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Have you ever experienced pain during sex? If you haven't, chances are good that you know someone who has. According to the American College of Obstetrics and Gynecologists, up to 75% of women will experience painful intercourse, or dyspareunia, at some point in their lives.

Dyspareunia can be superficial, occurring during initial penetration, or deep; it can also occur during

## Reclaiming Your Sex Life: Managing Painful Intercourse

or after intercourse. Prior to menopause, dyspareunia can be caused by recurrent yeast or bladder infections, endometriosis, pelvic inflammatory disease, and irritable bowel syndrome. Postpartum, hormonal changes and/or healing perineal incisions can cause tissue irritation that makes intercourse painful. After menopause, hormone-mediated vaginal dryness and tissue changes can also cause pain.

Vaginismus is a subtype of dyspareunia, defined as an involuntary tightening of the pelvic floor muscles which makes penetration exceedingly painful or impossible. In this case, an event or medical condition causes pain, which results in fear or anxiety related to intercourse. This fear causes the involuntary tightening, which causes pain, which perpetuates the cycle.

Dyspareunia can be very distressing, placing significant strains on relationships and even impacting fertility. Often, women do not discuss this issue with their doctor, or worse, they do mention it and are told to "just relax" or "have a glass of wine".

This advice is simply incorrect and minimizes both the woman's physical and emotional pain. Because of the societal taboo placed on talking about sex, many women are left to navigate this condition alone.

So what can be done? A multidisciplinary approach is best to address the physical and cognitive/emotional aspects of dyspareunia. Physician evaluation is important to treat underlying medical causes of pain and to rule out serious pathology. To address the symptoms, physical therapy treatment is extremely effective at facilitating a return to pain-free intercourse. It

is important to address both the tight/painful pelvic floor muscles and the underlying fear; this can be done through instruction in relaxation and breathing techniques, manual therapy, and progressive desensitization and stretching, often through the use of dilators, in a range that is deemed safe and non-threatening by the nervous system.

Painful intercourse can be frustrating, lonely and frightening, but it is absolutely treatable. I would be honored to assist you on your journey toward reclaiming your sexual health and pleasure; please feel free to reach out to me with any questions.



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