

August 22, 2022



STROKE SPECIAL INTEREST GROUP

Academy of Neurologic Physical Therapy

In this newsletter...

- Article Review. Addressing Sexuality Among People Living With Chronic Disease and Disability
- Podcast #18
- Cerebellar Stroke Course, ANPT Education Center
- ANPT Annual Conference
- Ask the expert!!



STROKE SIG
ARTICLE REVIEW
Academy of Neurologic Physical Therapy



THANK YOU

Katie Newhouse, PT, DPT, NCS
for reviewing this article

Summary topic title: Addressing Sexuality Among People Living With Chronic Disease and Disability: A Systematic Mixed Methods Review of Knowledge, Attitudes, and Practices of Health Care Professionals

Article reference: McGrath, M., Low, M.A., Power, E., et al. Addressing sexuality among people living with chronic disease and disability: a systematic mixed methods review of knowledge, attitudes, and practices of health care professionals. Archives of Physical Medicine and Rehabilitation 2021; 102:999-1010.

Link to full article if available: <https://doi.org/10.1016/j.apmr.2020.09.379>

Definition(s):

- **Health care professionals:** any medical, nursing, pharmacy, or allied health professional (including but not limited to audiologist, speech pathologist, psychologist, podiatrist, dentist, physical therapist or physiotherapist, occupational therapist, clinical social worker, or rehabilitation counselor).
- **Chronic disease:** refers to chronic and complex health conditions, which are generally long term and persistent, often leading to gradual deterioration in health and loss of independence.

Purpose of article: To systematically review health care professionals' practices and attitudes toward addressing sexuality with people who are living with chronic disease and disability. The authors sought to identify (1) the proportion of health professionals who self-report routinely addressing sexuality when providing services to people living with chronic disease and disability, (2) what dimensions of sexuality are addressed by health professionals, (3) factors that influence whether sexuality is addressed or not.

Methods of interest:

- Sequential, explanatory mixed studies review.
- Studies included from the date of inception to August 2020.
- Eligible studies had to be published in peer-reviewed journals, be published in English, and report original empirical research about health professionals' knowledge, attitudes, and/or practices relating to adult sexuality and chronic disease and disability.
- Methodological quality of each study was recorded independently by the first and second authors using the Mixed Methods Appraisal Tool.
- 114 articles were included in the review.

Results of interest:

- A total of 11,706 health care professionals were included in the quantitative and mixed methods studies across 19 different countries. Most studies were conducted in the U.S. (27%), the United Kingdom (13.5%), and the Netherlands (13.5%). Most studies used convenience sampling to recruit professionals.
- Nurses were the most frequently studied professional group accounting for 70.8% of participants, followed by physicians and surgeons at 13.7%.
- Attitudes and beliefs about sexuality were frequently measured using instruments specifically designed for individual studies. Although many studies (n=35) did use preexisting instruments including the Survey of Sexuality Related Nursing Practice, the Knowledge Comfort Approach and Attitude toward Sexuality Scale, the Sexuality Attitudes and Beliefs Survey, and the Sex Knowledge and Attitude Test.
- Data indicate that 14.2% of health professionals report usually, regularly, or always asking about sexuality.
- Of the studies that reported details of the type of interventions offered when sexual rehabilitation was provided, typically interventions focused on providing information and education about (1) the effect of a specific diagnosis on sexuality, (2) the effect of medical treatments on sexuality, (3) responding to patient questions and concerns.
- One study noted differences in the context of sexual rehabilitation provided by different professional groups, with physicians and nurses focusing on education about the effect of disease on sexuality, while physiotherapists and occupational therapists provided practical advice focusing on sexual activities.
- Typically, professionals reported that they were most likely to discuss sexuality with middle-aged adults (aged 40-65 or 40-70) and were less likely to raise the topic with people younger than 35 or older adults.
- Most studies found no difference in the frequency with which male or female professionals addressed sexuality. However, a number of studies suggested that male health professionals were more comfortable and confident addressing sexuality than female health professionals, were more likely to initiate conversations about sexuality, and were more likely to be asked questions about sexuality by patients.
- Clinical experience did not appear to influence perceived comfort and confidence when addressing sexuality, although 3 studies suggested that years of clinical experience were positively associated with fewer perceived barriers to addressing sexuality and increased likelihood of including sexuality in practice.
- Random-effect pooled data indicate that 24.7% of health professionals recalled receiving some type of education or training relating to sexuality and disability. Training had been received either as part of their pre-professional entry-level education or through continuing professional development.
- Five studies reported that health professionals who had received training in sexuality perceived themselves to be more informed and more comfortable, and they reported receiving more frequent questions about sexuality from patients. A further four studies reported a positive relationship between sexuality training and frequency of sexual health counseling and lower numbers of perceived barriers to addressing sexuality in practice.
- Four primary themes emerged from the synthesis of qualitative findings: (1) sexuality is silent and invisible, (2) sexuality is not given priority, (3) there is lack of ownership and responsibility for addressing sexuality, and (4) sexuality is a topic to be avoided.

Discussion:

- Many people living with chronic disease and disability are potentially not offered the opportunity to ask questions or receive advice about sexuality.
- Research consistently demonstrates that people living with chronic disease and disability and their partners experience difficulties with sexuality and would like health professionals to address these during practice.
- For many people living with chronic disease and disability, difficulties with sexuality are likely to remain unresolved, leading to increased rates of depression and anxiety and poorer overall quality of life.
- Professionals' decisions about whether to address sexuality or not appear to be influenced by perceived competence, confidence, and comfort when talking about sexuality, patient characteristics, and the wide organizational context in which services are provided.
- The failure to include sexuality as a core part of preprofessional education not only produces professionals who are poorly prepared for practice but also signals to students and future practitioners that sexuality is not a core part of practice.
- There is a need for health professional education to change if change in practice is to occur.
- Evidence from other areas of clinical practice indicates that providing scripts and practicing specific communication behaviors can lead to improved health outcomes. Targeted education which includes prepared scripts and communication skills contribute to enhanced willingness to engage in discussions about sexuality.
- Comfort and ease when talking about sexuality is likely to improve with repeated practice. For educators, this means creating opportunities within curricula for realistic practice and rehearsal in a safe environment such as simulated learning.
- Repeated practice also offers the potential to "normalize" sexuality and thus increase likelihood that sexuality is accepted as core business for health professionals.

● There is evidence that professionals make judgements about to whom and in what circumstances sexuality is relevant. This approach reflects largely wide social attitudes that restrict sexuality to young able-bodied people and suggests a need for education programs to address values clarification so that professionals are sensitized to their own values and the effect this may have on their ability to provide adequate sexual rehabilitation programs.

Clinical Implications:

- As health care professionals interacting with individuals living with chronic disease and disability, we have an obligation to regularly screen for issues with sexuality that impact a person's overall well-being.
- We must each take the time to reflect on our own values and biases and how that may be impacting who we chose to address issues related to sexuality with.
- Incorporating screenings about issues with sexuality into intake paperwork, using standardized assessments, or routinely providing an opportunity for patients to discuss this topic during evaluation or treatment sessions is important.
- If you do not feel comfortable broaching the topic of sexuality with your patients, seek out continuing education or mentorship to build your knowledge, comfort level, and confidence in addressing this topic.
- As a profession, we need to include education and opportunities to practice having discussions about sexuality into our entry-level education.
- If issues with sexuality are brought up by patients that are outside your area of expertise or scope of practice referral to the appropriate medical professionals such as their PCP, neurologist, urologist, gynecologist, physiatrist, or a pelvic health physical therapist are warranted.

“As physical therapists it is our job to provide guidance. Instead of telling people what not to do, helping them find a safe way to do things they want to do to maintain function should always be our goal. Sexual activity participation is definitely an important function for quality of life that is often overlooked and not discussed, so talk to your patient about it, they will likely appreciate it.” Rachel Kilgore, DPT, OCS, COMT, PRPC, PPCES

Quote taken from: [The Many Reasons to Discuss Sex with Patients](#)



Stroke SIG in Collaboration with Assistive Technology/Seating and Wheeled Mobility SIG: Wheelchair Prescription in the Neurologic Population – Episode 18

Host Jackie Loeshelle, PT, DPT is joined by Jennith Bernstein, PT, DPT, ATP/SMS of the Assistive Technology/Seated and Wheeled Mobility SIG to discuss wheelchair prescription for the neurologic population and the important role physical therapists have in this process.

Disclosure: Dr. Bernstein is a Clinical Affairs Manager for Permobil.

Resources on this topic are listed below:

- Sample seating and mobility evaluation: [Seating/Mobility Evaluation \(methodistonline.org\)](#)
- Permobil LMN generator: [LMN Login \(permobillmn.com\)](#)
- RESNA position papers: [RESNA > Resources > Position Papers and Service Provision Guidelines](#)
- Textbook: Seating and Wheeled Mobility textbook by Lange & Minkel: [Seating and Wheeled Mobility: A Clinical](#)

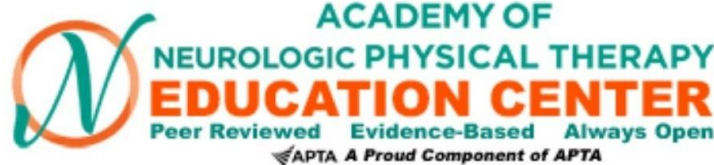
Resource Guide (healio.com)

- Continuing education, CEUs: Through APTA 10-course series for beginners, free for members and non-members, provided through Clinician Task Force and APTA AT/SWM SIG Academy of Neurologic Physical Therapy Education Center: Interactive Courses (anpteducationcenter.org)
- Continuing education previously recorded webinars from International Seating Symposium: RSTCE: On-Demand Webinars (pitt.edu)

The information in this podcast is meant for the benefits of physical therapists. It is not meant for personal medical diagnosis and or treatment. Individuals should always consult an appropriate medical practitioner with questions.

Please send comments or questions on this podcast to the Stroke SIG at strokesig@gmail.com

The Stroke Special Interest Group and Assistive Technology/Seating and Wheeled Mobility Special Interest Group are part of the Academy of Neurologic Physical Therapy – www.neuropt.org.



Cerebellar Stroke Course



This course will provide a review of the anatomical structures of the cerebellum and its vasculature, information on the pathophysiology and etiology of cerebellar stroke, as well as the prevalence and prognosis. Differential diagnosis of acute manifestations of cerebellar stroke will be included. The speakers will cover distinctive impairments of cerebellar stroke in addition to the development of appropriate treatment strategies.

Learning Objectives:

1. List specific roles and functions of the cerebellum.
2. Compare characteristics of various cerebellar stroke syndromes.
3. Describe typical impairments associated with cerebellum damage.
4. Choose assessments and outcome measures appropriate for cerebellar pathology.
5. Select treatment strategies for cerebellar stroke rehabilitation.

Course Launched June 2022



2nd ANNUAL CONFERENCE **ANPT 2022**

October 13-15 Minneapolis, MN

Great Breadth of Content

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Do you have challenging patients post-stroke and want some help? You can ask us questions on the Student Corner Webpage. Space on the bottom (is anonymous if you want). It is not just for students!



<https://www.neuropt.org/special-interest-groups/stroke/student-corner>

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