

The slide features a light grey background on the left and a teal background on the right. A white rectangular box with a black border is centered on the grey background, containing the title 'LGBTQ AFFIRMING PHYSIOTHERAPY PRACTICE' in bold, black, uppercase letters. Below the box, on the teal background, is the author's name and email address.

LGBTQ AFFIRMING PHYSIOTHERAPY PRACTICE

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The slide has a light beige background. On the left, a teal circle contains the text 'WHEN MIGHT A PHYSIOTHERAPIST WORK WITH LGBTQ PATIENTS/CLIENTS'. To the right of the circle is a bulleted list of four items.

WHEN MIGHT A
PHYSIOTHERAPIST
WORK WITH
LGBTQ
PATIENTS/CLIENTS

- Sports injury
- Increasing / Maintaining Mobility
- Post-surgery recovery
- Pelvic Floor Health

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SOGIE
Sexual Orientation Gender Identity and Expression

Gender ID ≠ Sexual Orientation ≠ Sex ≠ Gender Expression

GENDER IDENTITY
Psychological Sense of Self
Male Two-Spirit Agender Genderless Female Gender-Queer Gender-Fluid Enby

PRONOUNS
Respectful Communication
he/him/his she/her/hers they/them/theirs ze/hir/hirs none (use name) something else

SEXUAL ORIENTATION
Romantic/Erotic Attraction to Men, Women or Multiple Genders
asexual demisexual pansexual bisexual lesbian gay queer

ASSIGNED SEX
Anatomy/Chromosomes/Hormones
male female intersex

GENDER EXPRESSION
Overall Communication/Perception of Gender
masculine feminine gender-neutral gender-variant hyper-masculine hyper-feminine butch femme androgynous gender non-conforming

CISGENDER
Your biological sex aligns with your gender identity

TRANSGENDER
Your biological sex does not align with your gender identity

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IMPORTANT TERMINOLOGY

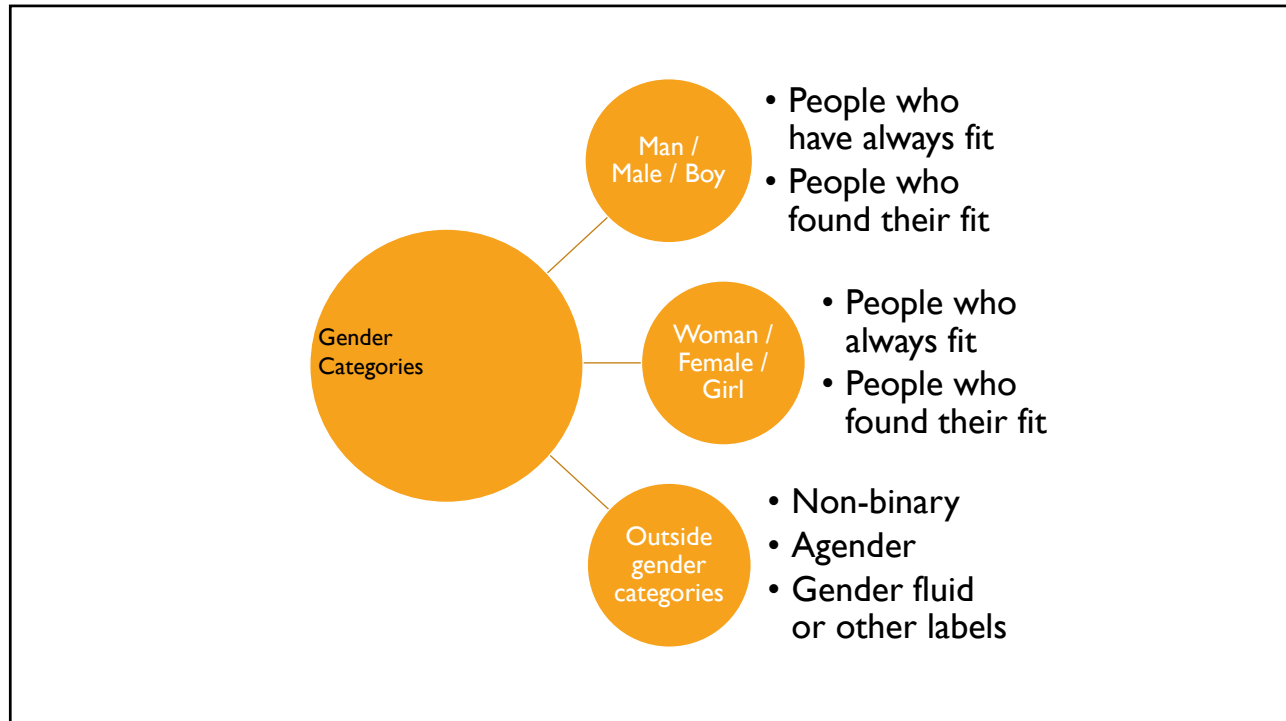
- Sexual Orientation: Lesbian, Gay, Bisexual, Two Spirit, Queer, Heterosexual and others
- Gender Identity: Transgender, Non-binary, Cisgender, Agender and others
- Gender Expression: Masculine, Feminine, Androgynous, Tomboy and others
- Misgendering: When someone refers to another by the wrong gender or pronoun (intentionally or unintentionally)

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POLL QUESTIONS

- 1. How would you rate your knowledge and familiarity with different sexual orientations?
- 2. How would you rate your knowledge and familiarity with different gender identities?
- Choices:
 - Very Knowledgeable
 - Somewhat knowledgeable
 - Little knowledge

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DECODING YOUR OWN GENDERED NORMS

Greetings

Correspondence

“Ideal” body size / composition

Gendered spaces on site (change rooms, washrooms) or resources (robes or covers)

Colour coding

Images: posters, art, website. How do you represent gender?



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UNDERSTAND INTERSECTIONAL IMPACTS

When people experience additional layers of social stigma or exclusion (racism, anti-fat bias, , it can be that much harder to find suitable care. This can impact our work as individual providers as well as to resources and supports we are used to using as referrals.

When you have multiple statuses / identities this can mean being harmed / denied service in multiple ways.

Intersectionality is a term coined by Kimberle Crenshaw.

The blue and yellow keys illustration was developed by Danielle Peers

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PRONOUNS

He/Him

She/Her

They/Them

Ze/Zir or other purpose created pronouns

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INTRODUCING PRONOUNS (WITH EVERY CLIENT)

Hi, I'm Robert.

I use he/they pronouns.

Hi Robert, I'm Anita.

I use she/her pronouns.

Pronouns can be communicated verbally, on signage, business cards, nametags, websites and sign-ons. Once communicated it is our job to remember and use them.



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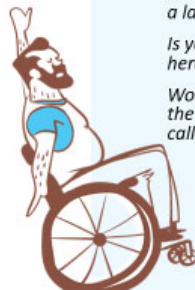
Pronouns Matter and Need Attention

Pronouns, the typically gendered terms used to refer to us (she/her, he/him, they/them and others) are important.

Pronouns and names and terms are a beginning to getting to know someone, not an end.

Understand that some flux in identity, labels and pronouns is perfectly normal as people develop a new sense of self.

Using a proper pronoun is not a favour and should not be treated as optional by staff. Therapeutic relationships call on us to align our understanding of a person with their identifiers.



Support staff by suggesting scripts:

I use _____ pronouns. What pronouns do you use? – note them on file

Explain how you will use information: I see that you use he and they pronouns. For the written referral we discussed, what pronoun shall I use?

For the purpose of my notes today, how would you like for me to refer to your gender identity – is there a label that feels like a good fit right now?

Is your given name what you would like to be called here in the clinic?

Would you like to be called (name) by everyone in the clinic? Is there a preference for what you will be called in the waiting room? In private conversations?

From K. Harcourt (2021) Trans Wellness Initiative presentation

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IN THE TREATMENT RELATIONSHIP: BODIES AND SENSITIVITIES

Clients may:

- be deeply sensitive to attention to gendered features / body parts

- have different ways of referring to gendered body parts

- Seek or prefer features that are otherwise socially stigmatized (body hair, fat distribution, body size) as they are read as gendered.

Gender affirming garments and practices including chest binding could have an impact on movement. It is important that practitioners value what the client values.

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TREATMENT PLANNING AND REFERRAL CONSIDERATIONS

- For LGBTQ people, experiences of medical trauma are widespread. This can lead to avoiding medical care, postponing treatment and clients showing activation or distress in situations where another person might be calm.
- Exercise facilities and other gathering places may be unsafe because of gendered services, facilities (change rooms and washrooms) or other participants.

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TEAM, CLINIC AND ENVIRONMENT
FACTORS

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CHECK FOR GENDERED FACTORS IN
DOCUMENTS AND SYSTEMS

- Names (Is legal name required?)
- How to showcase "Name Used"?
- Pronouns
- Titles (Mr. Ms. Miss. Mx)
- Alternate / Emergency Contact
- Does your software contain link sex or gender to services?

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IMPROVING SERVICE OUTCOMES



Involve all clinic staff / team members in awareness



Consider client confidentiality in waiting room, files, referrals and reporting



Address awkwardness or remarks regardless of whether clients hear them.

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Tweak software to support affirming care



Gender related legal name and gender-marker changes are possible in Alberta but there may be **financial, legal and personal** factors preventing these changes. Legal names differing from chosen names should not impede us from providing affirming medical care.

Software systems do not anticipate trans and non-binary people. Using these software work-arounds can help staff to provide patients with a safe environment.

Example: Patient is a transfeminine person who uses the name Sara (though her legal name is David).

Highlight name used with Alias or Preferred Name fields if available.

Make chosen names highly visible by adding them to the Legal Name field. This might read: **David (Sara)**

Use the software's global message pop-up field to cue name and pronouns. In this case, when you click on the patient's appointment, this pop-up global message will appear: **Uses the name Sara, pronouns she/her**

From K. Harcourt (2021) Trans Wellness Initiative presentation

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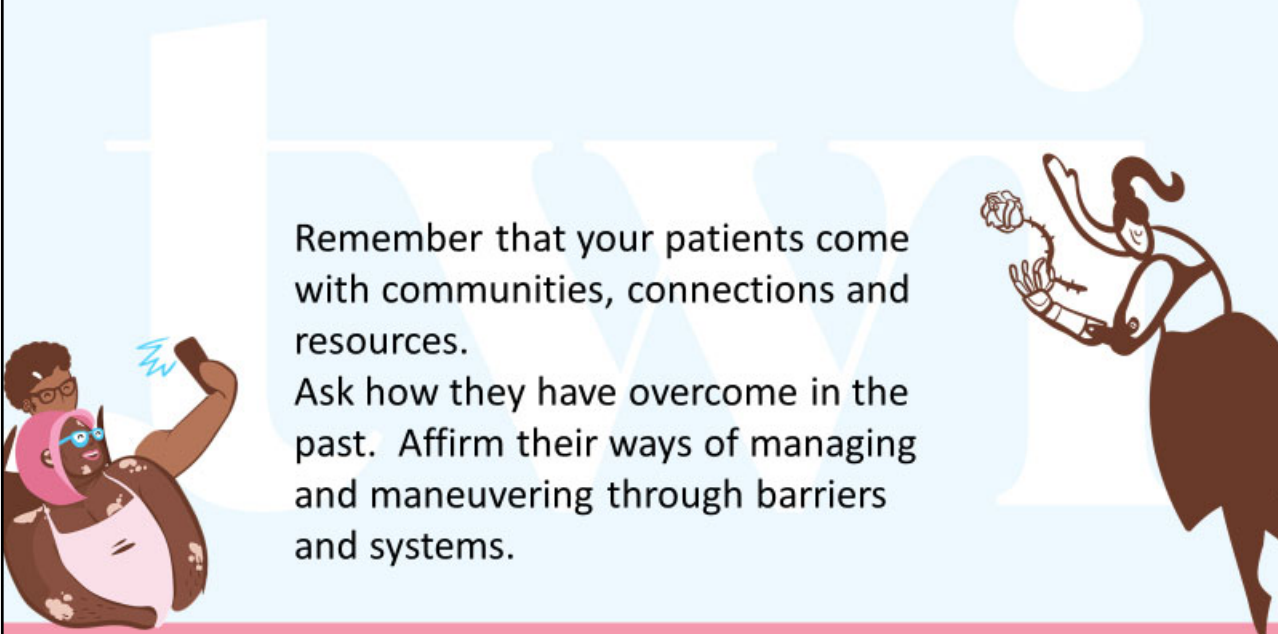
A 22-year-old woman enters the clinic as a first-time patient. She tells the receptionist that she has never been to physical therapy. She is given an intake form to fill out, on which she reports that her current gender identity is female, and her sex assigned at birth was male. Her first name is Markesha 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.

CASE EXAMPLE

From Introduction to LGBTQ+ Competency Handbook for Physical Therapy (shared in resources)

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Remember that your patients come with communities, connections and resources. Ask how they have overcome in the past. Affirm their ways of managing and maneuvering through barriers and systems.

From K. Harcourt (2021) Trans Wellness Initiative presentation

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RESOURCES FOR FURTHER LEARNING

Trans Wellness Initiative free online training by and for Alberta health professionals

- <https://cbrc.teachable.com/p/trans-wellness-initiative-affirming-spaces-training>

Further Reading – articles about physiotherapy with lgbtq individuals:

<https://www.womenshealthmag.com/health/a36271224/transgender-physical-therapy-katie-mcgee/>

- <https://pelvichealthsolutions.ca/lgbtq-community-pelvic-health-physiotherapy-specific-considerations/>

Canadian research into Trans and Non-binary people's experience with health care.

<https://transpulsecanada.ca/results/report-health-and-well-being-among-non-binary-people/>

- Introduction to LGBTQ+ Competency Handbook for Physical Therapy

https://cdn.ymaws.com/www.aptahpa.org/resource/resmgr/csm_2019/csm_2019_handouts/Full_Handout_LGBTQIA-doc_1_1.pdf