Ep #42: Understanding Pelvic Floor Health: Interview with Amanda Olson, DPT

Full Episode Transcript

With Your Host

Dr. Sonia Wright

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Welcome to *The Midlife Sex Coach for Women™ Podcast*, the only show that combines a fun personality, medical knowledge, sexual counseling, and life coaching together. To create unique sex coaching that helps busy women awaken their libidos, address intimacy issues, and learn how to express their sexuality for the rest of their days. Here is your host, certified life coach and sexual counselor, Dr. Sonia Wright.

Hello Diamonds. How are you all doing? This is Dr. Sonia, it's so good to see you. So, last week I spoke about painful sex, unwanted pain with sex and some of the causes behind that, and I mentioned a little bit about pelvic floor physical therapy. But I knew I was not doing the best job explaining it. And I knew that somebody that was more knowledgeable than I should really be the one to explain it.

So, I thought to myself, who do I know? And of course, this wonderful, amazing woman popped into my mind, Amanda Olson. And I just needed to have her come and talk to you. So, I asked if Dr. Amanda Olson could come and talk and she was gracious enough to say yes. So, I just want you to know who she is. I'm going to introduce you to her a little bit, and then she's going to take over and do a full introduction and just talk about what her program is.

So, Dr. Amanda Olson, she earned her doctor degree in physical therapy and is certified as a pelvic floor physical therapist. And she's also the founder and owner of Intimate Rose, and she's developed a number of amazing products that I want you to know about. And so, I am going to turn it over now to Dr. Amanda Olson.

Amanda: Thank you so much for having me, it's a pleasure to be here. So, yeah, my background is as a pelvic health physical therapist, I've been

doing it for 12 years now, so over a decade. And along the way I started creating pelvic health devices through Intimate Rose. And additionally, I do teach and do a lot of different really fun things.

So that's as my background, but I see all different kinds of people that experience that experience all different kinds of issues with pelvic floor and the products were all created to help provide solutions that empower people to be able to manage them outside of the clinic. And also, so that they eventually don't need me anymore. My whole purpose is to get myself fired.

Sonia: I love that, your whole purpose is to get fired. Can you tell me first off, what is a pelvic floor physical therapist?

Amanda: Sure. So, a pelvic health physical therapist is a physical therapist, at this point in time, most of us have doctorate degrees and then we've gone on and done additional education and most of the time certification, not all, but many have additional certification and education specific to pelvic and truly abdominal health.

So that means that we've gone to further education to treat issues of the bowel, and bladder, and abdomen that range from incontinence to constipation, pain with sex, pain with sitting, tailbone pain. We see people of all genders, of all backgrounds. And we treat men too, specifically after they've had a trauma, an accident, or a surgery, or after prostate cancer. And then women and transgender people for all of the things that I just described.

Sonia: Wow, it sounds like there's a lot of areas. Now, it sounds like you're trained in all those areas. How did you end up focusing in on women's health, or the pelvic floor? How did you decide on that focus?

Amanda: Yeah. So, I started my focus after I was injured. Prior to having babies, interestingly enough, I was very badly injured and I had already completed my doctorate degree in physical therapy. And I had to go see a

colleague who specializes in pelvic health and 13 years ago there was 300 in the country, it was not common, there weren't many. I'm so lucky there was a phenomenal one in my town, in my city, and I went and saw her and she helped me heal and helped me rehabilitate after a nasty fall on my bottom.

And at the end she said, "Amanda, you need to quit pediatrics", which is what I was specializing in at the time, "And you need to do this. There's not enough in the country, you have the right personality." And I did, because she helped me so much. I knew that it was my new purpose, my new calling. And so, I went back and recertified. And in doing pelvic health for as long as I have, I'm one-on-one in the room with these women who are in so much grief, especially if they're in pain, pain with intercourse, pain with sitting.

And incontinence is rough, but most of the time it's not causing significant amounts of grief. Pain in the bladder certainly does. But I just recognized that they really, they needed to be heard and they needed solutions. We do a lot of good, one-on-one in treatment. We have a lot of really interesting tools, including biofeedback, which allows us to use a sensor that creates an image on a screen where people can see how their pelvic floor is behaving.

So, for example, if their pelvic floor is too tight as is commonly seen in pelvic pain conditions. There'll be an image of a rose and it'll close up. And then we can train them to relax and open the pelvic floor to relax the muscles and the rose will bloom. So, that's just one example of a biofeedback tool that we can use. We also use real time ultrasounds in some clinics. It's an expensive little device, so not all clinics have it. But that allows us to image the bladder, and image the pelvic floor, and use that as a training tool as well.

And then we give people things to do at home to help be making progress towards their goals, whatever those goals may be. Whether they're

experiencing incontinence and they're trying to get dry, or they're experiencing pelvic pain and their goal is to have intercourse again. We're giving them different, very highly specified exercises, different habit changes.

We go through a lot of different behavioral changes as well, because there's different postures, there's different behaviors that can contribute to a lot of these pelvic floor issues that are really fixable with some minor changes.

When we talk about behavior changes it sounds really scary. But, for example, urinary urgency, if we can start training people on a toileting schedule so that they're not urinating every 15 minutes and delaying those voids. We can do a lot of good, and likewise with pelvic pain. If we can train people to sense when they're clenching up and to do some of their stretches and breathing exercises. And address the underlining drivers of that pain, we can really reach our goals a lot quicker.

Sonia: Wow, that really sounds amazing. Now, I was trying to explain the pelvic floor musculature just in general. And I know I wasn't doing a good job. I was talking about it's kind of like a bowl of fruit, and the vagina, and the anus are down at the bottom. And I'm like, "Okay, I've got an expert here." Could you help us really get an idea about what these pelvic floor muscles look like and what they are?

Amanda: Absolutely. I mean, you weren't far off. So, the pelvic floor muscles are a few different layers of muscles with connecting fascia that forma sling or a bowl like you said. So, if you can imagine on your pelvis a diamond between the pubic bone in the front, there's six bones that you sit on, on the sides, and the tailbone in the back, the pelvic floor muscles form a nice supportive sling underneath.

And then through that passes the urethra from the bladder in the very front, the vagina and the uterus in the middle, and then the rectum in the back.

And those three organs are three tenants in a very small apartment. So, for this reason, those organs are all snuggled up, so if one of them is having a rough time. Say for example you're having constipation, and that rectum in the back is full. It is definitely going to be cranky, and the neighbors are going to know about it.

Very similar to our neighborhoods here, if there's a neighborhood dispute with the neighbor next door, you're going to hear about it. And so, in this way because they are so closely related, some of that pain can be referred and can spark issues in the bladder. We can have a sense of vaginal pressure because the rectum or the bladder are sinking down if they don't have enough support from the pelvic floor.

So, yeah, there are three tenants in tight quarters, and then when the uterus is removed we have two tenants and some scar tissue to contend with.

Sonia: I love the way you imagine that for me. So, I can really get a good sense. That you have the urethra, the tube from the bladder to the outside in the front, then you have the vagina, and then you have the rectum and they're in close quarters. And then what happens, it's like if one of the neighbors is playing loud music, the other ones are going to have to suffer and deal with it. So, I really appreciate that, thank you.

So, that's wonderful. So, you mentioned biofeedback, and you have the rose that opens up and things like that. I don't know if I want to use the word 'graphic'. But I think I want my Diamonds to really understand what goes on. When you go to see a physical therapist, they will be going into one of those holes, right?

Amanda: Yes.

Sonia: Can you explain a little bit more about that?

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Amanda: Yes, absolutely. So, yes, when you come in on the initial evaluation most pelvic physical therapists spend at least an hour with their patients. So, when you come in for your very first visit, I mean depending on how the referral source has primed them, they might be dealing with some anxiety.

I will say a lot of really wonderful physicians such as yourself, when they have said, “Look, you’re going to see Amanda. You’re going to see this pelvic physical therapist. She’s highly trained. Do expect an exam of some nature. But it may not happen on the first visit. And she’s going to help get you better.” Oftentimes patients come in and they are so much more relaxed because they’ve been primed and there’s no surprises. And generally speaking, too, a front office person should have warned them that oftentimes we do, do that internal exam on the first visit.

But I will say, if a person has had a history of sexual trauma, or abuse, or has recently just had surgery, we will probably defer and wait a few visits in. I like to say there’s a million ways to wrap a Christmas present. Because we do have all these other tools we can get a lot of really pertinent information that’s going to help us form some conclusions and create a plan of care without doing that initial exam right away.

But generally speaking, yes, on that initial evaluation, the patient comes in. We talk for 30 minutes. We’re gathering a really extensive history and we want to know a lot of details. And we’re going to ask a lot of follow-up questions about what your bladder is behaving like. How many times a day are you urinating? How much fluid are you taking in? Are you leaking? We want to know how your bowel is behaving. How often are you having bowel movements? Are they painful? Have you had any issues with digestion.

And then we’re going to talk to you about vaginal health and gynecological health. If you’ve had babies, if you’ve had pregnancies, how did those births go? Do you have pain with intercourse. And it’s because we want to know about all three of those because they are tight quarters. You may be

there for incontinence. We're still going to ask about if you have pain with sex. We're still going to ask about constipation because all those factors can contribute towards what you're here to see us for today.

And sometimes we find that nobody's ever asked them about that. Nobody's ever asked if they had pain with sex. And as a matter of fact, it's been painful their whole life. And so, we uncover all of these facts and then we do a really thorough evaluation of their posture. We look at how their spine is moving, how their hips are moving, because all of those contribute to how the pelvis is behaving throughout the day. If there's a history of back pain, there's a high correlation of a history of pelvic floor disfunction in those people.

So, we're going to watch your back move. We're going to lay you down on the table and look at any scars in your abdomen. We're going to ask about prior history of surgeries to the abdomen. And then generally we do a pelvic floor muscle examination where we're going to observe if you can contract the pelvic floor muscles, and also as importantly, can you relax and drop them? This shows us how coordinated the muscles are.

A lot of times the issues that women experience are due to coordination issues where their brain is either clenching too tight and doesn't know how to relax. Or maybe they've had a baby or another injury and the brain has not been able to really learn how to restrengthen and regather those pelvic floor muscles. Those are really common. I use the term 'forgot', it's not like we as people cognitively forgot, it's just that that certain pattern of muscle contraction has not been occurring for a long time.

So, we observe that and then generally we do one finger into the vaginal opening and we are looking at a number of factors there. We're palpating, so feeling gently, gently to see if there's areas of tenderness. We go and we examine the superficial, so the close to the surface muscles, and then we also examine the deep ones.

And then we also measure strength in a variety of different ways. We ask you to contract the muscles and we measure the power. Then we tell you to relax, and then we ask you to contract and hold it as long as you can. We're looking at endurance of the muscles.

And then we'll ask you to contract and relax as many times as you can in 10 seconds. And we're looking at the coordination, can you contract quickly and then also relax. Because if you think about all these functions, if we sneeze, that's a hard force that happens quickly coming down on our pelvic floor muscles. The muscles must be powerful and they must be fast in order to prevent any leakage of urine during that moment. But we also need them to have good endurance.

If you have a full bladder and you're in the car and the next exit is 10 miles down the road. We need those muscles to contract and hold it for a bit, not necessarily for 10 minutes. But that gives you a sense of the type of endurance. These muscles do all different kinds of things, similar to all the other muscles in our bodies, similar to our shoulders and all of those other muscles.

Sonia: And that's pretty amazing that in addition to being able to contract, it's very important for these pelvic floor muscles to relax. It sounds like it's equally important, or you have another set of issues that come up. And so, I'm just wondering, and really thank you so much for being graphic and telling us what somebody would expect if they were actually to go into – because I know that people have been in the doctor's office, and the doctor's like, "Maybe you would benefit from some pelvic floor physical therapy." And they're like, "Yeah. No, I don't think that's happening."

But the more you can expose people to different ideas and think about things, that it becomes more normalized, and then they're like, "Okay, well this is what happens. Okay, now I know, I'll be prepared."

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So, what kind of thoughts, because I'm a life coach, and so there's always the thoughts, what kind of thoughts do you encounter when people come to see you or choose, maybe they come for a little while and then they leave? What do you think are the issues that they're dealing with in terms of their thoughts around going to see a pelvic floor physical therapist or a pelvic health physical therapist?

Amanda: I tend to see a couple of different patterns of behavior when they come in. So, I'll start with the more fear and avoidance type, and I'll get to the really exciting ones. But I tend to see people that come in and they're like, "Physical therapy? Are you going to have me…" I had one person say, "Are you going to ask me to climb a ladder?" "Don't physical therapists teach people how to do pushups?" And so, they don't understand, and it's just, you know, and that's something that we are happy to explain to you about our background and our training.

And it's that, this is what we do, this is all we do most of the time, pelvic health physical therapists this is their passion. And then the other thing is, is that if there's been a history of trauma, there's a lot of fear around, what are you doing to do to me? Is it going to hurt? And I will say, "This is not a no pain, no gain kind of physical therapy. This isn't rotator cuff knee surgery type therapy. This is a very nuanced, gentle therapy, at the [inaudible] type therapy."

And so, there may be some stretches that are uncomfortable at first, but generally speaking we're not going to be pushing into a pain threshold because we don't want to create and feed into a pain cycle. So, we are going to be working with you to meet you where you are. If you cannot tolerate an internal exam, we are not going to push it. We are not on a mission or an agenda to get something done. So, we have a lot of different ways of working with those people.

And then on the other end of that spectrum, I have people that are like sweet mystery of life, where have you been? They've been through the

gamut, they've seen the gastroenterologist, the urologist, the gynecologist, and they don't know what to do. And then finally some proprietor says, "I think you need to go see a pelvic health physiotherapist." And they learn, or maybe they learn from another friend that then they're like, "There is an end in sight, there's hope, are you serious?"

And they come in and they're basically taking their pants off as they're walking in the door, like, "It hurts here. Please fix it." And especially with some of these deep pain diagnoses, they're like, "It's inside, nobody has bothered to examine this but please, please find it." And so, they are just so motivated and they are so ready to get to that other side, that they're ready to go.

And then there's everyone in between of just, it's accepting that this is a process. Yu will not be better in one visit, it does take, everyone takes a different period of time, and I know that sounds very subjective and is really hard to swallow that somebody with incontinences got better in four visits, but somebody with pain they take six months to a year, depending on how much trauma, what surgeries have been performed, what other conditions are onboard. All of these things go into how long it takes to reach your goal.

And so, for that reason, you've just got to be willing to show up. And I've had patients that have had a really bad day and they considered cancelling and I always say, "We don't even have to do the whole visit. But come on in and let's just check-in together." Usually just getting, you know, just being together and checking in on goals, checking in on exercise programs, tuning things up a little bit. We do manual therapy, other things to help you feel better, and that can just be a really nice way to turn things around.

So, everyone has bad days too, even the motivated people, they have bad days where things are harder and things are more stressful, or it's just not working. And we all have those days, it's no different from anything else in life. So, it's a process and it's worth it.

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Sonia: Well, thank you for all the work that you do, it's really amazing and unique, and something that's very, very necessary. I know you've mentioned a couple of different things that you do in terms of diagnoses that you help with. If you could explain a little bit more and then some of the technique, and maybe some of the tools that you've developed.

Amanda: Yeah, absolutely. So, we'll start on the underactive pelvic floor muscle end of the spectrum. So, these are people that experience pelvic floor muscle weakness after pregnancy, childbirth, surgeries, or even people that have never been pregnant, never delivered a baby but maybe they've got chronic constipation or bearing down patterns that have led to some weakness or poor coordination of the pelvic floor that tends to be associated with urinary incontinence and pelvic organ prolapse.

Generally speaking, we would be assessing the pelvic floor muscles to determine that those are the only factors. Now, sometimes with urinary incontinence, people can have muscles that are too tight and that's the underlying factor, is that the muscles are very stiff. So, when they go to sneeze the muscles don't have a nice trampoline like effect and that can create some gaps around the urethra when they sneeze. So, this is why we can't just say, "You're leaking urine, you're weak, here is the treatment."

That's why we have to do the exam to make sure that we know and we understand what the pelvic floor muscles are doing. But just to be broadly stating that for people that have pelvic floor muscle weakness we are going to be helping them learn how to properly activate the pelvic floor muscles. Something like 80% of women are doing them wrong and 100% of men. They just have a harder time.

So, for men that have prostate cancer and they lose their prostate and they're experiencing incontinence we have to train them that they actually have a pelvic floor. And that they need to learn how to use it. So just to give you an example, most women are doing Kegels wrong and a lot of men are as well. But we train them how to do them and then we give different doses

to help challenge them without making it too hard. They are muscles just like everywhere else. They can get fatigued.

They can get a little sore just like if you had weakness in your shoulders and you did too many pushups you could be sore the next day. So, we want to find a program that is appropriate for them that is going to challenge them, help them gain strength because we want better support under there. And there's a lot of different ways to do that and a lot of different types of exercises. And then one of the tools and solutions that I created are the Intimate Rose Kegel Exercise System Weights.

So, they are vaginal weights, it's a set of six. And as the color purple gets darker, I've taken that here, some people may be listening and some people might be looking. But they are color coordinated so as the color purple gets darker the weight gets heavier. So, it's just like a [inaudible] band if you were strengthening your arm, when one got too easy you would go to the next. But one of the key things about the weights is that the very nature of having the weight inside the vagina, it helps your brain know where your muscles are because it can feel the weight.

So, a lot of women can't feel the contraction and it's not like bending your elbow where you can see it. You can use a mirror to observe a little lift of the pelvic floor. You can see a little puckering around the anus or a little closure around the clitoris. But a lot of women are taught how to do Kegels in therapy and they go home and they forget or they're not sure if they're doing it right and actually bearing down.

The thing about using the weight is your brain can locate it and then you can do your Kegels properly. If you don't and you bear down instead of pulling off, the weight will come out of your body. So, it lets you know right away that you push down instead of pulling off, which is how we do a Kegel. So that is one way of helping to gently, and progressively increase pelvic floor muscle strength.

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For folks that have pain, so pain with intercourse, pain with sitting, difficulty with bowel movements so they tend to have some constipation. The underlying driver of that pain can be associated with hormone changes. It can also be associated with having muscles that are too tight. There's a couple of different ways that we go about that. First and foremost is we address any restriction in the surrounding area. So, in physical therapy we might be doing some gentle tender point release, or massage, or joint mobilization in the hip and in the spine because that can affect how the pelvic floor muscles are being overworked and underpaid sometimes.

And then we're going to be assessing for the presence of trigger points or tender points. So, the same way in your neck or your back, if you were stressed out or at your computer and you developed a knot and you push on it and it zings over your head, you can get those in the pelvic floor muscles. They are muscles just like everywhere else.

So, I created the wand, we have three different types now I'm so excited about. But the wand is intended to help follow-up with the therapy that we're doing or even empower somebody to be relieving their own tender points without a therapist after they graduate, or if they're not able to go to one. Where it's got these interesting crooks, it's almost shaped like an S here.

There's two different ends that are different in diameter that allow the person to put it in either in the vagina or in the rectum. If they're having tailbone pain, that can be an easier way to access it. But allows them to reach the deeper nooks and crannies in the pelvic floor to gently release those tender points. So, it's almost like the knot reliever tools that people use for their own backs. This is specific for the pelvic floor and I made it with these specific curvatures to reach. And the purple one is as – it's just our original one that doesn't move, it just allows people to manually release the tender points.

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And then the turquoise one has 10 different frequencies of vibration. Vibration has been shown to help increase blood flow to the area, to help relieve muscles that are chronically tense and tight which is great for people with pain. The vibration is really helpful for people that have had surgery, where they're having poor blood flow to the area or maybe after cancer treatment is done and over with. And you're looking to stop then the tissue in the vaginal canal. But it allows people to find one that works best for them and to do tender point release with vibration.

And then our premium one is the yellow one and it is hot cold, so it can be placed in the freezer or ran under warm tap water to make it warm. So, for people that really like ice, ice cold sensations when they do tender point releases or when they are experiencing tightness, some of them like to use ice. And that's really great for a lot of the inflammatory type conditions like endometriosis and some people with inflammatory bowel disease that are just having chronic and systemic inflammation in the area.

Whereas warmth is really helpful for a lot of people that just really respond well to hot packs and warmth, and warm baths and things like that. So those are the wands.

Another tool for people that have pain specifically with penetration is the dilators. Dilators are [inaudible] in particular is a set of eight and they are a cylinder shape that allows people to train the coordination of the muscles and the tissue in the vagina to be able to tolerate penetration whether it's with a tampon, or to tolerate that speculum during a medical exam, or penetration with a partner. So, they are just used to gently train the brain to relax, so if this is the vaginal opening and to be able to gently withstand different forms of penetrations.

So, starting really small, starting at my pinky, and getting to the – this large, so these are the two ends of the spectrum. And then there's everything in between sizes so that it's a gentle progression. Here are some of the more little ones.

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Sonia: Yeah. I love your kit because there are so many sizes in the kit. I like that fact because sometimes there's the little pinky size and then suddenly it just jumps and you're like, "Whoa." So, I love the fact that you have so many sizes and that's really good. And I like the fact that yours also has a handle on it.

Amanda: Yes. I made a handle to help people be able to reach and also to give people a little bit better dexterity when they're using their dilator. Or even a little distance from their body, sometimes people go through moments in time where they just need some space from their body but they want to be working with a dilator. And then for some people too it's just helpful to have extra dexterity when they're working down there, so they can lay on their side or even in a deep squat position.

There's a lot of different positions that are really helpful in dilator training to help the pelvic floor muscles relax. And then also to get that gentle mobilization of the vaginal tissue. And that's especially true for anyone who's experiencing low estrogen states, whether it's during menopause or after having a baby, after cancer treatments where they've had radiation to the area or they've undergone chemotherapy that put them into a low estrogen state.

And then people that have had trauma abuse as well and they're looking to retrain their body to be able to not just tolerate but also enjoy penetration at some point. And there's a long journey in between that but it's so worth it.

Sonia: I definitely love that. And I work with a number of clients that are doing the dilation with a physical therapist. And the side that I work with is talking them through the process and to get them to do the exercises between treatments, where they have to do it at home. And it may only be 20 minutes – I don't know, it just depends on it. But trying to get people to do that 20 minutes especially where they're either having pain with it, it sets up in people's minds a lot of reasons why they don't want to do this work.

And so, I kind of talk them through it and we figure it out and we come up with a plan and come up with how to process and deal with it. But I'm also interested, how do you keep your clients coming to appointments and doing the work in between appointments?

Amanda: I like to be a cheerleader, and not in an annoying way, not that all cheerleaders are anyway. I like to use different types of motivations. I like to remind people. I think it's important because as people we live in our body every day and it's really hard for us to notice those differences. I tend to see my patients once a week initially for several weeks while I'm kind of uploading information under them and teaching them new behaviors and exercises and things, and then we get further apart. But I always like to remind them what their data looks like on day one.

So, I'll pull back up their evaluation and be like, "Look, when you first came in you had tender points in these six locations, we're down to two. You're making progress." It's just so hard for people to remember sometimes how bad it was because our brain kind of puts us on this trajectory and we're moving forward. And it feels like we're not to our goal yet but we don't remember what six weeks looked like either. So, I like to remind people of how far they've come.

And then when I'm working with them on goal setting it's patient driven. I'm not imposing goals on them. I'm listening to them and creating four to six goals that are based off of their desires. The interesting thing is insurance companies are holding us accountable to those goals. So, we are both working together. It's in all of our best interests that a patient reaches their goals. Not saying, "Insurance is demanding this thing." But it's like, insurance wants us to be doing right by our patients and making progress.

And we want to be flexible in working with people where they're at. So, I like to, if there's barriers I like to listen to what those are, whether it's scheduling, or cost, or all the different things that come up in life, stress, and whatnot. And finding something that works, whether it's that they take

a month off and they're working on their things on their own or that we're checking in, in different ways, or that they are getting a nanny so that they can come in and the kiddos are tucked away and taken care of and that they have the mental space they need to get there.

And there are sometimes I will say some patients reach a point where they just can't do the work at that time. And I always like to remind them that is a very respectable place to be in your life. And you've got this information, keep going, keep doing the great work that you can. Keep showing up for yourself in any way that you can. And when you're ready to come back I cannot wait to see you. And I will say most of the time they are ready to come back and do the work within six months.

Sometimes we just go through these – I like to liken it to a river. We are moving down this river of life, sometimes we hit a rapid. And we have to deal with the rapid. Relatives die, life stress comes up, work volume changes. And you have to do that thing and come out of the rapid and the river is flat again and we can start to do the work and reach our own goals again. So, I just feel like that's how life goes. And I respect people's need to take that time and then come back.

And that's where the tools are super helpful tools, that they can be kind of put into these different little nooks and crannies of life throughout the day, where it's not going to be an appointment, and being there in person which is always lovely. But there's a lot of different ways.

Sonia: Great. And I just have two last questions for you. One, any last things that I didn't touch on that you wanted to go over? And two, how can my Diamonds reach out to you or get more information on the work that you do?

Amanda: Sure. I think that we hit on a lot of them, if questions come up, I'm always happy to come back on or they can reach out. The best way to reach me currently is to email support@intimaterose. And then on my

Instagram channel I do a lot of different types of posts that are educational and uplifting. I keep it a very positive space though, we're on Intimate Rose on Instagram. We are on TikTok now too, again, I keep it positive. But also, very Jackie Kennedy.

Sonia: Very poised and refined.

Amanda: Yeah. So, we are on TikTok and it's a little more lighthearted platform. But we make some fun videos there. I make fun videos and I have people help me edit them because I haven't mastered that yet. But on our website too I also have hundreds of different blog articles and videos. All the products have guides that come with them. There's guides on our website as well. And I'm always available to help answer any questions.

Sonia: Great. Thank you so much for coming. Thank you for answering all my questions. And we'll definitely make sure to put all the links in the show notes. And I just want to thank you for the work that you're doing.

Amanda: Thank you so much. I am thankful for the work you're doing too.

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get all your coaching needs met in my anonymous weekly group coaching calls. And we have so much fun with these calls and we get the work done.

Best of all, you get a community of other women that are dealing with similar issues. You get to know that you are not alone. So, this amazing program, Own Your Sexuality Now includes 12 self-paced modules that lead you on a journey to create the sexual intimacy of your dreams. You start from exploring concepts of you as a sexual being. And then you progress all the way to the point where you're creating a pleasure plan, a unique pleasure plan for you that ensures that you get the pleasure and the sexual intimacy that you deserve.

And I'm so excited about this, and as a special bonus, Own Your Sexuality Now is going to include an additional three months of weekly group coaching calls and support from me, Dr. Sonia. So, click on the link below, Diamonds, or visit my website www.soniawrightmd.com to find out more about Own Your Sexuality Now and to join. I can't wait to see you all.

Alright Diamonds, that's it from me, Dr. Sonia out.