Physiotherapy treatment of Transgender patients
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Introduction

Up to 650,000 people in the UK are estimated to experience some degree of gender non-conformity” according to the Gender Identity Research and Education Society¹.

This resource aims to highlight some of the relevant issues that physiotherapists should take into account when treating or interacting with trans patients and carers.

This includes:

→ Use of personal pronouns
→ Confidentiality
→ Assessment and treatment
→ Side effects of hormone treatment
→ Removal of clothing
→ Use of same-sex facilities
→ Tackling harassment discriminatory behaviour
→ Legal implications
What do we mean when we say trans?

Society divides people into categories – boy or girl – depending on the male or female appearance of an infant at birth. Yet it is not just our reproductive organs, but also our brains, that have distinctly male and female characteristics.

Physical differences define our sex, whereas gender identity describes the inner sense of knowing that we are men or women, and gender role describes how we behave in society.

This is different from sexual orientation: that is whether a person is sexually attracted to men, or women, or both, or neither.

A person who is transgender usually believes that their gender identity is wrong. They may have a consistent and overwhelming desire to live in the opposite gender to that assigned at birth. In medical terms this is known as gender dysphoria. The term transgender can also be used more loosely to describe a diverse array of individuals who do not conform to common ideas of gender roles.

Transgender is an inclusive term and is usually the most appropriate language to use when referring to a patient or individual. Trans is also used as an umbrella term and will be used in this resource.

The term transsexual is a legal/medical term for people who believe their gender identity is wrong and seek medical treatment to bring their body into alignment with their preferred gender. This may or may not include surgery.

It is important not to confuse the terms above with transvestite. A transvestite is an individual who dresses in clothes normally associated with the opposite sex but still identify and are comfortable with their biological sex.

Treatment for gender dysphoria

Here is an outline of the stages that most transsexual individuals will have to go through before achieving their desired gender. However, the timings of the various stages vary significantly between individuals, and each situation will be unique.

Those undergoing treatment through the NHS will begin by receiving specialist medical advice, diagnosis and counselling. They will be expected to commit to the “real-life test” (see below) before hormones are prescribed. Those being treated privately may be prescribed hormones before committing full time to the real-life test.

Next the individual begins to live as a member of the new gender. The period during which the individual is living and working in their new gender is called the “real-life test”. One year is the minimum period for the real-life test recommended under international standards of care, however NHS patients are likely to be expected to have a minimum of two years and often more.

Finally, for the individual intending, and able, to undergo surgery, after one or two years of hormone therapy, the person undergoes corrective surgery to complete physically the transition from the previous to the opposite gender. The timing of this varies according to local funding and waiting lists.

It is important to be aware that many trans individuals live in their chosen gender without undergoing surgery.

A person who is transgender usually believes that their gender identity is wrong. They may have a consistent and overwhelming desire to live in the opposite gender to that assigned at birth.
Key issues for physiotherapists

**Use of personal pronouns**

No individual undertakes the journey to live as the opposite gender lightly. Trans people are twice as likely to suffer anxiety and depression than the general population. The Trans Mental Health Study 2012 found that 35% of trans individuals had attempted suicide once and 25% a second time. Trans individuals continue to suffer violence, aggression and transphobic discriminatory behaviour on a daily basis.

In light of this it is essential that physiotherapists address trans individuals with exactly the same courtesy and respect that they accord all their clients. Accidental or deliberate misuse of personal pronouns (he, she) or titles (Mr, Mrs, Ms) has been identified as one of the most distressing and undermining experiences that trans patients experience.

If you are unclear on how a trans patient would like to be called then ask “how would you like to be addressed?”. Ensure that you address them in this way and refer to them appropriately in their chosen gender / title even if you are not in their presence. Ensure that this is written clearly on their notes.

**Assessment and treatment**

While some trans individuals will undergo medical treatment such as hormone therapy and/or surgery associated with the transition to the opposite gender they will also experience the same, normal range of health related conditions throughout their lifetime as a non-trans (sometimes referred to as “cis”) individual.

Physios carrying out a subjective assessment in all settings should ensure that all questions are essential and relevant to the reason for referral. Asking questions about a patient’s transgender status out of curiosity, however well intentioned, is inappropriate and can lead to breakdown in trust between the physio and patient.

If you are aware of a patient’s trans status consider asking if they would like to carry out the subjective assessment in a confidential space/room (if available) rather than behind curtains or in an open gym or ward.

**Hormone medication**

Hormone medication is generally considered to be safe and low-risk however it can cause side effects which physiotherapy staff should be aware of:

- Oestrogen therapy can cause an increased risk of thrombosis including deep vein thrombosis (DVT), stroke and pulmonary embolism.
- Testosterone (androgen) therapy can cause weight gain and decreased sensitivity to insulin.
- The most serious risk of taking testosterone is the development of polycythaemia – an overproduction of red blood cells which increase the risk of heart attack and, again, thrombosis. 1

Bear in mind that some trans individuals may buy hormone treatment privately without consulting their GP so it may not be immediately apparent from their records.

**Removal of clothing**

The CSP has extensive best practice guidance with regard to the removal of clothing for physiotherapy treatment. This can be found in IP24 – “Chaperoning and Related Issues” via the CSP website. This advice applies equally to trans patients.

In addition, be aware that trans patients may be wearing body contouring garments. This could include chest compression and breast binding to create a male chest contour, shape wear to create a female appearance or a contouring/compression garment to aid healing post-surgery. They may also be wearing prosthetics which may be held loosely within clothing.

Trans patients should not be asked to remove body contouring clothing unless they offer to do so or it is absolutely essential and they consent for assessment and treatment purposes. The presence of a body shape which does not reflect the gender identity of the patient can be a source of significant mental distress.

**Treatment**

Good two-way communication, informed consent and clear documentation is extremely important when carrying out physiotherapy treatment on a trans patient especially with regard to manual therapy and handling of body parts.

If the removal of clothing is not possible or appropriate you may have to discuss alternative approaches to hand placement and treatment with the patient.

Remember to check whether the individual is comfortable with treatment progression to facilities such as gym classes or hydrotherapy as some trans patients may feel uncomfortable or vulnerable in settings where they are not fully clothed. It may be more appropriate, if possible, to continue to treat them on a one-to-one basis or refer on to an individual therapist.

**Toileting and personal care**

Many transgender individuals choose to live in their chosen gender without undergoing surgery. Therapy staff should be aware that patients may have biological anatomy of the sex which was assigned at birth and not that of their chosen/presenting gender.

When assessing or assisting trans patients with toileting or personal care the need for privacy and dignity is paramount. See below for advice on the use of gender specific facilities such as toilets. If you are unsure how to best assist a patient then ask them in a confidential setting.

**Confidentiality of records**

Confidentiality is an especially sensitive issue for trans individuals. They may be concerned that their physiotherapy records, and subsequently their trans status, will be seen by other physiotherapy staff who are not directly involved in their care.
The Gender Recognition Act (2004) introduced an enhanced right to privacy for trans individuals. Anyone who acquires information about someone’s trans status, (such as within a subjective physiotherapy assessment) is liable to criminal proceedings if they pass that information on (reveal or confirm) to a third party without the express consent of the individual involved. This can include comments in the staff room, accidental (or non-accidental) use of inappropriate pronouns as well as allowing access to physiotherapy/medical records without a clinical reason or discussing treatment progression with a senior colleague.

Even if a trans individual is “open” about their transgender status within society a health professional is still bound by confidentiality and should not discuss or reveal it to others without the consent of the patient.

Outpatient physiotherapy departments should consider the storage and access to the notes of trans patients. It may be appropriate to store them separately in a more secure area. Confidentiality of medical/multi-professional notes which are kept in a ward area should also be considered and the organisation should have an appropriate policy to deal with this issue.

When making an onward referral for a trans client it is essential to consider whether it is really necessary to include information about the trans status of the patient. If there are sound clinical reasons for doing so then consent must be obtained. Trans status in itself should not be treated as a past medical history.

Inappropriate or offensive language from other patients related to someone’s trans status should be challenged immediately (see “tackling harassment and discriminatory behaviour” below).

Use of gender specific facilities
Some health care professionals may feel concerned about how to manage the use of single-sex facilities such as toilets and changing rooms by trans individuals.

In the first instance trans individuals should be directed to the facilities which accord with their chosen gender. It is offensive and unlawful to insist that a trans individual uses toilets or changing facilities designated for their sex assigned at birth.

Changing facilities and toilets for both sexes should have at least some provision for increased privacy such as a curtained area or individual cubicle. This is good practice and may be important for a range of other patients e.g. a patient with a stoma bag who may not wish to get undressed in front of others.

Clinicians should also consider reviewing toilet signage for individual toilets. It may be possible to allocate and sign facilities as “unisex” rather than male or female in order to make the department more welcoming.

Concerns from other patients
You should be careful not to assume that other patients will have a problem over the shared use of facilities when there is no evidence that this is the case.

If concerns are raised by other patients then you should, in the first instance, speak to the trans individual in private. Remember that it is illegal to reveal or confirm someone’s transgender status without their consent.

With the consent of the trans patient it may be appropriate to speak to the other patients and reiterate the employers position in supporting transgender rights and ensuring that everyone can access healthcare free from discrimination. Physiotherapists and support workers are in an ideal position to promote understanding and knowledge on trans issues.

Inappropriate or offensive language from other patients related to someone’s trans status should be challenged immediately (see “tackling harassment and discriminatory behaviour” below).

If the trans patient themselves is uncomfortable using single sex facilities, especially if they are in the early stage of transition, it may be helpful to discuss other options e.g. use of alternative changing facilities or toilets, use of a treatment cubicle.

Note that it may be acceptable for a trans patient to use disabled facilities as a one off but this should not be considered a long term solution unless they have a disability which requires this.

Tackling harassment and discriminatory/offensive behaviour
Most physiotherapy staff would like to think that they act with compassion and kindness to all their patients and interaction with trans service users should be no different.

Physiotherapists should directly challenge trans-phobic speech or behaviour from colleagues, other staff or patients in the same way that they would challenge racism or sexism.

This may include
> using offensive words such as “tranny” or “shemale”
> telling jokes
> speculating on someone’s trans status
> refusing to treat or use the same space as a trans individual
> “banter” and teasing

If the behaviour does not cease or staff have concerns about the treatment of a trans patient they should speak to their manager or CSP steward. These issues may highlight a need for training.

Although this resource is focussed on the physiotherapy treatment of trans patients it is highly likely that there will be staff members in your workplace who are struggling with gender non-conformity. Fostering a welcoming environment, free from discrimination is positive for staff and service users alike.
Conclusion

Gender transition is never a decision which is made lightly. It can often involve rejection by family and friends as well as a greatly increased risk of violence and discrimination by society.

Physiotherapists and support workers have a key role in understanding the issues facing trans patients and ensuring that they have a positive and welcoming experience accessing services.

References
1. Gender Identity Research and Education Society: www.gires.org.uk
2. Trans Mental Health Study 2012, GIRES: www.gires.org.uk/assets/mediapers/Trans_mh_study.pdf

Useful resources

This resource has touched on some of the issues affecting trans patients. For more in-depth advice on issues such as young transgender people and greater detail on the relevant legislation you may find the resources below helpful:

- The CSP’s Equality & Diversity Toolkit is a user-friendly resource to guide you through law and best practice and help you raise awareness
- CSP IP24 – “Chaperoning and Related Issues” via www.csp.org.uk
- NHS advice and information, www.nhs.uk/Livewell/
- Transhealth
- Living My Life – information leaflet for trans people or those exploring their gender identity, Centre for HIV and Sexual Health, www.sexualhealthsheffield.nhs.uk
- Gender Identity Research and Education Society, www.gires.org.uk
- Stonewall, the campaign for lesbian, gay, bi and trans equality, www.stonewall.org.uk/trans
- The Gender Trust, a charity helping all those affected by gender identity issues, www.gendertrust.org.uk