

# DIRECTIONS

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## The Importance of Gender-Affirming Care in Physiotherapy

*read more pg 4*



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### IN THIS ISSUE

- 07 / Transgender Day of Visibility
- 10 / Clinical Pilates
- 12 / Pain Science, best evidence?
- 21 / Knowledge Services Manager Update

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## The Importance of Gender-Affirming Care in Physiotherapy

Providing an inclusive clinical environment for gender nonconforming patients.



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**At this year's BC Physio Forum, our member Kate Kennedy presented a Rapid Fire session entitled "Concerns related to non-binary clients accessing physiotherapy care". Kate has been working with the transgender community since moving her practice to Main Street Physio about five years ago. Word spread of her gender-affirming practice through the trans community starting with one client who felt comfortable with her care, and the small community-based setting of the clinic.**

This little-discussed topic, addressing concerns related to non-binary (neither fitting the typical male nor female social and biological constructs) clients accessing physiotherapy care warrants a bigger discussion than what could be covered in Kate's short, five-minute Rapid Fire session.

As essential healthcare providers, physiotherapists have a role to play in providing an inclusive clinical environment for transgender patients to receive appropriate care.

Although the percentage of patients who fall on this spectrum is small (Kate estimates between 2-3% in her practice), this historically marginalized community often faces increased health risks.

"[People who are] transgender should be considered in the discussion of improving cultural competency within physical therapy...It is important to recognize the health care disparities affecting [this] community...increased risks of mental health disorders, hormone therapy that increases their risks of osteoporosis, cardiovascular disease, deep vein thrombosis, and diabetes. Many factors contribute to the aforementioned negative health risks and outcomes. The most prevalent factors include stress from the discrimination and prejudice experienced... providers who are uninformed and insensitive, lack of access to adequate health care...and the idea among providers that [they] are "just like everyone else."<sup>1</sup>

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## The physiotherapy profession needs to make room within clinical practice for these patients to feel welcome, and most importantly, for these patients to get appropriate care for their (sometimes) unique healthcare challenges.

The article on page 8 from Trans Care BC discusses simple ways healthcare providers can make their practices trans inclusive. These adjustments include being more thoughtful with language, creating more openness in clinic forms, and providing gender-neutral washrooms and safe change rooms for trans clients. Clinic owners must ensure that front line clinic staff understand these intricacies as well.

These steps seem basic, but there are often additional hurdles that can make it difficult to even implement these kinds of changes. Some clinic booking/intake software platforms do not include space for alternate pronouns (besides M or F). Patients who don't have the experience, or understand the meaning of transgender, may be confused by an intake form that provides the option for "other". As well, there may be language barriers that prevent patients from understanding this question. Some patients, or even clinic staff, may push back against any kind of inclusion.

When working to implement a gender-affirming practice, consider the possibility of not everyone being accepting or on board with the changes. There are many complexities that need to be addressed, many of them related to personal and societal biases.

"In group sessions like O.R. or total knee replacement or hydrotherapy (especially) there are some real sensitivities," says Kate Kennedy, and you don't know what the attitudes of the people participating are going to be like. There may be patients in the group who will not be respectful."

When discussing these biases, we have to remember as well that healthcare providers are not immune. Many care providers may have negative attitudes towards this issue, and change cannot happen without bringing it to light. Dismissal, denial, even outright abuse is not that uncommon among both the general public and the healthcare community.

"As healthcare providers, physical therapists must be able to provide patients with unbiased and culturally competent care, but they are not immune to prejudice. [Burch found that] physical therapists may also be contributing to the poor experiences and discrimination that people who are LGBTQ face in the health care system. The 2008 study showed that 85% of physical therapists working with patients with spinal cord injury self-reported that they only "tolerate" patients who are lesbian, gay, bisexual, or transgender, whereas 13% stated that they have "some respect," and only 1% reported that they have "full respect" for patients who are lesbian, gay, bisexual, or transgender...patients who are LGBTQ frequently encounter discrimination, bias, and prejudice when receiving health care services and generally receive poorer care than their cisgender heterosexual counterparts."<sup>2</sup>

Beyond adjusting language, being mindful of reactions from other patients, and the practical complexities of revamping clinic intake forms and treatment spaces, "gender-affirming healthcare must be individualized according to a patient's goals and can involve many different aspects of social, medical, and surgical care."<sup>3</sup>

Kate offered her thoughts on providing appropriate care, based on her experiences of working with the trans community. "Everyone falls on the spectrum where they fall. You treat everyone with respect and appreciate people's need for privacy and confidentiality. Not everyone comes from the same life experience, and we need to remember that when dealing with all of our patients."

The literature shows that, trans youth, for instance, are at much higher risk for abuse. And these trans youth grow up to be trans adults. Although not every trans person comes from a history of trauma, it is important to be aware of the higher possibility for this as a risk factor for chronicity when treating pain, for example.

Because of the risk/likelihood of histories of abuse, as well as the high possibility of these patients not being entirely accepted "in the now", something as seemingly innocuous as the physical positioning of a practitioner or touching a body part during treatment can be fear-producing. For most people, a treatment room seems safe. A single private room is comfortable and safe because it's private. But, for some, a small space away from the world might not feel so safe.

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## Beyond the increased risk for childhood trauma, these patients are also often dealing with social challenges in their present lives, and don't always feel safe in the world.

Kate says, "We often assume there is no relation between physio treatment and the reassignment surgery, for instance. But this can translate to bigger things: i.e. if I'm treating your foot, and you are not comfortable having someone touch you, I need to check in. I need to not assume that because I'm treating something seemingly unrelated to your reassignment that it's a-ok. Consent might vary day to day. And people don't necessarily become more comfortable the longer they've been transitioned. Always ask for permission."

As outlined in the literature cited above, there are noted healthcare disparities affecting the community (i.e. increased risks of mental health disorders, osteoporosis, cardiovascular disease, deep vein thrombosis, and diabetes) that may call for treatment from a physiotherapist.

In addition, there are other considerations in clinical treatment for transgender clients. Issues may involve, for instance, complications to mobility, nerves and strength in arms from breast surgery related to gender expression.

"As physiotherapists," says Kate, "we often come at this from the breast cancer angle, and for the most part it is a 'woman's problem', but if you are a trans man who has had a top surgery, you don't want to go to a women's health clinic, because you are not a woman. Healthcare in 'women's health' is based on body parts, even if you are clearly living as a man. As providers, we must be aware that you can express yourself really differently from what your body parts/and the health of your body parts otherwise suggest."

These kinds of issues carry over into post-partum health, incontinence, and rehab for prostate cancer and breast/uterine/ovarian cancer. Health conditions where gendered body parts define the kind of care someone receives are important to recognize as having the potential to cause patient discomfort.

Kate also says she sees a good number of transgender patients who are experiencing muscle and movement dysfunction because of years of wearing breast binders, as these binders are tight around the ribcage and thoracic



Kate Kennedy at Main Street Physio.  
Photo by Tracy Stewart

spine. It is important to note that these issues are a result of something that is incredibly meaningful and possibly essential in a patient's life/lifestyle and expression of themselves.

On an anecdotal level, there seems to be more awareness and acceptance in our world of the transgender community in general. We see inclusive signage, posters in the community, rainbow flag stickers and access to resources. But in reality, there is still a long way to go.

For instance, some healthcare practitioners – physiotherapists included – are not comfortable with non-binary gender expression or have never even considered the possibility of someone expressing their gender outside of male and female. As well, it may be more common to encounter a transgender person in an urban center than in a rural setting, and this can create challenges in rural communities to provide care. And finally, there is still no shortage everywhere of intolerance for those whose gender identity falls outside the mainstream.

There is an opportunity for physiotherapists to drive more inclusivity and acceptance for transgender patients in healthcare. To create a welcoming space, it is necessary to understand the issues facing the community in relation to obtaining culturally sensitive healthcare, and work as individuals and as a profession to provide gender-affirming clinical environments that are safe and considerate of every patient's right to express their gender identity in whatever way they chose.

"...physical therapists are in a unique position, compared with other providers, because the time they spend with their patients allows the development of close patient-therapist relationships. Physical therapists may be the providers with whom patients feel most comfortable and may be the first providers patients turn to with difficult questions regarding their health, including sexual and mental health. Therefore, physical therapists must be informed about health topics for people who are LGBTQ."<sup>4</sup>

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#### References:

<sup>1</sup> Nicole Copti, PT, DPT, Raad Shahriari, PT, DPT, Linda Wanek, PT, PhD, and Amber Fitzsimmons, PT, DPTSc, MS. Lesbian, Gay, Bisexual, and Transgender Inclusion in Physical Therapy Advocating for Cultural Competency in Physical Therapist Education Across the United States.

<sup>2</sup> Nicole Copti, PT, DPT, Raad Shahriari, PT, DPT, Linda Wanek, PT, PhD, and Amber Fitzsimmons, PT, DPTSc, MS. Lesbian, Gay, Bisexual, and Transgender Inclusion in Physical Therapy Advocating for Cultural Competency in Physical Therapist Education Across the United States.

<sup>3</sup> Hannan M. Braun, David Ramirez, Greg J. Zahner, Eva Mae Gillis-Buck, Heather Sheriff and Marcus Ferrone. The LGBTQI health forum an innovative interprofessional initiative to support curriculum reform.

<sup>4</sup> Nicole Copti, PT, DPT, Raad Shahriari, PT, DPT, Linda Wanek, PT, PhD, and Amber Fitzsimmons, PT, DPTSc, MS. Lesbian, Gay, Bisexual, and Transgender Inclusion in Physical Therapy Advocating for Cultural Competency in Physical Therapist Education Across the United States.

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## GLOSSARY OF TERMS

Source: Trans Student Educational Resources <http://www.transstudent.org/definitions>

### Cisgender/cis:

term for someone who exclusively identifies as their sex assigned at birth. The term cisgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life.

### Transgender/Trans:

encompassing term of many gender identities of those who do not identify or exclusively identify with their sex assigned at birth. The term transgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life.

### Gender Expression/Presentation:

The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. (typically referred to as masculine or feminine). Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth. Someone with a gender nonconforming gender expression may or may not be transgender.

### Gender Identity:

One's internal sense of being male, female, neither of these, both, or other gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their gender identity are not necessarily the same.