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Pelvic floor involvement in male and female sexual dysfunction and the role of pelvic floor rehabilitation in treatment: A literature review

Rosenbaum, T.Y. *The Journal of Sexual Medicine*, 2007; 4: 4-13.

This article was reviewed by doctoral physical therapy student from the University of Minnesota, Torey Tilahun, 2019.

Link to full text article is found below.

Background – The sphincteric and supportive functions of the pelvic floor are relatively well understood, and the specialized field within physical therapy focused on pelvic floor rehabilitation has demonstrated effectiveness in treating urinary and fecal incontinence. This article provides a review of the role of the pelvic floor in facilitating optimal sexual function and describes the role of pelvic floor rehabilitation in the treatment of sexual dysfunction.

Role of the Pelvic Floor in Sexual Dysfunction – The pelvic floor functions to support pelvic organs and promote voluntary closure of the sphincters to achieve continence. A chronic pelvic floor “holding in” pattern (hypertonus) may lead to certain urological, urogynecologic, and anorectal conditions as well as sexual dysfunction. The presence of increased muscle contraction is associated with muscle weakness and instability.

In males, contraction of muscles plays a role in maintaining the erection. The ejaculation reflex can be inhibited via intentional relaxation of the particular muscles which are normally active during arousal. Male chronic pelvic pain syndrome (CPPS) is associated with erectile dysfunction, premature ejaculation, and painful erection and orgasm.

In females, weak muscles may provide insufficient activity required for vaginal friction or blood flow, and lead to inhibited orgasmic potential. Both pelvic floor hypertonus and hypotonus contribute to sexual dysfunction. With hypotonus, urinary leakage can occur during penetration.

Pelvic Floor Rehabilitation for Treatment of Sexual Dysfunction – One study found that physical therapists blinded to the diagnostic status of participants were able to reach almost perfect agreement in the diagnosis of pelvic floor pathology. The physical therapists’ approach to treating individuals with sexual dysfunction is to take a detailed history, perform a physical exam, and provide a treatment plan consistent with the patient’s goals. Treatment tools that can be used by the physical therapist include education (providing anatomical and physiological information), cognitive behavioral (vaginal dilators), rehabilitative (pelvic floor muscle strengthening and relaxation with tools including biofeedback), and palliative treatment to decrease pain and improve mobility. Important components of treatment include manual techniques such as stretching, massage, soft tissue and joint mobilizations.

Main goals of physical therapy are to: 1) increase patient awareness and proprioception of the affected musculature, 2) improve ability to discriminate between muscles and relax them, 3) normalize muscle tone, 4) increase elasticity at the vaginal opening and desensitize areas that are painful, and 5) decrease fear of vaginal penetration.

In males, instructing patients to isolate and identify the various trunk and pelvic muscles, as well as pelvic floor isometric strengthening exercises, biofeedback, and electrical stimulation can help with erectile dysfunction and improve control of the ejaculatory reflex.

In females, pelvic floor muscle training has been shown to improve quality of life and sexual function in women with urinary stress incontinence. This connection has prompted the recommendation that women with urinary problems should be asked about their sexual function.

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