

## Education on Sexual Life in Spinal Cord Injury Patients: A Missing Link in Physiotherapy

Dildip Khanal\*

College of Physiotherapy, Institute of Medical Sciences, India

Sexuality, a decisive aspect of human life is inimitable to each individual and continues to progress throughout one's life. The World Health Organization defines sexuality as "A central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction" [1]. Following the spinal cord injuries (SCI), sexual function is affected and the goal for such individuals, as for all people, is to have a gratifying and productive life. During the initial phase following a spinal cord injury, it is expected for individuals to be focused on physical recovery and rehabilitation. However, impending to stipulations with sexuality is a key step towards making a healthy adjustment. Sex is the module that identifies human being as male or female thus expressing sex is a fundamental part of human. It is often the choice after SCI people to become sexually active or not.

Discussing about sex is such a topic that is often felt uncomfortable and avoided by patients as well as many health care professionals. It is often an experience to discuss about such a sensible and private topic requires a familiar and knowledgeable person. From the time of injury till the gain of functional recovery, physiotherapists are the ones who spend a longer period providing rehabilitation. Therefore, the physiotherapists are the ones who are able to maintain the repo with the patients thus providing and sharing the health related solutions. The query allied with their sexual life is often a topic rose by them during rehabilitation and cannot be derelict. Often to take first step in such a matter is the job of health care professionals as insisted by Davis and Taylor [2]. It is not the responsibility of a single professional to address sexuality of patients. A multidisciplinary team approach is often requisite to address the patient's sexuality as documented in the literature. Until now, the health care professionals are ambiguous about addressing such issue. "Holistic practitioners" often-quoted term for the physiotherapist can play a major role in the rehabilitation including sexual issues [3].

Physiotherapists and other health care professionals on sexuality identified it as an uncomfortable issue to discuss with patients [4,5]. It was observed that the absence of awareness to sexuality in an undergraduate teaching in health care professionals could be key factor to explain why professionals are uncomfortable in addressing the patients need [6-8]. It is an imperative topic, which needs to be focused, and if physiotherapists really want to provide holistic care, then they need to address patient's sexual needs. Following information may help briefly to get an idea on sexual function following SCI.

### Sexuality for Male

T11-L2 and S2-4 are the two areas in spinal cord that are associated to sexual function. T11-L2 controls psychogenic erections (the result of erotic stimuli that result in cortical modulation of the sacral reflex arc) and release of fluids where as S2-4 controls reflexogenic erections (achieved by manual stimulation). If the injury level is above the T11-L2 center then erections are less likely to happen by looking at sexy pictures, videos etc., but more by touching or rubbing. If the injury is below the T11-L2 area, it is possible that the nerves are working

and erections can occur as they did before the injury. In general, erections are more likely with incomplete injuries (both upper and lower motor neuron), than complete injuries. Most of the time, men with a SCI are able to maintain an erection only when the penis is stimulated and the rigidity of the erection is insufficient for sexual intercourse. As such case, the erection can be augmented with devices (Penile Vacuum Devices), medications (Sildenafil or Viagra), through injection therapy (Ntracavernosal Injection Therapy, Transurethral Therapy) or a penile implant if the patient wish to engage in sexual intercourse.

### Sexuality for Female

The major effects of SCI on sexual functioning for women are the loss of sensation and the ability to lubricate, which can be mediated by reflexogenic or psychogenic factors. If lubrication is a problem then K-Y jelly over the counter product can help. As Sildenafil was of limited value, the current studies seem to be focusing on the role of testosterone replacement. Following SCI, some women do miss cycles of menses. Menses usually return in the first few months to first year. It is important to know that pregnancy is possible even without periods as ovulation may be occurring. Women with spinal cord injuries are able to become pregnant but depending on the injury, there may be additional tribulations such as increased difficulty in transferring; problems with bladder management and urinary tract infections; autonomic dysreflexia with injuries above T-6; leg edema; constipation; thromboembolism; pre mature birth and perceiving uterine contractions or fetal movements less possible with lesion above T10. All of these medical conditions can be manage with good care from health care professionals [9-11].

Even the research on such an area is not as robust as it is in other fields. It is relatively new area of inquiry for those dealing with SCI patients and for some people, is still associated with a certain level of discomfort. In spite of the paucity of research, sexuality should be addressed in a planned, lenient manner while the patient is undergoing rehabilitation and during life-long follow-up. Therefore, by providing education and training on such issues to physiotherapist, they may aid a valuable contribution in sexual rehabilitation and in related research thus enhancing the quality of life in SCI patients.

\*Corresponding author: Dildip Khanal, Postgraduate Student, College of Physiotherapy, Pravara Institute of Medical Sciences, Loni (Bk) - 413 736, Taluka Rahata, District Ahmednagar, Maharashtra State, India; E-mail: [dildip\\_1988@hotmail.com](mailto:dildip_1988@hotmail.com)

Received January 19, 2013; Accepted February 15, 2013; Published February 17, 2013

Citation: Khanal D (2013) Education on Sexual Life in Spinal Cord Injury Patients: A Missing Link in Physiotherapy. J Nov Physiother 3: 124. doi:10.4172/2165-7025.1000124

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## References

1. World Health Organization (2002) Draft working definition.
2. Davis S, Taylor B (2006) PLISSIT to ExPLISSIT. In: Davis S (ed.). Rehabilitation: The Use of Theories and Models in Practice. Edinburgh, United Kingdom: Churchill Livingstone.
3. Evans RL, Halar EM, DeFreece AB, Larsen GL (1976) Multidisciplinary approach to sex education of spinal cord-injured patients. Phys Ther 56: 541-545.
4. Pynor R, Weerakoon P, Jones MK (2005) A preliminary investigation of physiotherapy students' attitudes towards issues of sexuality in clinical practice. Physiotherapy 91: 42-48.
5. Weerakoon P, Jones MK, Pynor R, Kilburn-Watt E (2004) Allied health professional students' perceived level of comfort in clinical situations that have sexual connotations. J Allied Health 33: 189-193.
6. Sengupta S, Davis S, Stubbs B (2008) Let's talk about sexuality: whose responsibility is it? International Journal of Therapy and Rehabilitation 15: 286-287.
7. Sengupta S, Stubbs B (2008) Sexuality and healthcare: can we carry on ignoring the issue? British Journal of Occupational Therapy 71:269.
8. Pollard N, Sakellariou D (2007) Sex and occupational therapy: contradictions or contraindications. British Journal of Occupational Therapy 70: 362-365.
9. Diane Rowles (2012) Spinal Cord Injury: Sexuality.
10. Susan B O'Sullivan, Thomas J Schmitz (2007) Traumatic Spinal Cord Injury: Physical Rehabilitation. (5thedn), Jaypee Brothers Medical Publishers (P) Ltd, New Delhi, India.
11. Ida Bromley (2006) Tetraplegia and Paraplegia. A guide for physiotherapists. (6thedn), Elsevier Ltd.

**Citation:** Khanal D (2013) Education on Sexual Life in Spinal Cord Injury Patients: A Missing Link in Physiotherapy. J Nov Physiother 3: 124. doi:[10.4172/2165-7025.1000124](https://doi.org/10.4172/2165-7025.1000124)

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