

Improving Sexual Intimacy of Adults with Physical Disabilities

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Objectives of Presentation:

1. Describe occupational therapy's role in addressing sexuality with patients.
2. Identify evidence that supports improvement in overall sexual intimacy for adults with physical disabilities.
3. Discuss strategies for clinicians to implement sexuality based interventions for patients with physical disabilities.

PICO: Within the scope of occupational therapy practice, does training about adaptations and safety precautions improve participation in sexual intimacy among adults with physical disabilities?

Methods:

- Databases: CINAHL, PubMed, Google Scholar, and Scopus
- Search terms used:
 - **(P):** spinal cord injury, multiple sclerosis, amyotrophic lateral sclerosis, stroke/CVA, spina bifida, traumatic brain injury, cerebral palsy, muscular dystrophy, Parkinson's disease, movement disorders, ataxia
 - **(I):** sexual training, sexual intimacy, physical intimacy, safe sex, sexual adaptations, advocacy, assistive devices, occupational therapy, rehabilitation, treatment, positioning, sexual exploration
 - **(O):** sexual intimacy, sex, masturbation, oral sex, manual sex, anal sex, sexual intercourse, coitus, sexual behavior, sexual activity, orgasm, satisfaction, sexual function
- The PRISMA diagram was used; 6 out of 269 articles utilized for the systematic review.
- All articles were critically appraised using (Law et al., 1998) & (Letts et al., 2007) review forms for quantitative and qualitative articles, respectively.

Results: Aspects of Sexuality

Physical Aspects of Sexuality (n=4) ^{4, 5, 9, 14}	<p>Moderate evidence:</p> <ul style="list-style-type: none"> • The BrainPort tongue sensor device helped men feel new pleasurable genital sensations and achieve ejaculation, but not orgasm.⁴ • Yoga increased physical activity level and delayed physical disability to perform sexual activities.¹⁴ • Being provided information about sexual aids and kegel exercises improved genital tingling, genital wetness, and overall sexual functioning.⁹
Relational Aspects of Sexuality (n=5) ^{5, 8, 9, 12, 14}	<p>Moderate evidence:</p> <ul style="list-style-type: none"> • Conducting group intervention improved overall relationship satisfaction and communication skills.⁹ • Involving partners in sexual rehabilitation reduced worry about partner satisfaction.⁵
Psychological Aspects of Sexuality (n=6) ^{4, 5, 8, 9, 12, 14}	<p>Strong evidence:</p> <ul style="list-style-type: none"> • Mindfulness and cognitive behavioral therapy improved self-esteem and confidence.⁹ • Rajayoga reduced stress and anxiety about sexuality.¹⁴ • The Brain Port used mental imagery to enhance sensate focus.⁴ • Informational pamphlet decreased the need for a psychologist and improved confidence about sexuality.⁵
Educational Aspects of Sexuality (n=5) ^{4, 5, 8, 9, 12}	<p>Insufficient evidence:</p> <ul style="list-style-type: none"> • Sexual health education and counseling provided trustworthy information to patients and discussed the differences to expect after injury/diagnosis.^{4, 5, 8, 9, 12}

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