

# Trans-Inclusive Care: Physiotherapy

**Stephanie Madill, PhD, TRANS co-PI**  
**Ken, RD, Trans Navigator**  
**Elijah, Trans Navigator**



# Who are we?



## Elijah

## Ken

## Stephanie



# TRANS Navigator Project & Services



- 1-year Pilot project
- Research conducted to improve healthcare for trans people
- Navigators' roles:
  - Help trans & gender diverse people access healthcare needs, supports, & resources
  - Provide peer support and guidance with coming out, transition, & legal changes
  - Educate and guide healthcare professionals to provide trans healthcare
  - Answer questions & offer information information to supports and providers

## **Elijah**

Saskatoon & North SK

(306) 491-8847

[navigator.saskatoon@usask.ca](mailto:navigator.saskatoon@usask.ca)

## **Ken**

Regina & South SK

(306) 536-8777

[navigator.regina@usask.ca](mailto:navigator.regina@usask.ca)

<https://www.instagram.com/transhealth.sk/>

# What does being trans or gender diverse mean?

**When someone's gender identity is different than their sex assigned at birth**

- Trans looks different for everyone
- Identity and labels can change over time
- Someone can realize they're trans at any age
- May or may not include medical transition steps or legal changes (still just as valid)
- Being trans is not sad/bad/tragic

# Gender Dysphoria

**Discomfort or distress caused by the incongruence between someone's sex at birth and gender identity**

- Using someone's birth name/deadname, incorrect pronouns, or language that doesn't affirm them can cause significant dysphoria.
- Using gendered language for body parts and commenting on body composition

# Gender Euphoria

**Satisfaction and joy caused by the congruence between one's gender identity and their features, expression, or experiences**

- External, internal, or social
- Term created by and for trans and gender diverse people... unlike "gender dysphoria"

**Practice point: Strive to enable gender euphoria rather than just treating dysphoria**

1. Focus on ways to affirm transgender clients
2. Help them find what feels good, rather than finding what feels bad
3. Be a “cheerleader”, not a “coach” in their transition

Suggested article: <https://www.cbc.ca/news/canada/saskatoon/transgender-euphoria-pov-1.5781023>

# Language

- Avoid gendered terms until you understand what language affirms the patient
- Follow patient's lead

<b>Gendered terms</b>	<b>Non-gendered terms</b>
Breasts	Chest
Penis/Vagina	Genitals
Uterus/ovaries	Internal reproductive organs, gonads
	Pelvic area

# Pronouns

## Words used instead of a noun or person's name

- eg. he/him, she/her, they/them, xe/xir
- Ask everyone, not just when you think someone is trans/gender diverse
  - Everyone has pronouns!
- Introduce yourself with your name and pronouns at the start of client interactions

**“Hi I’m \_\_, I use the pronouns \_\_. What name and pronouns do you use?”**





# Terminology

Avoid:	Use instead:
Homosexual	Gay, lesbian, queer*
Transsexual	Trans, transgender
Sex change	Bottom surgery
Gender reassignment surgery	Gender-affirming Surgery
Mastectomy	Top surgery
FTM, MTF	AFAB, AMAB
<u>Preferred</u> pronouns/name	Pronouns/name

*\*Queer may not be an appropriate term with older individuals*

**Always use the language a transgender person asks you to use**

# Case 1

Simon is a 26 yo man who is transgender. He hasn't had top surgery and wears a chest binder daily (to flatten his chest) while at work and home. He complains of mid-back pain.

**What specific questions would you ask Simon?**

**What would you do?**

# Chest Binding



## What do you think the physical risks of binding are?

**Avoid making recommendations against binding due to positive effects on mental health and quality of life**

- ↓ feelings of dysphoria, anxiety, & suicide
- ↑ confidence in public & self-esteem

### **Safe binding:**

- Never sleep in a binder
- <8 hours at a time & “off days”
- Proper sizing (<https://www.gc2b.co/pages/sizing>)
- Only use approved products

### **Client resource: [I <3 My Chest](#)**

**Research:** Peitzmeier, S. Gardner, I., Weinand, J., Corbet, A., & Acevedo, K. (2017). Health impact of chest binding among transgender adults: a community-engaged, cross-sectional study. *Culture, Health & Sexuality*, 19:1, 64-75, DOI: [10.1080/13691058.2016.1191675](https://doi.org/10.1080/13691058.2016.1191675)

## Case 2

Eleanor is 33 yo. She recently sprained her ankle while out dancing in her 6-inch heels with friends. She is a trans woman who has been taking estrogen & anti-androgens for 1 year as part of her medical transition.

**What specific questions would you ask Eleanor?**

**What would you do?**

# Trans Broken Arm Syndrome

- When healthcare providers assume all medical issues relate to being trans
- Includes discussing trans status, HRT, & surgery at unnecessary lengths

## Trans Health Care



The only thing that will help you is rest. You just have a simple cold.



Which I suspect you caught from being on Hormone Replacement Therapy.



Jessica U.

# Medical (Hormone) Transition

## 1. Puberty blockers

- Started at Tanner Stage 2 of puberty (~9-11 yo.)
- Stops puberty temporarily
- Can stay on blockers until old enough to start HRT, no permanent effects
- Gives youth time to think about gender identity, transition, & goals without undergoing permanent or distressing puberty that cannot be reversed
  - Withholding blockers is not a neutral option

## 2. HRT (Hormone replacement therapy): Estrogen or Testosterone

- Start anywhere around age 14-16+ (depends on the person!)
- Require regular follow-up & bloodwork
- Can stop anytime (some changes are reversible, some are permanent)

# HRT (Hormone Replacement Therapy)

## Testosterone (T)

- Weekly/bi-weekly injection
- Gel & patch forms available
- Option to microdose
- Some changes occur quickly, others are gradual

## Estrogen & T-blockers

- Daily pill of estradiol & androgen-blocker
- Injection available: more effective, but not covered
- Progestins optional for more feminizing effects, but higher risks

# Resources

WPATH Standards of Care:

<https://www.wpath.org/media/cms/Documents/Web%20Transfer/SOC/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf>

Sherbourne Trans Health Guidelines:

<https://www.rainbowhealthontario.ca/product/4th-edition-sherbournes-guidelines-for-gender-affirming-primary-care-with-trans-and-non-binary-patients/>

CPATH: <https://cpath.ca/en/>

Rainbow Health Ontario: <https://www.rainbowhealthontario.ca/TransHealthGuide/>

Path to Patient-Centred Care: <https://patient-centred.ca/>

Trans Care BC: <http://www.phsa.ca/transcarebc/>

I <3 my Chest: <https://qmunity.ca/resources/i-heart-my-chest/>



# Questions ???

**Elijah**

Saskatoon & North SK

(306) 491-8847

[navigator.saskatoon@usask.ca](mailto:navigator.saskatoon@usask.ca)

**Ken**

Regina & South SK

(306) 536-8777

[navigator.regina@usask.ca](mailto:navigator.regina@usask.ca)

**Stephanie**

[stephanie.madill@usask.ca](mailto:stephanie.madill@usask.ca)