



Kelley Kukis' expertise in pelvic physical therapy encompasses more health conditions than you'd expect.

PHOTO CREDIT KELLY KUKIS

Anatomical advocacy

There are plenty of things we're advised not to talk about in polite company: religion, politics ... pelvic health. **Kelley Kukis**, doctor of physical therapy and **certified pelvic rehabilitation practitioner**, discusses what her specialty entails, and how her expertise allows her to advocate for Sacramento's LGBTQIA+ community.

Most people are familiar with the role of a physical therapist, but pelvic rehabilitation may be an area most people aren't familiar with. What are some reasons a person might need that specific type of physical therapy?

I see people pretty often for urinary issues. This could be anything from feeling like you need to pee really urgently and frequently, to getting up multiple times per night to pee, to having actual urine leakage. I also treat the opposite issue where people are having a hard time emptying their bladder or getting frequent UTIs. I treat bowel issues like constipation or stool leakage, and I treat pelvic pain and sexual pain. It's basically the same type of PT that most people are familiar with, but exclusive to the pelvis.

You're an active member of Sacramento's LGBTQIA+ community, and you've recently incorporated your professional expertise into your advocacy. What rehabilitation needs are specific to that community?

As a group, LGBTQIA+ people have less access to healthcare, receive poorer quality care and have poorer health outcomes. Often, providers make assumptions about our anatomy or the type of sex we're having or focus on anatomy that isn't relevant to the visit ...

LGBTQIA+ people also face more employment discrimination, which can affect access to health care through insurance. They may also be hesitant to seek out care, especially care for pelvic symptoms, because of past medical trauma or dysphoria. There are also sometimes **trans-specific issues**. Certain hormone therapies can have bowel or bladder symptoms as a side effect. People have better surgical outcomes if they're getting PT before and/or after surgery ... I've also started doing free pelvic PT consultations at the **Gender Health Center** so that people can come get information and advice about their pelvic symptoms in a comfortable environment with a provider who is familiar with LGBTQIA+ issues and without having to worry about insurance coverage.

What would someone visiting you at the Gender Health Center expect as part of that consultation?

First, I explain factors that might be contributing to their symptoms. We may go over food and fluid intake, talk about bowel and bladder management strategies and talk about strategies to mitigate pain. We work on breathing patterns and exercises. I teach them self-manual techniques like abdominal massage for constipation, scar massage after surgery or dilation. People are welcome to see me for follow up as many times as they feel will be helpful for them. If they would benefit from more involved care like biofeedback or pelvic manual therapy, which would require a full clinical setting, I explain that to them and help them get referred for that. I organize a group of local pelvic and sexual health professionals that includes PTs, bodyworkers, physicians, sex educators, etc., so I help them get any other interdisciplinary care they might benefit from. □

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