

# FLEX CEUs



## Cultural Competence and Considerations in Physical Therapy for LGBTQ+



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## Introduction

Physical therapists and physical therapist assistants must be equipped with the knowledge and skills necessary to provide culturally competent care to all patients, including those who identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ). Cultural competence is crucial in providing effective healthcare services and building relationships with patients from diverse backgrounds. In the case of LGBTQ individuals, like other marginalized populations, the lack of culturally informed care among healthcare professionals can result in healthcare disparities and negative outcomes. Through this course, physical therapists and assistants will better understand the LGBTQ community, their unique healthcare needs, appropriate communication strategies, reasons this population may seek physical therapy care and referral options.

## Background on the LGBTQ+ Community

The LGBTQ community has a long history of being excluded from healthcare. Discrimination and stigma in healthcare settings have contributed to a lack of access to care, inadequate care, and poor health outcomes. In the United States, LGBTQ individuals have faced discrimination in healthcare due to institutional biases, lack of cultural competence among healthcare providers, and discriminatory laws and policies. This has led to LGBTQ individuals avoiding seeking healthcare, delaying care, and experiencing lower quality care when they do seek it out. This section will explore demographics, the history of mistreatment of the LGBTQ community in healthcare and generally by society, and appropriate salutations and pronouns to use to address members of the LGBTQ community.

## **Definitions <sup>1</sup>**

To provide a basis for terminology for this course, several terms need to be defined relating to sexuality and identifiers for the LGBTQ community. This section overviews definitions including sexual orientation, transgender, gay, bisexual, asexual, and more. This is the foundation of knowledge for healthcare providers to be comfortable not only knowing but using it in practice.

### ***LGBTQ and LGBTQ+***

LGBTQ is an acronym that stands for Lesbian, Gay, Bisexual, Transgender, and Queer (or Questioning). The "+" symbolizes the inclusion of other identities and orientations beyond the original four letters.

LGBTQ+ is an inclusive term that encompasses a wide range of sexual orientations, gender identities, and expressions. The "+" represents the recognition and acknowledgment of the diverse spectrum of identities and experiences within the community, including but not limited to individuals who identify as pansexual, asexual, intersex, non-binary, genderqueer, and more.

It's important to note that the specific letters or symbols used in the acronym may vary, and different communities may have their own variations, such as LGBTQIA+ (which includes Intersex and Asexual), LGBTQ2S+ (which includes Two-Spirit identities), and so on. The goal is to create a more inclusive and affirming space for people of diverse sexual orientations, gender identities, and expressions.

### ***Sexual Orientation***

Sexual orientation pertains to a person's attraction to others based on romantic, emotional, or sexual factors. It is independent of an individual's gender identity. When considering sexual orientation in relation to transgender individuals, it is important to recognize that the determination of their sexual orientation should be made by the individual themselves.

## ***Lesbian***

Lesbian is a term used to describe female-identified people attracted romantically, sexually, and/or emotionally to other people who identify as female.

## ***Gay***

Gay is a term used to describe males who are attracted to males in a romantic, sexual, and/or emotional sense.

## ***Bisexual***

Bisexuality is a sexual orientation characterized by attraction to more than one gender, encompassing both same and different genders. This attraction is not necessarily divided equally among genders, and an individual may have a preference for one gender over others.

## ***Queer***

"Queer" is an inclusive term that encompasses a diverse range of sexual preferences, orientations, and behaviors. Historically, "queer" was used as a derogatory slur, but within the LGBTQ+ community, many have embraced it as a term of empowerment and self-identity. It is important to note that the usage of "queer" varies across different countries and communities. While in some countries, it is commonly used, in others, alternative terms may be more prevalent.

## ***Asexual***

Someone who is asexual does not experience sexual attraction or desire to any other person, or who has no interest in sexual activity.

## ***Intersex***

Intersex is a term used to describe individuals whose physical characteristics at birth make it challenging for doctors to categorize them as male or female. It

refers to people who possess a combination of chromosomes, hormones, internal sex organs, gonads, and/or genitals that deviate from the typical patterns associated with binary male or female classification.

### ***Gender Identity***

Gender identity refers to an individual's innate sense of their own gender, whether it aligns with societal expectations of masculinity, or femininity, or falls within another gender identity altogether. It is increasingly recognized that gender identity and gender expression exist on a spectrum, with a range of possibilities beyond traditional binary notions of gender.

### ***Sex***

Sex assigned at birth is traditionally determined by assessing external genitalia, chromosomes, and gonads. It has been historically used to categorize individuals as either male or female. In everyday language, it is often conflated with gender, but there are distinctions, particularly when discussing individuals who are transgender. It is worth noting that this binary categorization into 'male' and 'female' does not acknowledge the existence of intersex bodies, which do not classify within this framework.

### ***Transgender***

A transgender individual is someone whose gender identity does not align with the sex assigned to them at birth. They may use the term "trans" as an abbreviation. A transgender man identifies as male but was assigned female at birth, while a transgender woman identifies as female but was assigned male at birth. On the other hand, a person whose gender identity matches the sex assigned at birth is referred to as cisgender, with "cis" meaning "on the same side" in Latin.

## ***Gender Expression***

Gender expression refers to the external presentation of one's gender through various methods, such as clothing, hairstyle, speech, and mannerisms. It is distinct from gender identity, which is an individual's internal sense of their own gender. Gender identity and gender expression can differ from each other. For instance, a person, regardless of whether they are transgender or non-transgender, may identify as a woman but choose to express themselves with an androgynous appearance. Similarly, a person, whether transgender or non-transgender, may identify as a man but embrace a feminine form of self-expression.

## ***Gender Non-Conforming (GNC)***

GNC is a term used to describe anyone whose gender expression does not match societal expectations. Gender non-conforming is similar to the term gender variant.

## ***Gender Binary***

Gender binary is the idea that there are only two genders. These are male and female or man and woman. It implies that a person should be gendered as only one of these two options.

## ***Genderqueer***

Genderqueer is a term used to describe individuals whose gender identity and expression do not conform to traditional binary concepts of male or female. Genderqueer individuals may identify as a combination of genders, as neither exclusively male nor female or as having a fluid gender identity. The term acknowledges and affirms diverse gender experiences and challenges the societal norms and expectations surrounding gender. Genderqueer individuals may choose different pronouns or use gender-neutral pronouns, and their gender expression may vary, encompassing a wide range of styles and presentations.

Understanding the variety of identifying terms in this section is the first step to providing inclusive care to the LGBTQ community. Healthcare providers should be mindful of the ways this community identifies and do their best to cultivate a nonjudgmental environment for LGBTQ individuals to receive healthcare.

## **Background and Demographics** <sup>2,3</sup>

LGBTQ is an umbrella term that covers two distinct aspects of identity: sexual orientation and gender identity. Sexual orientation refers to the gender or genders to which someone is primarily romantically and sexually attracted. Heterosexual people are typically attracted to those of the opposite sex, while lesbian and gay individuals are usually attracted to those of the same sex. Bisexual or pansexual people can be attracted to people of any gender. It is important to remember that sexual orientation is an identity label and may not necessarily correspond with a person's entire range of sexual behavior.

Gender identity is also a fundamental aspect of a person's identity. Transgender individuals identify as a gender other than the sex they were assigned at birth, whereas cisgender people identify with the sex they were assigned at birth. Gender identity can be more complex than just male or female, with some individuals identifying as nonbinary or genderqueer, meaning that their gender identity does not fall exclusively within the male/female binary. When obtaining a patient's sexual history, healthcare professionals should inquire about both sexual orientation and gender identity to better understand the patient's health risks and recommended screening tests.

The LGBTQ community is diverse and comprises individuals of all ages, races, ethnicities, and socioeconomic backgrounds. Approximately 4.5 percent of adults in the United States identify as LGBTQ, totaling around 11.3 million adults. Additionally, research suggests that LGBTQ individuals are more likely to experience poverty and homelessness, which can make accessing healthcare more

difficult. Transgender individuals, in particular, face significant challenges in accessing healthcare. According to a survey conducted by the National Center for Transgender Equality, 28 percent of transgender individuals reported postponing medical care when sick or injured due to discrimination, while 48 percent reported postponing care due to a lack of money or insurance. Additionally, 19 percent of transgender individuals reported being refused healthcare altogether due to their gender identity.

### ***Geography and the LGBTQ Community*** <sup>4</sup>

In the United States, the geographical distribution of the LGBTQ+ community varies across states and cities. While LGBTQ+ individuals live throughout the country, there are regions and cities that have larger and more visible LGBTQ+ populations. Generally, LGBTQ communities in urban areas are more supportive and empowering than those in rural communities. It may appear that in some rural communities, there may not be any support at all. Cities often have larger and more visible LGBTQ+ communities, with dedicated LGBTQ+ neighborhoods, events, and organizations. This visibility can provide a sense of community, support, and access to resources. Rural areas, on the other hand, may have smaller and less visible LGBTQ+ communities, which can make it harder to find support and connect with others. Cities like San Francisco, New York City, Los Angeles, Chicago, Seattle, and Atlanta especially have large and supportive LGBTQ communities. Physical therapists and assistants working in urban areas will often find more community resources and general societal acceptance of LGBTQ individuals than those who live and work in rural communities. This highlights the need for education on inclusivity in healthcare for providers working all over the country, but especially rural communities.

## Historical Mistreatment in USA <sup>5</sup>

The historical mistreatment of the LGBTQ+ community in the United States has been characterized by discrimination, violence, and marginalization. Two distinct time periods in the mistreatment of LGBTQ individuals are the Pre-Stonewall era and the Stonewall era or riots. By knowing this history, healthcare providers can understand progress made and the ongoing struggles faced by the LGBTQ+ community in their fight for equality and acceptance.

In the pre-Stonewall era, discrimination against the LGBTQ+ community in the United States was deeply ingrained in societal attitudes, laws, and institutions. LGBTQ+ individuals faced widespread mistreatment, marginalization, and persecution on multiple fronts. First of all, criminalization of homosexuality was present in most states. These laws were called “sodomy laws” or “anti-sodomy laws”, broadly defined as a law that criminalizes certain sexual acts. To enforce these laws that were rooted in moral or religious beliefs, police would raid bars and gatherings where known LGBTQ individuals were attending. This resulted in arrests, humiliation, imprisonment, and even permanent criminal records. In the pre-Stonewall era, it was also common for medical professionals to diagnose those who identified as LGBTQ+ as having a mental health disorder. This was most common with homosexuality, which was listed as a diagnosable condition in the Diagnostic and Statistical Manual of Mental Disorders (DSM). This classification created harmful stereotypes, stigmatization, and discrimination against LGBTQ+ individuals, leading to their mistreatment by medical professionals and society. LGBTQ+ individuals faced widespread employment discrimination based on their sexual orientation or gender identity. Private companies and government agencies openly refused to hire LGBTQ+ individuals, and if someone's sexual orientation or gender identity became known, they were often fired or denied promotions. This discrimination further contributed to the financial marginalization and social exclusion of LGBTQ+ individuals in the workplace and elsewhere. In the pre-

Stonewall era, LGBTQ+ individuals faced social stigma and condemnation from their families, communities, and religious institutions. Many LGBTQ+ people experienced family rejection, leading to isolation, homelessness, and a lack of support networks. Society viewed homosexuality and non-conforming gender identities as immoral, worsening discrimination and marginalization. Additionally, LGBTQ+ individuals seeking medical or psychiatric care often encountered mistreatment and abuse. Some medical professionals subjected LGBTQ+ patients to harmful and ineffective conversion therapies, which attempted to change their sexual orientation and/or gender identity. Others refused to provide necessary healthcare services, such as hormone therapy or gender-affirming surgeries, leading to immense physical and emotional distress. Lastly, there was a lack of federal or state legal protections for LGBTQ+ individuals for discrimination in housing, employment, or public accommodations. LGBTQ+ individuals were being denied housing, refused service in businesses, and facing other forms of exclusion and mistreatment without any legal repercussions. The pre-Stonewall era was characterized by widespread discrimination, institutionalized prejudice, and societal hostility toward the LGBTQ+ community.

### ***The Stonewall Riots and Gay Liberation Movement*** <sup>5</sup>

The Stonewall Riots in 1969 marked a turning point in LGBTQ+ history, as they cultivated a movement for LGBTQ+ rights, leading to increased visibility, activism, and a push for legal and social change. The first significant date of the Stonewall Riots was June 28, 1969, and the riots lasted six days, sparking an international gay rights movement. The Stonewall Inn in New York City was one of the most well-known gay bars in the late 1960s. Gay bars were a place where people of the LGBTQ community could socialize without harassment from society.

Homosexuality was still illegal until relationships were legalized in 1980 in New York state. The Stonewall Inn was raided around once per month because of the illegality of homosexual relationships and was run by the mafia without a liquor

license. A riot broke out when police were not able to control the situation as customers and workers refused to cooperate and get into police cars. There were around 400 people inside and outside of the bar, who chanted and armed themselves with bottles and bricks. The bar was even set on fire, which reinforcements of the original police who raided it put out. Other protests took place near the Stonewall Inn for the next five days. Although there had been other riots, this was marked as the first historical time that homosexual and transgender individuals united behind a common cause. It also took place during other protests of the Vietnam War, civil rights, and gender equality, and represented another cause to fight for equality. The Stonewall Riots paved the way for gay rights organizations like the Gay Liberation Front and the Gay Activists Alliance which were pivotal in raising awareness of LGBTQ discrimination and advocating for rights. These events and the Gay Liberation Movement led to pride parades which still occur today across the world each year typically in June, the same month to commemorate the Stonewall Riots of June 1969.

### ***Legislative Changes***

Brought about by the Stonewall Riots and the Gay Liberation Movement and decades of social change, legislative changes began to emerge across the United States to support LGBTQ rights. States began to decriminalize same-sex relationships in the early 1960s and same sex marriages much later in the early 2000s.

### ***The Decriminalization of Same-Sex Relationships*** <sup>6</sup>

Lifting illegality of same sex relationships occurred just prior to the Stonewall Era, in 1962. Illinois became the first state to decriminalize same-sex relationships between consenting adults in private. In 1971, Connecticut became the second state to decriminalize same-sex relationships, but only in cases of consensual acts between adults in private. In 1971, Colorado repealed its sodomy laws, making it

the third state to decriminalize same-sex relationships. In 1975, California decriminalized consensual same-sex relationships, becoming the fourth state to do so. In the following years, several other states followed suit and repealed their sodomy laws, including Oregon in 1972, North Carolina in 1976, and New York in 1980, among others.

As states repealed their sodomy laws, it was still illegal federally. The United States Supreme Court case of *Lawrence v. Texas* in 2003 was a significant milestone in the decriminalization of same-sex relationships nationwide. On June 26, 2003, the Supreme Court ruled that laws criminalizing consensual sexual activity between adults of the same sex were unconstitutional, overturning the remaining sodomy laws in the country. This landmark decision effectively decriminalized same-sex relationships in the United States. Incredibly this ruling is only 20 years prior to this course being presented in 2023!

### ***Marriage Equality*** <sup>7</sup>

Marriage equality came just after the federal ruling of the decriminalization of same-sex relationships. Massachusetts became the first state to legalize same-sex marriage on May 17, 2004, following the decision in *Goodridge v. Department of Public Health* by the Massachusetts Supreme Judicial Court. It was the first jurisdiction in the world to recognize marriage equality. Over the following years, several states legalized same-sex marriage through legislation or court rulings, including Connecticut in 2008, Iowa in 2009, Vermont in 2009, New Hampshire in 2010, New York in 2011, Washington in 2012, and the District of Columbia in 2010.

The landmark case of *United States v. Windsor* in 2013 was instrumental in the legalization of same-sex marriage. In 2013, the United States Supreme Court struck down Section 3 of the Defense of Marriage Act (DOMA), which had defined marriage as a union between one man and one woman for federal purposes. This

decision granted federal recognition to legally married same-sex couples and provided a significant boost to the marriage equality movement.

On June 26, 2015, the Supreme Court ruled in *Obergefell v. Hodges* that the fundamental right to marry is guaranteed to same-sex couples by the Fourteenth Amendment of the United States Constitution. This decision legalized same-sex marriage nationwide, making it legal in all 50 states and requiring all states to recognize same-sex marriages performed in other states.

### ***Housing and Workplace Discrimination*** <sup>8</sup>

In the mid-20th century, LGBTQ+ individuals often faced significant challenges when seeking housing. Many landlords and property owners implemented unwritten policies that excluded LGBTQ+ renters, refusing to rent or sell properties to individuals perceived as gay, lesbian, bisexual, or transgender. This discriminatory practice was rooted in widespread prejudice and reinforced the social marginalization of LGBTQ+ people prior to and during the movement for equal rights.

In addition to explicit discrimination, LGBTQ+ individuals often encountered covert or implicit bias in housing transactions. For example, real estate agents would steer LGBTQ+ individuals away from certain neighborhoods or engage in discriminatory practices to "protect property values." These actions and others limited housing options and perpetuated inequality within the community.

Legal barriers further compounded housing discrimination against the LGBTQ+ community. Some cities and states in the United States began enacting local fair housing ordinances prohibiting discrimination based on sexual orientation in the 1980s and 1990s. In 2012, the U.S. Department of Housing and Urban Development issued a rule stating that the Fair Housing Act's prohibition on sex discrimination includes discrimination based on gender identity and non-conformity with gender stereotypes. Then in June 2020, the U.S. Supreme Court

ruled in *Bostock v. Clayton County* that Title VII of the Civil Rights Act of 1964, which prohibits employment discrimination based on sex, also protects LGBTQ+ individuals from discrimination in the workplace. This ruling has significant implications for fair housing protections as well.

Until recently as these court cases demonstrate, individuals in the LGBTQ community faced explicit and implicit discrimination. Even in places where anti-discrimination laws were in place, they were often inconsistently enforced or had loopholes. These legal gaps left LGBTQ+ individuals vulnerable to discrimination when seeking housing and hindered their ability to challenge discriminatory practices. Today, although housing and employment discrimination based on sexual orientation and gender identity are illegal, implicit biases of society still influence the opportunities of this community.

### ***The Discrimination of the Transgender Population and Transgender Rights*** 9,10

It is worth noting that the transgender population has faced significant discrimination and disparities separate from those who identify as homosexual. This discrimination permeates healthcare, employment, housing, education, and legal rights.

Transgender individuals often encounter barriers to accessing affirming and inclusive healthcare. They face discrimination, limited provider knowledge, and denial of coverage for gender-affirming treatments and surgeries. The transgender rights movement has worked to raise awareness about these disparities and advocate for comprehensive healthcare coverage, transgender-specific healthcare services, and provider education. Transgender individuals experience disproportionately high rates of employment discrimination, including hiring bias, workplace harassment, and wrongful termination. The movement has pushed for anti-discrimination laws and policies to protect transgender individuals in the

workplace. Efforts have also focused on educating employers, promoting workplace inclusivity, and ensuring equal opportunities for transgender employees. Transgender individuals face higher rates of homelessness and housing instability due to discrimination, rejection, and limited access to transgender-inclusive shelters and housing options. The movement has called for safe and affirming housing environments, housing non-discrimination policies, and the development of specialized services for transgender individuals experiencing homelessness. Transgender students often face bullying, harassment, and lack of support in educational settings. The movement has pushed for inclusive school policies, transgender-inclusive curricula, and the promotion of safe and respectful learning environments. Advocates have also sought to raise awareness about the unique needs of transgender youth and fight against discriminatory practices, like restroom and locker room restrictions. Legal recognition is a crucial aspect of transgender rights. The movement has advocated for the ability to change legal gender markers on identification documents, including birth certificates, passports, and driver's licenses, without unnecessary barriers. It has also campaigned for the inclusion of gender identity in anti-discrimination laws, hate crime statutes, and other legal protections.

The transgender rights movement has made significant strides in raising awareness about transgender disparities and advocating for change. Through activism, legal challenges, policy advocacy, and community support, the movement has played a pivotal role in advancing transgender rights globally. However, challenges and disparities persist, and ongoing efforts are necessary to ensure full equality, acceptance, and inclusion for transgender individuals in all aspects of society.

## ***Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Crisis*** <sup>11</sup>

The HIV/AIDS crisis in the United States emerged in the 1980s and has had a lasting impact on public health, social attitudes, and policies. It began in the early 1980s when the first cases of AIDS were reported among gay men in major U.S. cities. Between 1981 and 1985, there was confusion and limited understanding about the disease, leading to heightened fear and stigmatization within affected communities. The crisis reached its peak between 1986 and 1995, with a surge in new infections and AIDS-related deaths. However, the government's response was initially inadequate, and it took time to acknowledge the gravity of the situation. During this period, grassroots activism and organizations like ACT UP (Aids Coalition to Unleash Power) demanded increased funding, research, and access to treatment. It was also during this time that antiretroviral therapies (ART) began to be developed, significantly prolonging the lives of people living with HIV/AIDS. From 1996 to 2000, prevention and education efforts targeted the disease, including the implementation of comprehensive strategies and the introduction of highly active antiretroviral therapy (HAART). These interventions transformed HIV/AIDS from a terminal illness to a manageable chronic condition. However, challenges remained, such as the controversy surrounding abstinence-only education and the need for inclusive sex education. The period from 2001 to 2010 represented disparities associated with the crisis, particularly affecting communities of color, such as Black and Latino populations. Factors like poverty, substance abuse, and discrimination exacerbated the spread of HIV/AIDS and underscored the need for targeted interventions and addressing social determinants of health. In the 21st century, progress has been made in prevention, testing, and treatment options, including the introduction of pre-exposure prophylaxis (PrEP). However, persistent challenges, such as stigma, lack of access to care, and ongoing health disparities, continue to affect efforts to

control the epidemic. The COVID-19 pandemic has further impacted HIV/AIDS care and prevention efforts, revealing an international connectedness issue. As the crisis continues, ongoing research on vaccine development, innovative treatment approaches, and global cooperation remain essential for ending the HIV/AIDS epidemic.

### ***Conversion Therapy*** <sup>12</sup>

The origin of conversion therapy is traceable back to the late 19th and early 20th centuries when homosexuality was pathologized and considered a mental disorder. Medical and psychological professionals at the time viewed homosexuality as deviant and sought to "cure" individuals through various methods, including hypnosis, aversion therapy, and psychoanalysis. In the mid-20th century, conversion therapy gained traction within the psychiatric normative treatments. Influenced by conservative beliefs and societal pressures, leading psychiatric organizations classified homosexuality as a mental disorder. The American Psychiatric Association (APA) listed homosexuality as a mental illness until 1973 when it was finally removed from the Diagnostic and Statistical Manual (DSM). Organizations like Exodus International emerged, promoting the idea that homosexuality could be changed through therapy and religious interventions. Exodus International, founded in 1976, became one of the largest ex-homosexual organizations and operated until its dissolution in 2013, when its president apologized for the harm caused by conversion therapy. Eventually in the late 20th century, scientific and professional understanding of sexual orientation shifted significantly. Major mental health organizations, including American Psychological Association and the American Medical Association, condemned conversion therapy and recognized that homosexuality is not a mental disorder but a normal variation of human sexuality. Conversion therapy is illegal as of 2021 in 20 states and the District of Columbia. In some areas of the country, however, conversion therapy still exists, and the LGBTQ community and advocates fight for

legislative change and raise awareness of the psychological harm this practice causes.

### ***Hate Crimes*** <sup>13</sup>

The history of hate crimes targeting the LGBTQ+ community in the United States is marked by a violence, discrimination, and marginalization. LGBTQ+ individuals have always faced significant challenges in their pursuit of equality, often becoming targets of hatred, bigotry, and violence. Understanding the historical context of hate crimes against the LGBTQ+ community is crucial for recognizing the ongoing struggle for acceptance and addressing the systemic issues that perpetuate violence. Hate crimes against LGBTQ+ individuals can be traced back to the early 20th century when homosexuality was criminalized. Police raids on LGBTQ+ establishments and the harassment and mistreatment of queer individuals were common. Riots like the Stonewall Riots and others were a pivotal moment that sparked the modern LGBTQ+ rights movement. One of the most high-profile hate crimes in LGBTQ+ history was the brutal murder of Matthew Shepard in 1998. Shepard, a gay college student beaten and left to die because of his sexual orientation. His tragic death brought national attention to the issue of hate crimes and galvanized efforts to secure legal protections. In response, the Matthew Shepard and James Byrd Jr. Hate Crimes Prevention Act was signed into law in 2009, making crimes motivated by the victim's actual or perceived gender, sexual orientation, gender identity, or disability illegal. The Pulse nightclub shooting in 2016 is one of the deadliest hate crimes in U.S. history. The shooter targeted the LGBTQ+ community resulting in the loss of 49 lives and injuring many others. This tragedy highlighted the continued vulnerability of LGBTQ+ individuals to hate-motivated violence and created continued conversations on gun control, hate crime legislation, and the need for comprehensive support for the LGBTQ+ community.

Despite legal advancements and increased awareness, hate crimes against the LGBTQ+ community persist. Transgender individuals, particularly transgender women of color, face disproportionate rates of violence and murder. The ongoing challenges include underreporting of hate crimes, lack of comprehensive data collection, and systemic biases within law enforcement and criminal justice systems. Activist groups, LGBTQ+ organizations, and allies continue to advocate for stronger hate crime laws, improved training for law enforcement, and increased support services for victims of hate crimes.

Understanding the historical mistreatment of those who identify as a part of the LGBTQ community is crucial for healthcare providers to pursue treating each patient inclusively and effectively. This community has faced oppression and mistreatment for decades and accessing healthcare should not be a continued challenge.

### **Appropriate Salutations and Pronouns** <sup>14</sup>

As momentum around the LGBTQ rights movement has grown, so has understanding the importance of using appropriate salutations and pronouns when addressing LGBTQ individuals. Respecting someone's gender identity and using the correct salutations and pronouns is an essential way to affirm their identity and promote inclusivity. This section will include guidelines for using appropriate salutations and pronouns for LGBTQ+ individuals.

When addressing someone whose gender identity is unknown, it is generally best to use gender-neutral salutations such as "Hello" or "Greetings." These salutations are respectful and do not assume or assign a gender identity to the individual. Gender-neutral salutations create a more inclusive and welcoming environment, allowing individuals to express their gender identity as they feel comfortable. Avoiding addressing patients as "Mr." or "Miss" is a good way to create inclusivity in salutations.

Pronouns are an important aspect of personal identity and using pronouns correctly is crucial for showing respect and validating an individual's gender identity. While traditionally, the pronouns "he" and "she" have been used, it is essential to recognize that not everyone identifies within the gender binary. Here are some pronouns commonly used by LGBTQ+ individuals:

**They/Them.** These are gender-neutral pronouns commonly used by non-binary individuals or those who do not identify strictly as male or female.

**She/Her.** These pronouns are typically used by individuals who identify as female.

**He/Him.** These pronouns are typically used by individuals who identify as male.

It is important to note that pronouns are personal and can vary from person to person. It is always best to ask individuals for their preferred pronouns and use them accordingly. Pronouns are being included more often on intake forms as well, giving healthcare providers the correct way to address their patients. When in doubt, healthcare providers may use gender-neutral pronouns like "they/them" as a respectful default until becoming aware of a patient's preferred pronouns.

Using correct pronouns is an ongoing practice and may feel unnatural at first. However, it is important to be open to learning and correcting any mistakes. If a provider accidentally misgenders someone, they should apologize, correct themselves, and make an effort to use the correct pronouns moving forward. By using appropriate salutations and pronouns, we demonstrate respect for individuals' gender identities and contribute to a more inclusive and supportive environment for the LGBTQ+ community.

## **Section 1 Key Words**

Gender Identity - Gender identity refers to one's innate sense of their gender and it is increasingly recognized that gender identity and gender expression exist on a

spectrum, with a range of possibilities beyond traditional male versus female classification of gender

Stonewall Riots - Also known as the Stonewall uprising or Stonewall; a series of protests by members of the gay community in response to a police raid of the Stonewall Inn

Gay Liberation Movement - a social and political movement from the 1960s through the mid-1980s that urged radical direct action in response to unfair treatment of the LGBTQ community and to counter societal shame with gay pride

Sodomy Laws - Laws that criminalize certain sexual acts, refers to the criminalization of homosexuality

## **Section 1 Summary**

The LGBTQ community has experienced discrimination in healthcare, housing, employment, by society at large, and by other sources. Unfortunately, due to the long history of oppression and discrimination, only recently has the LGBTQ community seen legislative changes that represent equality. It is the responsibility of healthcare providers to be mindful of the history of discrimination that this community has faced to inform equal treatment of the LGBTQ community as patients. It is only through knowledge, support, and advocacy that LGBTQ individuals will experience equality in healthcare outcomes.

## **Physical Therapy Care Considerations**

Physical therapists and assistants providing care to the LGBTQ community should keep several things in mind to foster an inclusive and effective environment to heal. These factors include how to address gender identity on intake forms, being mindful about how to acquire consent to treat, common reasons those in the

LGBTQ community seek physical therapy care, and how to foster a supportive environment for physical therapy care. This section will provide guidelines on some steps to begin creating an inclusive environment for those in the LGBTQ community. Of course, fostering an inclusive environment should be an ongoing effort by healthcare providers.

## **Gender Inclusive Intake Forms <sup>15</sup>**

Designing gender-inclusive intake forms in healthcare settings is an important step towards creating an inclusive and affirming environment for all patients. This includes those in the LGBTQ+ community, such as those who identify outside of the gender binary or have diverse gender identities. This section will reveal some guidelines for creating gender-inclusive intake forms.

### ***Remove Gender Binary Options***

Gender inclusive intake forms do not have just “Male” or “Female” options. Offering an open-ended free response to this question allows patients to self-identify their gender. Another option is to include several options for gender identity. This is a simple way to respect the identity of all patients seeking healthcare.

### ***Include Gender-Inclusive Terms***

The wording on intake forms should be inclusive and welcoming. Instead of using terms like "Sex" or "Gender," using "Gender Identity" or "Gender Identity/Sex Assigned at Birth" helps to distinguish between gender identity and biological sex. This change helps avoid assumptions and allows patients to provide accurate information about their gender identity.

### ***Pronoun Preferences***

To value gender inclusivity on intake forms, there should be a section where patients can indicate their preferred pronouns. Offering a range of options such as

"He/Him," "She/Her," "They/Them," or an open-ended field allows patients to enter their own pronouns. This enables healthcare providers to address patients with the correct pronouns from the very first day of care, fostering a more respectful and affirming healthcare experience.

### ***Privacy and Confidentiality***

Healthcare providers and clinic managers should ensure that intake forms emphasize patient privacy and confidentiality. Informing patients that their gender identity information will be kept confidential and will only be used for healthcare purposes is crucial. This reassurance helps build trust and encourages patients to provide honest and accurate information about their gender identity.

### ***Education of Staff and Providers***

It is essential to train healthcare staff and providers on the importance of gender inclusivity and the appropriate use of intake forms. All staff should be educated about diverse gender identities, pronoun usage, and respectful communication. This training will help ensure that healthcare providers create a welcoming and affirming environment for all patients.

### ***Regularly Update and Evaluate Intake Forms***

Healthcare providers and/or clinic managers should regularly review and update intake forms to reflect evolving language and best practices in gender inclusivity. It is helpful to seek feedback from patients, staff, and community organizations to ensure that forms remain inclusive and respectful. By continuously evaluating and updating forms, clinics demonstrate an ongoing commitment to providing inclusive care. This will result in better health outcomes for the LGBTQ community.

Creating gender-inclusive intake forms is just one step towards creating an inclusive healthcare environment. It is essential to accompany these changes with staff training, inclusive policies, and a welcoming atmosphere that respects and

affirms the diverse identities and experiences of all patients. Below is an example of gender inclusive identity on an intake form.

## About You

*Self-identification is important, and we understand that we each have our own understanding of the words used to describe our own experiences. So that we can best honor your identity and experiences, please describe how you identify in the free response box AND select (as many as you want) from the list below.*

**In your own words, what is your gender identity? \***

**Select the term(s) with which you most identify, even if the same as above. \***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Agender               | <input type="checkbox"/> Cisgender (non-trans) Man | <input type="checkbox"/> Cisgender (non-trans) Woman |
| <input type="checkbox"/> Gender Non-conforming | <input type="checkbox"/> Gender Variant            | <input type="checkbox"/> Genderqueer                 |
| <input type="checkbox"/> Intersex              | <input type="checkbox"/> Non-binary                | <input type="checkbox"/> Not Listed                  |
| <input type="checkbox"/> Transgender Man       | <input type="checkbox"/> Transgender Woman         |  |

<https://www.keshetonline.org/resources/forms/>

## Acquiring Consent to Treat and Establishing Rapport <sup>16</sup>

Obtaining consent for treatment is an essential ethical and legal requirement in healthcare for all individuals, including for LGBTQ+ individuals. The process of seeking consent should be respectful, informative, and free from discrimination.

First and foremost, acquiring consent to treat patients should be approached with respect and inclusivity. PTs and PTAs should approach care with a non-judgmental and inclusive attitude. Providers should ensure that LGBTQ+ individuals feel respected and valued throughout the process, recognizing their unique identities and experiences.

In addition to respect and inclusivity, obtaining consent for treatment should be met with privacy and confidentiality. Providers should assure LGBTQ+ individuals

that their personal information, including their sexual orientation or gender identity, will be kept confidential and treated with respect. Providers should maintain a safe and private environment for all discussions related to their care. This means shutting open doors and having discussions away from earshot of other patients or providers in the clinic.

Healthcare providers should strive to be knowledgeable about LGBTQ+ health issues, terminology, and best practices. Providers should always look at intake forms for appropriate pronouns to use. In addition, they should only ask open-ended questions on relationship status, gender identity, and sexual orientation to allow patients to express any health concerns they have regarding these topics without judgment. Physical therapists and assistants should provide comprehensive and understandable information about the proposed treatment, including potential risks, benefits, and alternatives. Address any specific considerations related to LGBTQ+ health, such as interactions with hormone therapy or mental health concerns.

As with any patient, the provider should assess the individual's capacity to make informed decisions about their care. Providers should recognize that LGBTQ+ individuals may have unique challenges related to family dynamics, legal issues, or support systems, which can impact their decision-making process and their healthcare outcomes. Having open-ended communication with patients and rapport can help to have honest conversations about how these issues may affect their healthcare outcomes.

Lastly, providers should clearly document the consent process, including the discussion, information provided, and any decisions made. Providers should ensure the individual understands how their consent will be documented and stored.

Here is an example of a dialogue between a patient and a physical therapist that demonstrates the development of respect and rapport in the patient to therapist relationship while obtaining informed consent.

Physical Therapist: “Good morning, (Patient's Name). Before we begin your physical therapy treatment, I want to have a discussion with you to obtain your informed consent. Is now a good time for us to go over this?”

Patient: “Yes, that's fine. I'm ready to discuss it.”

PT: “Great. Thank you for your willingness to have this conversation. As your physical therapist, I want to ensure that you fully understand the treatment we will be providing and that you are comfortable with it. This discussion is important for us to establish mutual trust and respect.”

Patient: “I appreciate that. I want to make sure I have a clear understanding of the treatment as well.”

PT: “Perfect. First, I want to assure you that our clinic values diversity, inclusivity, and non-discrimination. We respect and support individuals of all sexual orientations, gender identities, and gender expressions. You can expect a safe and inclusive environment here.”

Patient: “That's good to hear. It's important for me to feel comfortable and accepted during my treatment.”

PT: “Absolutely. Now, let's discuss the nature and purpose of physical therapy treatment. The goal of physical therapy is to address your specific physical condition and promote your overall well-being. We will be working together to improve your functional abilities, alleviate any discomfort or pain, and enhance your quality of life. It is important to understand that physical therapy is tailored to your unique needs and goals.”

Patient: "I understand that physical therapy can help me improve my mobility and address my specific concerns."

PT: "That's correct. Throughout the treatment, we will provide you with information and guidance regarding exercises, modalities, and any other interventions we recommend. We will explain the rationale behind each treatment and discuss its potential benefits, risks, and alternatives."

Patient: "I appreciate that. It's important for me to have a clear understanding of the treatments being recommended and their potential outcomes."

PT: "Absolutely. If at any point during the treatment process you have questions, concerns, or if you would like more information, please don't hesitate to ask. Your input is valuable, and we encourage open communication."

Patient: "I'm glad to hear that. I will definitely speak up if I have any questions or concerns."

PT: "Wonderful. Lastly, I want to assure you that your personal information, including any discussions related to your sexual orientation, gender identity, or any other protected characteristics, will be kept confidential and treated with respect. We follow strict privacy and confidentiality protocols in compliance with healthcare regulations."

Patient: That's reassuring to hear. Privacy is important to me.

PT: "I'm glad you feel that way. Thank you for having this informed consent discussion. Your consent demonstrates your active participation in your treatment process. If you are comfortable, we can proceed with your physical therapy sessions. However, please remember that you have the right to withdraw your consent at any time or request further clarification."

Patient: “Thank you for explaining everything. I am comfortable proceeding with the physical therapy treatment based on the information provided.”

PT: “Wonderful. I appreciate your consent, and I am here to support you throughout your physical therapy journey. If you have any further questions or concerns, please feel free to reach out to me at any time.”

Patient: “Thank you. I will definitely keep that in mind.”

Through this dialogue, the PT was able to get informed consent and explain privacy and confidentiality. The PT also made sure the patient knew that the clinic fosters a safe environment for people of all backgrounds, including the LGBTQ community. In addition, this dialogue contributes to the development of a trusting relationship with rapport between the patient and physical therapist. If the patient were to not give consent for treatment, the physical therapist should not proceed with treatment. They could offer to refer to another physical therapist for treatment if the patient were uncomfortable for some reason. If this is the case, the PT should attempt to determine why this occurred and work to improve the comfortability of their patients.

## **Common Reasons to Seek Physical Therapy Treatment**

There are various reasons why members of the LGBTQ+ community may seek physical therapy. Many of the reasons are similar to just about anyone else who begins physical therapy. Other reasons may be related to gender-affirming surgery recovery, such as post mastectomy or pelvic floor rehabilitation after reassignment surgery. This section will explore both common and less common reasons that this community seeks physical therapy.

### ***Sports and Work Injuries***

LGBTQ+ individuals, like anyone else, may engage in physical activities and sports. Injuries can occur during sports participation, and physical therapy can assist in

the rehabilitation process, helping individuals regain strength, flexibility, and mobility. Injuries may also occur anytime in daily life or at work. Work injuries are common with repetitive movements or lifting, such as factory work or handling packages.

### ***Chronic Pain Management*** <sup>17</sup>

Some LGBTQ+ individuals may experience chronic pain conditions, which can affect their quality of life. Physical therapists can provide treatment and develop personalized plans to manage pain, improve functionality, and enhance overall well-being. Adults in the LGBTQ community experience more debility due to pain and have higher rates of chronic pain from multiple sites. LGBTQ individuals often experience headaches, migraines, abdominal pain, back pain, shoulder pain, and neck pain at higher rates than heterosexual individuals. In addition to this, chronic pain is worsened by mental health challenges like depression and anxiety according to the biopsychosocial model describing the roots of chronic pain. In fact, about 60 percent of adults with chronic pain also have clinical depression. Physical therapy can help to desensitize movement through progressive strategies from gentle well tolerated exercises like aquatic therapy and bicycling to specific strength training.

### ***Mental Health Support*** <sup>18</sup>

Half of LGBTQ individuals in their 20s report symptoms of depression, compared to about 30 percent in heterosexual individuals. LGBTQ individuals suffer from higher rates of depression and anxiety partly due to the experiences of prejudice, social exclusion, and even violence. This not only reduces quality of life mentally but also physically as this is linked to worsening chronic pain.

Physical therapy can be beneficial for individuals experiencing mental health issues related to their sexual orientation or gender identity. Engaging in physical

activity and exercise can have positive effects on mental health, reducing symptoms of depression, anxiety, and stress.

### ***Posture, Body Mechanics, and Injury Prevention***

LGBTQ+ individuals, particularly those who identify as gender nonconforming, may experience discomfort or strain related to their posture or body mechanics. Physical therapists can provide guidance on proper body alignment, ergonomics, and exercises to promote better posture and reduce pain or tension. In addition to that, physical therapists can help to prevent work injuries by evaluating movement and making safety instructions.

### ***Gender-Affirming Care*** <sup>19</sup>

Transgender individuals may seek physical therapy as part of their gender transition process. This can involve pre-surgical and post-surgical rehabilitation after procedures such as gender confirmation surgeries. Physical therapists can help with pain management, functional mobility, and overall recovery. Physical therapists may encounter patients who are post-surgery in all settings of physical therapy practice, most commonly the hospital, home health, and outpatient settings. The role of a PT in this case lies in pre-surgical assessment, prehabilitation, postoperative rehabilitation, pelvic floor rehabilitation, assisting with vocal rehabilitation, and education throughout.

### ***Pre-Surgical Assessment and Preparation***

Physical therapists perform comprehensive assessments to evaluate the physical health and functional abilities of individuals before gender-affirming surgeries. This assessment includes an analysis of range of motion, strength, cardiovascular fitness, and any specific functional limitations. Based on the assessment findings, physical therapists develop individualized exercise programs to optimize physical health and prepare individuals for surgical interventions.

## **Prehabilitation**

Prehabilitation programs are designed to optimize physical function and prepare individuals for gender-affirming surgeries. These programs typically focus on strength training of surrounding muscles to the surgical site, cardiovascular conditioning, and flexibility exercises to enhance overall physical fitness.

Prehabilitation aims to improve surgical outcomes and facilitate postoperative recovery by ensuring individuals have optimal physical health and resilience.

## **Postoperative Rehabilitation** <sup>20</sup>

Following gender-affirming surgeries, physical therapy plays a crucial role in promoting healing, managing pain, and restoring functional abilities. Physical therapists collaborate with the surgical team to develop comprehensive rehabilitation plans tailored to each individual's surgical procedures and specific needs. After gender affirming surgeries, rehabilitation interventions may include wound care, scar management, pain management strategies, range of motion exercises, strengthening exercises, and functional training.

Chest reconstruction is another gender-affirming surgery. It is also known as "top surgery" or "breast masculinization surgery," and a surgical procedure commonly pursued by transgender men as part of their gender-affirming journey. It involves altering the appearance of the chest to create a more masculine contour, typically by removing breast tissue and reshaping the chest area.

The procedure aims to address gender dysphoria and enhance the individual's sense of self. For many transgender men, the presence of breasts can cause distress and discomfort, as it may not align with their gender identity.

Chest reconstruction surgery can involve different techniques, depending on factors such as the patient's desired outcome, chest size, and tissue elasticity. The

most common techniques include a double incision mastectomy and a keyhole mastectomy.

*Double Incision Mastectomy* is a technique that involves making horizontal incisions across the chest to remove breast tissue and excess skin. The nipples are usually resized and repositioned to create a more masculine appearance. This technique is suitable for individuals with larger breast sizes or who desire a more significant reduction.

*Periareolar or Keyhole Mastectomy* is a technique that is suitable for individuals with smaller breasts and less excess skin. It involves making incisions around the areolas to remove breast tissue. The nipples may be resized and repositioned as needed.

The specific surgical approach may vary based on individual factors and the surgeon's expertise. Before undergoing chest reconstruction, individuals typically go through a comprehensive evaluation process that involves consultations with healthcare professionals, including therapists and surgeons, to ensure they are well-informed and prepared for the procedure.

Physical therapy after mastectomy for top surgery, specifically chest reconstruction surgery, plays a vital role in promoting optimal recovery, restoring range of motion, and enhancing functional abilities. Here are some specific physical therapy interventions commonly utilized after mastectomy for top surgery:

### **Early Mobilization and Breathing Exercises**

Range of motion early in recovery is critical in the muscles of the upper extremity, of course following the surgeon's protocol for chest and shoulder mobility. Deep breathing exercises help to prevent respiratory complications and assist in restoring normal lung function. Strategies like diaphragmatic breathing are

imperative to teach to prevent immobility of the neck due to tension in the accessory muscles of respiration.

### **Scar Management**

Scar massage as a manual therapy technique should be used to minimize scar tissue adhesions, improve scar mobility, and desensitize the surgical area. Skin and tissue mobilization, like gentle skin rolling and myofascial release, may be used to promote scar tissue remodeling and improve tissue mobility.

### **Postural Education and Correction**

Postural education and ergonomics training should be addressed with all postoperatively to ensure proper healing and muscle activation. Core strengthening for any weaknesses in the abdomen and back help to improve recovery and support.

### **Upper Body Strengthening**

Gradual strengthening exercises when cleared for resistance training will help to return the upper extremities back to normal strength. Progression should include full range of motion, light resistance, and then moderate/heavy resistance based on goals and recovery timeline.

### **Lymphedema Prevention**

Physical therapists provide information on lymphedema risk reduction strategies, such as avoiding excessive weight lifting and repetitive movements, and promoting overall lymphatic flow. In addition, gentle manual lymphatic drainage techniques should be used if a lymphedema risk is present. PTs may teach self-massage techniques and provide guidance on compression garments, if necessary.

### **Functional Training**

Activities of daily living retraining should be performed in collaboration with Occupational Therapist colleagues. PTs may assist patients in recovering ADLs that may have been impacted by the surgery, such as reaching overhead, dressing, and self-care tasks.

Progression to sport and/or work activities is also a goal at least six weeks post operative in outpatient physical therapy. Physical therapists should guide patients in safely returning to sports or work activities, gradually increasing intensity and complexity as tolerated.

### **Pelvic Floor Rehabilitation**

For individuals undergoing gender-affirming surgeries involving the pelvic region, such as vaginoplasty or phalloplasty, physical therapists with expertise in pelvic floor rehabilitation provide specialized care. Vaginoplasty is a surgical procedure that involves the creation of a neovagina, a reconstructed vagina, for individuals assigned male at birth who desire female genitalia. The procedure typically involves removing the existing genital structures, such as the penis and testes, and using the existing scrotal skin and other donor tissues to construct the vagina. Phalloplasty is a surgical procedure performed on individuals assigned female at birth who desire male genitalia. The goal of phalloplasty is to construct a neophallus, a reconstructed penis, using various techniques. The surgeon typically uses donor tissue, such as skin grafts from the forearm, thigh, or other parts of the body, to create the penis.

Pelvic floor rehabilitation focuses on restoring pelvic floor muscle function, addressing any pain or dysfunction, and promoting optimal bladder, bowel, and sexual function. Treatment approaches may include biofeedback, pelvic floor muscle strengthening exercises, manual therapy, and relaxation techniques. Pelvic floor rehabilitation often requires extra training to develop competence in strategies like biofeedback, dry needling, and others.

## **Voice and Communication Training** <sup>1</sup>

Physical therapists collaborate with speech therapists to assist individuals seeking voice and communication training as part of their gender-affirming care. Speech Language Pathologists (SLP) help individuals modify vocal pitch, resonance, intonation, and speech patterns to align with their gender identity. Physical therapy interventions that assist these goals may involve breathing exercises, vocal cord exercises, postural training, and techniques to optimize vocal production.

## **Education and Support** <sup>1</sup>

Physical therapists provide education and support to individuals undergoing gender-affirming care. They educate patients about their anatomical changes, postoperative care, body mechanics, and strategies to prevent overuse injuries. Physical therapists should address psychosocial aspects of care, provide emotional support, and create a safe and inclusive environment for individuals to discuss their concerns and goals. This will likely include referrals to mental health professionals and other medically necessary providers for each specific patient.

## **Rehabilitation After Trauma** <sup>13</sup>

Some LGBTQ+ individuals may have experienced physical trauma, including hate crimes or violence, which can lead to physical injuries and emotional trauma. Physical therapy can aid in the recovery process by addressing physical limitations, managing pain, and restoring mobility. Physical therapists and assistants may encounter a patient with this history in any setting of employment including hospital, skilled nursing facility, and home health.

It's important to note that these reasons are not exclusive to the LGBTQ+ community, and individuals from all backgrounds may seek physical therapy for

similar concerns. Physical therapists strive to create inclusive and supportive environments where all patients feel respected and valued.

As evident in this section, the LGBTQ community receives physical therapy for many purposes. These include injuries, accidents, chronic pain, gender-affirming care, after trauma, and various other reasons. Physical therapists and physical therapist assistants need to work with the LGBTQ community fostering a supportive environment to achieve the best outcomes in care.

## **How to Foster a Safe and Supportive Environment** <sup>2,14</sup>

Creating a safe and supportive environment is essential for providing optimal healthcare to LGBTQ+ individuals. This section will focus on understanding the unique challenges faced by LGBTQ+ individuals in healthcare settings and provides strategies to foster inclusivity, respect, and sensitivity. By implementing these principles, physical therapists and assistants can enhance patient satisfaction, improve health outcomes, provide an excellent example for other healthcare providers, and contribute to a more equitable healthcare system.

### ***Understanding LGBTQ+ Terminology and Concepts***

In healthcare settings, understanding LGBTQ+ terminology is crucial for providing patient-centered care that respects and addresses the unique needs of LGBTQ+ individuals. By gaining knowledge about terminology related to sexual orientation, gender identity, and gender expression, healthcare providers can establish open and respectful communication, build trust with patients, and deliver care that aligns with their individual identities. By using accurate terms and pronouns, providers create an atmosphere of trust and respect, facilitating open and honest dialogue about health concerns and healthcare needs.

### ***Avoid Assumptions and Stereotypes***

Healthcare providers should avoid making assumptions or perpetuating stereotypes about patients' sexual orientation or gender identity. By using inclusive language and avoiding assumptions based on appearance, providers demonstrate sensitivity and recognize the diversity within the LGBTQ+ community. This helps counteract biases and ensures that patients receive individualized care that respects their unique experiences.

### ***Affirm Identity and Reduce Stigma***

When healthcare providers demonstrate familiarity with LGBTQ+ terms, patients feel seen, validated, and more comfortable discussing their healthcare needs. This fosters a supportive environment where patients are more likely to disclose important health information and actively engage in their care. In addition to this, physical therapists and assistants should strive to be leaders in their professional and personal lives by speaking of the LGBTQ community in a supportive and inclusive way when others may not do the same. Leading by example and telling others when they say a hurtful or stigmatizing statement can go a long way in creating an inclusive society.

### ***Address Health Disparities and Needs***

LGBTQ+ individuals face specific health disparities and have unique healthcare needs. Understanding LGBTQ+ specific health challenges and addressing them openly enables healthcare providers to provide appropriate care. Providers who are knowledgeable about gender-affirming interventions, preventive healthcare recommendations specific to LGBTQ+ individuals, and mental health concerns can offer comprehensive care tailored to the needs of their LGBTQ+ patients. This will help both with physical therapy care and with deciding the appropriate providers to refer to.

## ***Strive to Provide Culturally Competent Care***

By understanding LGBTQ+ terminology, disparities, and historical discrimination, healthcare providers develop cultural competence in providing LGBTQ+ care. They gain insight into the experiences, challenges, and strengths of LGBTQ+ individuals, allowing them to provide care that is culturally sensitive and responsive. Culturally competent care acknowledges the social and cultural contexts in which patients live and recognizes the impact of systemic discrimination on their health and well-being. PTs and PTAs should strive to provide culturally competent care to all patients, especially those who have been historically marginalized.

## ***Building Rapport***

Trust between patients and healthcare providers is essential for creating a therapeutic alliance, promoting patient compliance, and supporting positive health outcomes. By using appropriate language and terminology, providers send a powerful message that they are knowledgeable, non-judgmental, and committed to providing LGBTQ+ individuals with the highest quality of care. Rapport development starts at the very first interaction with a patient. Providers should generally ask open-ended questions to avoid mislabeling or creating misunderstandings with patients. In addition, providers should never be afraid to apologize or acknowledge a mistake in language. Accountability can go a long way in maintaining trust with any patient.

These are just some steps in creating and maintaining a supportive healthcare environment for those in the LGBTQ community. Providers need to keep in mind the discrimination that this community has faced and respect each individual's identity while providing care.

## Section 2 Key Words

Gender-Affirming Care – a holistic medical, psychological, and social healthcare approach provided to transgender and gender-diverse individuals to align their physical characteristics, gender identity, and gender expression

Prehabilitation – in this context prehabilitation programs are designed to optimize physical function and prepare individuals for gender-affirming surgeries

Chest Reconstructive Surgery – a gender-affirming surgery where a transgender man receives a mastectomy in order to affirm their gender identity

## Section 2 Summary

This section emphasized the importance of providing LGBTQ+ inclusive care in the field of physical therapy. It highlighted key considerations and strategies for creating a safe, supportive, and affirming environment for LGBTQ+ individuals accessing physical therapy services. It is important to utilize the correct terminology, build rapport, acknowledge privacy and confidentiality, and develop the skills to treat and refer patients appropriately within the LGBTQ community.

## Resources

There are several valuable resources that can enhance understanding of LGBTQ+ healthcare, improve cultural competency, and support the delivery of inclusive and affirming care to individuals from the LGBTQ+ community. These resources encompass a wide range of topics, including LGBTQ+ health disparities, transgender healthcare, mental health support, and LGBTQ+ advocacy organizations. As a healthcare professional, these resources will serve as a valuable reference to deepen knowledge and promote equitable and compassionate care for all.

## **Referral Resources** <sup>2,14</sup>

Physical therapists and assistants should be aware of the different professionals to refer LGBTQ individuals to, based on their healthcare needs. It is important to promote patients to pursue preventative care and treatment for health conditions. People in the LGBTQ community are less likely to seek preventative care for things like cancer screenings. All healthcare professionals should promote preventative care and the importance of early detection of disease. This section will highlight the most common referral sources for physical therapists and assistants to make for their LGBTQ patients.

### ***Primary Care Physicians (PCPs)/General Practitioners***

PCPs may be the first point of contact for individuals seeking healthcare. They provide comprehensive medical care, address general health concerns, and can offer routine screenings, preventive care, and referrals to specialized providers. Patients typically have a PCP already, but if they do not, physical therapists should educate on the importance of establishing care with a PCP.

### ***LGBTQ+-Affirming Physicians***

Some physicians have specific training and expertise in LGBTQ+ healthcare. These providers have knowledge of the unique health needs and concerns of LGBTQ+ individuals, including hormone therapy, sexual health, and preventive care tailored to this population.

### ***Endocrinologists***

Endocrinologists specialize in hormone-related conditions and play a critical role in managing hormone therapy for transgender and gender-nonconforming individuals. They monitor hormone levels, provide guidance on hormone therapy protocols, and address potential side effects or complications.

## ***Mental Health Professionals***

Psychologists and psychiatrists provide mental health evaluations, therapy, and medication management when necessary. They can address mental health concerns such as depression, anxiety, gender dysphoria, and provide support during the coming-out process.

Licensed Professional Counselors and therapists offer counseling and therapy services, including LGBTQ+-specific therapy, to address a wide range of mental health concerns and support individuals in their journey towards self-acceptance and well-being.

## ***Gynecologists and Reproductive Health Specialists***

Gynecologists and reproductive health specialists provide sexual and reproductive healthcare services to LGBTQ+ individuals, including routine gynecological exams, STI screenings, contraception options, and fertility-related consultations.

## ***Sexual Health Specialists***

Sexual health specialists, such as urologists, nurse practitioners, or physician assistants, provide care related to sexual health, including STI testing and treatment, HIV prevention and management, and sexual dysfunction evaluations and treatments.

## ***Surgeons***

Surgeons with expertise in gender-affirming surgeries, including chest reconstruction, genital reconstruction, and facial feminization/masculinization surgeries, work closely with transgender and gender-nonconforming individuals to provide surgical interventions aligned with their gender identity.

## ***Social Workers and Case Managers***

Social workers and case managers can offer support and assistance in navigating healthcare systems, insurance coverage, and connecting individuals to community resources. They can also provide advocacy and help address social determinants of health affecting the LGBTQ+ community. Social workers and case managers may be involved in the care of patients in acute care, outpatient, home health, skilled nursing, and other settings that physical therapists and assistants are employed in. They are a communication hub for potential problems between staff, patients, the community, and families of patients.

## ***Nurses***

Nurses play a crucial role in providing direct patient care, education, and support in various healthcare settings. They contribute to creating LGBTQ+-affirming environments, assisting with patient education, and collaborating with other healthcare professionals to deliver comprehensive care.

## ***Pharmacists***

Pharmacists play a critical role in managing medications, including hormone therapy and other medications specific to LGBTQ+ health needs. They ensure proper dosages, provide medication counseling, monitor interactions, and offer guidance on adherence and potential side effects.

It's important to note that healthcare professionals should continually strive to be culturally competent, educated, and sensitive to the unique healthcare needs and experiences of LGBTQ+ individuals. This includes staying updated on LGBTQ+ health research, best practices, and participating in relevant training programs to provide inclusive and affirming care.

## Community Support and Resources

Physical therapists and assistants should also be aware of national and local resources in the community for their LGBTQ patients. Knowing this will help to develop rapport with patients as keeping helpful resources in mind for specific patients is patient-centered care. This section will overview some resources for people in the LGBTQ community with healthcare, employment, education, and mental health. This section will also have resources for providers to become familiar with LGBTQ friendly care.

### **GLMA** <sup>21</sup>

Health Professionals Advancing LGBTQ Equality (formerly known as the Gay and Lesbian Medical Association) is an organization dedicated to ensuring equality in healthcare for LGBTQ+ individuals. Their website provides resources, directories of LGBTQ+-friendly healthcare providers, and educational materials for both healthcare professionals and patients. Website: <https://gima.org/>

### **The National LGBT Health Education Center** <sup>22</sup>

A program of The Fenway Institute, this center offers a wide range of educational resources, webinars, and training programs on LGBTQ+ health topics. They provide guidance on providing culturally competent care, addressing health disparities, and meeting the unique healthcare needs of LGBTQ+ individuals. Website: <https://www.lgbthealtheducation.org/>

### **LGBT National Help Center** <sup>23</sup>

The LGBT National Help Center is a non-profit organization that offers confidential support, information, and local resources through a national helpline, online chat, and email. They can provide guidance on finding LGBTQ+-friendly healthcare providers and answer questions related to LGBTQ+ health and well-being.

Website: <https://www.glbthotline.org/>

### **CenterLink** <sup>24</sup>

CenterLink is a network of LGBTQ+ community centers across the United States. Many of these centers offer healthcare programs and services, including LGBTQ+-specific health clinics, counseling, and support groups. Their website provides a directory to locate local LGBTQ+ community centers. Website: <https://www.lgbtcenters.org/>

### **Human Rights Campaign (HRC) Healthcare Equality Index** <sup>25</sup>

HRC publishes an annual Healthcare Equality Index that evaluates healthcare facilities' policies and practices related to LGBTQ+ inclusivity. The index can be a useful resource to identify hospitals and healthcare organizations that prioritize LGBTQ+ equality and provide affirming care. Website: <https://www.hrc.org/resources/healthcare-equality-index>

### **The Trevor Project** <sup>26</sup>

The Trevor Project is a leading organization providing crisis intervention and suicide prevention services for LGBTQ+ youth. While primarily focused on mental health, their website offers resources and information related to LGBTQ+ healthcare, including guidance on coming out to healthcare providers and accessing affirming care. Website: <https://www.thetrevorproject.org/>

These community and provider resources are crucial to be informed of as a culturally competent physical therapist or physical therapist assistant. Local resources may vary per community, which is why the tools to locate different resources in this section are critical.

## **Section 3 Key Words**

Health Professionals Advancing LGBTQ Equality - formerly known as the Gay and Lesbian Medical Association; is an organization to ensure equality in healthcare for LGBTQ+ individuals

CenterLink - network of LGBTQ+ community centers across the United States

The Trevor Project - a leading organization providing crisis intervention and suicide prevention services for LGBTQ+ youth

## **Section 3 Summary**

This section overviewed several resources that healthcare providers can utilize to refer their patients to in the LGBTQ community. These resources are related to healthcare, community, advocacy, and more. Physical therapists and assistants should offer resources to each patient based on their needs, and especially to marginalized groups like the LGBTQ community. Physical therapists and assistants should use these same concepts in their daily lives outside of work to promote advocacy and inclusivity for the LGBTQ+ community in society and healthcare.

## **Case Study 1**

Alex, a 32-year-old transgender man, recently underwent chest reconstructive surgery as part of his gender-affirming journey. He has now sought outpatient physical therapy six weeks from surgery to support his post-operative recovery and address any functional limitations that may arise. Alex's physical therapist, Lisa, conducted a thorough assessment, considering his unique needs as an LGBTQ+ individual. The therapist created a treatment plan that incorporated education, empowerment, and a gender-affirming approach. Regular evaluations were conducted to monitor progress and make necessary adjustments.

## **Reflection Questions**

1. What specific considerations should Lisa consider to create a welcoming and inclusive environment for Alex as an LGBTQ+ patient?

2. How should Lisa educate Alex about post-operative care while respecting his gender identity and minimizing potential discomfort related to body image?
3. How should Lisa address potential mental health challenges, such as gender dysphoria, that may impact Alex's recovery process?
4. In what ways should Lisa collaborate with other healthcare providers experienced in LGBTQ+ healthcare to ensure comprehensive support for Alex's recovery?
5. How should Lisa regularly assess Alex's progress and incorporate his feedback into the treatment plan?

## Responses

1. To create a welcoming environment, Lisa should use inclusive signage and display sensitivity to gender identity by using appropriate pronouns. It would be beneficial to have gender neutral restrooms as well. All language and communication should be respectful, free from assumptions, and tailored to Alex's specific needs.
2. Lisa should use affirming language and avoid exercises that excessively engage the chest area or that could cause emotional distress. By focusing on the overall recovery process and providing education on exercise techniques and self-care strategies, Lisa should aim to empower Alex in his healing journey.
3. Recognizing the potential impact of mental health on recovery, Lisa should be sensitive to Alex's emotional well-being. She should provide a supportive and non-judgmental environment, offer resources for LGBTQ+-affirming mental health professionals or support groups, and encourage open communication about any concerns or difficulties he may be experiencing.

4. If necessary, Lisa should establish collaborative relationships and referrals with healthcare professionals such as endocrinologists or psychologists specializing in gender-affirming care. This multidisciplinary approach would ensure a holistic support system, addressing both physical and mental health aspects of Alex's recovery.
5. Lisa should conduct regular evaluations to monitor Alex's physical recovery, functional abilities, and emotional well-being. She should give his feedback on comfort levels, satisfaction with the care received, and any concerns or changes he would like to address. This ongoing communication and collaboration would guide adjustments to the treatment plan as needed.

## Case Study 2

Taylor, a 25-year-old non-binary individual, presents for physical therapy following a sports-related knee injury. They express concerns about receiving appropriate and inclusive care due to previous experiences of discrimination in healthcare settings. On their intake form, they identify as non-binary and share during the evaluation they have a sexual orientation of pansexual. They have no significant medical history, and this is their first time seeking physical therapy.

### Reflection Questions

1. What are strategies to create an inclusive environment for Taylor in a physical therapy clinic before the evaluation begins?
2. What are communication strategies the physical therapist should use on the first visit to establish rapport and mutual respect with Taylor?
3. What steps may physical therapists take if they notice that staff members do not create an inclusive environment for gender diverse individuals?

4. Because Taylor expressed concerns about not receiving inclusive healthcare, what are strategies for the physical therapist to optimize Taylor's healthcare experience with other providers?

## Responses

1. The physical therapist may take several steps to create an inclusive environment. The PT and clinic managers could make an effort to display LGBTQ-friendly symbols (for example the pride flag and inclusive posters) in the waiting area and treatment room. The therapist should also ensure that intake forms and documentation be updated to include gender-neutral options and relevant sexual orientation questions. If these aren't a standard practice by the clinic already, the physical therapist should advocate to management for these inclusivity strategies.
2. The therapist could initiate a conversation with Taylor about their preferred pronouns and communicate their own pronouns to establish a respectful and supportive therapeutic relationship. Then, the therapist should use these preferred pronouns consistently throughout the session and encourage staff members to do the same.
3. The physical therapy clinic could organize a sensitivity training session for all staff members to address LGBTQ-related issues and ensure a greater understanding of diverse sexual orientations and gender identities. This training would help the team gain knowledge about LGBTQ cultural competency and appropriate terminology to use when interacting with LGBTQ individuals.
4. The therapist could provide educational resources to Taylor, such as pamphlets, websites, and support group information, focused on LGBTQ healthcare rights, affirming terminology, and mental health support. The

therapist could also encourage Taylor to share these resources with their friends and community.

## Conclusion

Physical therapists and physical therapist assistants need to acquire the knowledge and skills necessary to provide culturally competent care to all patients, including those who identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ). As demonstrated in this course, cultural competence is crucial in providing effective healthcare services and building relationships with patients from diverse backgrounds. In the case of LGBTQ individuals, like other marginalized populations, the lack of culturally informed care among healthcare professionals can result in healthcare disparities and negative outcomes. This course provided the knowledge base for how to cultivate a supportive and mindful environment when providing physical therapy care to those in the LGBTQ+ community.

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