Female sexual dysfunction: Assessment

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Women's sexuality has only recently emerged as a central concern after years of neglect in the medical world. The current challenge is to blend together the biological, psychosexual and context-related components of women's sexual response in a comprehensive and meaningful scenario. In this perspective, the role of pelvic floor function and dysfunction is of the highest importance.

To address the complexity of Female Sexual Disorders (FSD) requires a balanced clinical perspective between biological and psychosexual/relational factors. Apart from counselling the FSD complaint in a competent way when the issue is openly raised by the patient, physicians and physical therapists can contribute to improving the quality of (sexual) life of their patients, by routinely asking them during the clinical history taking: "How's your sex life?", so offering an opening for current or future disclosure.

The wish is that the new attention to women's right for a better sexual life will significantly help increase the physician's confidence in asking and listening to complaints of FSD and his or her "clinical impact factor" (i.e. his or her ability to appropriately diagnose and effectively treat FSD).

In the tailoring of treatment, the physical therapist has a crucial role, especially in **sexual pain disorders**, either lifelong or acquired, and in acquired desire, arousal or orgasmic disorders secondary to **coital pain**.

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