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## Returning to Sexual Activity and Intimacy After Spinal Cord Injury

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# Returning to Sexual Activity & Intimacy After Spinal Cord Injury

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## Abstract

This capstone project was completed with the inpatient rehab OTPs at MetroHealth to provide clients with SCIs specific and comprehensive information on returning to sexual activity & intimacy after SCI. I completed a thorough review of the literature and annotated bibliography, as well as completing multiple CEU courses to understand the needs, barriers, and supporting factors of this population for returning to sexual activity & intimacy. I then worked with my site mentor to create programming materials and a program manual for small groups of 1-3 participants. The areas addressed in the 4 sessions include:

### Session Titles

Session #1	Introduction of Topic, Screening, & Client-Developed Goals
Session #2	Sexual-Self View, Body Mapping activity, & Sensory Exploration
Session #3	Positioning & Adaptive Equipment
Session #4	Education on Adaptive Equipment for Sexual Activity & Autonomic Dysreflexia

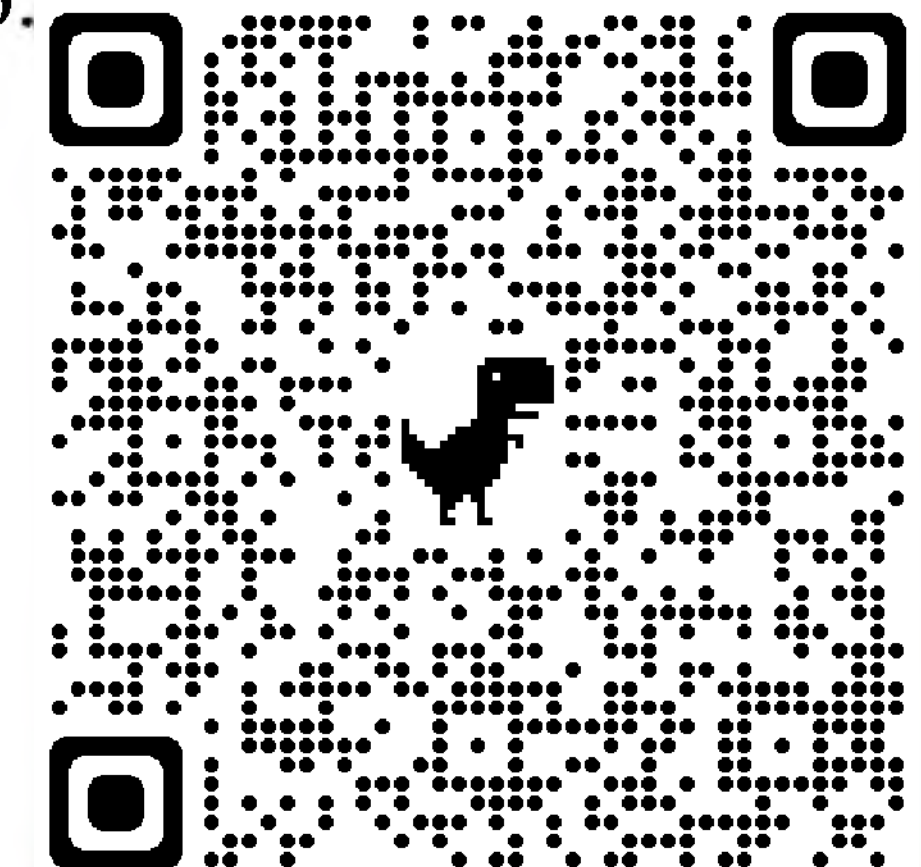
This program manual includes outlines for treatment session for individuals and small groups of clients, educational handouts, and activities with a spectrum of focus

## Brief bio

This project began by discussing the need for comprehensive and accessible information for clients with SCIs, as identified by my site mentor. She approached my faculty advisor about the need for programming specific to inpatient rehab, who in turn brought me into the fold for the purposes for this project. In the future, I hope to work with clients across the rehab process in Northeast Ohio.

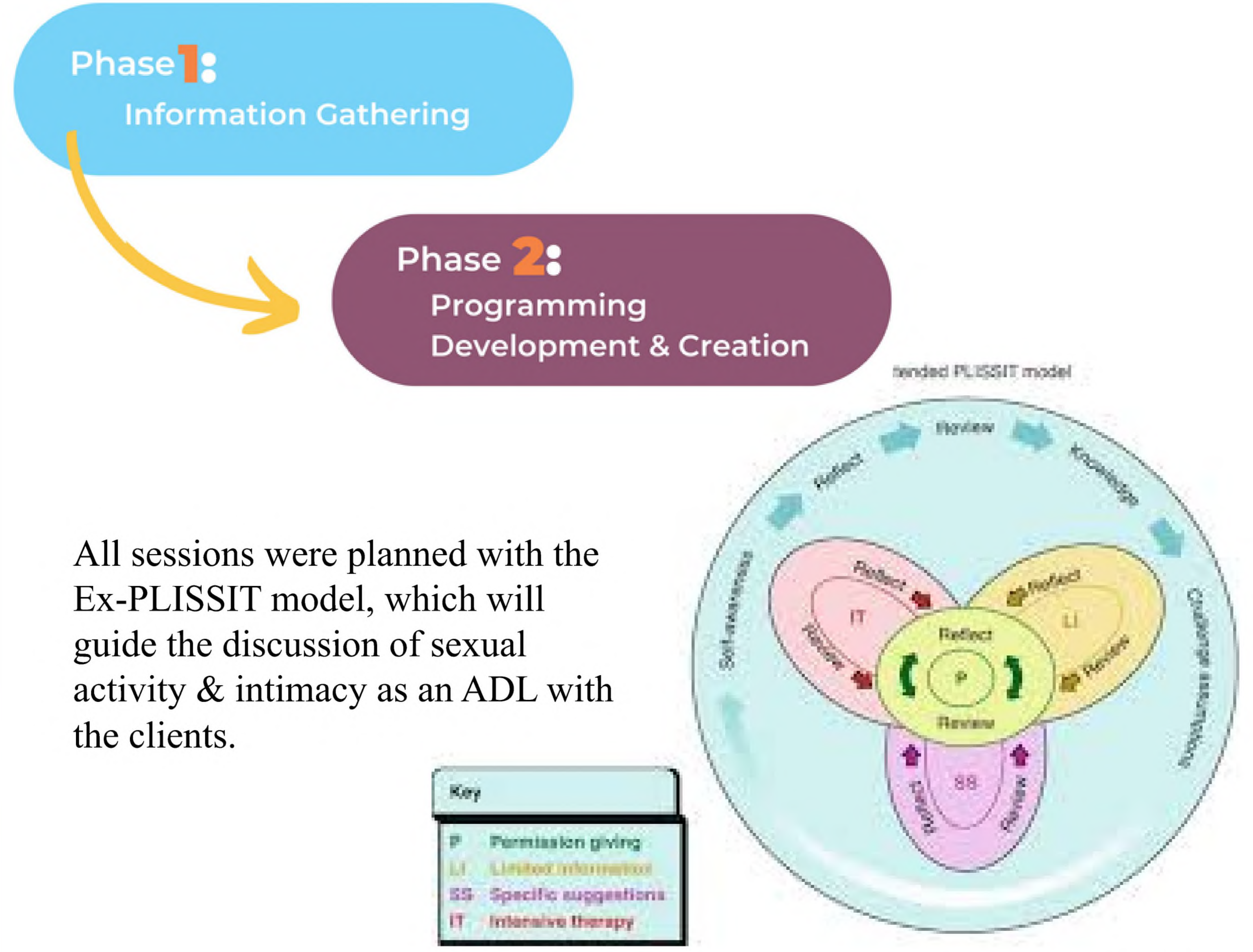


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## Capstone Experience and Implications

I shadowed Occupational Therapists in acute care, inpatient rehab, and outpatient rehab to better understand the needs of persons with spinal cord injuries across the rehabilitation process. Through thorough and extensive research of databases available through the Michael Schwartz Library, I completed an annotated bibliography. I utilized the information I gathered during phase #1 of this project to inform the development of the program manual made in collaboration with my site mentor during phase #2.



All sessions were planned with the Ex-PLISSIT model, which will guide the discussion of sexual activity & intimacy as an ADL with the clients.

Taylor & Davis, 2007

## MAIN TAKEAWAYS

- There is a need to address sexual activity & intimacy in OT treatment sessions
- Persons with spinal cord injuries desire to engage in sexual activity & intimacy
- Individuals with disabilities desire to be seen as sexual and romantic beings, which can be negatively impacted by social stigma of healthcare providers & society

## Synthesis

This client centered manual was designed to address a need for promoting participation in the ADL of sexual activity & intimacy as identified by both OT practitioners and by clients with SCIs. It is unique in it being the first comprehensive manual for interventions, activities, and educational handouts for persons with SCIs during inpatient rehab at MetroHealth Old Brooklyn.

## Challenges & Recommendations

One of the challenges I faced while completing this project was the low census on the inpatient SCI floor at MetroHealth during this semester. This resulted in a need to pivot this project to be accessible for individuals AND small groups. During conversations with my site mentor and faculty advisor, we came to the mutual agreement that this manual will be most beneficial and useful at the site if it can be completed 1-on-1, since with a low census it is unlikely more than one client will be ready to discuss sexual activity & intimacy at a time. Additionally, I was unable to run any of the groups I designed due to time constraints.

## Key References

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