

# **Intro to LGBTQIA+ Care for PTs/PTAs**

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Kelley Kukis, DPT, PRPC

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# About Me

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# About Me

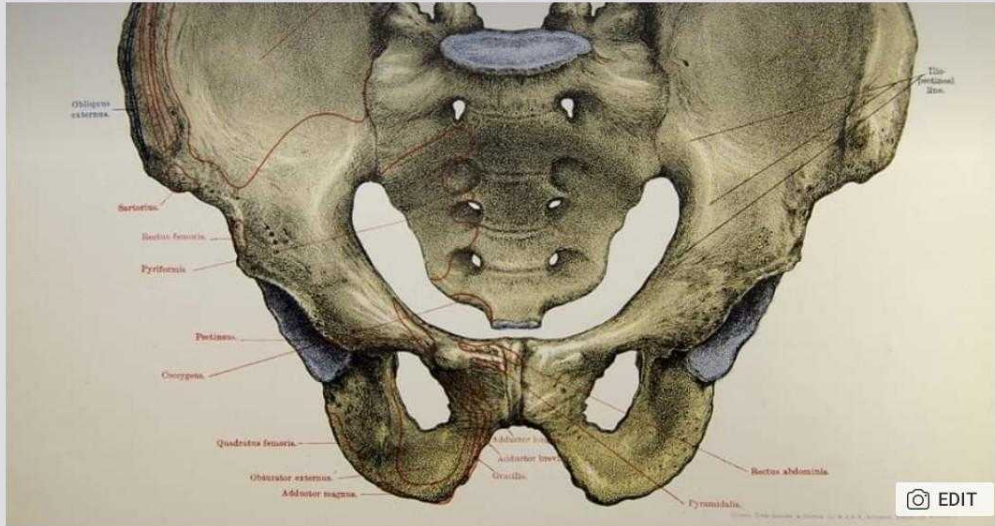
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**ambi**  
SACRAMENTO

# About Me

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**Sacramento Pelvic and Sexual Health Professionals  
Network (Sac PuSHPiN) >**



# Further Resources

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Kelley Kukis, DPT, PRPC [drkukisdpt.com](http://drkukisdpt.com)

amBi [ambi.org](http://ambi.org)

PuSHPiN [facebook.com/groups/PuSHPiN/](https://facebook.com/groups/PuSHPiN/)

Sex Positive Sacramento [sexpositivesacramento.org](http://sexpositivesacramento.org)

Facebook [facebook.com/DRKukisDPT](https://facebook.com/DRKukisDPT)

Instagram [instagram.com/dr\\_kukis\\_dpt](https://instagram.com/dr_kukis_dpt)

# About You

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**What** type of practitioner are you?

**Did** you get information about treating LGBTQIA+ people in PT school?

**What** did that information look like?

**Was** it adequate?

**What** was missing?

# **The content of this presentation includes**

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**Mentions** of and diagrams of genital anatomy

**Situations** and images demonstrating transphobia, homophobia, and biphobia

**Discussions** of sexual activity in the context of patient scenarios

# Objectives

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**Participants** will be able to define common terms relevant to LGBTQIA+ communities

**Participants** will understand common issues LGBTQIA+ people face when visiting healthcare providers

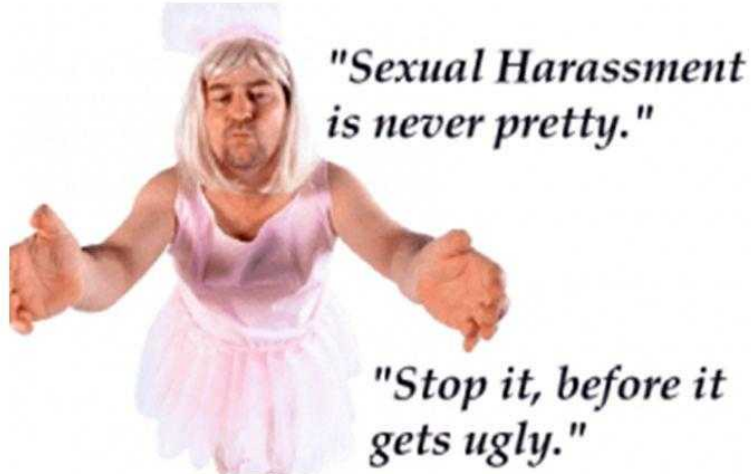
**Participants** will be able to identify actionable steps to improve the PT experience for their LGBTQIA+ patients

**Participants** will be able to access resources created by the LGBTQIA+ community for further learning



# My PT school experience...

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*"Sexual Harassment  
is never pretty."*

*"Stop it, before it  
gets ugly."*

**(actual slide from one of my class lectures as a PT student)**

# Labels

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**Labels/definitions** can create a sense of belonging and understanding for some people

**Not** everyone finds labels helpful

**People** are the experts on their own identity labels. Whenever possible, information about an individual should come from that individual

**Labels** don't mean the same thing to everyone. Don't assume. Ask

**People** may identify with a label but not its umbrella term

**Q**

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Queer

# Terms and Concepts to Know

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## *Queer:*

An adjective used by some people...whose sexual orientation is **not exclusively heterosexual**...Some people may use queer, or more commonly genderqueer, to describe their **gender identity and/or gender expression**

# Terms and Concepts to Know

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**Queer** is an **adjective**, not a noun

**Queer** is a reclaimed word

**Queer** is **not** an acceptable term to all members of the LGBTQIA+ community

**Queer** is an umbrella term that people may identify with alone or in addition to more specific identities

**Queer** is often used to convey a more anti-assimilationist way of being LGBTQIA+

# Terms and Concepts to Know

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For me, queerness encompasses my sexual identity as someone **uncomfortable with binary presentation**. It also encompasses my rebuke of cisgender and heteronormative privilege and the intersection of these privileges with white privilege. LGBT+ labels tend to **presume a binary origination**, and their usage coincides with a social movement that **seeks assimilation** and erases the existence of non-binary identities. My queerness encompasses that voice, my voice, as a Black, male-assigned, non-binary individual who harshly **critiques the status quo**.

-Vonte Abrams (they/them)



# Providing Quality Care

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**As** a reclaimed word, “queer” should **not** be used as an umbrella term by non-LGBTQIA+ people

**A member** of the LGBTQIA+ community should **not** be referred to as “queer” unless they have **explicitly** stated that this is their preferred label



# Further Resources

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GLAAD Media Reference Guide

<https://www.glaad.org/sites/default/files/GLAAD-Media-Reference-Guide-Tenth-Edition.pdf>

9 LGBTQ+ People Explain How They Love, Hate, And Understand The Word "Queer"

<https://www.them.us/story/what-does-queer-mean>

***A***

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Asexual

## Terms and Concepts to Know

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### ***Asexual (Ace):***

A person who does not experience sexual attraction

### ***Aromantic (Aro):***

A person who does not experience romantic attraction

# Terms and Concepts to Know

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**Sexual/Romantic Attraction:** a sexual/romantic feeling of desire that is directed at specific people

**Sex Drive:** the biological urge for sexual gratification which can happen even in the absence of a specific person who is found to be attractive

**Queerplatonic:** an adjective for a relationship or partnership that is different in some significant way than either a romantic or platonic relationship

**Allosexual or Z Sexual:** the opposite of asexual

# Terms and Concepts to Know

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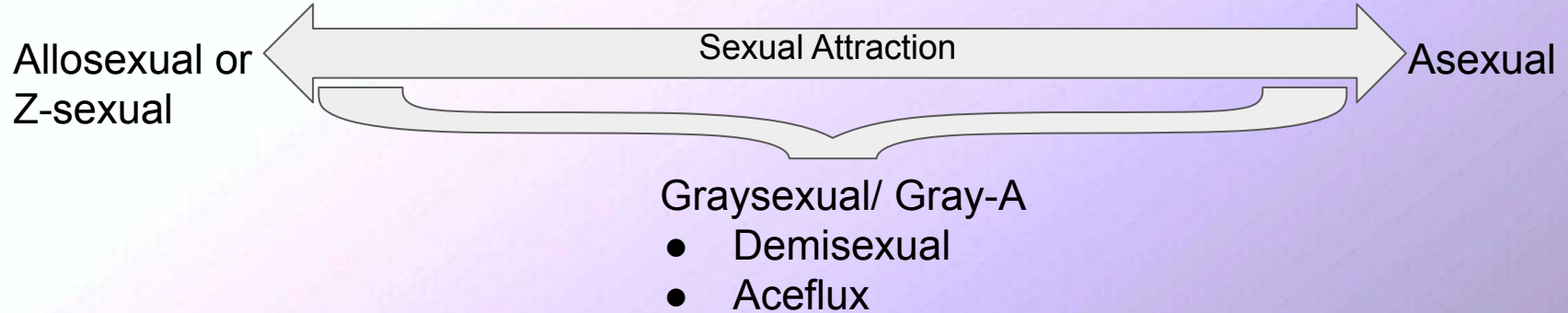
**Graysexual/Gray-A/Grayromantic:** someone who experiences sexual/romantic attraction very rarely, only experiences it under specific circumstances, or experiences it differently from others in some significant way

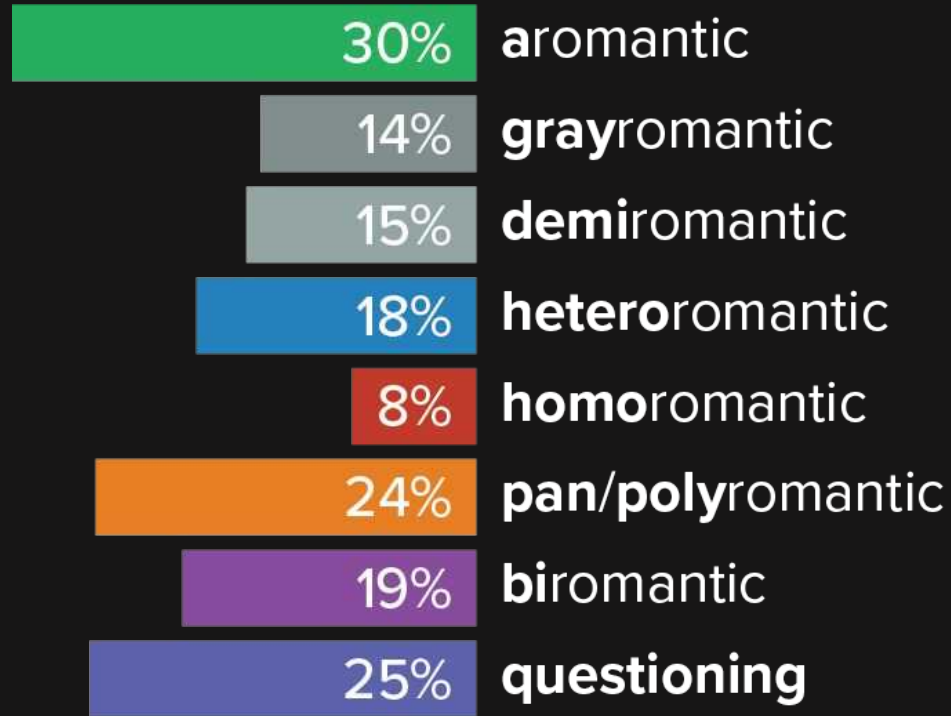
**Demisexual:** a person who can only experience sexual/romantic attraction if a strong emotional bond is present

**Aceflux:** someone who has a sexual/romantic orientation that fluctuates along the spectrum between asexual and sexual, and aromantic and romantic. Some people who are aceflux or aroflux will always stay within the asexual or aromantic spectrum, while others may occasionally fall outside of it

# Terms and Concepts to Know

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# Terms and Concepts to Know

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**Asexuality** is not a physical dysfunction or a psychological disorder

**Asexuality** is not chosen abstinence or celibacy

**Some** asexual people may participate in sexual activity with self or others

**Coming out** as Ace can be especially difficult when a person is hypersexualized or desexualized based on another marginalized identity (race, disability, being transgender, etc)



20 X 52

ZOE (zō-ē)

Without sexual  
frustration,  
there's no  
cause to deface  
and pillage the  
town and its  
restroom walls.

Previous:

## My life as an amoeba

By Zoe O'Reilly

*StarNet Dispatches*

Fri May 30 02:34:53 MST 1997

With Ellen's coming out and the new trend towards "outing" and the overall hipness involved, there's been a lot of press dedicated to gays, bisexuals and most other sexually-oriented groups. But there is one group continuously overlooked:

The asexual.

I'm out and proud to be asexual. My people are a definite minority group who wish to be recognized like all the others. We want a

# Providing Quality Care

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**Understand** that a more cohesive asexual community is relatively new. Many patients may display asexual behavior without identifying as asexual or without even being aware of asexuality as an identity

**Do not** make assumptions based on someone's relationship or any other factor. Ask.

**Help** allosexual people who may be having limited sexual function without pathologizing asexuality

**Understand** that asexual people may have already come to you with a sexual dysfunction diagnosis from another medical provider. Talk to the patient directly.

# Providing Quality Care

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Asexual Awareness Week- October 21-25, 2020

- Blog
- Social Media
- Handouts/ Brochures in waiting room
- Poster in clinic
- In-service for clinical rotation

# Providing Quality Care

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Nia is a 39 year old female referred to pelvic PT by a urogynecologist for dyspareunia (painful sex) as her sole diagnosis. On her intake form she states that “doctor sent me for pelvic issues” is her chief complaint. In the bowel and bladder screening sections, she states she is having urge incontinence daily, sometimes with full bladder emptying and is voiding about every hour. She has also indicated on her form that she is married and checked the box for painful vaginal penetration. As the PT goes on with the subjective exam, she learns that Nia married her husband 11 years ago and that he was her first sexual partner. They attempted vaginal penetration once early in their marriage, but “it felt blocked”, so they stopped and have not attempted since.

# Providing Quality Care

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The PT asks, “do you participate in any external sexual activity?” and Nia states that she does not.

The PT then asks “Is sexual activity a goal for you?” Nia pauses and says in an almost rehearsed tone “I hope to one day enjoy sex with my husband.”

The PT says, “You know, sex is not a requirement of marriage or any relationship. I’m asking you these questions so I can get to know you and learn the best way to provide you care. But, it is ok if sex is not a goal for you.” With a sigh of relief, Nia says “Ok, then no.”

“Thanks for letting me know,” says the PT, “Would you like to discuss some things you wrote down in the bladder section?”

# Further Resources

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Asexual Visibility and Education Network (AVEN): <https://www.asexuality.org/>

Ace Week: <https://aceweek.org/>

“My Life as an Amoeba” <http://web.archive.org/web/20030210212218/http://dispatches.azstarnet.com/zoe/amoeba.htm>

Ace Community Survey [https://asexualcensus.files.wordpress.com/2018/11/2016\\_ace\\_community\\_survey\\_report.pdf](https://asexualcensus.files.wordpress.com/2018/11/2016_ace_community_survey_report.pdf)

***T***

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Transgender

## Terms and Concepts to Know

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### ***Transgender (Trans or Trans\*):***

An umbrella term for people whose **gender identity** and/or **gender expression differs** from what is typically associated with the sex they were assigned at birth



# Terms and Concepts to Know

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**Gender Identity:** A person's internal, deeply held sense of their gender

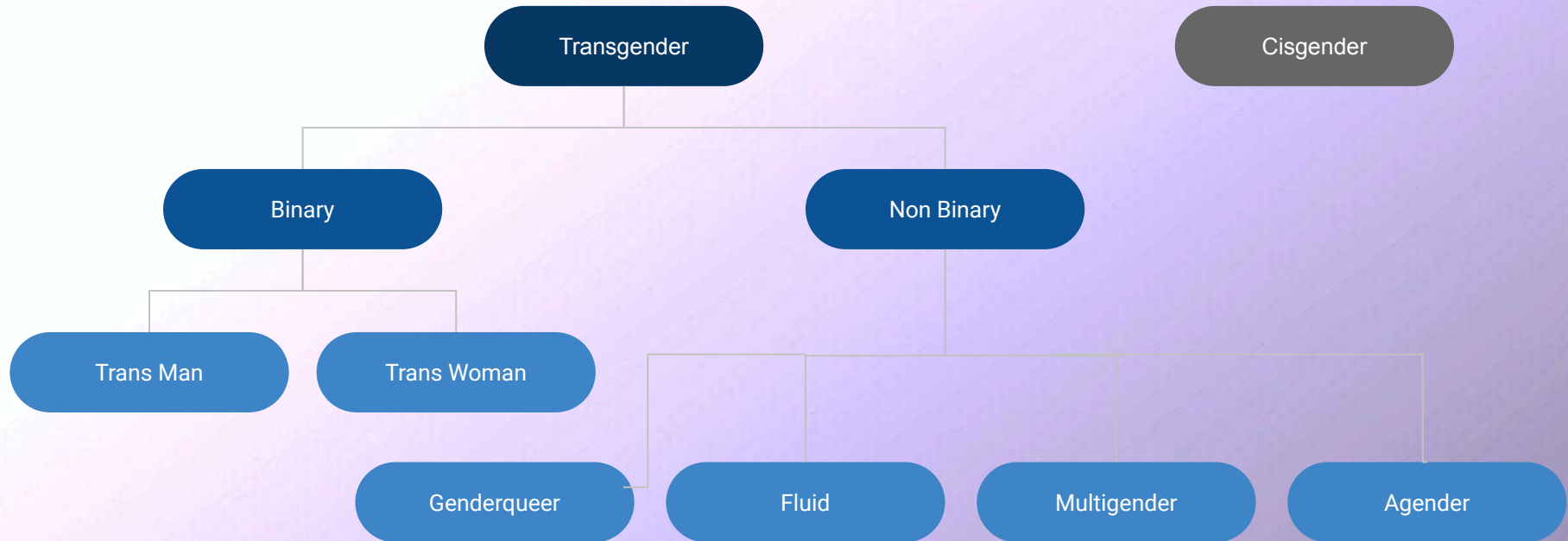
**Gender Expression:** External manifestations of gender, expressed through a person's name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics. Society identifies these cues as masculine and feminine, although what is considered masculine or feminine changes over time and varies by culture

**Cisgender:** the opposite of transgender

**Cisgenderism:** Assuming that there are two, and only two, genders, that people remain in the gender that they were assigned at birth, and that those who don't are somehow inferior or abnormal.

# Terms and Concepts to Know

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# Terms and Concepts to Know

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**Gender Dysphoria:** marked incongruence between a person's experienced or expressed gender and the one they were assigned at birth

**Transgender** identity is not dependent upon physical appearance

**Not** all transgender people use or want hormones or surgery

**In a survey** of over 6000 transgender people, 28% had postponed necessary health care when sick or injured and 33% had delayed or had not sought preventive care because of experiences of health care discrimination based on their transgender status

# Providing Quality Care

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**Intake paperwork** should include sex assigned at birth (if relevant), gender identity, name in use, and pronouns **for all patients**

**Make** name and pronouns readily available to all staff **for all patients**

**Share** your own pronouns, even if you are cisgender

**Avoid** using a person's dead name

**No** quotation marks

# Providing Quality Care

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**Have** a gender neutral bathroom available if possible. Do not make assumptions about which bathroom anyone “should” be using

**Ask** only questions relevant to the patient’s care

**Be** aware that some anatomical terms or images may heighten dysphoria for some patients or trigger a trauma response in others. Ask for permission **from all patients** to proceed with anatomical explanations

**Listen** and mirror patient language

# Providing Quality Care

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Legal Representative	Description	
HOW DO YOU WANT TO BE ADDRESSED WITHIN THE FACILITY:		
<input type="checkbox"/> Legal First name	<input type="checkbox"/> Proper Surname	<input type="checkbox"/> Other: _____
PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR HEALTH		

# Providing Quality Care

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## Patient Information Form

Name \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sex assigned at birth \_\_\_\_\_ Gender Identity \_\_\_\_\_ Gender pronouns \_\_\_\_\_

Email Address \_\_\_\_\_

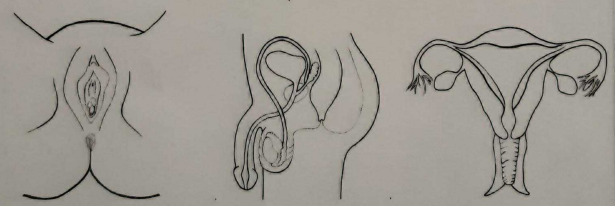
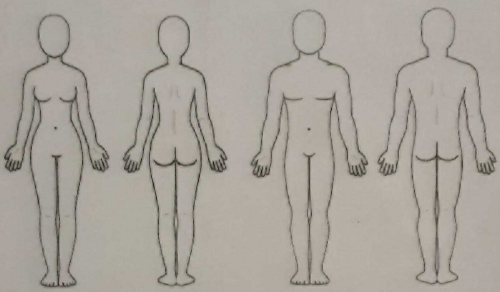
Marital Status: \_\_\_\_\_ Emergency Contact, friend or relative \_\_\_\_\_

# Providing Quality Care

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**Anatomical Language**  
If you feel that engendered anatomical terminology does not apply to you and/or your body,  
Please label any of the below diagrams with the word(s) or term(s) of your preference

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_





# Providing Quality Care

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**Anatomical Language**  
If you feel that engendered anatomical terminology does not apply to you and/or your body,  
please fill in the corresponding blank with the word(s) or term(s) of your preference

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

**External pelvic structures**

Medically accepted anatomical terminology	Patient-approved terminology
Clitoris	
Introitus (vaginal opening)	
Labia	
Labia majora	
Labia minora	
Penis	
Scrotum	
Vulva	

**Internal pelvic structures**

Medically accepted anatomical terminology	Patient-approved terminology
Cervix	
Fallopian tubes	
Ovary, ovaries	
Prostate	
Testicles, testes	
Uterus	
Vagina	

**Other**  
(please write-in any other terms not listed above)

Medically accepted anatomical terminology	Patient-approved terminology

# Providing Quality Care

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**International Transgender Day of Visibility- March 31**

**Transgender Day of Remembrance- November 20**

- Blog
- Social Media
- Handouts/ Brochures in waiting room
- Poster in clinic
- In-service for clinical rotation

# Providing Quality Care

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Dana is a 56 year old nonbinary person who has been referred to pelvic PT by their primary care physician for pelvic pain. Dana was assigned male at birth, identified as a trans woman for many years, and has identified as nonbinary for the past 4 years and uses they pronouns. The office staff member who received Dana's paperwork was confused by it, so when she called to schedule Dana, she asked, "I don't mean to be rude, but I need to know what type of anatomy you have so that I know whether to schedule you with a male or female therapist." Dana told the office staff that they were assigned male at birth, and the scheduler clarified, "So, again sorry, but you have male anatomy?" When Dana confirmed, they were scheduled with a male therapist.

# Providing Quality Care

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Prior to their appointment, Dana was mailed paperwork with several sections that read “Male only” with questions about erectile function, etc or “Female only” with questions about pregnancy, ect. When Dana came to their appointment, they brought their partner Angela, who is a trans woman. They were checked in and told, “You can take a seat in the waiting room, sir. The therapist will be with you shortly. If you need to use the restroom, it’s down the hall, second door on the right.”

# Further Resources

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Creating Equal Access to Quality Health Care for Transgender Patients:  
Transgender Affirming Hospital Policies

[https://www.lambdalegal.org/sites/default/files/publications/downloads/hospital-policies-2016\\_5-26-16.pdf](https://www.lambdalegal.org/sites/default/files/publications/downloads/hospital-policies-2016_5-26-16.pdf)

ACOG Committee Opinion on Providing Health Care for Transgender Individuals

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2011/12/health-care-for-transgender-individuals>

WPATH Standards of Care: <https://www.wpath.org/publications/soc>

National Center for Transgender Equality <https://transequality.org/>

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Intersex

# Terms and Concepts to Know

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## ***Intersex:***

**An umbrella term** describing people born with reproductive or sexual anatomy and/or a chromosome pattern that can't be classified as typically male or female. Those variations are also sometimes referred to as **Differences of Sex Development (DSD.)**

# Terms and Concepts to Know

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**Sex:** The classification of a person as male or female. At birth, infants are assigned a sex, usually based on the appearance of their external anatomy. (This is what is written on the birth certificate.) A person's sex, however, is actually a combination of bodily characteristics including: chromosomes, hormones, internal and external reproductive organs, and secondary sex characteristics

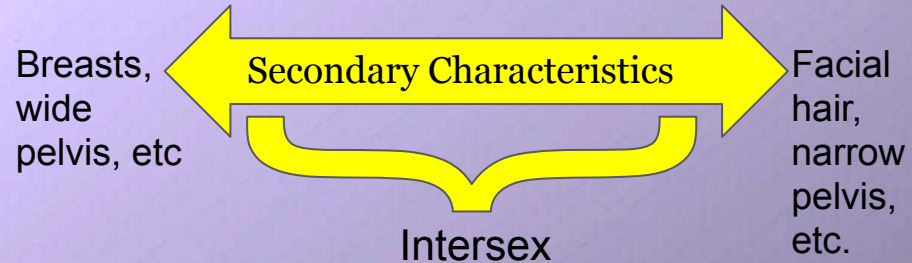
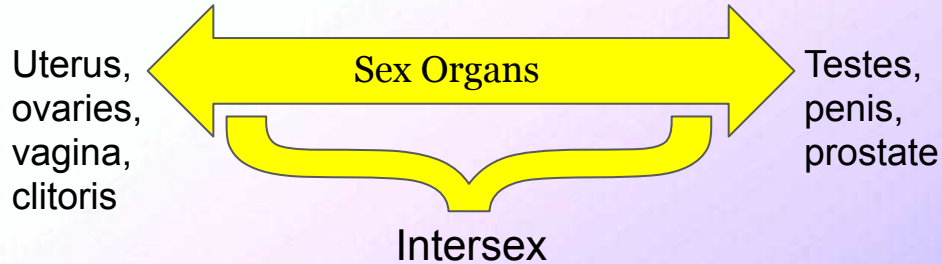
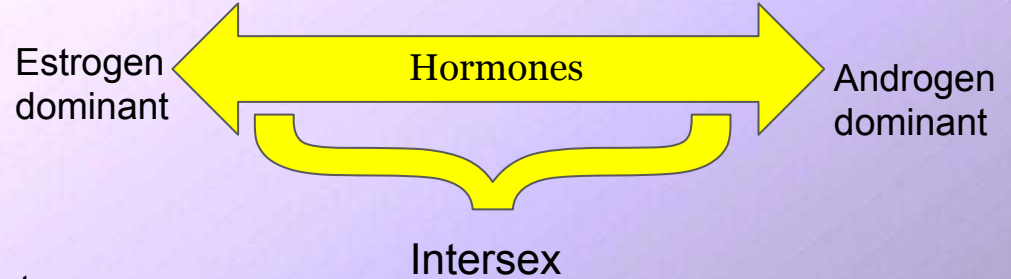
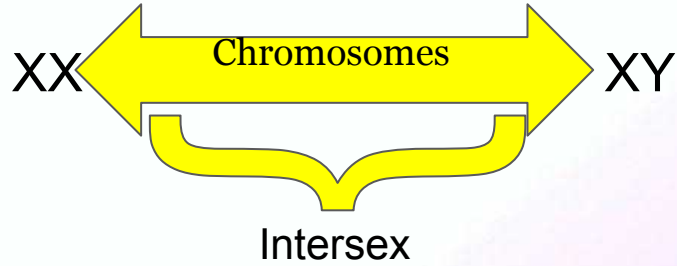
**Endosex:** the opposite of intersex

**While** it appears in some literature, the term “**intersexuality**” is not preferred as it suggests intersex variations are a type of sexual orientation



# Terms and Concepts to Know

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# Terms and Concepts to Know

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**Intersex** is not the same as transgender though some intersex people are also transgender

**Intersex** is not the same lesbian, gay, or bisexual, or queer though some intersex people are also lesbian, gay, or bisexual, or queer

**People** may discover that they have intersex variations at birth, during puberty, or later in life

**Some** individuals with differences of sex development view intersex as an identity, while others do not

# Terms and Concepts to Know

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**Some** intersex patients have undergone unnecessary and irreversible cosmetic surgeries without their consent.

**Some** intersex patients have experienced other forms of medical trauma

**Up to 80%** of intersex patients have changed their care based on discomfort with their medical providers

**Intersex** people often bear the burden of educating their healthcare providers

# Providing Quality Care

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**Avoid** pathologizing DSD by avoiding words such as “condition”, “diagnosis”, or “syndrome” when referring to intersex variations

**Say** exactly what you mean. For example, “people who are at risk for prostate cancer” vs “people with a penis”

**Avoid** focusing on a person’s intersex variation if it is not relevant to their care

**Understand** that multiple intersex variations exist, and make an effort to educate **yourself before** your patient’s appointment while still listening to your patient’s **individual** needs

# Providing Quality Care

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**Do not** assume a patient uses any particular term, such as DSD, intersex, or even the name of the diagnosis in their medical records. Mirror their own language or ask them what they prefer.

**Use** the name, pronoun, gender-related terms, and language for the patient's body and intersex traits that match their needs, regardless of what appears on their ID or medical records.

**Avoid** treating intersex bodies like your own learning opportunity or a learning opportunity for another student. As a patient, their needs should be your focus.

**Avoid** assigning certain symptoms or medical histories to people of a specific sex or gender. Allow people to self select each independently.

# Providing Quality Care

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14. If applicable (Please write number of each)

\_\_ Pregnancies

\_\_ Vaginal deliveries

\_\_ Episiotomies

\_\_ C- Sections

Have you experienced a difficult childbirth? (explain) \_\_\_\_\_

15. Have you ever had any of the following conditions or diagnosis (please circle all that apply)

Smoking/ tobacco use

History of falling

Physical/sexual abuse

Heart Problems

Cauda Equina

Stroke

Current Infection

Diabetes Type I/ II

Fibromyalgia

Fracture: \_\_\_\_\_

High blood pressure

Cancer: \_\_\_\_\_

immunosuppression

lupus

Obesity

Arthritis

Head Injury

Dysmenorrhea

Endometriosis

Fibroids

Pelvic Congestion

PID

Pudenda Neuralgia

Pelvic pain

Prostate Disorder

TMJ/ Neck Pain

Headaches

Osteoporosis

Epilepsy/ Seizures

Multiple Sclerosis

Childhood bladder problems

Depression/ Anxiety

Chronic fatigue Syndrome

Joint replacement

Sports Injuries

Latex Sensitivity

Irritable Bowel Syndrome

Sexually transmitted Disease

Menopause (when) \_\_\_\_\_

Other: \_\_\_\_\_

# Providing Quality Care

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## Sexual Activity

1. Do you experience any of the following? Check all that apply:

Unable to tolerate manual sex

Unable to orgasm

Painful periods

Unable to tolerate oral sex

Pain with penetration

Erectile dysfunction

Vaginal dryness

Pain after sex

Painful ejaculation

2. Do you have a history of pain free intercourse in the past? \_\_\_\_\_

# Providing Quality Care

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**Intersex Awareness Day-** October 26

**Intersex Day of Solidarity-** November 8

- Blog
- Social Media
- Handouts/ Brochures in waiting room
- Poster in clinic
- In-service for clinical rotation



# Providing Quality Care

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Eun is a PT specializing in pelvic rehab. The intake paperwork for their afternoon evaluation states that the patient is a 36 year old woman with Turner Syndrome who is experiencing dyspareunia. Eun remembers learning about Turner Syndrome in their women's studies class at community college, but they Google the diagnosis over their lunch break to learn if it may be contributing to the patient's dyspareunia. They find that lower estrogen levels in people with Turner Syndrome can cause vaginal atrophy and pain with sex. Eun has treated people with vaginal atrophy after menopause and feels confident that they know how to proceed with the exam and treatment.

# Providing Quality Care

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When the patient arrives, Eun completes a subjective exam, explains what they'd like to do for the objective exam, and asks for consent. The patient gives consent to the exam but then pauses and says, "I just want you to know that my symptoms sound really similar to what my mom experienced with menopause." "Yes," says Eun. "I did see in your chart that you have Turner Syndrome, and I know that estrogen levels that are too low can be a result of that condition. So I'd like to check your vaginal tissues for any atrophy to see if that's contributing to your pain." The patient nods, and they continue with the exam.

# Further Resources

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Intersex Society of North America [isna.org](https://isna.org)

interACT: Advocates for Intersex Youth [interactadvocates.org](https://interactadvocates.org)

Intersex and Genderqueer Recognition Project [intersexrecognition.org](https://intersexrecognition.org)

Intersex Justice Project [intersexjusticeproject.org](https://intersexjusticeproject.org)

The Interface Project [interfaceproject.org](https://interfaceproject.org)

Providing Ethical and Compassionate Care to Intersex Patients: Intersex Affirming Hospital Policies

<https://live-interact-advocates.pantheonsite.io/wp-content/uploads/2018/09/interACT-Lambda-Legal-intersex-hospital-policies.pdf>

**B**

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Bisexual



## Terms and Concepts to Know

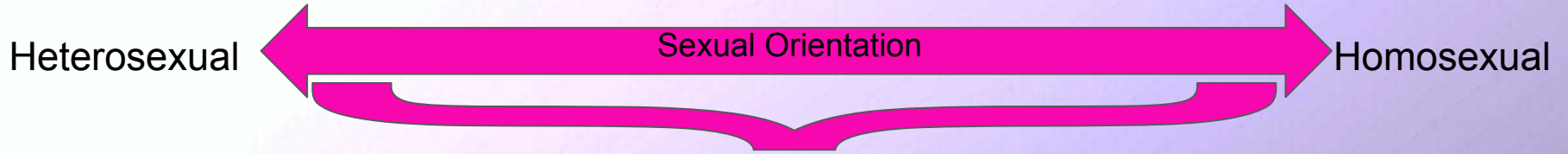
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### ***Bisexual/Biromantic (Bi):***

A person who has the capacity to form enduring physical, romantic, and/ or emotional attractions **to those of the same gender or to those of another gender.** People may experience this attraction in **differing ways and degrees** over their lifetime.

# Terms and Concepts to Know

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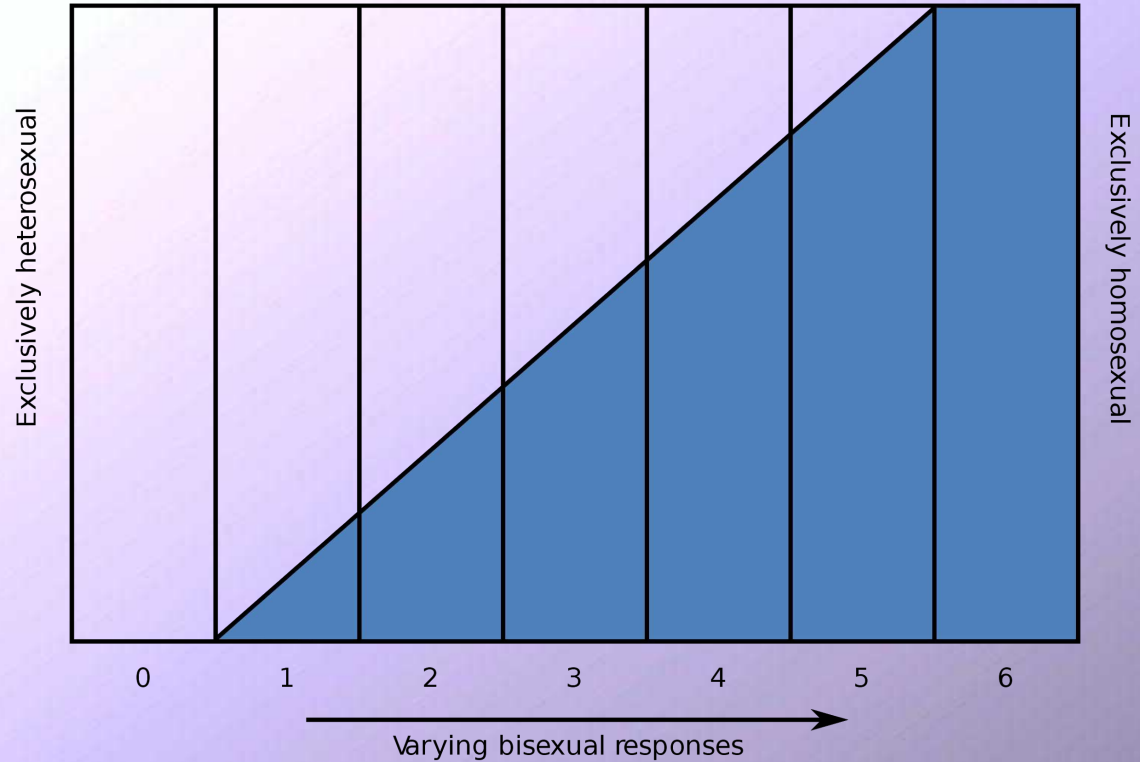
## **Bisexual**

- Pansexual/Omnisexual
- Polysexual/Multisexual
- Fluid
- Homoflexible/Heteroflexible

# Terms and Concepts to Know

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## The Kinsey Scale





# Terms and Concepts to Know

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The Klein Sexuality Grid

	Variable	Past	Present	Ideal
A	Sexual Attraction			
B	Sexual Behavior			
C	Sexual Fantasies			
D	Emotional Preference			
E	Social Preference			
F	Heterosexual/Homosexual Lifestyle			
G	Self Identification			

For Variables A to E:

- 1 = Other sex only
- 2 = Other sex mostly
- 3 = Other sex somewhat more
- 4 = Both sexes
- 5 = Same sex somewhat more
- 6 = Same sex mostly
- 7 = Same sex only

For Variables F and G:

- 1 = Heterosexual only
- 2 = Heterosexual mostly
- 3 = Heterosexual somewhat more
- 4 = Hetero/Gay-Lesbian equally
- 5 = Gay/Lesbian somewhat more
- 6 = Gay/Lesbian mostly
- 7 = Gay/Lesbian only

# Terms and Concepts to Know

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**Pansexual:** attraction to all genders or attraction regardless of gender, with a political emphasis on nonbinary gender identities

**Polysexual/Multisexual:** attraction to multiple sexes/genders

**Fluid (sexual/romantic):** An adjective describing people who view their sexual or romantic attraction as fluctuating or changing over time

**Homoflexible/Heteroflexible:** an adjective describing people with attraction to mostly one gender with the recognition that this is not exclusive

**Monosexual:** Being attracted to only one gender (includes heterosexual, lesbian and gay identified people).

# Terms and Concepts to Know

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**Monosexism:** the social and structural privileging of monosexual identities and behaviours (i.e. homosexual or heterosexual)

**Heteronormativity:** the wider societal assumption that heterosexuality is the 'normal' way of being

**Bi Erasure:** the lack of acknowledgement and ignoring of the clear evidence that bisexual people exist

# Terms and Concepts to Know

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**Bi** people are still bi regardless of the gender of their partner/partners

**Bisexuality** is its own identity, rather than a transitional identity

**A bi identity** is **not** trans exclusionary

**Biphobia** is distinct from homophobia

**Common** forms of biphobia are denial, invisibility, exclusion, marginalization, and negative stereotypes

**Bi** people are often known as “the invisible majority” since more than half of non-heterosexual people in the USA identify as bi, yet they often experience invisibility

# Providing Quality Care

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**Do not** assume a patient's orientation based on a known partner

**Use** neutral terms like “partner” or “sexual activity” if you are not sure

**Understand** that it is not the responsibility of anyone to be out and that “coming out” is only necessary because of heteronormativity

# Providing Quality Care

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**Bisexual Health Awareness Month- March**

**Pansexual and Panromantic Awareness and Visibility Day- May 24**

**Celebrate Bisexuality Day- September 23**

- Blog
- Social Media
- Handouts/ Brochures in waiting room
- Poster in clinic
- In-service for clinical rotation

# Providing Quality Care

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Angelique is a 19 year old cisgender woman. She has started dating someone new, and they had sex for the first time after a Thursday night date. By Saturday she noticed unusual vaginal discharge which began to worry her. Since it was the weekend, she went to an urgent care clinic. She was seen by a younger male nurse practitioner who asked her to describe her symptoms. “Is there a chance you could be pregnant?” he asked. “No,” she replied. “Well, did you use a condom?” he asked. She replied that she had not. “Then there is a chance you could be pregnant. You should always use a condom for pregnancy and STI prevention.

# Providing Quality Care

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We have some we can send home with you, and we can do an STI test today.” He ordered both a pregnancy test and STI testing, and after she gave a urine and blood sample, he gave her a bag of condoms. Angelique took the bag and said, “I did have unprotected sex, but it was with a woman.” The NP scowled slightly. “Why are you telling me this at the end of the appointment? You should have mentioned this earlier. It’s important information. I suggest that you follow up with your MD on Monday for a vaginal exam, and don’t leave out any important information.”



# Further Resources

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American Institute of Bisexuality <https://bi.org/en>

amBi <http://www.ambi.org/>

Bisexual Resource Center <https://biresource.org/>

Los Angeles Bi Task Force <https://labitaskforce.org/>

The Bisexuality Report: Bisexual Inclusion in LGBT Equality and Diversity  
[http://oro.open.ac.uk/52881/1/The%20BisexualityReport%20Feb.2012\\_0.pdf](http://oro.open.ac.uk/52881/1/The%20BisexualityReport%20Feb.2012_0.pdf)

The Queer Majority <https://www.queermajority.com/>

**G**

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Gay

# Terms and Concepts to Know

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## ***Gay:***

The adjective used to describe people whose enduring physical, romantic, and/ or emotional attractions are to people of the same sex. Mostly, though not exclusively, used to describe men who are attracted to other men.

**L**

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Lesbian

# Terms and Concepts to Know

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## ***Lesbian:***

A woman whose enduring physical, romantic, and/or emotional attraction is to other women

# Terms and Concepts to Know

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**Heterosexism:** the idea that, even when explicit homophobia or biphobia is not present, society is set up in a way that marginalises people who are not heterosexual

**Sexual Minority Stress:** The theory that sexual minorities are stressed by prejudice, expectations of rejection, internalized homophobia, and concealment of their feelings in response to societal expectations

# Terms and Concepts to Know

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**The word** “homosexual”, while often present in literature, is not a preferred term in the gay and lesbian communities

**When** unavoidable, “homosexual” is always an adjective and should **not** be used to describe a person.

**A gay or lesbian** identity is **not** trans exclusionary in attraction

**People** who identify as gay or lesbian can be cisgender or transgender

**Gay and Bi** men are often met with a focus on sexual health and STI risk in healthcare settings. See the whole person and listen to what they need.

# Providing Quality Care

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**Avoid** using the term “sexual preference” or “lifestyle” on intake forms or in discussion

**Consider** the diversity of materials you have posted in clinic. Do posters, flyers, brochures, etc. depict different types of people and families?

**Avoid** focusing on sexual practices or STIs unless it is relevant to your care of the patient.

**Avoid** making assumptions about a patient's relationships, sexual practices, or identity. Use gender neutral terms for partners until you know otherwise.



# Providing Quality Care

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**LGBT History Month- October**

**LGBT Pride Month- June**

- Blog
- Social Media
- Handouts/ Brochures in waiting room
- Poster in clinic
- In-service for clinical rotation

# Providing Quality Care

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Jennifer is a young cisgender heterosexual PT who has recently changed from a SNF setting to a pelvic rehab setting. She would like to someday open her own clinic, so she has been accepting opportunities to speak at new mothers' groups, doula groups, and a support group for people with MS about pelvic rehab. One of the members of a new mothers' group she recently spoke at invited her to come speak to her women's roller derby team, and Jennifer gladly accepted. She told another pelvic rehab PT at her clinic about the opportunity. "I'm really excited," Jennifer said. "There are a lot of lesbians on the roller derby team, and they're having lots of pelvic floor issues because they're not having any vaginal penetration with sex, so their pelvic floor muscles are really tight and shortened. I'm hoping some of them will come see me as patients after my talk."

# Further Resources

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Introduction to LGBT+ Competency Handbook for Physical Therapy

[https://bce03c05-59f2-4d68-86b3-a3820dfb572c.filesusr.com/ugd/0868da\\_908c06d612314c3f9a7e69040e5035bd.pdf](https://bce03c05-59f2-4d68-86b3-a3820dfb572c.filesusr.com/ugd/0868da_908c06d612314c3f9a7e69040e5035bd.pdf)

Preventive Healthcare for Men Who Have Sex with Men

<https://www.aafp.org/afp/2015/0615/p844.html>

Gay and Lesbian Alliance Against Defamation [www.glaad.org/](http://www.glaad.org/)

# It's not all rainbows...

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i started my physical therapy as a workers compensation patient last week. I filled out the application form, and as part of the form I noticed some of the questions related to 1/if i was born a male or female? 2/what gender did i identify with? 3/And what pronoun did I wish to be addressed by? I should have walked out then, but then they told me they did not really need me to fill out that part of the form. Why would you even put that in a form is a better question? Is it a state law? What gender do I identify with??? REALLY?.

# **But competent care is our responsibility**

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What will **you** do on **Monday** to improve the PT experience for LGBT patients?

