



Blueberry Therapy  
PELVIC HEALTH AND PEDIATRICS

FREE GUIDE

# 5 Things Your Pelvic Floor Wants You To Know About **Sex**

(That Nobody Told You)

Real talk, real stats, and real solutions from a pelvic health physiotherapist with 25+ years of clinical experience.

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Blueberry Therapy Pelvic Health & Pediatrics

14 Cross Street, Unit B, Dundas, Ontario

## ABOUT THIS GUIDE

# The only awkward conversation is the one we're not having.

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At Blueberry Therapy, we see people every day who have been told to "relax," "have a glass of wine," or "just give it more time." You deserve better than that. You deserve clear information, evidence-based options, and a plan that actually makes sense for your body.

This guide covers five things that most people never hear about their pelvic floor and sexual health. Each section includes what the research says, what a pelvic floor physiotherapist looks at, and what you can do about it.

### What's inside:

1. Pain during sex is common, real, and treatable
2. Your pelvic floor muscles are part of your orgasm story
3. Postpartum sex pain has real, fixable causes
4. Menopause changes your vaginal tissue, and help exists
5. You don't need a referral to see a pelvic floor physiotherapist in Ontario

## Pain during sex is common, real, and treatable



Many people are told that pain with sex is "in your head," "normal after kids," or simply a sign that you need more foreplay. In reality, pain during sex (dyspareunia) is a physical symptom with real, often treatable causes.

### Common contributors include:

- Pelvic floor muscle overactivity or guarding (muscles that stay tight and don't let go easily).
- Scar tissue or sensitive areas from tears, episiotomy, surgery, or endometriosis.
- Hormonal changes that affect lubrication and tissue elasticity (for example, postpartum or during perimenopause/menopause).
- Local skin or vestibular conditions (such as vulvodynia, vestibulodynia, dermatitis).
- Nerve sensitivity or pain conditions that can make the area more reactive to touch or stretch.

### Pain can show up:

- At the vaginal opening (burning, sharp, stinging with initial penetration).
- Deeper inside with thrusting or certain positions.
- After sex, with lingering ache, pressure, or cramping.

### What a pelvic floor physiotherapist looks at

During an assessment (always with your consent), we put the pieces together:

- **Your story:** where the pain is, when it started, what makes it better or worse, past injuries or surgeries, birth history, hormone changes, and medical conditions.
- **Pelvic floor muscle function:** checking for tenderness, tight bands, trigger points, strength, endurance, and coordination.
- **How you breathe and move:** rib cage and abdominal mechanics, hip and low-back mobility, and how your body responds to anticipatory pain.
- **Possible contributing factors:** bladder or bowel issues, stress and nervous system up-regulation, tissue dryness or skin irritation.

## How treatment can help

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Evidence supports pelvic floor rehabilitation as part of treatment for dyspareunia. Your plan may include:

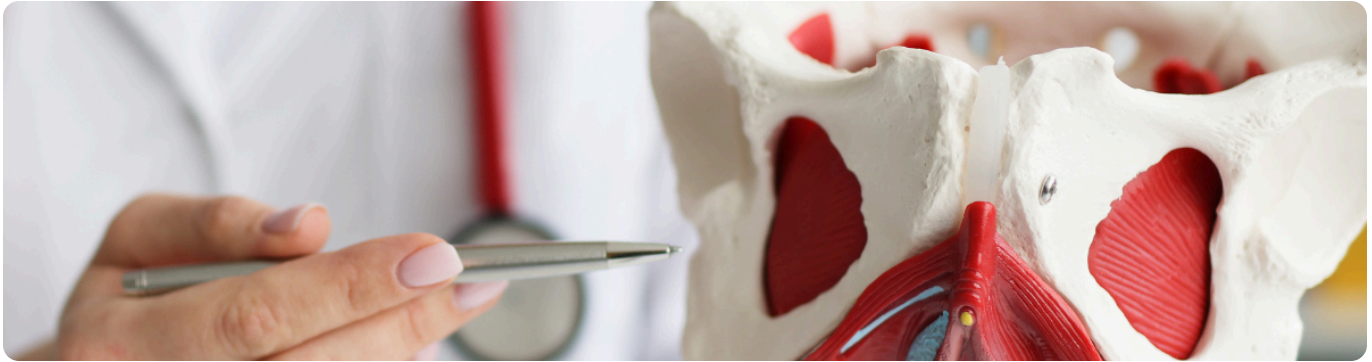
- Gentle internal and external manual therapy for tight or painful muscles and scar tissue.
- Training your pelvic floor to both relax and contract, using breath, positions, and cueing.
- Graded exposure strategies (for example, dilator therapy, fingers, or toys) so your tissues and nervous system can gradually relearn "this is safe."
- Education around pain science, so the pain feels less scary and more understandable.
- Collaboration with your medical provider for hormones, skin conditions, or other medical contributors where needed.

**You never need to "push through" pain during sex. It is a message from your body that something needs attention, not a sign that you are broken or "bad at sex."**

### What you can do:

- Book a pelvic floor assessment. You do not need a referral in Ontario; you can contact us directly (details at the end of this guide).
- Write down your symptoms and questions ahead of time so you feel prepared.
- Know that you can always pause or decline any part of the exam; consent is an ongoing conversation.

## Your pelvic floor muscles are part of your orgasm story



Orgasm is not "just in your head" and it's not only about technique or toys. Your pelvic floor muscles play a direct role in arousal and orgasm, and both overactivity (too much tension) and underactivity (weak or uncoordinated muscles) can influence your experience.

During orgasm, the pelvic floor muscles contract rhythmically. When these muscles are working well, they support blood flow, sensation, and that wave-like release many people describe. When they are not:

- **Too tight:** orgasm may feel blunted, uncomfortable, or hard to reach, and arousal itself can feel "stuck."
- **Too weak:** contractions may feel faint, muted, or hard to detect.
- **Poorly coordinated:** muscles may not contract and relax in a smooth rhythm, which can impact intensity and satisfaction.

Research shows that pelvic floor muscle training can improve sexual function (desire, arousal, lubrication, orgasm, satisfaction) in many women, particularly when programs are tailored and supervised rather than "just do Kegels." But more strength is not always better; coordination and the ability to relax are equally important.

### What a pelvic floor physiotherapist assesses

Instead of guessing, we assess:

- **Baseline tone:** are your pelvic floor muscles resting in a clenched, neutral, or more relaxed state?
- **Strength and endurance:** how strongly and how long you can contract.
- **Coordination:** how well you can contract and then fully let go, and how your muscles respond with coughing, laughing, or exertion.
- **Awareness:** your ability to feel these muscles and connect what you feel internally with what your body is doing externally.

## What treatment can include

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Depending on what we find, your plan may focus on:

- **Down-training:** learning to soften and lengthen pelvic floor muscles that are always "on," often using breath work, specific positions, and nervous system regulation.
- **Strengthening:** targeted, evidence-based pelvic floor muscle training programs (with progression, not random squeezes) if your muscles are truly weak.
- **Coordination practice:** matching contractions with breathing, movement, and arousal cues so your muscles can support sexual response more effectively.
- **Whole-person factors:** stress, sleep, relationship context, pain history, and body image, which all influence sexual function.

Think of your pelvic floor like a **trampoline** rather than a **cement slab**: it needs the right balance of support and give. Sometimes it needs to be stronger; sometimes it needs to learn to relax.

### What you can do:

- If orgasm feels different than it used to, or you have difficulty reaching orgasm, consider an assessment rather than assuming you "just need to try harder."
- If you've been doing Kegels without guidance and things feel worse, that's important information. Your muscles may need relaxation more than tightening.

## Postpartum sex pain has real, fixable causes



Postpartum bodies go through a lot. Studies show that dyspareunia (pain with sex) is very common in the first months after birth, but it often goes unaddressed unless the person specifically brings it up. You may be told, "You're healed at six weeks," even if nobody has actually assessed your pelvic floor.

### Common postpartum contributors include:

- Perineal tears, episiotomy, or forceps/vacuum-related scar tissue that is sensitive, tight, or poorly mobile.
- C-section scar sensitivity and abdominal wall guarding that change how your pelvic floor loads and moves.
- Pelvic floor muscle overactivity (guarding) after pain, tearing, or fear of re-injury.
- Low estrogen levels while breastfeeding, which can reduce lubrication and tissue elasticity at the vaginal opening.
- General tissue sensitivity or vestibular tenderness that makes even light touch feel sharp or burning.

**Six weeks is not a magic number. It simply marks when many tissues have done some basic healing; it does not guarantee that scars are mobile, muscles are coordinated, or sex will be comfortable again. Recovery timelines are individual.**

### What a pelvic floor physiotherapist checks postpartum

A postpartum pelvic floor assessment may include:

- Discussion of your birth story, tearing, stitches, instruments used, recovery, bladder/bowel changes, and current symptoms.
- External examination of scars (perineal, C-section), abdomen, hips, and low back.
- Internal assessment (with your consent) of muscle tone, tenderness, strength, and coordination, and gentle testing of how tissues respond to stretch.
- Screening for prolapse symptoms, urinary leakage, or heaviness, which often coexist with pain.

## Postpartum treatment options

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Evidence highlights that targeted evaluation and treatment can significantly reduce postpartum dyspareunia. Your plan may include:

- Manual therapy and scar mobilization to help tissue glide, desensitize, and feel more comfortable under stretch.
- Pelvic floor muscle retraining to reduce guarding and reintroduce safe, coordinated contractions and relaxations.
- Advice on lubrication and, where appropriate, discussing topical estrogen or other hormonal support with your prescribing provider.
- Gradual reintroduction of penetration using positions, pacing, and tools (like dilators) that your body tolerates.
- Strategies to support sleep, load management, and stress, which all feed into how your nervous system processes pain.

**You do not have to "just wait it out" or accept postpartum pain as your new normal.**

### **What you can do:**

- Ask specifically for a pelvic floor assessment postpartum, even if your six-week check-up said "everything looks fine."
- If sex feels scary or painful, it's okay to pause and seek support instead of forcing yourself through it.

## Menopause changes your vaginal tissue, and help exists



Up to 80–84% of postmenopausal women experience symptoms of genitourinary syndrome of menopause (GSM), including dryness, burning, itching, pain with sex, urinary urgency or frequency, and recurrent UTIs. Many people live with these symptoms for years because they assume it's just "part of getting older."

### **GSM is caused by declining estrogen, which affects:**

- Vaginal and vulvar tissue (thinner, less elastic, more fragile).
- The urethra and bladder (changes that can increase urgency, frequency, and infection risk).
- Pelvic floor muscles (which may respond to pain and dryness with more guarding or tension).

This can make sex feel dry, burning, or "sandpapery," and can lead to micro-tears that further increase sensitivity. Lubrication alone may not fully solve it if the underlying tissue changes are not addressed.

### **How pelvic floor physiotherapy fits into GSM care**

Pelvic floor physiotherapy is not a replacement for medical care, but it is a valuable part of the team. We can:

- Help reduce pelvic floor muscle guarding that develops in response to chronic dryness or pain.
- Work with you on comfortable positions, pacing, and graded exposure so tissues and the nervous system can rebuild tolerance.
- Teach strategies to support tissue health, circulation, and pelvic floor function.

### **Medical treatment often includes:**

- Regular vaginal moisturizers for baseline comfort.
- Lubricants for sexual activity.
- Localized (low-dose) vaginal estrogen or other hormonal/non-hormonal options when appropriate, prescribed and monitored by your healthcare provider.

Together, these approaches can significantly reduce GSM symptoms and improve comfort with daily activities and sex.

### **What you can do:**

- Bring up GSM symptoms explicitly with your healthcare provider; it is okay to say "sex is painful" or "I feel dry and sore all the time."
- Consider a pelvic floor assessment to address the muscle and movement side of your symptoms.
- Remember: you do not have to just "put up with it" because of your age.

## You don't need a referral to see a pelvic floor physiotherapist in Ontario



Many people wait months for a referral that was never required. In Ontario (and across much of Canada), physiotherapy is a direct-access profession: you can book an appointment with a pelvic floor physiotherapist without a doctor's referral.

### A few important clarifications:

- **Access vs coverage:** you can self-refer, but some extended health insurance plans still ask for a physician referral or note for reimbursement. It's worth checking your plan details.
- **What to expect at your first visit:** a detailed history, discussion of your goals and concerns, an explanation of what an exam could include, and a collaborative decision about internal or external assessment. Nothing is done without your consent.
- **Virtual care:** for many issues, we can begin with virtual visits focused on education, exercise, pain strategies, and preparation for in-person assessment when you're ready.

### At Blueberry Therapy:

- We offer in-person pelvic floor assessments at our clinic in Dundas, Ontario, and virtual pelvic health appointments for people anywhere in Canada.
- Pelvic floor physiotherapy is typically covered under "physiotherapy" on most extended health plans; we provide receipts you can submit to your insurer.

### What you can do:

- Book directly online at [blueberrytherapy.janeapp.com](https://blueberrytherapy.janeapp.com) or call **289-238-8383** (no referral needed).
- If you're unsure whether pelvic floor physiotherapy is right for you, consider booking a consultation to ask questions and better understand your options.

## REFERENCES

# Where this information comes from

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All information in this guide is grounded in peer-reviewed research and clinical guidelines. Here are the key sources:

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**Blueberry Therapy**  
PELVIC HEALTH AND PEDIATRICS

## Your pelvic floor is worth talking about.

Over 80% of women see improvement with pelvic floor therapy.

### **Book Your Assessment**

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