

Coitus and Lower Back Pain Part 1: Best positions for the delivering partner

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The World Health Organization's (WHO) international classification of functioning, disability and health regards sexual relationships as an integral factor in the international standard that describes and measures health and disability. However, discussing how coitus is affected by low back pain (LBP) can be awkward for both patients and clinicians. Nonetheless, LBP can significantly impact one's ability to participate in sexual intercourse. Overall, we understand the effect LBP can have on activities of daily living (ADLs), but spine biomechanics during sex is something that has not been addressed until now. In an effort to understand the mechanics of sexual intercourse, world renowned University of Waterloo spine biomechanics expert, Dr. Stu McGill and Natalie Sidorkewicz published two papers which evaluate spine biomechanics during coitus in 10 healthy males and females. These papers highlight the best sexual positions for patients experiencing LBP. As noted above, LBP can significantly impact one's ability to participate in sexual intercourse. This is due to psychological (fear avoidance beliefs) and mechanical factors that can cause an anticipatory pain response or actual pain response, respectively. Many studies have found that physical intimacy caused additional pain in 84% of patients with chronic LBP. Pain is therefore, in and of itself, a significant contributor to a reduced "sex life" in patients with LBP. In addition to addressing the psychological factors impacting patients' pain experiences, it is also vital to provide them with education on appropriate positioning during coitus to allow them to manage their LBP while maintaining an important aspect of their general health; a healthy intimate relationship with their partner. The first study reviewed the spinal mechanics of the delivering partner during three common sexual positions: the quadruped, the missionary and side-lying or "spooning." It was found that most of the deliverer's spine movement occurred in the sagittal plane (flexion/extension)., Consequently, for those patients who are flexion intolerant (pain worse with flexion; commonly discogenic LBP with or without radicular symptoms) the side-lying or spooning position was shown to be the worst while the quadruped position with the receiving partner supporting their upper body with their elbows was deemed best for the delivering partner. This position limits the delivering partner's spinal flexion thereby limiting the chances of aggravating a flexion intolerant patient's LBP. For those patients with extension intolerance, the side-lying or "spooning" position was identified as best because it promoted the most lumbar flexion in the delivering partner's spine. These findings are ground breaking as for the first time, spinal mechanics were measured during coitus. Accordingly, health professionals can now confidently address a common concern for patients with LBP instead of relying on, "conjecture, clinical experience, or popular media resources."¹.

Stay tuned for the next ISAEC Newsletter where we will review the receiving partners mechanics in the positions identified above.

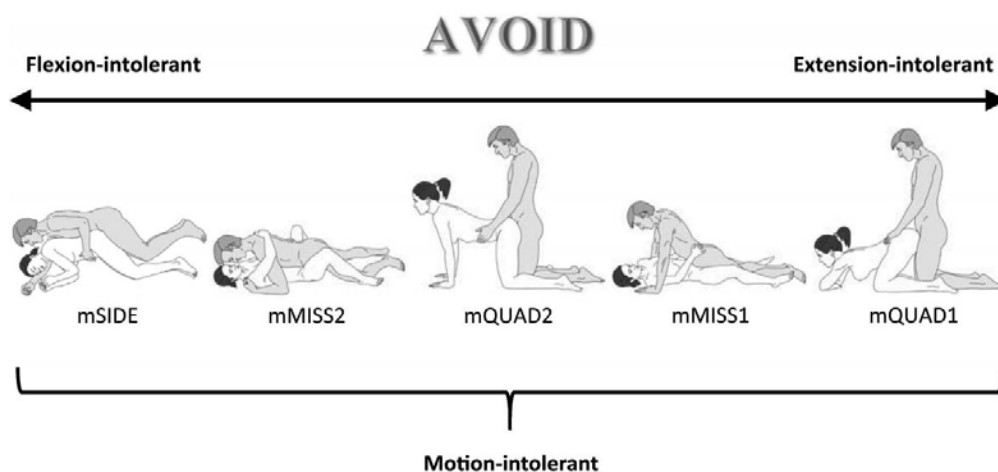


Figure 1. Initial recommendations of coital positions to avoid for male patients whose low back pain is exacerbated by specific movements and/or postures (i.e. flexion-, extension-, and motion-intolerance). Positions indicated as "to avoid" are those that present the greatest risk of exposure to the pain-provoking biomechanical variable, thus exacerbation of low back pain.

Note: These recommendations are limited to specific motion intolerances and male-centric positions and did not consider kinetics nor include individuals experiencing pain.

¹Sidorkewicz, N., and McGill, S. (2014). Male Spine Motion During Coitus. *Spine*;39:1633-1639.