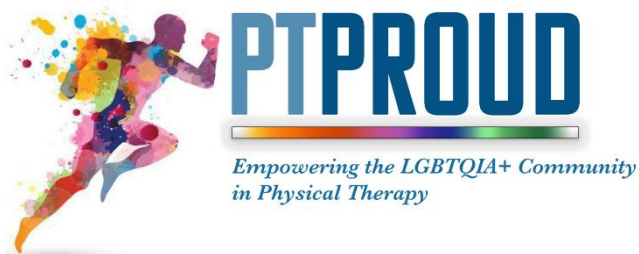


Introduction to LGBTQ+ Competency

Handbook for Physical Therapy



Brought to you by PT Proud, a Committee of the Health Policy and Administration
Section of the APTA



About the Authors

PT Proud is the LGBTQ+ Catalyst Group/Committee of the Health Policy & Administration Section of the American Physical Therapy Association. It is an LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, +) advocacy group supporting equity, education, and community for LGBTQ+ patients and practitioners. Our mission is to unite PTs, PTAs, and students towards a common goal of affecting change in our profession through advocacy, policy, and promotion of competency education. We aim to address health disparities and positively affect the health care experience of LGBTQ+ patients, students, and clinicians.

This handbook was written by members of PT Proud's educational task force, whose goal is to provide cultural competency education and to increase awareness of LGBTQ+ issues in physical therapy. We are physical therapy clinicians, educators, and students who care deeply about helping our profession in becoming increasingly competent and confident in providing care to LGBTQ+ patients.

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Join PT Proud:

If you want to support work like this promoting LGBT+ cultural competency in physical therapy, please join PT Proud—an LGBTQ+ Catalyst Group through the APTA! It is free and quick for all members of the HPA to join. Becoming a member allows us to communicate with you about events, resources and all other matters related to PT Proud! To join, follow these steps below.

- Become a member of the HPA
- Log into your profile on the HPA website using your APTA member ID number and last name (<https://www.aptahpa.org/login.aspx>)
- Click Manage Profile
- Click Edit Bio
- Scroll down to the Additional Information section
- Click the dropdown for "Yes" beside the "LGBTQ+ Catalyst Group Member" category
- Save changes

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Instagram: **deconstruct.health**

Facebook: **facebook.com/deconstruct.health**

Purpose of this Handbook

Other handbooks aiming to educate clinicians on how to work competently with LGBTQ+ (also referred to as sexual and gender minority) patients already exist. This handbook is unique in that it is specific to the needs and concerns of physical therapists.

In the first portion of this handbook, we discuss healthcare disparities faced by LGBTQ+ individuals and contextualize these disparities in the framework of systems of oppression. We review the most up to date research that currently exists on physical therapists' attitudes and competence in working with LGBTQ+ patients in order to raise awareness of issues within our field.

Finally, we introduce essential terms and concepts that the literature indicates are needed to establish cultural competence when working with LGBTQ+ patients and offer recommendations to create a safe and welcoming clinical environment. We discuss inclusivity in intake forms and include a sample intake available for use in part or in full. Throughout the handbook, questions for reflection are included before each section.

This is an introductory 101 level handbook. We have not included information on the full spectrum of identities and experiences that make up the LGBTQ+ (sexual and gender minority) umbrella. We welcome your feedback to make this handbook optimally inclusive, considering its introductory purpose. We also welcome suggestions for what content you would like to see in future versions.

Ultimately, we hope this handbook will empower physical therapy clinicians to become more confident and culturally competent providers for LGBTQ+ patients, and to become advocates for inclusivity and equality for all patients. Most importantly, we hope this handbook will inspire you to continue to seek further information. A list of resources will be provided, and you are welcome to become a PT Proud member and follow us on social media for ongoing education and news related to LGBTQ+ issues in physical therapy (information on joining is in the back of the handbook).

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Healthcare Inequalities and LGBTQ+ Patients

What are some ways that one's gender or sexual identity could affect the care they are given by health care professionals?

Research related to healthcare disparities experienced by LGBTQ+ identifying patients are limited.

LGBTQ+ individuals experience significant rates of healthcare discrimination in the US. In Lambda Legal's 2010 survey of LGBT people and people with HIV, "When Healthcare Isn't Caring"¹:

- Over 50% of LGB study participants reported one or more of the following: being refused care, having their healthcare provider refuse to touch them, excessive use of precautions when being treated, being blamed for their health status, or having their healthcare provider verbally abuse them.
- Transgender people reported having experienced discrimination and barriers to accessing healthcare at as much as 2 to 3 times the rate experienced by LGB people.
- LGBT people of color and people of lower socioeconomic status were also more likely to report facing discriminatory or substandard care.

The 2015 U.S. Transgender Survey², the largest survey to date examining the experience of transgender individuals in the U.S, found:

- Of the respondents who saw a health care provider in the past year, 33% had at least one negative experience related to being transgender.
- Negative experiences included being denied care, being harassed or assaulted, or having to educate their provider about what identifying as transgender means to them and basics about the healthcare they are seeking in order to get appropriate care.
- 23 percent of respondents did not seek needed medical care in the past year because they feared being mistreated as a transgender person, and 33 percent did not seek care due to financial barriers.

Lambda Legal's 2009 Healthcare Fairness Survey found that within the LGBT community, people of color experience disproportionate levels of healthcare discrimination compared to those who are white or who are not transgender.³

Understanding Inequalities: Systems of Oppression

Have you seen or heard disparaging comments or actions against LGBTQ+ individuals at your school or clinic?

Before we introduce the health disparities LGBTQ+ people experience, it is important to understand the factors that contribute to them. This requires an understanding of how LGBTQ+ people, like all marginalized groups, are impacted by systems of oppression. Oppression is “the systemic and pervasive nature of social inequality woven throughout social institutions... Oppression fuses institutional and systemic discrimination, personal bias, bigotry and social prejudice in a complex web of relationships and structures that saturate most aspects of life in our society.”⁴ Institutional or systemic discrimination include laws and policies that marginalize or fail to offer equal protection to LGBTQ+ people. Individual prejudice, by contrast, occurs on an interpersonal level. This includes microaggressions, or subtle day to day interactions that communicate prejudice against someone who is part of a marginalized group. It can sometimes escalate to interpersonal violence. LGBTQ+ people frequently are the targets of stigma, discrimination and violence.⁵ Daily microaggressions lead to increased stress levels (sometimes referred to as minority stress) and thereby impact health.⁶

Many LGBTQ+ people are also members of other marginalized groups. For example, LGBTQ+ individuals who are also people of color, of a low socioeconomic status, or disabled will experience oppression in ways that reflect those identities as well, leading to compounded experiences of oppression. Looking at this through the lens of intersectionality allows us to understand how multiple identities all contribute to a person’s health status. For more information about the intersectionality theoretical framework, please see Lopez, Gadsden reference.⁷

Given the impact of systemic oppression on LGBTQ+ health, there is a growing movement to train healthcare professionals in “structural competency,” defined as “the capacity for health professionals to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures”.⁸ Within this lens, we see that the oppression LGBTQ+ individuals face - disproportionately so for people of multiple marginalized identities - negatively impacts quality of life and health, beyond individual health decisions/behaviors.

Health Disparities

The following are just a few of the most notable health related disparities LGBTQ people face, as reported in 2011 by the Institute of Medicine⁵:

- LGB youth are at higher risk for suicidal ideation, suicide attempts, and depression
- A disproportionate number of LGB youth are homeless
- Lesbians and bisexual women may have a higher risk of obesity and breast cancer than heterosexual women, and be less likely to receive preventative care

- Men who have sex with men (disproportionately affected are black and Latino men) are still disproportionately impacted by HIV/AIDS
- LGB adults may have higher rates of smoking, alcohol use, and substance use than heterosexual adults (most of this research was conducted on women).
- Limited research indicates substance use is a concern for the transgender population as well.
- See the report: <https://www.kff.org/report-section/health-and-access-to-care-and-coverage-lgbt-individuals-in-the-us-impact-of-changes-in-the-legal-and-policy-landscape-on-coverage-and-access-to-care/>

Physical Therapist Attitudes and Competence in Providing LGBTQ+ Care:

How comfortable do you feel when knowingly working with an LGBTQ+ client?

How do your personal background or beliefs influence how you feel when working with an LGBTQ+ patient, if at all?

Research related to LGBTQ+ experiences in conjunction with physical therapy is especially limited. To our knowledge, a 2008 article by Burch is the only published study on PT attitudes toward LGBT+ people to date.⁹ Researchers surveyed 402 providers working with patients with spinal cord injuries before and after administering an LGBT+ competency training video. Participants included nurses, PTs, OTs, SLPs, PTAs, and OTAs. Prior to a brief cultural competency training video, physical therapists reported significantly less respect for LGBT patients than nurses, and participant across the board had limited knowledge about treating LGBT patients:

- 85% of PT's and PTA's reported tolerance versus respect for LGBT patients and only 1% reported "full respect".
- In contrast, 40% of nurses reported "some respect" while 44% of nurses reported "full respect".
- 68% of respondents reported "very low to average knowledge" related to treating LGBT patients.

The results of this study would suggest that the field of physical therapy has a lot of room to grow in providing LGBT+ inclusive care.

In 2016, Copti et al published a first of its kind position paper in the Journal of Physical Therapy Education titled: Lesbian, Gay, Bisexual, and Transgender Inclusion in Physical Therapy: Advocating for Cultural Competency in Physical Therapist Education Across the United States.¹⁰ This paper "provides recommendations to health care educators for improving cultural competency and outcomes for patients who are LGBTQ

as well as suggestions for creating an inclusive learning environment and climate for students who are LGBTQ.”

The APTA and National Policies Relevant to LGBTQ+ Health Care

At the national level, the Trump administration created a division of the Department of Health and Human Services called the “Conscience and Religious Freedom Division” in January 2018. In alignment with the mission of this division, a proposed rule, [“Protecting Statutory Conscience Rights in Health Care; Delegations of Authority,”](#) was also announced in January. This rule would protect the right of healthcare workers to refuse care on the basis of their religious or moral objections. Prior to the Trump administration’s policies and stances, the United States had been on a path to more affirmative and inclusive policies for equity in healthcare for sexual and gender minorities.

The APTA took a strong stance against the Trump administration’s proposed rule. In a [letter to the Department of Health and Human Services](#) in March of 2018, APTA president Sharon Dunn argued that the ruling contradicts physical therapists’ Code of Ethics and Guide for Professional Conduct. The APTA’s letter expresses concern that this rule could enable PT’s to put their personal beliefs in front of the needs of the patient: “APTA has concerns that the rule, if implemented as proposed, could undermine the ability of patients to receive the health care they need, particularly those most vulnerable”.¹¹

Important Terms and Concepts for Clinicians

What is your gender and sexual orientation? Can you name any others?

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Questioning or Queer, Intersex, Asexual, (+ all inclusive!))

Coming out - Can include telling others how you identify. It is a very individual decision if/when to come out. It is important not to “out” anyone (reveal their identity to others) without their permission (for many reasons, including safety.)

Sexual Orientation

Sexual Orientation - Describes sexual attraction only, and is not directly related to gender identity. The sexual orientation of transgender people should be defined by the

individual. It is often described based on the lived gender; a transgender woman attracted to other women would be a lesbian, and a transgender man attracted to other men would be a gay man.¹²

Lesbian - Term used to describe female-identified people attracted romantically, erotically, and/or emotionally to other female-identified people.¹³

Gay – 1. Term used in some cultural settings to represent males who are attracted to males in a romantic, erotic and/or emotional sense. Not all men who engage in “homosexual behavior” identify as gay, and as such this label should be used with caution. 2. An individually selected identity label for anyone who does not identify as heterosexual¹³

Bisexual - A person who is physically and/or sexually attracted to more than one gender. This attraction does not have to be equally split between genders and there may be a preference for one gender over others.¹³

Queer - 1. An umbrella term which embraces a matrix of sexual preferences, orientations, and habits of the not-exclusively- heterosexual-and-monogamous majority 2. This term is sometimes used as a sexual orientation label instead of ‘bisexual’ as a way of acknowledging that there are more than two genders to be attracted to, or as a way of stating a non-heterosexual orientation without having to state who they are attracted to. 3. A reclaimed word that was formerly used almost exclusively as a slur but that has been semantically overturned by members of the maligned group, who use it as a term of defiant pride. For decades ‘queer’ was used solely as a derogatory adjective for gays and lesbians, but in the 1980s the term began to be used by gay and lesbian activists as a term of self-identification. Eventually, it came to be used as an umbrella term that included gay men, lesbians, bisexuals, transgender persons, and people of other sexual orientations and gender identities.¹³

Asexual - Someone who does not experience sexual attraction, or who has a little or no interest in sexual activity.

Intersex

Intersex Person - Someone whose sex assigned at birth is difficult for a doctor to categorize as either male or female. A person whose combination of chromosomes,

hormones, internal sex organs, gonads, and/or genitals differs from one of the two expected patterns.¹³

Gender Identity

Gender Identity - A person's sense of being masculine, feminine, with another gender, or no gender in particular.¹³

Sex - Has historically been referred to as sex assigned at birth, based on assessment of external genitalia, as well as chromosomes and gonads. In everyday language is often used interchangeably with gender, however there are differences, which become important in the context of transgender people.¹² Due to commonly being subdivided into 'male' and 'female', this category does not recognize the existence of intersex bodies.¹³

Transgender - A person whose gender identity differs from the sex that was assigned at birth. May be abbreviated to trans. A transgender man is someone with a male gender identity and a female birth assigned sex; a transgender woman is someone with a female gender identity and a male birth assigned sex. A non-transgender person may be referred to as cisgender (cis=same side in Latin).¹²

Gender expression - The outward manner in which an individual expresses or displays their gender. This may include choices in clothing and hairstyle, or speech and mannerisms. Gender identity and gender expression may differ; for example a woman (transgender or non-transgender) may have an androgynous appearance, or a man (transgender or non-transgender) may have a feminine form of self-expression.¹²

Gender non-conforming (GNC) - umbrella term for anyone whose gender expression does not match societal expectation.¹³ (Similar term: Gender Variant)

Gender Binary – The idea that there are only two genders – male/female or man/woman and that a person must be strictly gendered as either/or.¹³

Genderqueer – A gender variant person whose gender identity is neither male nor female, is between or beyond genders, or is some combination of genders. Can include a political agenda to challenge gender stereotypes and the gender binary system.¹³ (Similar term: Non-Binary)

Non-binary - Similar to "genderqueer."

- Non-binary *gender pronouns* such as they/them and ze/hir are often, but not always used by non-binary, genderqueer, agender, and other gender variant individuals as an alternative to the gendered pronouns she/her or he/him.

Gender fluid - Someone whose gender varies over time¹³

Agender - Someone without gender¹³

Cross dresser / drag queen / drag king - These terms generally refer to those who may wear the clothing of a gender that differs from the sex which they were assigned at birth for entertainment, self-expression, or sexual pleasure. Some cross dressers and people who dress in drag may exhibit an overlap with components of a transgender identity. The term transvestite is no longer used in the English language and is considered pejorative.¹²

Two-Spirited - People within native cultures who are considered a third gender and who see the world through the eyes of both men and women.

Gender dysphoria - a sense of dissonance, which can cause psychological distress, between a person's gender identity and how they are perceived. Many, but not all, trans people experience this. The experience of gender dysphoria motivates some people to transition.

Gender Transition

Many, but not all transgender people, take steps to affirm their gender identity. This may or may not include changing one's style of dress, hair, or make-up, and/or changing one's name and gender markers on identity documents. A person may also feminize or masculinize their body by undergoing hormone therapy (this is the primary medical intervention sought by transgender people) and/or choose from a variety of gender affirming surgeries. Hormones and surgery can be effective in relieving gender dysphoria and are medically necessary for many people. Additional steps may include hair removal, voice therapy, and practices such as breast binding or padding, genital tucking or penile prosthesis.¹²

For many transgender and gender non-conforming people, gender transition is a deeply personal matter. For this reason, it is important to refrain from asking questions out of curiosity. However, sometimes it is important to ask questions that are pertinent to

care. The following are scenarios and examples of questions that would be appropriate, and even important to ask:

- Your patient is a transgender man who presents with thoracic pain and who wears a chest binder (a tight undergarment that is used to compress breast tissue, creating the appearance of a flat chest).
 - *You ask how long they have been wearing the binder, and for how many hours per day, as well as whether they notice any pain or shortness of breath when wearing it.*
 - Your patient is a transgender woman with lower back pain. She notes on her chart that she has undergone vaginoplasty within the past year.
 - *You ask about her recovery from that surgery and whether she has had any related complications.*
 - Your patient is a teenager with a sports injury who experiences depression. They mention to you that they have “questions about their gender” that are getting them down.
 - *You listen actively and invite them to tell you more about this, and ask what kind of support they have access to in working through these questions. If they indicate they could use more support, you offer to refer them a mental health professional and/or gender related support group. You should not share this information with the patient’s parents or gaurdians without the consent of the patient.*
-

Gender Transition - definitions:

Binder - A tight undergarment that is used to compress breast tissue, creating the appearance of a flat chest.

Gender Confirmation Surgery or “Bottom Surgery” - Formerly called a sex change, then Sexual Reassignment Surgery. Also called Gender Affirmation Surgery. A variety of surgical approaches can be used, which may involve a graft. Some PT’s who specialize in pelvic health may work with these patients pre- or post-surgery.

Top Surgery - This term usually refers to surgery for the construction of a male-type chest, but may also refer to breast augmentation.¹³

For more information on transgender surgeries, as well as the medical impact of other transitions related practices, please see <http://transhealth.ucsf.edu/protocols>.

Terms to Avoid

Trannie - A slur referring to transgender people that is offensive, but is being reclaimed by some. To be respectful, do not use this term.

Transsexual - A term used in reference to transgender people which is now largely viewed as outdated and offensive. Parts of the transgender community, particularly older trans people, may still use this term to affirm their identity.¹³

Transvestite - Someone who dresses in clothing generally identified with a different gender. While the terms 'homosexual' and 'transvestite' have been used synonymously, they in fact signify two different groups. The majority of transvestites are heterosexual males who derive pleasure from dressing in "women's clothing". (The preferred term is 'cross-dresser,' but the term 'transvestite' is still used in a positive sense in England).¹³

Hermaphrodite - An out-of-date and offensive term for an intersex person. (See 'Intersex Person').¹³

Tips to build a trusting therapeutic relationship with LGBTQ+ patients:

- **Confidentiality.** It is vital to avoid "outing" your patient to their family, friends, to your own colleagues, or to anyone else. "Outing" means letting other people know that your patient is LGBT, or divulging the patient's specific identity/identities without the patient's consent.
- **Do not assume** someone's partner is the opposite sex/gender. Instead, listen to how your patient describes their significant other, and use the same language they are using (pronouns as well as whether they call this person their partner/spouse/husband/wife/sweetheart etc.). If you are unsure, use a gender neutral word like partner or spouse at first.
- **Listen** to how the patient identifies and use the same language. For example, if they say they are gay, do not use the word "homosexual" or "queer".
- **Recognize** the diversity of sexual practices. If your patient's sexual practices are affected by their impairments and this comes up as part of their care, be non-judgemental and ask open-ended questions. Avoid making any assumptions about what sex means to them or what kind of sex they are having.
- **Understand** there is no one way for transgender or gender variant people to transition. Your patient may or may not have undergone steps to medically transition. However, they also may not have, and may or may not want to do so in the future. They may start transitioning early or late in life. If your patient has

been or is undergoing some kind of gender transition, avoid making any assumptions about what your patient's transition might involve.

- **Best Judgement.** If your patient has had gender confirmation surgeries or is taking hormones, you may not know unless you ask, as not everyone will feel comfortable including this information on a general intake form. Use your best judgement and only ask questions related to medical transition in a sensitive manner when this information is important for to provide quality patient care.
- **Necessity not curiosity.** It should go without saying that we should never ask about any patient's body or sexuality out of curiosity. It is important to ask questions only when that information is clearly relevant to allow you to provide the best possible care. If you create a safe space, this will allow your patient to feel comfortable opening up to you about their experiences, should they wish to.

Office Policies and Practices are vital to create a safe space for LGBTQ+ patients:

- **Names and Pronouns**
 - Make your paperwork inclusive! [Please see our section on paperwork](#) for more information, and feel free to use our [sample paperwork](#) as a model. Patients should be able to provide their preferred name, pronouns, and gender identity. Ideally this information should be represented on electronic medical records so all staff can address the patient respectfully.
 - You cannot tell someone's gender by the way they look or sound, or by their name. This is true of **everyone**, not just transgender and gender non-conforming people. For this reason, avoid using gendered terms or pronouns unless you are sure of someone's gender identity and preferred pronouns. For example, avoid saying Mrs., Ms., Mr., ma'am or sir. Also avoid using pronouns such as she/her and he/him when describing the patient to other staff members until you know what pronouns someone uses. More information on how to obtain someone's preferred name and pronouns can be found in the [section on pronouns](#).
- **Working with Transgender People's Bodies**
 - Is the same as working with anyone else's body! However, don't make assumptions about someone's body, such as what genitals someone has (if you are doing pelvic floor work, or working near the groin) or whether they have breasts (some people's chest may appear to be flat due to the use of a chest binder).
 - Avoid expressing surprise or judgement.
 - Some terms for body parts may bring up discomfort in your patient, related to gender dysphoria. Follow their lead by listening to the language they use to describe a part of their body, or simply ask the patient how they would like you to refer to a potentially sensitive area.

- Let the patient determine what makes them comfortable in the session. For example, you may find that a transgender woman wears a scarf over her head or a wig because she is uncomfortable showing a receding hairline; or that a transgender man wears a binder to flatten his chest. In either case, do not express surprise or judgement. Make it clear that it is fine for them to keep the scarf or binder on during the session. You may always explain the benefits of removing a piece of clothing if it's relevant to your treatment, but the decision should be fully up to them and there should be no sense of pressure to take remove the item/s. This should be applied to any patient (transgender or otherwise) who does not feel comfortable removing any article of clothing.
- **Marketing & Educational Materials**
 - Make sure your marketing and educational materials represent people who are LGBTQ+, as well people of color and people with disabilities, so that all people feel welcome in your clinic. If you have pregnancy related resources, consider that these should include images of transmasculine pregnant people as well as cisgender women.
 - Make a statement on your website and marketing materials that the clinic is a safe and welcoming space for LGBTQ+ individuals, and/or include a publicly displayed non-discrimination statement that includes discrimination based on gender **and** sexual orientation. However, consider whether your clinic truly is a safe space before posting these statements. For example, if there are no all-gender bathrooms (bathrooms in which people of all genders are welcome), it is not fully a safe space. In this case, you can state that your clinic is welcoming, while also making a statement describing any conditions that are suboptimal. If you are working to remedy the situation, by all means, say so!
 - Consider wearing a rainbow lanyard or posting a rainbow sticker somewhere prominent as a visual signal that this is a safe space.
- **Bathrooms**
 - Mark bathrooms as “all gender” bathrooms. “All gender” means that people of any gender are welcome to use it. If this is not possible, explicitly state in a visible place that people may choose whichever bathroom they feel comfortable with; you should also make at least one bathroom “all gender” so there is a safe space for non-binary people and for others who do not feel safe in either the men’s or women’s bathroom.¹²

Importance of Providing Trauma-Informed Care

Have you considered how a hands-on evaluation in physical therapy could affect people with a history of trauma?

A study with over 6,000 trans and gender non-conforming participants found:

- 60% had been refused medical care
- 69% had experienced homelessness
- 63-78% experienced physical or sexual violence at work or school
- Suicide attempt prevalence for overall US population is 4.6%. For LGB individuals, it is 21%, for transgender and gender non-conforming people it is 41%.¹⁴

Trauma has a huge impact on mental health. Therefore, healthcare providers should ensure we are not re-traumatizing survivors.

What is Trauma?

- An event, series of events, or circumstances that are experienced as physically or emotionally harmful or threatening and that have lasting adverse effects. Circumstances include childhood and adult physical, sexual, and emotional abuse; neglect; loss; community violence; structural violence.¹⁵
 - Racial trauma: experienced by marginalized groups as 1) direct harm/threats of harm based on race, 2) witnessing racial violence toward others (hate crimes, violence by law enforcement), 3) experiencing institutional racism, discrimination, and microaggressions - brief everyday exchanges that communicate hostility intentionally or unintentionally.¹⁶
 - Historical trauma: Collective trauma experienced by a group across generations (examples: colonization and assimilation policies, slavery, homophobia and transphobia)¹⁶

Physical Therapy-Specific Trauma Informed Care Recommendations

With high rates of trauma in the general population, these are best practices for all clients. You will likely not know if your client is a trauma survivor. The following recommendations are adapted from a study on providing trauma-informed PT for adult survivors of child sexual abuse¹⁷:

- Safety is the foundation. Establish a positive rapport (this may take a few extra minutes or questions).
 - Reiterate informed consent often, letting the client know that you are open to feedback or change. If they seem uncomfortable, check in.
 - Be sure you know the name/pronouns your patients use.
- Offer a choice of therapist - survivors and/or LGBTQ people may be more comfortable with someone based on gender, race, etc.
- Share information: make sure the patient knows what to expect from the eval and PT care.
- Convey empathy and understanding, without prying into personal details.

- Work with the client on physical factors of the clinic:
 - Check in about having the exam room door open vs. closed.
 - Certain body positions could be triggering (prone can feel like you are pinned down, supine can feel like the PT is smothering you).
 - Let the client know when you are going to touch/move a body part or the exam table.
- Know that PT can trigger memories of abuse and dissociation due to the power differential, touch, positioning of the patient's body, and pain/symptoms.
 - If you become aware that your patient is triggered, check in. Many people appreciate their provider acknowledging that PT can be distressing, can trigger memories/dissociation, and that what they are feeling is normal.

Gender Pronouns

*How do you ensure you are using the right name and pronoun for your patient?
Have you thought about this as something that has an impact on patient care?*

Many transgender and gender non-conforming (TGNC) individuals experience being misgendered on a frequent basis. This means that people refer to them as a gender that does not match their identity. If you are a cisgender (not transgender) person for whom this is difficult to imagine, here is a scenario to increase your empathy with what your patients may be experiencing:

If you are man, imagine you are at the grocery store and the check-out person asks a colleague to help you return an item. In speaking to their colleague, they consistently refer to you using she/her pronouns. Even when you tell them they are wrong, they continue to use she/her pronouns when talking about you. If you are a woman, imagine that someone is using he/him pronouns for you.

As you can imagine, being misgendered repeatedly can create an accumulative level of stress. It is particularly uncomfortable for a patient in a physical therapy clinic or doctor's office, where someone in a position of power is examining your body. Because of the power dynamic and the vulnerability of the patient, it is vital that we find out what pronouns our patient prefers, and then respect their gender identity by using those pronouns. This is vital in enabling patients to feel comfortable accessing physical therapy and for patient retention.

How to Ask about a Patient's Pronouns:

So how do you find out what pronouns to use for your patient? Ideally, there is a question about pronouns on your intake form (please see section on intake forms). *If you do not have inclusive intake paperwork, we encourage you to create a new intake based on our suggestions, or to ask those who are responsible for such decisions to make their intake forms more inclusive. However, we understand that not all PT's have control over what intake paperwork is used in their clinic. If you do not currently have inclusive intake paperwork, you can and should still ask what pronouns someone uses—and here's how:*

- *Simply ask them, “what pronouns do you use?”*
- *An additional option is to simply introduce yourself with your pronouns first, as in “my name is Dr. Becker and I use _____ pronouns.” This invites your patient to share their pronouns as well, if they would like.*
- You can also combine the above two methods.

What if my patient is confused about why I am asking them this?

- You can explain concisely: “Some of my patients use he/him or she/her pronouns, while others use non-binary pronouns like they/them. I ask this question to ensure I am referring to every patient in a way that is respectful of their identity.” *Or choose your own way of explaining!*



Gender Neutral Pronouns

People who are non-binary may use they/them, ze/hir, and any variety of other gender neutral pronouns. There are many gender neutral pronouns and it is important to respect the ones that your patient uses.

This language may be unfamiliar to you. It is not necessary to memorize all the pronouns, and if you are unfamiliar with how to conjugate someone's pronouns, it is appropriate to ask. Using gender neutral pronouns may feel difficult at first, but it becomes easier with practice. Here is a list of some gender neutral pronouns and how they are conjugated. This list is from the Center of Excellence for Transgender Health and was adapted from the University of Alabama Student Union¹²:

Table 10-1. Pronoun Reference Sheet

3 rd Person Singular Subjective	3 rd Person Singular Objective	3 rd Person Singular Possessive	3 rd Person Singular Reflexive
She	Her	Her	Herself
He	Him	His	Himself
They	Them	Their	Themselves
Ze	Zir	Zir/Zirs	Zirself
Xe	Xem	Xyr/Xyrself	Xemself
Ze	Hir	Hir/Hirs	Hirself
Per	Per	Per/Pers	Perself

If you have difficulty using someone's gender pronouns, you might choose to use their name instead of a pronoun. However, it is easy to make mistakes with this method, as there is a strong tendency to use pronouns in our language. Also, unless someone requests that you use their name instead of pronouns, it is most respectful to actively use the pronouns they request.

Everyone makes mistakes, especially when using language that is new. If you misgender someone (use the wrong pronouns), the best response is to briefly yet genuinely apologize, then do your utmost to use the correct pronouns in the future. Do not dwell on what happened, as that may demand more energy from your patient. Your patient may then feel compelled to attend to your feelings, which would be inappropriate. Be prepared to apologize and then continue with the conversation you were having before the mistake happened.

Practice will likely be required to learn how to use gender neutral pronouns at first, but the work you put into this upfront will translate to your patient feeling respected. This goes a long ways towards rapport and patient retention, and will likely be greatly

appreciated, particularly in a world where the painful experience of being misgendered is very common for non-binary people.

The following is a great resource to practice using a variety of gender neutral pronouns:
<https://www.practicewithpronouns.com/#/?k=q3px30>

Inclusive Paperwork

Would you say that your clinic is a safe space for LGBTQ+ patients?

How is this conveyed to your patients?

What factors may present obstacles to care for these patients?

Importance of asking about sex, gender, and sexual orientation in an intake form:

- Inclusive intake paperwork sets the tone when someone walks into your office and signals whether this is a safe and inclusive space.
- It allows you to discover their preferred name and pronouns without having to take time during your session to learn these things, and avoids any awkwardness that might occur when asking verbally.
- Some patients may not feel as comfortable bringing this up verbally, but want you to know. They always have the choice to fill in the information or leave it blank. The intake provides an opportunity to disclose it without bringing it up verbally. Patients may want to disclose their gender or sexual identities because they have frequently had medical providers make assumptions about their gender or sexual identity in the past. This assumption can cause stress and misunderstandings. For example, many LGBTQ+ patients have had healthcare providers assume they were heterosexual, and many transgender and gender non-conforming people have had healthcare providers misgender them (use the wrong gender pronouns for them).
- This information may be relevant to a patient's health and treatment, as well as to acknowledge them as a whole person.
- Whether someone is transgender, as well as what surgeries they have had and/or hormones they may be taking, may impact treatment.
- Little research has focused on LGBTQ+ health disparities.⁵ As a result, more data is needed to identify problems and to improve healthcare for this population.

Our sample intake form includes a modified version of the gender identity two-step question from UCSF's Center for Transgender Excellence. The two-step question allows understanding of current gender identity as well as sex assigned at birth. In

conjunction with a surgical history and knowledge of any intersex condition, this information provides healthcare providers with knowledge of body parts the patient may have. Physical therapists may not always need to know this information. However when providing medical screening or discerning appropriate referrals, medical care, or follow up, it may be directly relevant to patient care. One example where this would be relevant is with pain referral from the pelvic region. The original two-step question, approved by reputable organizations such as AAMC, the Mayo Clinic and CDC, is as follows¹²:

What is your gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender man / Transman
- ☐ Transgender woman / Transwoman
- ☐ Genderqueer / Gender nonconforming

Additional identity (fill in) _____

- ☐ Decline to state

What sex were you assigned at birth?

- ☐ Male
- ☐ Female
- ☐ Decline to state

In the sample intake form below, we added an “intersex” option to sex assigned at birth. Recently, Colorado became the first state to include intersex on birth certificates.

It is also important to leave space for the patient to specify their preferred name, and preferred pronouns. Options for pronouns should include he/him/his, she/her/hers, they/them/theirs, and other:_____.

In addition, you should ask a question about sexual orientation. There should always be an option to write-in your own answer rather than having to choose between a few labels that may not fit a given individual.

SAMPLE PATIENT HISTORY FORM

Not a comprehensive form, reduced for clarity

KEY POINTS

Preferred names allow patients to give names different than legal names

Allows patient to self-identify

Create non-gendered questions

Blood relatives instead of family history for those who have families they are not related to, for example, their chosen family.

Identifies those with a history of trauma

Allows patients to choose how to describe their symptoms and disclose places they prefer to not be touched

Patient History Form

Preferred Name: _____ Legal Full Name: _____

Phone # _____ Address: _____

If Patient is under 18 Parent or Guardian is required to fill out this form

Name: _____ Relationship to Patient: _____

Are you having difficulties completing this form? Yes/ No If No, please see the front desk for assistance

Gender Identity: ☐ Female ☐ Male ☐ Transgender woman//Transwoman ☐ Transgender man/Transman ☐ Genderqueer/ gender nonconforming

☐ Additional Identities (fill in): _____ ☐ Decline to state

Sex assigned at birth: ☐ Female ☐ Male ☐ Intersex ☐ Decline to state

Pronouns: ☐ she/her ☐ he/him ☐ they/their ☐ Other (fill in): _____

Relationship status: ☐ Married ☐ Partnered ☐ Single ☐ Dating

Medical History
 Self: Please Circle all conditions that you have been told you have ...
Currently pregnant or nursing? Yes No
 Blood Relatives: Please circle all conditions that you know a blood relative has been told they have ...
 Not Applicable

Past Surgeries with date/year: _____

Current medications and supplements: _____

How would you rate your general health: Excellent Good Fair Poor

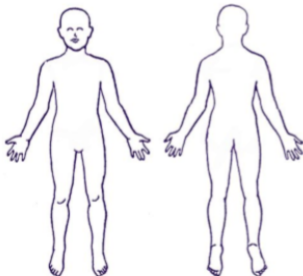
During the past month, have you been bothered by feeling down, depressed or hopeless? Y / N

Do you have any concerns about your personal safety? Yes No Prefer to not answer

Do you have a history of trauma that you would like your PT to be aware of?

Please shade in the areas where you are experiencing symptoms
 OR
 Please describe location of symptoms: _____

Physical therapists use their hands to assess and provide treatment. Please circle the areas on your body that you would prefer to not be touched.



Look at the intake form in your clinic

- Does it allow for self-identification?
- Does it ask non-gendered questions?
- Is it consistent with trauma-informed care?
- How could you improve your current form?

In Summary

For many LGBTQ+ individuals, histories of inequitable treatment, oppression, and trauma contribute to health disparities and poor health. Physical therapists will encounter such individuals in practice and must be able to provide care with appropriate cultural humility. Currently, the limited available research shows that physical therapists do not have an acceptable level of knowledge and respect for LGBTQ+ individuals. Using resources like this handbook will allow clinicians to become more knowledgeable about this population and provide the best care possible for their patients. PT Proud welcomes feedback about this handbook and encourages all clinicians to continue to seek out information from reputable sources. For more resources, please see our website at www.ptproud.org. Thank you!

Questions for Reflection:

- How, if at all, has this handbook changed your familiarity with LGBTQ+ populations?
- To what extent will it affect your confidence and/or competence in working with LGBTQ+ patients?
- What changes, if any, would you like to make in your practice to increase accessibility and inclusivity for LGBTQ+ patients?
- Do you know of any resources specific to LGBTQ+ populations in your area to provide referrals?

LGBTQ+ Case Scenarios

Scenario 1

You're in the break room having lunch and a colleague walks in. He has just completed a treatment session with a patient. He begins to vent his frustrations with his patient's non-compliance with prescribed treatment. As he is talking, he continuously refers to the client as a "fag."

- *Should you intervene? If so, how?*

Scenario 2

A female high school athlete presents to your outpatient physical therapy clinic with an Rx for rehabilitation following an ACL repair. The patient's father joins you and the patient for the initial evaluation, which was routine post op in nature. Upon completing the session, the patient and father depart with a handout of 3 home exercises and a

second appointment. The next 3 sessions the patient's father waits for her in the waiting room. At the 4th session, you are stretching the patient and mobilizing her knee having the typical small talk as usual when the patient outs herself to you and begins to describe how difficult it has been for her to not be playing while her girlfriend is on the first string and starts each game. She continues to go on about the psychological impact the injury and surgery has had on her personally as well as on her relationship.

- *How would you respond to this situation?*
- *What things can you do as a therapist to continue to foster a constructive, comfortable, and therapeutic relationship with your patient?*
- *Should you out the teen to her father?*

Scenario 3

You are an inpatient rehab therapist at a hospital with a conservative, religious affiliation. You have been treating a gay male patient who sustained a T10 spinal cord injury while riding his motorcycle. You have been working with the patient and his partner on transfers, bed mobility, and manual wheelchair management. The patient is modified independent with all mobility tasks with the exception of elevations and some self-care tasks. The patient and his partner are both retired. The patient's partner is able to provide assistance as needed throughout the day however the interdisciplinary team leader is a conservative physician who is pushing for the patient to go to an assisted living facility rather than home because he does not acknowledge the partner's ability to contribute to care.

- *How would you handle this situation?*
- *What can you do to advocate for your patient and his partner to see him safely return home?*

Scenario 4

A 22-year-old woman enters the clinic as a first-time patient. She tells the receptionist that she has never been to physical therapy. She is given an intake form to fill out, on which she reports that her current gender identity is female, and her sex assigned at birth was male. Her first name is Markesha but her identification lists a masculine first name, Mark. While she is waiting to see a PT, she enters the women's restroom. Another patient comes out of the women's restroom and reports to the receptionist that she thinks a man is using the women's restroom. The receptionist sends a therapy aide into the women's restroom to see if there is a problem. The therapy aide returns and says everything is alright. Markesha exits the restroom and sits in the waiting area. A

PT appears with a chart and calls for Mark. Markesha looks around sheepishly. The PT calls again for Mark. The patient who had reported a man in the women's room laughs contemptuously. Markesha gets up and goes to the PT, who takes her to an exam room.

- *How would you handle the restroom-related complaints about transgender patient from other patients?*
- *What is the best way to address a patient whose preferred name doesn't match the name on their state-issued identification?*
- *How would you work with clinic staff to address patients who criticize or harass transgender patients in the waiting room?*

Scenario 5

You are a supervising PT, overseeing 2 PTA's. One of your PTA's identifies as gender non-binary. They are out within your clinic setting. You are performing manual intervention on a patient, which you and your PTA mutually treat. The patient repeatedly misgenders your colleague using he/him pronouns when the colleague uses they/them pronouns.

- *Consider your role in this situation. How will you respond?*
- What can you do to ensure the respect and comfort of your PTA?*

Scenario 6

You are a clinical instructor. Your student is participating in their first clinical rotation. You are co-treating a patient, who identifies as transgender. The patient uses she/her pronouns, however your student uses he/him pronouns when referring to her. Unfortunately, you missed the opportunity to correct them and the patient just let it go as well. Later during lunch, you are having a conversation with the student and they refer to the patient as a "tranny."

- *Consider your role in this situation. How should you approach this situation?*
- *What is problematic about the words your student is using?*
- *How can you direct your student to ensure they become culturally competent?*

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