

## Disabled laud efforts to make intimacy easier

People with disabilities don't necessarily stop feeling sexual. But acting upon those desires can be challenging and even hurtful.

By [Gail Rosenblum](#), Star Tribune

Last update: May 30, 2007 – 8:20 AM

Alan Tholkes expected good-natured ribbing when he shared his new-product idea with colleagues at HealthPostures, the ergonomic-furniture company in Glencoe, Minn., that he co-founded in 1999. The idea was a gliding chair with adjustable legs and back support, but it would not be something you'd take to a softball game.

The IntimateRider ([www.intimaterider.com](http://www.intimaterider.com)), now being launched nationally and retailing for just under \$500, is a sex aid for the physically disabled. That includes Tholkes, who became a quadriplegic at age 17 as the result of a car crash. The chair, he said, is especially helpful for people with spinal cord injuries, arthritis, chronic back pain and other debilitating ailments, offering support and ease of motion that allows many couples to enjoy sex again.

While inventor Tholkes, Minnesota's 1991 Entrepreneur of the Year, jokes that the "R&D [research and development] was a lot of fun," the chair, and the reason behind its development, is serious business. While tantalizing sexual messages rain down on the able-bodied, those with disabilities hear something quite different from advertisers, culture and, too often, their doctors:

Silence.

"When I went through [post-accident] rehab in the 1970s at age 18, it was one of those things that got shuffled under the rug," Tholkes said. "They taught me how to feed, dress and take care of myself, but nobody brought up the subject of how I was going to have sex, which was at the top of my list."

As many as 11,000 Americans suffer spinal cord injuries every year, he points out, and more than 80 percent of them are males between ages 16 and 30. "You're young, aggressive, invincible," said Tholkes, 49, who maintains good arm function that allows him to move himself in and out of his manual wheelchair. "At that age, sex is still a predominant topic on your mind."

While many men and women with spinal cord injuries regain all or some form of their sexual capabilities, depending on the degree of injury and its location, "society looks at someone in a wheelchair," Tholkes said, "and assumes you're not in that group anymore."

### **'I don't want to be alone'**

It's not only people in wheelchairs who face this reality. The website of the Arthritis Foundation ([www.arthritis.org](http://www.arthritis.org)) offers a "Guide to Intimacy With Arthritis," that demonstrates a hunger for answers among a population whose sexual desires clearly haven't waned, despite often agonizing physical or emotional challenges. Among their questions:

- "Because of my gnarled, knobby joints, I'm embarrassed by my body. I worry no one would want me sexually because of how I look. I don't want to be alone!"
- "How could I possibly believe that my guy won't sexually stray when an able-bodied woman would always have more to offer him physically?"
- "It has been so long since my wife and I have made love comfortably that I hardly know how to get started. Any suggestions?"
- "How will joint replacement affect my ability to have sex?"

Chris Kost, 37, of Shakopee, has heard these concerns and more, as a personal trainer for Accua Advanced Fitness Training in Savage and as a man who has lived with osteoarthritis for 16 years. Married to Erin Kost and the father of a 17-month-old son, he keeps physically fit, but can't deny that some days are marked by aches and pain that are unusual for a young man. A longtime volunteer for the Arthritis Foundation's north-central chapter, which includes Minnesota, he also speaks to young people anxious about intimacy issues and particularly worried whether able-bodied people will find them desirable.

Eight years ago, he delivered a candid talk to participants at the American Juvenile Arthritis Foundation's convention in Washington, D.C.

"A lot of people are just worried about being able to live normal lifestyles," he said. "They see media-made intimacy. Honestly, that's not the way it is. I told them, 'You're not going to be in a porn movie with cameras all around you. It's you and your significant other.' "

The best tool for good sex, he told them, is communication.

"Let your partner know what's comfortable and what's not, what hurts and what doesn't hurt. You have to make a mental map of your and your partner's bodies, to find out what you like and don't like.

"People think with sexuality that it's all about intercourse, but it's not. Simple touch for someone can be very intimate. A hand massage or back massage for someone having a flare-up can be huge."

### **Doctors often fail to ask about sex**

Mitchell Tepper would second that. The assistant director of the Center of Excellence for Sexual Health at the Morehouse School of Medicine in Atlanta is a national spokesman on sexuality and disability. Through his website, [sexualhealth.com](http://sexualhealth.com), Tepper, who suffered a spinal cord injury 25 years ago, works to debunk the cultural myths that people with physical disabilities are either "childlike or asexual."

Tepper hears regularly from people with any number of physical challenges -- a woman with spina bifida who hopes to become pregnant, a man with emphysema seeking positions that won't cause him to run out of breath -- and some of the topics on [sexualhealth.com](http://sexualhealth.com) sound a bit like what you'd find on other websites: "Tantric sex -- a different perspective," "Sex toys and where to purchase them," and "Love bites smorgasbord."

And why not? A healthy sex life can work wonders for everyone, he said, providing comfort, closeness, relationship satisfaction, even emotional healing.

He thinks it's a pity that doctors, social workers and others who work closely with the physically disabled (as well as their sometimes confused, grieving or angry partners) don't feel they have the right to explore sexual concerns. Medical schools largely fail in offering adequate hours of sexuality education to future health providers, he added.

That means that people with disabilities, or the people who love them, must often broach the subject first. A good doctor or therapist will take it from there, considering whether medication changes or an exercise program are warranted, or encouraging the patient and his or her partner to define sex and intimacy more broadly. Or maybe they just need to feel comfortable getting creative, like Tholkes did.

The IntimateRider's creator notes that his product, which was developed in about six months, also can be enjoyed by people with no physical challenges. While the early stages of inception were "really awkward," the more word got out, especially to people with arthritis and back pain, the more support he got.

"The people I know and have talked to, they're just so excited about it. They tell me, 'It's about time somebody came up with a way to make this a little easier.' They can do things they couldn't do before and have a little fun in the process."

Tholkes and his wife, Monaliza, are expecting their first child in September. The inventor will not say whether the IntimateRider had anything to do with that.

Trade secret.

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