



LGBTQ Inclusion in Physical Therapy

Capstone Project '21
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Learning Objectives

Following participation in this online module, learners will be able to:

- Identify health disparities and inequities faced by members of the LGBTQ population
- Recognize the importance of including LGBTQ educational components in PT curriculum
- Identify specific and unique health care needs and issues for LGBTQ patients across the lifespan
- Recognize ways to increase personal learning on health and care of LGBTQ patients
- Interact with and care for LGBTQ patients in a competent manner
- Implement effective strategies to provide gender-affirming care to future patients

LGBT-DOCSS^{1,11}

- 18 item clinical self-assessment developed by Bidell
- Focuses on:
 - Clinical Preparedness
 - Attitudinal Awareness
 - Basic Knowledge

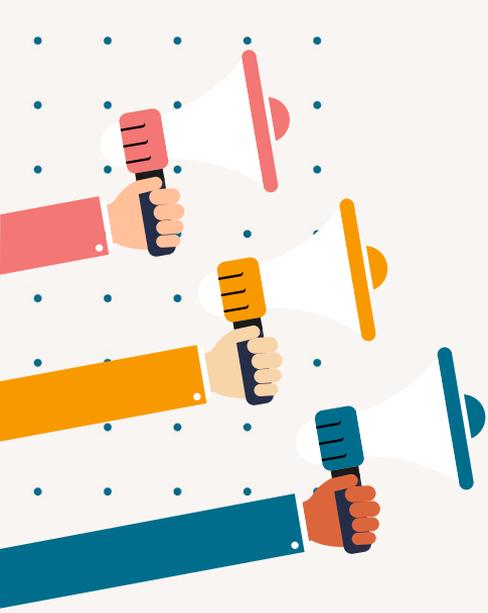


The Importance of Including Education on the LGBTQ Population in Physical Therapy/Allied Health



Introduction^{2,3}

- The field of PT has a lot of growing to do in providing LGBTQ inclusive care
- Much of what is taught in PT school (and other health care programs) is heterocentric and not reflective of the patient population encountered in real life.
- Students should be prepared to treat any patient in a culturally sensitive and competent manner.



LGBTQ Terminology^{4,5}

- **LGBTQ (LGBTQIA, LGBTQ+)**- an acronym for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual (+ = all inclusive); an umbrella term for sexual and gender minorities
- **Sex** – medically constructed term, historically referring to the sex assigned at birth, based on an assessment of genitalia, chromosomes and gonads.
- **Sexual orientation** – refers to sexual, romantic or emotional attraction and is not directly related to gender identity. This can be fluid and people use a variety of labels to describe their sexual orientation
- **Gender** – social construct used to categorize a person as a man, woman or some other identity. Fundamentally this is different that one's sex, or sex assigned at birth
- **Gender identity** – similar to gender, a person's internal sense of self; how someone perceives themselves and what they call themselves; this can be the same or different from sex assigned at birth
- **Gender expression** – the outward manner in which someone expresses or displays their gender; includes choices in clothing, hairstyle, speech and mannerisms. These may or may not conform to socially defined behaviors and characteristics typically associated with being masculine or feminine

LGBTQ Terminology^{4,5}

- **Transgender** – a person whose gender identity is different from the sex assigned at birth; a transgender man is someone with a male gender identity and female birth assigned sex; a transgender woman is someone with a female gender identity and male birth assigned sex
- **Gender Non-conforming** – A person whose gender identity differs from that which is assigned at birth but more complex, fluid, multifaceted or less clearly defined than 'transgender;' Commonly refers to people who do not subscribe to societal expectations of gender roles or expression
- **Nonbinary** – Person who does not identify as exclusively male nor female; They may identify as both, neither or somewhere in between; resists the idea that gender is a binary concept of male and female
- **Cisgender** – A gender identity that aligns with one typically associated with sex assigned at birth
- **Gay** – A person who is emotionally, romantically or sexually attracted to members of the same gender
- **Lesbian** - Typically a woman or non-binary person who is emotionally, romantically or sexually attracted to people of the same gender
- **Bisexual** – A person who is emotionally, romantically or sexually attracted to more than one sex, gender or gender identity; can sometimes be used interchangeably with pansexual

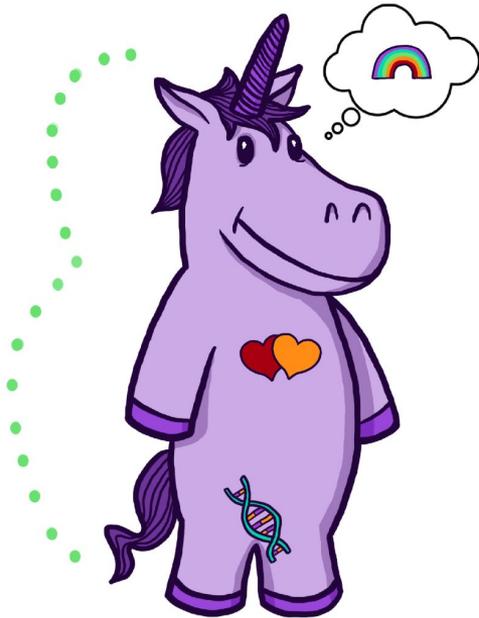
LGBTQ Terminology^{4,5,6}

- **Pansexual** – A person who has romantic, sexual or emotional attraction to people of all genders and sexes
- **Queer** – Used to describe a spectrum of identities and orientations that are counter to mainstream. This can be used as a catch-all term to include many people who do not identify as straight or those with non-binary gender identities. It is important to note this was previously used as a slur though has been reclaimed by many in the LGBTQ community.
- **Intersex** – A person who is born with a variety of differences in their sex traits and reproductive anatomy and there are a variety of intersex variations including differences in genitalia, chromosomes, gonads, internal sex organs, hormone production, hormone response and/or secondary sex traits.
- **Asexual** – A person who does not experience sexual attraction or who has little to no interest in sexual activity. Keep in mind there are diverse ways to be asexual and this is a distinct concept from celibacy



The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

“Everyone is the Same”^{2,3,7,8}

- This way of thinking ignores the increased health risks and challenges that are unique to the LGBTQ population
- Gender and sexual identities play a major role in one's life
- Direct access to physical therapy services makes it even more important that PTs are educated on LGBTQ health risks and barriers
- One study found that every LGBTQ participant reported a lack of inclusivity in physical therapy services in some form
- **Lack of education** in health care professionals and a **lack of inclusivity** are 2 major factors contributing to poorer health outcomes for this population



Heterosexism in Health Care/PT Education & Practice^{2,7,18}

- Nursing, medical and allied health programs and practices are overall heterosexist with heteronormative practices and policies
- Ways this can manifest in health care:
 - Forms or electronic health records that may only have the option for choosing between 'male' and 'female'
 - Assuming or not respecting patient pronouns
 - Assuming patients are partnered with the opposite sex
- These actions can result in feelings of invisibility or distress for LGBTQ patients



Cultural Humility and Inclusivity^{2,8,9}

- Factors preventing health care providers from caring for LGBTQ patients in a sensitive manner:
 - Lack of cultural humility
 - Lack of provider confidence
 - Negative attitudes
 - Biases or preconceptions towards this population
 - The idea that 'comfort' in treating a population does not always equate to competency in treatment
- All of these factors are modifiable

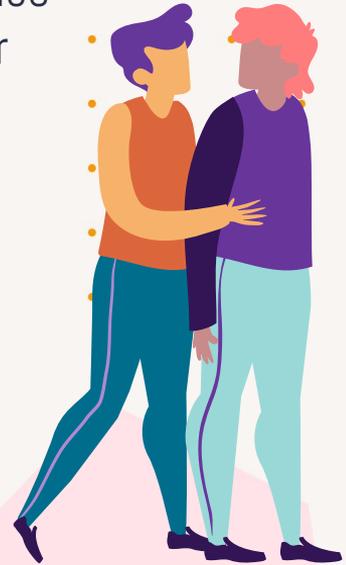


Lack of Knowledge Concerning LGBTQ Specific Health Needs^{3,8,9,11,12}

- Nowaskie et al.: PT students have significantly lower LGBTQ-DOCSS scores compared to nursing and social work students
 - reported receiving less than 1 hour of LGBTQ education annually
- Many healthcare professionals are not aware of the increased physical and mental health risks the LGBTQ population faces
 - Transgender patients in particular report educating healthcare providers about their health needs, rather than the other way around
- **Interventions in learning:** LGBTQ terminology, sexual history taking (if appropriate for the setting), collecting SOGI data, transgender medical care and factors impacting access to health care

Addressing Deficits in Education Curriculums and Professional Environments^{2,3}

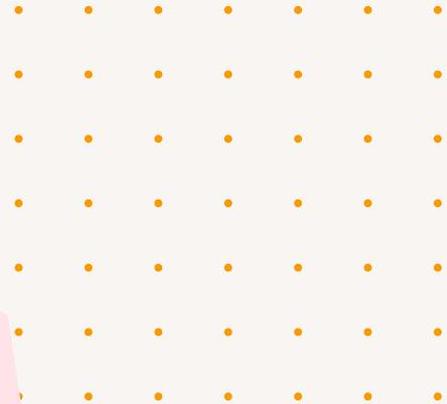
- It is crucial for any professional regulatory bodies in universities or health clinics to fully back improving LGBTQ educational content in order for change to occur
- Ways to improve physical therapist knowledge includes education on:
 - Health care challenges and disparities faced in the LGBTQ population
 - The correct language and terminology to use with people who are LGBTQ
 - Understanding how implicit bias affects patient care



Interview



Click to hear C's experience as a queer physical therapist



Health Inequities and Barriers Faced By the LGBTQ Population



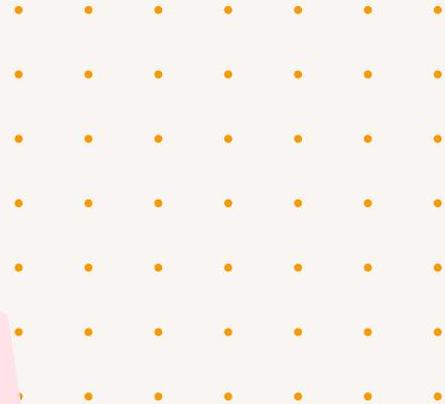
Interviews



Click to hear W's experiences navigating the health care system



Click to hear W's experiences in finding health care providers





Increased Health Risks within the LGBTQ population^{9,16,17}

- Minority stress = higher prevalence of mental health distress = increase in health risk behaviors = poorer health outcomes.
- Fredriksen-Goldsen et al.: LGB adults have a higher prevalence of disability, with a higher prevalence of disability at a younger age than heterosexual adults
 - Lesbian and bisexual women = more likely to be smokers, be obese, have arthritis and asthma, and report more frequent poor physical and mental health
 - Gay and bisexual men = more likely to be smokers and report more frequent poor physical and mental health



Increased Health Risks

within the LGBQ population - continued ^{14,16}

- Poorer mental health is more prevalent in LGBTQ adults, leading to poorer physical health and increased practice of health risk behaviors
 - Health risks can be addressed by:
 - improving patient education
 - providing better (and better access to) preventative care
 - increasing health promotional efforts specific to this population
 - Lack of awareness of health risks=perception preventative care is not needed
 - Improving health literacy can have a profound positive effect on reducing health risks
- 

Stigma & Discrimination^{7,13,18}

- Is a theme pervasive in literature on LGBTQ health care
- Adverse experiences with health care due to discrimination are seen across the lifespan and within the domains of biological, psychological and social health
- Discrimination can be a barrier to health care at 2 levels:
 - fear of discrimination
 - lived experiences of discrimination
- Fear or history of discrimination can result in patients not disclosing information relevant to the health care they are pursuing, resulting in receiving poorer care

Affordability and Access to Health Care

For Transgender Patients^{12,20,21,49}

- • •
- • •
- • • ● **33% of transgender adults** report needing to see a health care provider but did not due to cost, **compared to 8.3%** of the general adult population
- • • ● **2x as likely** to be unemployed, have lower rates of education and lower household income - all further limiting finances and availability of insurance
- • • ● Insurance companies often will not cover transition related care, or basic screening procedures due to 'incompatibility with the identified gender'
- • • ● Transgender health care seekers are **3x more likely** to have to travel **over 50 miles** for transition-related care, compared to their routine care



Disclosing Sexual Orientation^{7,14,22}

- Can ensure proper health care and appropriate patient education, while not disclosing can lead to receiving unsatisfactory care
- Patients are more likely to disclose to providers who use inclusive language, and welcoming body language and less likely to with providers who make heteronormative assumptions and comments
- **Fear of discrimination** and **receiving poorer care** = the main reasons patients refrain from disclosing their sexual orientation to their health care providers
- Patients who do feel comfortable disclosing report more positive health care experiences



LGBTQ Racial & Ethnic Minorities^{14,15,17,18}

- Face 'double stigmatization' and are **2x as likely to experience discrimination**, and more forms of discrimination
- Report significantly worse experiences with discrimination in and access to health care
- Encounter increased health risks, particularly HIV among gay and bisexual African American and Latino males
- Accessibility to care can be limited for racial and ethnic minorities compared to white LGBTQ individuals





Barriers Faced By Transgender & Gender Non-Conforming (GNC) Individuals



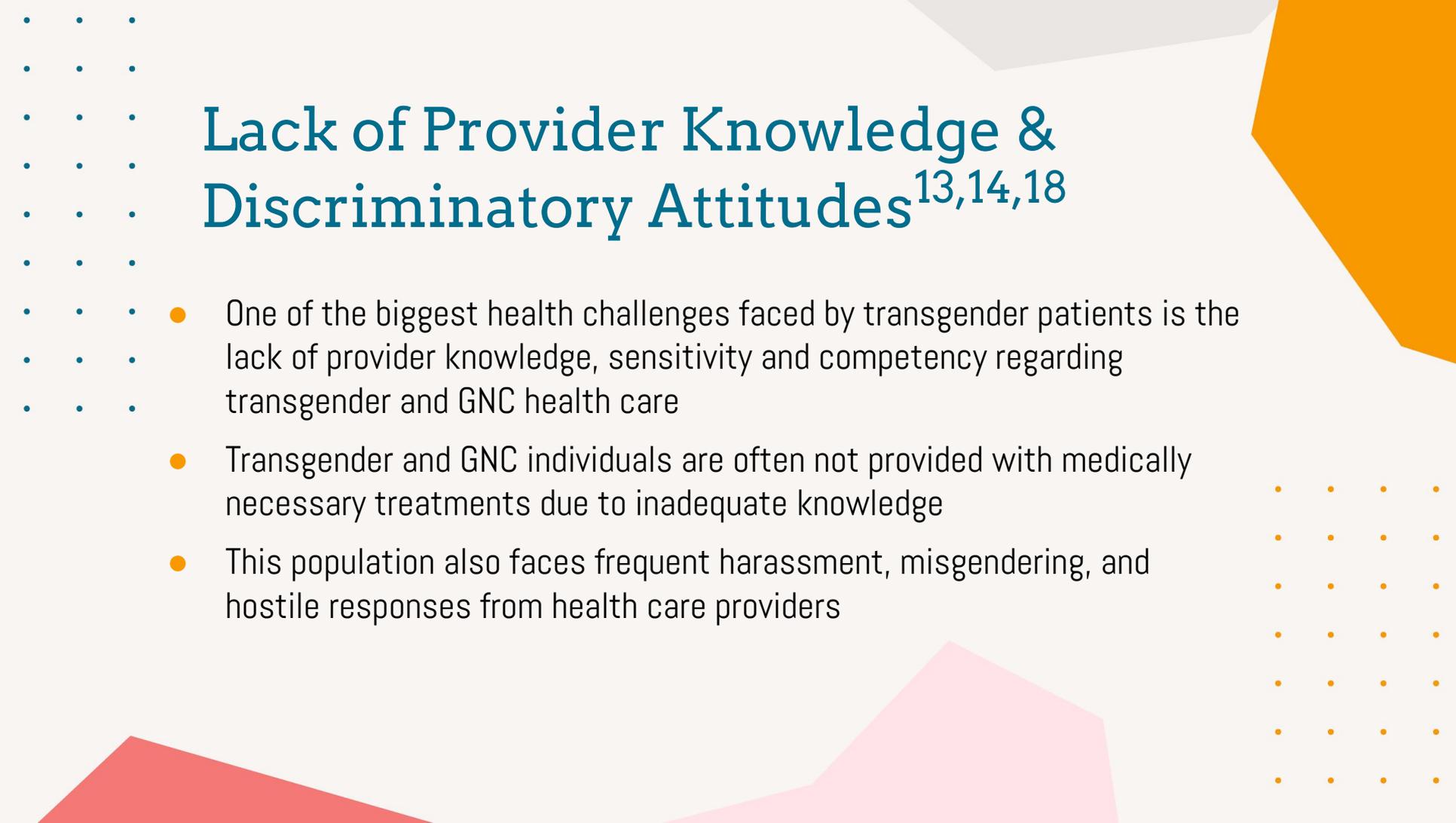
Increased Health Risks^{18,21,23}

- Compared to cisgender adults, transgender adults are more likely to report the following:
 - Higher rates of mental distress
 - Decreased quality of life
 - Increased risk of heart disease, stroke and cancer
 - Higher rate of smoking cigarettes and related comorbidities
- Preventative health care and the appropriate regular screenings are crucial for this population
- Patient education should be prioritized regarding these increased risks as well as for ways to reduce them

Disclosing Gender Identity^{7,13,14,21}

- Transgender patients report being more comfortable disclosing their gender identity in a comfortable environment
- Reluctance to disclose stems from fear that it will lead to discrimination, negative healthcare experience and poorer care
- Non-disclosure can lead to patients receiving inappropriate or incomplete care





Lack of Provider Knowledge & Discriminatory Attitudes^{13,14,18}

- One of the biggest health challenges faced by transgender patients is the lack of provider knowledge, sensitivity and competency regarding transgender and GNC health care
- Transgender and GNC individuals are often not provided with medically necessary treatments due to inadequate knowledge
- This population also faces frequent harassment, misgendering, and hostile responses from health care providers

Structural Barriers^{13,21}

- If an environment doesn't feel safe or comfortable, why would someone seek medical care there?
 - Lack of gender neutral bathrooms or private exam rooms
 - Hospitals have shared or exposed inpatient rooms
 - Discrimination against transgender patients is reported to be more commonly experienced in a hospital
 - Inability to properly acquire and document accurate patient gender identity, name and pronouns



Interviews



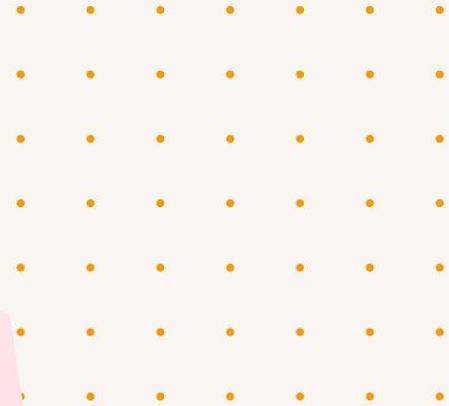
Click to hear about W's negative health care experiences



Click to hear about W's positive health care experiences



Considerations for LGBTQ Youth



Health Disparities & Harassment²⁴⁻²⁸

- LGBTQ youth are more likely to experience poorer health compared to their heterosexual and cisgender peers
 - At a higher risk for negative health outcomes and increased likelihood of HIV and STIs
- Compared to heterosexual and cisgender LGBTQ youth are more likely to:
 - Be bullied at school (34% vs 18%)
 - Feel hopeless or sad (60% vs 26%)
 - Seriously consider suicide (29% vs 6%)
 - Practice substance abuse (23% vs 12%)
- It is more common for LGBTQ students to face verbal harassment and hear derogatory remarks at school, which can lead to health risk behaviors

Physical Inactivity^{28,29}



- LGBTQ youth are more likely to be physically inactive and report lower athletic self esteem
 - more likely to spend 3+ hours on the computer per day
 - less likely to participate in muscle strengthening activities
- Increased efforts need to be made to promote more physical activity in this population to reduce negative health outcomes as they grow into adults
- In treating LGBTQ youth as a PT, you can get to know where their interests lay in order to promote activities that aren't traditional organized sports



Local LGBTQ Youth/Activity Resources

- [Raleigh Junior Rollers](#)
 - A gender inclusive non-profit roller derby program whose mission is promote athletic ability in a culture of encouragement
- [iNSIDEoUT](#)
 - Youth friendly activities and support groups
- [LGBTQ+ Youth Center of Durham](#)
 - Coming soon, a space for Durham, NC's LGBTQ youth population intended to further the reach of LGBTQ youth resources
- [Athlete Ally](#)
 - Organization whose mission is to end homophobia and transphobia and champion LGBTQ equality in sports

Protective and Risk Factors Within the Family^{25,27}

- Health professionals should be aware of protective factors of LGBTQ youth in order to best promote positive outcomes
- Family acceptance is linked to positive health outcomes for LGBTQ youth
- Family rejection in response to disclosure is related to worse health and health related outcomes
- Transgender youth entering puberty are particularly prone to increased mental distress as physical changes are occurring that do not align with their gender identity

Improving Healthcare Experiences²⁷

- Don't assume heterosexuality, use gender neutral language, use inclusive intake forms and always respect pronouns
- Assure the adolescent you are working with that their visit is confidential
- Allow for the opportunity for the teen to speak to health care providers without their parent/guardian present
- With the patient's permission, share resources and community-based organizations that can offer support



Considerations for LGBTQ Older Adults (50+)



Increased Health Risks & Inequities³¹⁻³³

- At-risk population, due to the effects of aging in combination with a lifelong history of marginalization and discrimination
- Increased rate of smoking, obesity, likelihood of physical activity, depression, disability and financial barriers to health care
- Transgender geriatric adults face further health inequities as 40% report fearing accessing health services outside of the LGBTQ community
- Transgender older adults are more likely than LGB adults to be obese and physically inactive, resulting in poorer health



Improving Healthcare Experiences³¹

- Health care providers need to:
 - Assess their personal attitudes and understand how they impact their ability to provide high quality care to this population
 - Further educated in providing competent care to LGBTQ older adults
 - Understand how larger social and cultural contexts may have impacted LGBTQ older adults
 - Use active listening skills with empathetic and sensitive interviewing skills
- Many health care professionals adopt a 'sexuality-blind norm' when treating older adults, greatly impacting care



Considerations For Clinical Treatment in Physical Therapy



Pronouns & Inclusive Language³⁴⁻³⁶

- Using someone's correct pronouns:
 - acknowledge and validate one's gender identity,
 - is an important affirming action
 - is a way to show you respect them and their gender identity
 - makes them feel comfortable while they are in your care
- Never assume someone's pronouns based on their name or appearance, use gender neutral language until you can ask what pronouns they use
- Limit patient burden, so ask their pronouns, rather than waiting for them to correct you
- Asking someone's pronouns will get more comfortable over time and with practice
- Always be mindful to use inclusive language and do not assume heterosexuality

Ways to Use Gender Neutral Language³⁶

- Don't use words like ma'am or sir, simply just state your question or need
 - Ex. "How may I help you?"
- Instead of using 'he/she' use terms like 'the patient' until you learn their name and pronouns
 - Ex. "The patient is here in the waiting room"
- Avoid using Mr./Mrs./Miss and rather, just use the person's name to address them
- Find out what name a person prefers to go by, by asking "how would you like to be addressed" or "what name would you like me to use"
 - Ensure you and all staff use this name for all interactions
 - This is important for **all patients**

Ways to Ask Someone's Pronouns^{34,35}

- Some ways to ask someone's pronouns:
 - "May I ask what pronouns you use?" or "What pronouns do you use?"
 - "My name is ___ and I use she/her pronouns..."
- If a patient is confused about why you are asking about the pronouns they use, explain you just want to make sure you are referring to every patient in the way they want



Misgendering³⁴⁻³⁶

- If you slip up and use the incorrect pronoun for someone:
 - Genuinely apologize, correct yourself, and move on with the conversation
 - Work to do better in the future, take a minute to think about what you say before you actually say it
- Don't dwell on your mistake, as this can demand more energy from your patient
- Keep in mind you should be working to do what you can to discontinue the trend of negative health care experiences for transgender and GNC individuals

Building Patient Rapport^{18,35}

- Building good rapport is important to do, and these should be actions you take with all your patients:
 - Confidentiality is key, don't 'out' your LGBTQ patients to coworkers or any visitors that may be with them
 - Practice active listening and pay attention to the language they use to refer to themselves and their partner
 - Only ask questions that are medically relevant



Case Scenarios

*From PT Proud: Handbook for Physical Therapy*³⁵

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.

Case Scenarios

*From PT Proud: Handbook for Physical Therapy*³⁵

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.

Case Scenarios

*From PT Proud: Handbook for Physical Therapy*³⁵

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 guardians without the consent of the patient.



Interviews



Click to hear C's experience treating LGBTQ patients in inpatient physical therapy



Click to hear C's experience treating LGBTQ patients in outpatient physical therapy



Gender Dysphoria^{12,35,37}

- **Gender dysphoria:** the feeling of discomfort or distress that may occur in people whose gender identity differs from their sex assigned at birth.
- These feelings can arise as early as childhood, others experience them after puberty or even much later in life
- Can be addressed with social affirmation, legal affirmation and medical/surgical affirmation
- Using someone's correct pronouns, name and terms for parts of their body can help to prevent inducing feelings of dysphoria



Exposure/Observation of Bodies ^{7,34,35}

- PT requires close proximity, touch and observation of bodies, and it is our job as professionals to make sure all our patients are comfortable with this
- Never express surprise of judgement about anyone's body
- Ask for consent before performing components of an evaluation or treatment and let the patient determine what makes them comfortable
- With transgender or GNC individuals ask how they refer to potentially sensitive areas such as the chest or groin to avoid any feelings of gender dysphoria

Trauma Informed Care^{35,38}

- High rates of trauma in the general population make it important for you to be knowledgeable on trauma informed care
- Patients feeling safe is key, you can ensure this by:
 - Building positive rapport
 - Asking consent often and assuring the patient you will stop your exam or change what you are doing if they tell you to
 - Pay attention to patient body language and facial expressions, and check in if they seem uncomfortable
 - Make sure the patient knows exactly what to expect and allow them to decline/make choices

Chest Binding⁴¹

- Gender affirming practice that involves compressing breast tissue to give the appearance of a flat chest
 - Can help reduce feelings of gender dysphoria
- Can have negative physical health effects appropriate for PT intervention such as:
 - Chest, shoulder, back and abdominal pain
 - Rib fractures or changes
 - Spine changes
 - Shoulder joint pathology
 - Postural abnormalities
 - Muscle wasting

Gender Affirming Hormone Therapy⁴⁰

- Estrogen is a feminizing hormone that can increase the risk of:
 - Blood clots
 - Pituitary tumors
 - Breast cancer
 - Coronary artery disease
 - Stroke
 - Severe Migraine
- Testosterone is a masculinizing hormone that can increase the risk of:
 - Breast and uterine cancer
 - Severe liver dysfunction
 - Erythrocytosis
- It is important to be aware of these risks in order to educate your patients and help address them

Gender Affirming Surgeries⁴³⁻⁴⁸

- **Vaginoplasty:** Surgical procedure where penis and testes are removed and the tissues are used to construct the vagina
 - **PT:** treating functional limitations of pelvic floor muscles, preventing scar contracture post-surgery
- **Phalloplasty:** A complex series of surgical procedures where a phallus is constructed from skin from a donor site
 - **PT:** addressing area tissue was taken to reduce scar tissue restrictions
- **Metoidioplasty:** Surgical procedure that uses existing genital tissue to form a phallus
 - **PT:** addressing low back pain, pelvic floor dysfunction, scar restrictions
- **Masculinizing Chest Surgery:** Bilateral mastectomy with masculine chest contouring
 - **PT:** scar tissue mobilization, rib mobility, addressing postural abnormalities

Interviews



Click to hear CRS's experience pre-top surgery



Click to hear CRS's experience with top surgery



Ways to Continue to Improve Your LGBTQ Competence^{11,3}



- Journal clubs
- Extracurricular online teaching modules
- Lecture series
- Practice!
 - Review case scenarios

Resources

[PT Proud: Handbook For Physical Therapy](#)

PDF with case scenarios and LGBTQ+ health information related to physical therapy

[Health Across the Gender Spectrum](#)

A free Coursera course you can do at your own pace

[Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender \(LGBT\) Community](#)

Educational resource for improving LGBT patient-centered care

[GMLA Cultural Competence Webinars](#)

Free webinar series exploring health concerns of LGBTQ people

[Transgender Pelvic Health Initiative- Trans 101 Resources](#)

A collection of transgender health resources + pelvic floor PT information

[Trans, Nonbinary, and Intersex Pelvic Health Discussion Group](#)

Facebook group for pelvic health PTs and other health care providers

[Transgender and GNC Gender Affirming Care Guidelines](#)

UCSF's Transgender Care guidelines for gender affirming health care

[Top Surgery Recovery Case Study](#)

Interesting case study on PT rehab following top surgery for a circus artist



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