

Effects of conventional physiotherapy on sexual function in women with chronic musculoskeletal pain

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Background

The negative impact of chronic pain syndromes on sexual function has been reported in several studies; however, the influences of treatment strategies on sexual dysfunction have not been evaluated widely.

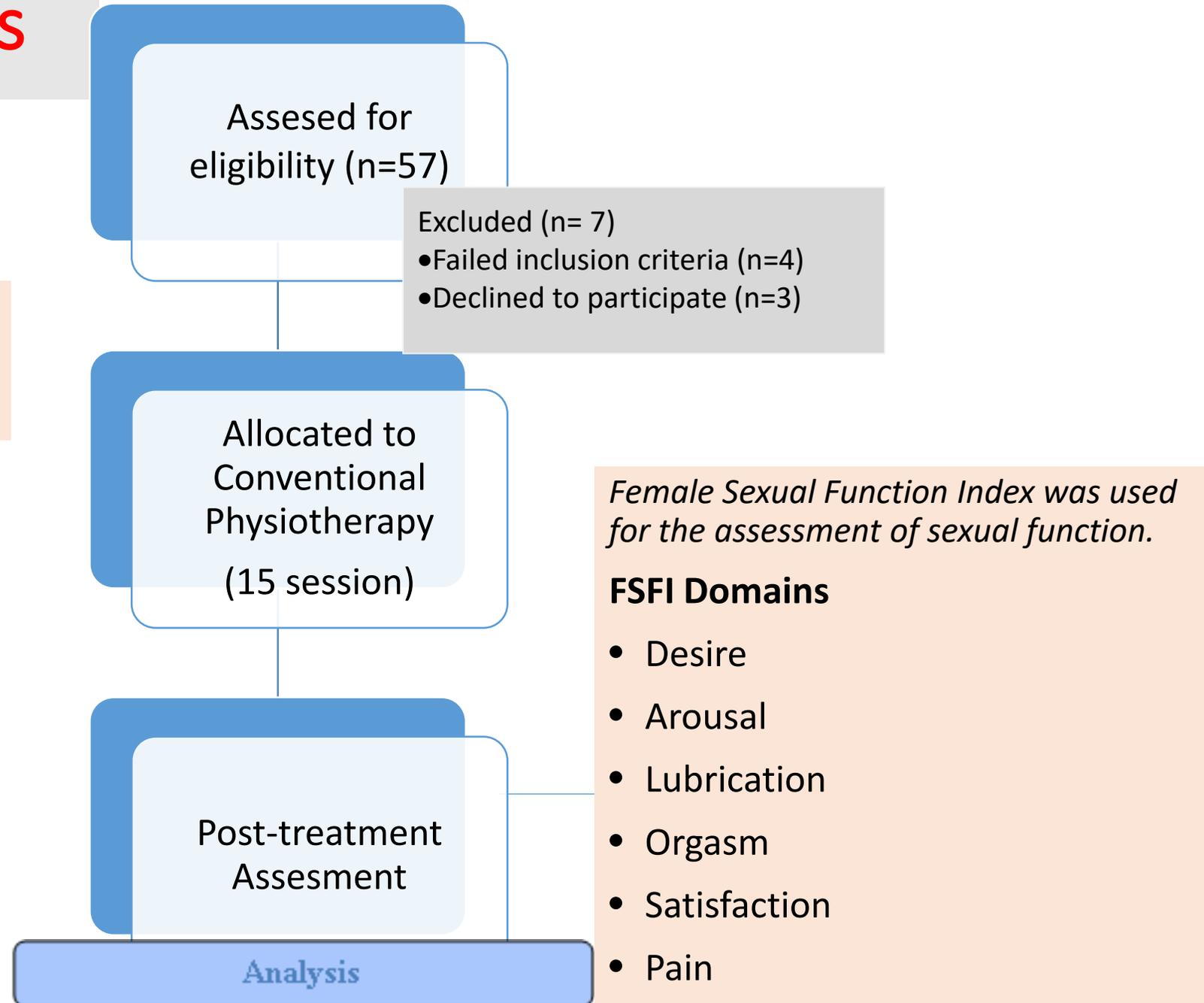
Purpose

The aim of this study was to evaluate the effects of conventional physiotherapy on sexual function in women with chronic musculoskeletal pain.



Material and Methods

Fifty patient with chronic musculoskeletal pain were enrolled this study.

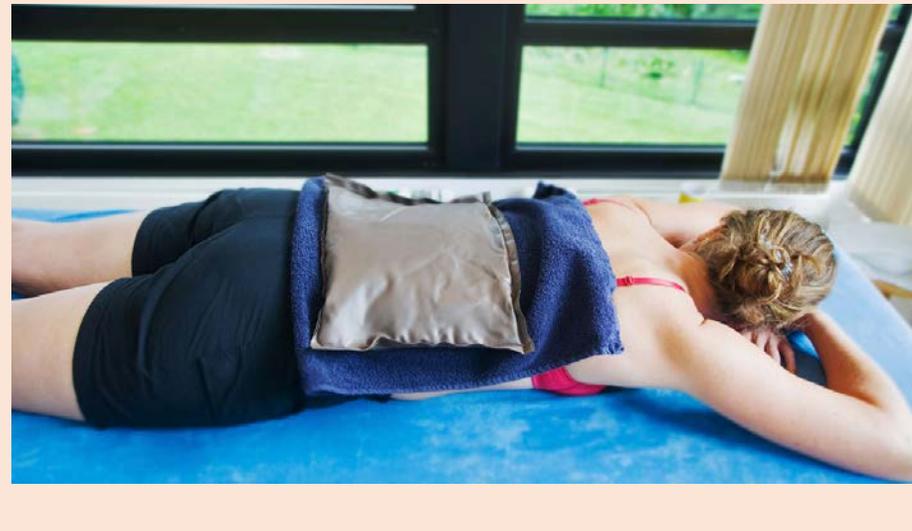


Conventional Physiotherapy

- Heat therapy,
- Analgesic electrotherapy
- Exercise
- Ergonomic education



TREATMENT



POSTURAL CHART

LYING



Bend knees, lie on back, take a deep breath, place your hands on your thighs and relax.



Tighten your abdomen and buttocks. Press your lower back onto the floor. ACTION - Stretches and strengthens stomach and back muscles.



Turn both knees to one side while rotating your head to the opposite side. ACTION - stretches lower back, mid back, muscles and joints.



Pull both knees to your chest. ACTION - stretches lower back, buttocks and abdominal muscles.

LYING



Lie on your back with one leg bent and the feet flat on the floor. Extend the opposite leg straight out. Relax and allow your back to feel the floor.



With knee bent, pull it to your chest, keeping the opposite leg straight, press your knee and lower back to the floor. ACTION - buttocks muscles, back muscles and stretches hip.



Press your lower back against the floor, raise the straight leg until it is level with the bent knee. ACTION - strengthens and stretches quadriceps muscles, hamstring muscles and stretches hip joints.

PRONE

HANDS & KNEES



While on your hands and knees, keep your knees directly under your hips, your hands under your shoulders, keep abdominal muscles firm, keep your neck relaxed and in its normal position, that is, with your ears in line with your shoulders.



Drop your head down and press your back upwards by tightening your abdominal and buttocks muscles. ACTION - to strengthen abdominal and buttocks muscles and to stretch your lower and mid back.



Relax your stomach and buttocks muscles and allow your back to sag. Do not sit back on your hips. ACTION - to stretch back and abdominal muscles and help maintain lower back curve.

NECK FLEX



Drop head forward, slowly. You will feel the stretch of your neck muscles.



Slowly drop head backward and you will feel the stretch of your front neck muscles.



Slowly turn your head from side to side. Feel the stretch of the muscles on the side of your neck. Do not strain.



Tilt your head to one side. This is to stretch the muscles on the side of your neck.

NECK STRENGTH



Press forehead to palm. Resist forward motion.

- Studies have shown reductions in pain with walking as an intervention.¹⁰
- Those who include walking throughout their day are less likely to experience future LBP.¹¹
- Walking has a statistically significant, large effect on the symptoms of **depression** in some populations.¹⁴
- 48% of randomly-selected higher education professionals cited treadmill desk use to be responsible for **reduction in joint pain**, including LBP.¹⁰
- Doctors on a walking desk are ~10% more accurate at diagnosing patients - up from 88% to 99% - than when they are stationary.¹⁷
- Range of motion and pain improvements have been found to continue at 1, 6, and 12 month intervals, with 78% of walking participants were satisfied with results.¹³

Results

FSFI	Before the treatment (n=50)	After the treatment (n=50)	p*
Desire	5.5 ± 2.3	5.8 ± 2.1	0.003
Arousal	12.8 ± 5.4	13.5 ± 4.9	<0.001
Lubrication	14.7 ± 4.2	15.3 ± 3.7	0.005
Orgasm	10.8 ± 3.9	11.5 ± 3.2	0.001
Satisfaction	11.3 ± 3.7	11.9 ± 3.1	0.005
Pain	11.1 ± 3.1	12.1 ± 2.3	<0.001
Total score	66.4 ± 21.1	70.3 ± 17.7	<0.001



Thank You

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