JOSEPH MARON, LPC
THERAPY FOR COMPLEX HUMANS

FOR PELVIC FLOOR PHYSICAL THERAPISTS
Joseph Maron, MS, LPC
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When to bring a sex therapist onto the pelvic floor team

I'm Joseph Maron, MS, LPC, a sex therapist seeing adults in New Jersey and Pennsylvania 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.
Fear or anxiety about penetration gets in the way.

Describes a relationship strained by the pain.
This can look like 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.
The shame may be 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

Working in tandem

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 reduce sexual distress compared with no treatment in controlled trials.[4] After gender-affirming genital surgery, pelvic floor PT can help, and about a third of patients say they 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 JosephMaron.com

Or call **908-505-5182**. To talk a referral through first, call or email Joe@JosephMaron.com.

Telehealth only · Adults in New Jersey and 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*.