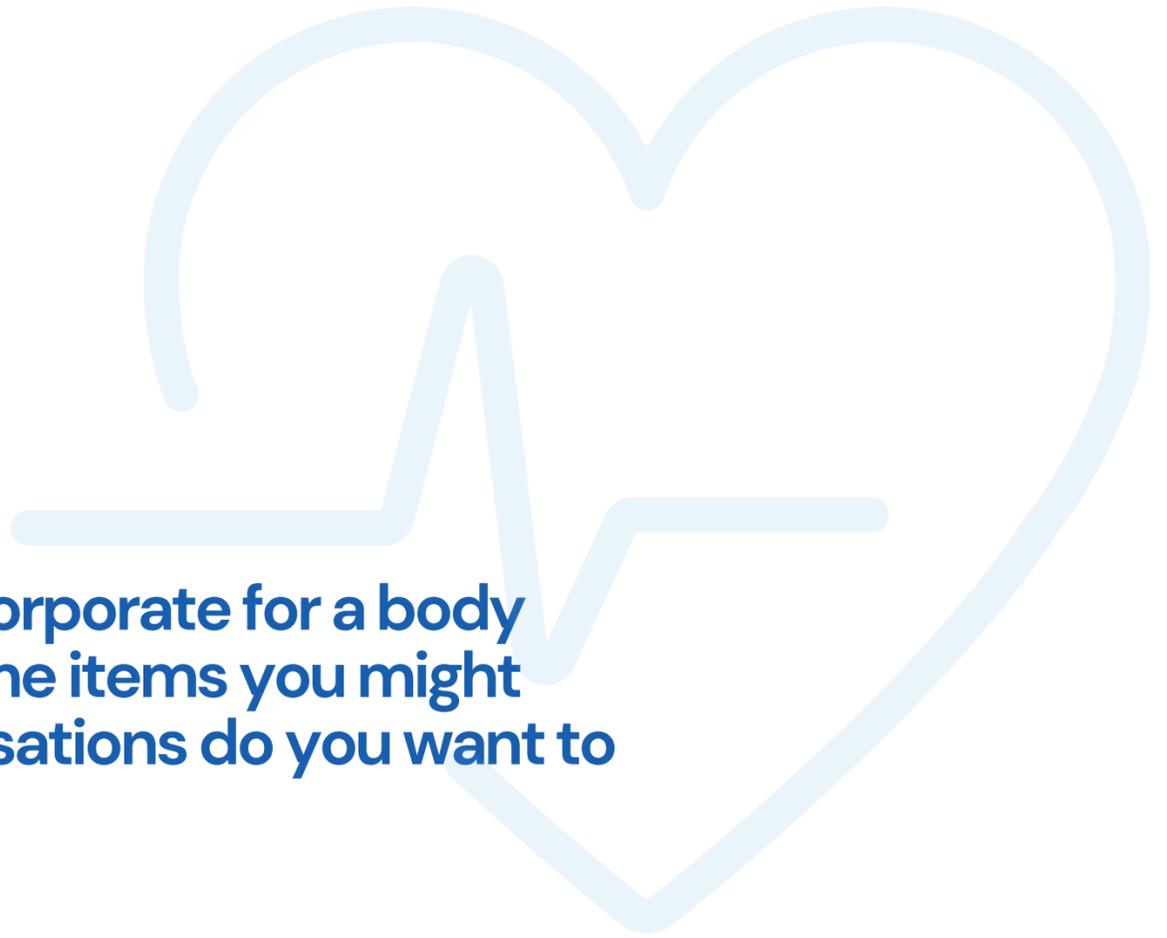
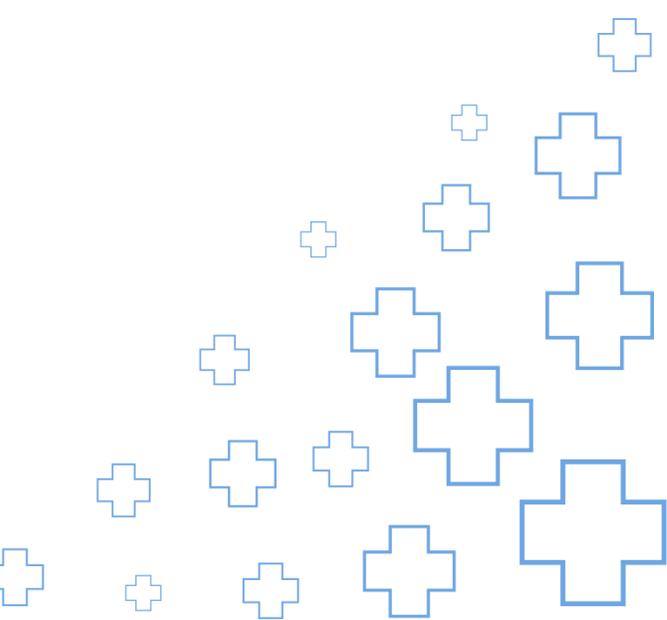
Intensive Therapy (IT)

- Offer intensive therapy
- Refer to a specialized sex therapist



Partner Activity

Body Mapping



Discuss what tools you can incorporate for a body mapping activity. What are some items you might recommend? What sort of sensations do you want to invoke?

Next, use the items in front of you. Feel free to practice on yourself or your partner, with their permission.



Common Tests & Assessments

FORMAL (Standardized)

- **PROMIS:** Patient-reported outcomes measurement
- **ASIA:** American Spinal Injury Association assessment
- **COPM:** Canadian Occupational Performance Measure
- **Sensory Profile:** Assessment of sensory processing
- **Beck Depression Inventory:** Screening for depression
- **Rancho Los Amigos Cognitive Scale:** Cognitive functioning evaluation
- **ACE Questionnaire:** Assessment for adverse childhood experiences, including sexual abuse
- **Clinician-Administered PTSD Scale for DSM-5 (CAPS-5):** Evaluation for post-traumatic stress disorder
- **Multiple Sclerosis Intimacy and Sexuality Questionnaire 19 (MSISQ-19)**

INFORMAL (Non-Standardized)

- **Past Medical History:** Review of the patient's medical background
- **Sexual History:** Exploration of previous sexual experiences and concerns
- **Screening:** Identification of potential issues related to sexual health
- **Psychosocial Factors:** Evaluation of emotional and social influences on health
- **Cognition/Communication Skills:** Assessment of cognitive abilities and communication effectiveness
- **Activity Analysis:** Examination of daily activities and participation
- **Functional Limitations:** Identification of challenges in functioning
- **Physical Ability:** Evaluation of the patient's physical capabilities
- **Patient Roles:** Understanding the patient's roles in life
- **Caregiver Report:** Insights and observations from caregivers

Interventions

Education

- **Caregiver Support:** Addressing changes in roles and responsibilities
- **Sex Education:** Information on STIs, STDs, and contraception
- **Physical Interventions**
- **Muscle Tone:** Gentle stretching and range of motion (ROM) exercises to improve mobility
- **Sensation:** Techniques for desensitization
- **Coordination and Balance:** Enhancing stability and coordination
- **Mobility:** Strategies for improving movement
- **Pain Management:** Using alternative positioning, heat therapy, or medication
- **Cognitive Interventions**
- **Sexual Dysfunction Management:**
 - **Vaginismus:** Use of dilators for desensitization
 - **Erectile Dysfunction:** Medication options
 - **Premature Ejaculation:** Use of topical anesthetics



Interventions

Other Recommendations

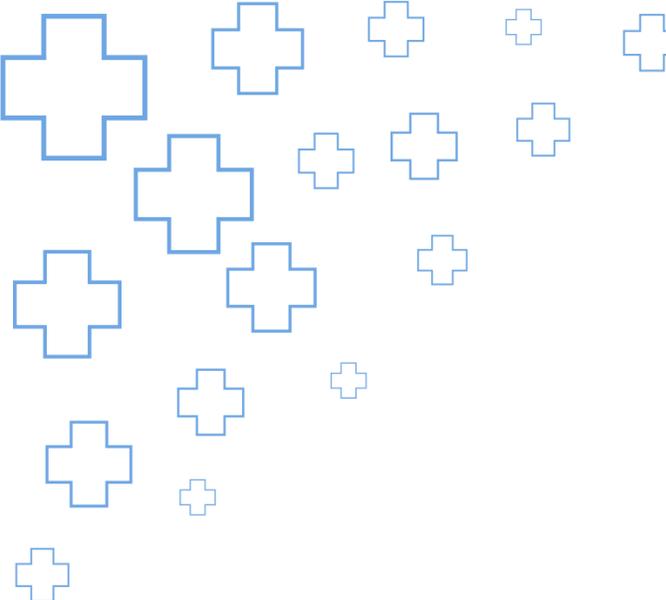
1) Adaptations

- **Adaptive Clothing:**
 - Easy-to-remove options (snaps, Velcro, larger zippers)
 - Shoes that slide on/off easily
 - Adaptive lingerie; Can be purchased independently or via some mainstream brands

2) Positioning

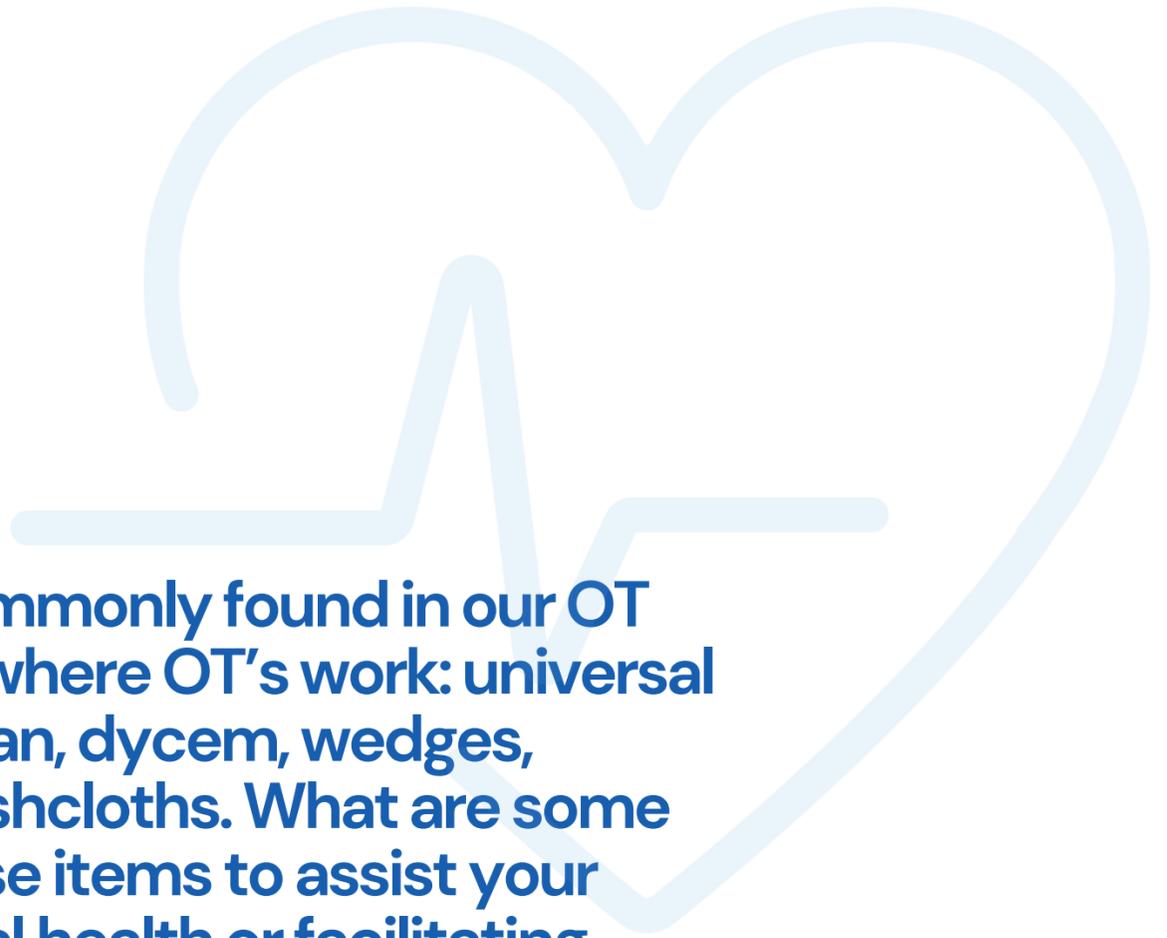
- **Customization:** Tailored recommendations based on individual needs
 - **Supine Positioning:** Allows for rest without engaging core muscles
 - **Side-Lying Position:** Beneficial for those with spasticity
- **Aids for Positioning:**
 - Wedges and pillows to optimize body position
 - Sex swings for additional support
- **Considerations:** Post-op precautions (wounds, orthopedic restrictions, blood pressure concerns)



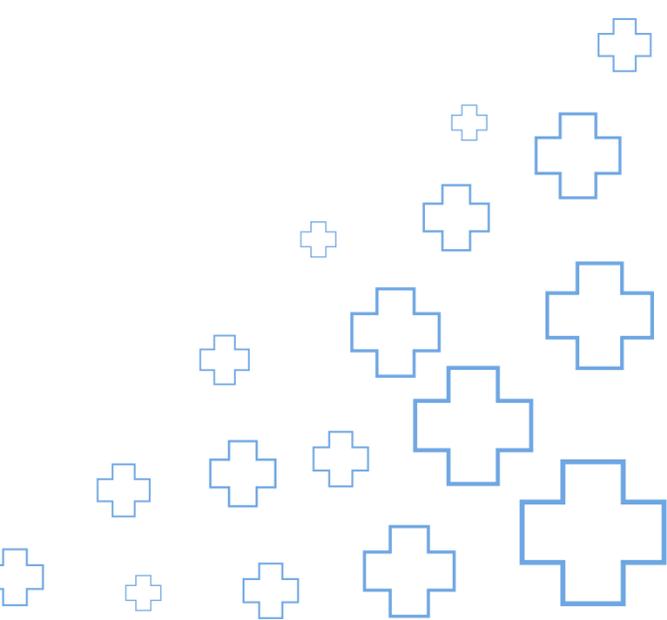


Partner / Team Activity

Clinical Competency



Consider the items that are commonly found in our OT toolkits and in many locations where OT's work: universal cuff, hip kit, ace bandages, coban, dycem, wedges, vibratory tools, pillows, and washcloths. What are some creative ways you can use these items to assist your patient in improving their sexual health or facilitating intimacy for them? Can you think of any other items from your workplace that would be helpful?





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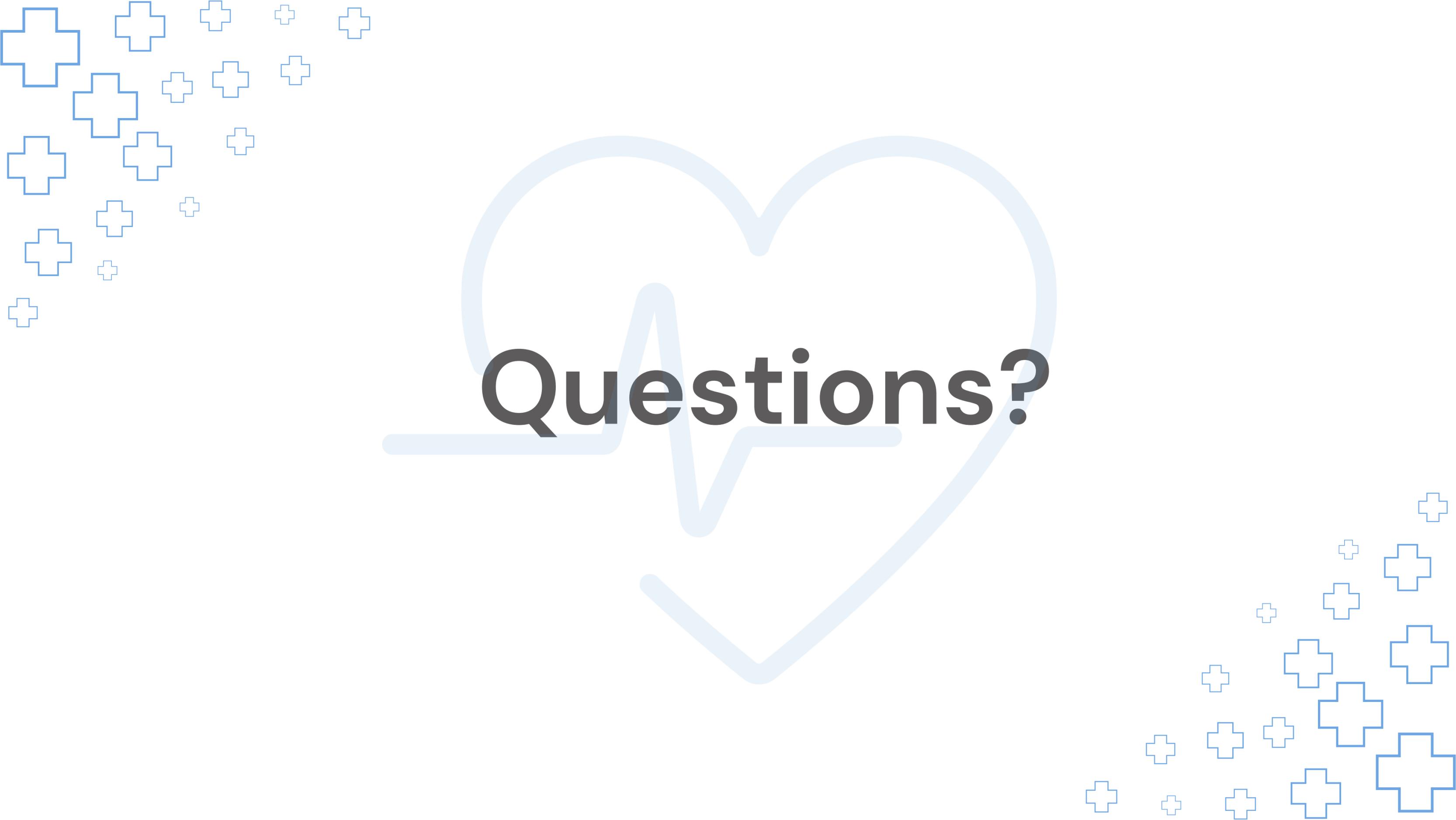
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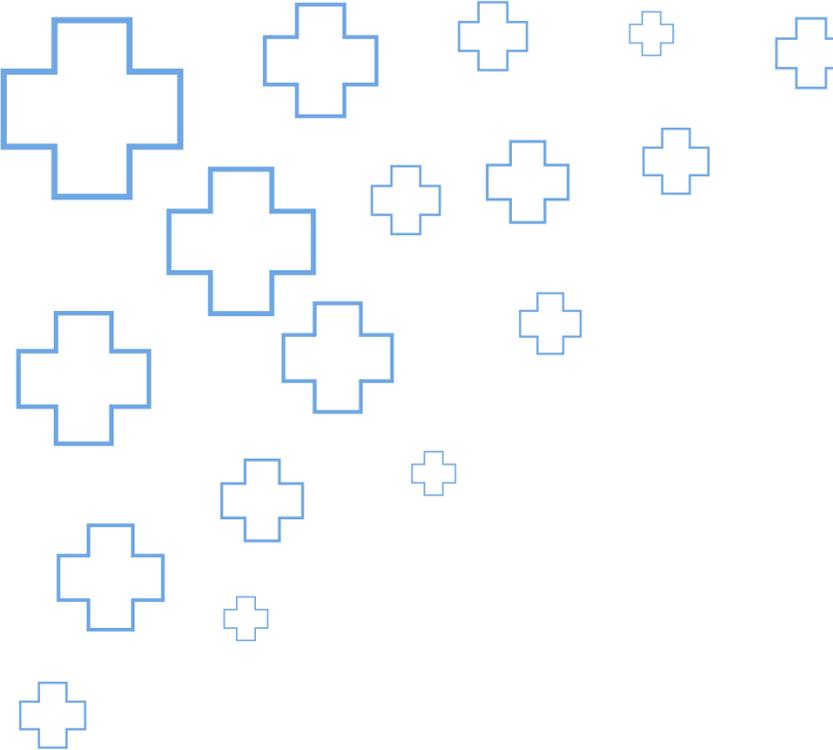
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Questions?



Thank You!

