PREAMBLE

Definitions

**Stroke:** The sudden death of brain cells due to lack of oxygen, caused by blockage of blood flow or rupture of an artery to the brain. Sudden loss of speech, weakness, or paralysis of one side of the body can be symptoms. A suspected **stroke** may be confirmed by scanning the brain with special X-ray tests, such as CT, MRI scans. The death rate and level of disability resulting from strokes can be dramatically reduced by immediate and appropriate medical care. **Prevention** involves minimizing risk factors, such as controlling high blood pressure and diabetes. Abbreviated CVA also known as cerebrovascular accident

**Sexual Health:** Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

**Physiotherapy:** Physical therapy provides services to individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. This includes providing services in circumstances where movement and function are threatened by ageing, injury, diseases, disorders, conditions or environmental factors. Functional movement is central to what it means to be healthy. Physical therapy is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social wellbeing. Physical therapy involves the interaction between the physical therapist, patients/clients, other health professionals, families, care givers and communities in a process where movement potential is assessed and goals are agreed upon, using knowledge and skills unique to physical therapists.

Sexual health is an integrated part of life, and persons with Stroke, often experience decreased sexual health, which can affect their overall quality of life. Stroke often leads to limitations in physical ability and function, areas that might affect sexual health in a negative way. Those areas are regularly addressed by physiotherapy interventions both as single therapy and in multidisciplinary team rehabilitation. Physiotherapy for persons with Stroke aims to maintain
good quality of life and to reduce the burden of disease, for example, by improving muscle strength, joint mobility and physical capacity.

The PLISSIT model has been used for patients with various physical and mental diseases. The PLISSIT model provides a graded counseling approach allowing health professionals to deal with sexual issues at their own level of comfort and competence. The following steps included in the model are the following:

P - Permission: This step is the introduction of sexual health into the communication between the healthcare professional and the patient. Examples of permission giving could be having leaflets with information about sexual health in the waiting room of the clinic or by asking the patients if they want information about sexual health.

LI - Limited Information: Limited information can be given by handing out information leaflets or by providing information verbally about how specific professional expertise can be of assistance concerning sexual health. In this step, it is important to have learnt what type of information the patient is interested in, instead of giving information that the health professional thinks is relevant.

SS – Specific Suggestions: This is a step with a problem solving approach, and the type of solutions that can be discussed in this step depends on the expertise of the health professional. For example, the physiotherapist can inform about positions that are less strenuous to the joints, the occupational therapist can give advice on planning daily activities in life (including sexual activities), and the rheumatologist can give advice concerning medication.

IT – Intensive Therapy: This level requires special training and is usually performed by a psychiatrist, psychologist or counselor.

The PLISSIT model gives guidance when the health professional should refer the patient to colleagues with more experience or expertise concerning sexual health. For many patients, the permission-step and the limited information-step are sufficient to improve their sexual health.

Sexuality is one of the most complex aspects of human life with myriad physiologic and psychological influences. Discussion with the client by a medical professional on sexual dysfunction is challenging and quite most of the times may be embarrassing to the patient. It can also cause a discomfort. There is a great effect of stroke on sexual functions in everyday activities. There is decreased libido, impaired erectile and ejaculatory functions, decreased
vaginal lubrications, impaired ego, self-esteem, and depression. The sexual life in stroke patients is affected by the motor, sensory, cognitive and physiological effects of stroke and affect the desire and ability to engage in sexual activities in many ways.

Sexual dysfunction is common after stroke, and has multifactorial causes leading to decline in sexual desire/interest and coital frequency for both sexes, decline in vaginal lubrication and orgasm in females and in erection and ejaculation in males. Sexual activity is an integral part of life; it is important to address sexual health after stroke, but this is often poorly done. Problems with sexual dysfunction occur in many illnesses which is most common problem in conditions like Diabetes, Gynaecological cancer, depression, stroke, Rheumatism etc. This study Sexual health in stroke patients shall address the problems in sexual health in stroke and role of physiotherapy in rehabilitating these patients. The overall aim of the Study is to know how persons experience the influence of stroke on their sexual health and their experiences of communication about sexual health in order to improve Physiotherapy within the field of stroke rehabilitation.