



When to bring a sex therapist onto the pelvic floor team

I'm Joseph Maron, MS, LPC, a sex therapist seeing Pennsylvania adults by telehealth. While you treat the pelvic floor, I work alongside you on the fear, avoidance, and strain around sexual pain.

Consider a referral when your patient...

Fears pain enough to avoid sexual touch.

Pain and fear of pain can keep each other going.

Struggles to start or stay with dilator or internal work

because of fear or anxiety about penetration.

Describes a relationship strained by the pain.

Pressure, withdrawal, guilt, or lost physical closeness.

Measures recovery by intercourse or feels pressure to "get back to" penetration.

Widening what counts as sex takes the pressure off.

Has past experiences that affect how safe touch feels.

Pacing is trauma-informed; nothing happens that they haven't agreed to.

Carries shame that keeps them from intimacy.

About leakage, surgery, birth, or other body changes.

COMMON REASONS TO REFER

Vulvar and vaginal pain

Vaginismus / genito-pelvic pain

Painful receptive anal sex

Erection, ejaculation, or orgasm concerns, including early ejaculation

Incontinence during sex

Sexual changes after pelvic surgery, birth, or cancer treatment

Sexual changes after gender-affirming hormones or surgery

Tandem care, not a hand-off

STAYS WITH YOU

Muscle tone and coordination · Manual therapy · Biofeedback · Dilator progression · Education

I WORK ON

Pain-fear cycle · Patient-led pacing · Partner communication · Widening what counts as sex

Shared: with your patient's permission, I coordinate with you so both plans support each other.

WHY IT FITS Genital pain often has organic causes and should never be treated as purely psychogenic.¹ Physical therapy is first-line care for provoked vestibulodynia.² In a 20-person pilot trial, CBT and PT each reduced pain; sexual function improved only with CBT, though the two groups differed little overall.³ Psychological treatments, including CBT and mindfulness-based approaches, improve sexual function and sexual distress compared with no treatment in controlled trials.⁴ After gender-affirming genital surgery, pelvic floor PT can help, and patients often want mental health aftercare too.⁵ Most evidence is from women with vulvovaginal pain.

TO REFER · JOE MARON THERAPY

Your patient requests a free 15-minute consult at [JosephMaronLPC.com](https://www.JosephMaronLPC.com)

Or call **215-804-9315**. Want to talk a referral through first? Call me at the same number.

Telehealth only · Adults in Pennsylvania · Private pay, superbills provided

Tell your patient: sex therapy is talk therapy. No touch, no exam.

Doctoral student in human sexuality, Widener University · Certificate in Affirmative Therapy for Transgender Communities · ADHD-CCSP · LGBTQ+ affirming



Scan to get started

1 Gambescia et al., *A Clinician's Guide to Systemic Sex Therapy*, 3rd ed., 2021. **2** Morin et al., *AJOG* 2021. **3** Goldfinger et al., *J Sex Med* 2016. **4** Frühauf et al., *Arch Sex Behav* 2013; Liu et al., *J Sex Med* 2026. **5** Dominoni et al. 2025; de Brouwer et al. 2021, both *J Sex Med*.