



LGBTQ+ Health Equity in the Chiropractic Office

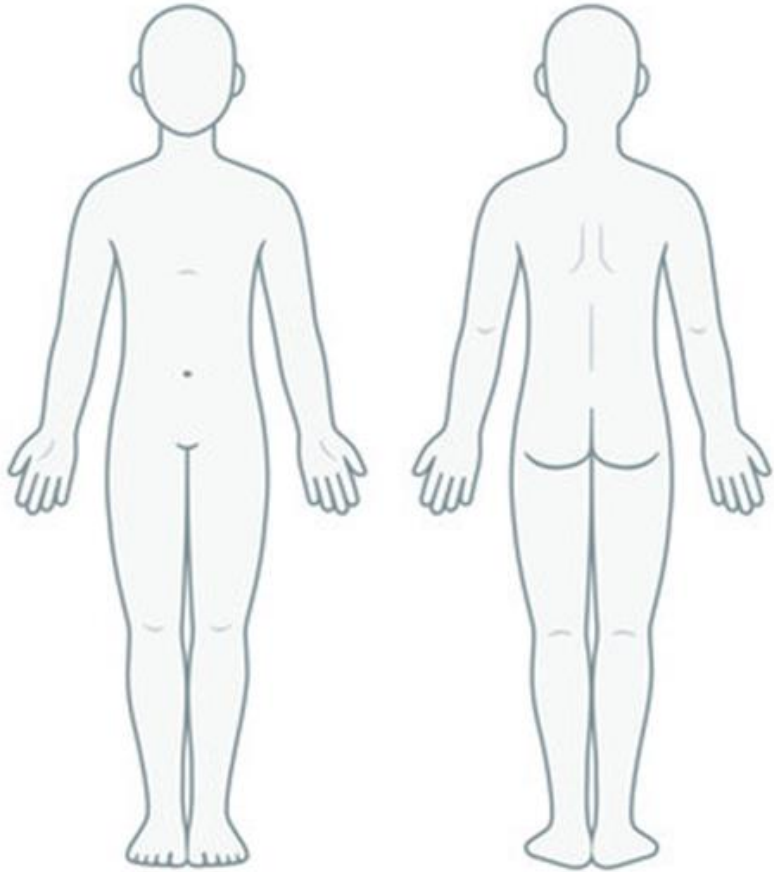
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Cert. MDT, IFMCP**

History & Physical Exam

Alterations on a traditional theme

- Adjust your paperwork for better inclusion
- Learn your terms / language for better inclusion and gender affirming care
- Trauma informed care needs for all patients including and especially the LGBTQ+ patient

Adjust your paperwork for better inclusion



Gender neutral body diagrams

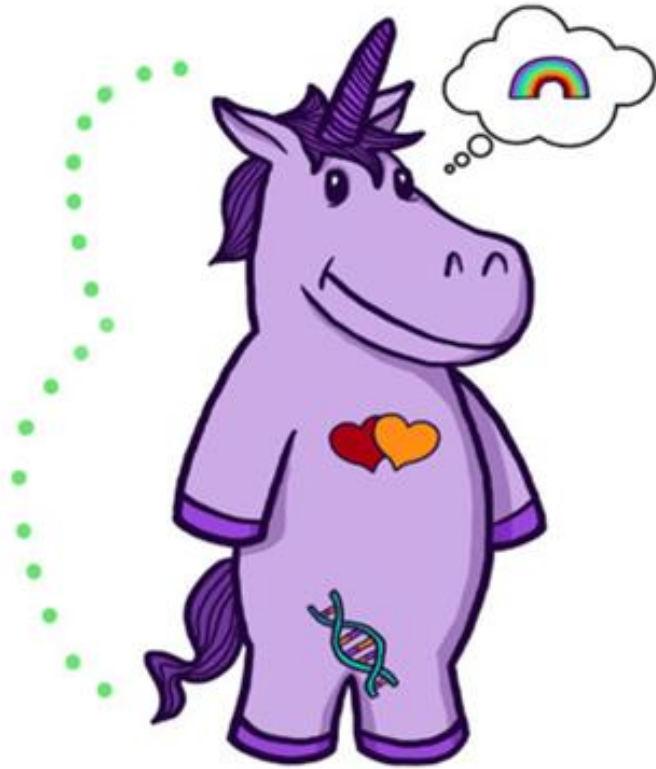
**Choices in sexual identity VS gender identity
– see next slide**

Living situation choices

Gain consent – and verify each visit as needed

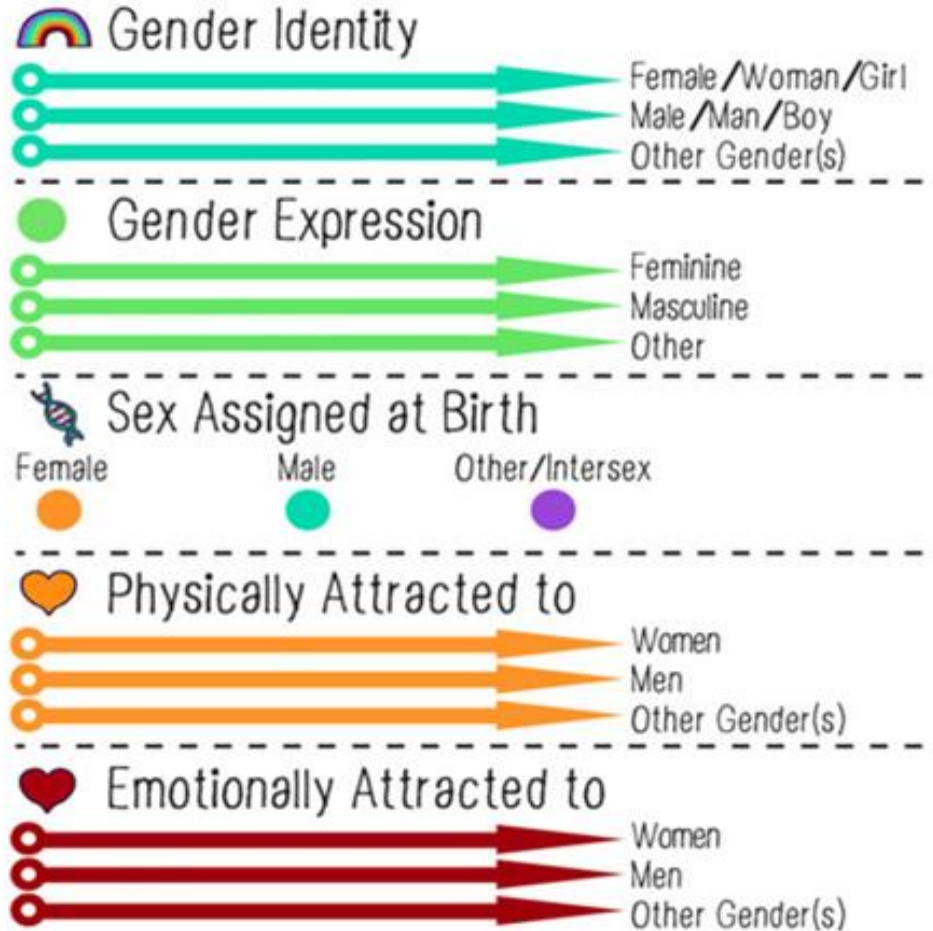
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



How do you describe your **sexual identity**?

Check all that apply:

- Gay
 - Lesbian
 - Bisexual
 - Queer
 - Pansexual
 - Questioning
 - Straight/Heterosexual
 - Asexual
 - Two-Spirit
 - Identity not listed (please specify)
-

How do you describe your **gender identity**?

Check all that apply:

- Woman
 - Man
 - Transgender
 - Trans woman
 - Trans man
 - Two-Spirit
 - Genderqueer
 - Genderfluid
 - Androgynous
 - Non-binary
 - Cisgender
 - Questioning
 - Identity not listed (please specify)
-

What gender pronoun do you use?

Better Language

Improving introductions – PRACTICE THIS

Hello, I'm Dr. XXX and I use the pronouns XXXX. I see your preferred name is XXXX and your pronouns are XXX / XXX. Has anything changed since (last visit, since filling out this paperwork)?

Might meet resistance – what will you do?

- Gain consent – I am going to ask many personal questions
- Give agency – if at any time you need to stop
- Give assurance – when questions arise please ask **“Tell me a little bit about yourself...?”**

Establish Mutual Language

01

Listen to the patient's description of their own sexual orientation, partner(s) and relationship(s); Reflect their language choices

02

Use terms that patient understands and ask patient to demonstrate understanding

03

When in doubt, ASK how to refer to a patient, ASK what word or phrase they prefer

Body Parts – Establish Mutual Language

Try	Instead of
Upper body	Breast / Chest
Erogenous or erectile tissue / External genitals / Genitals	Penis
Erogenous or erectile tissue	Clitoris
External genital area	Vulva
Opening of the genitals	Introitus / Opening of the Vagina
Internal genitals / Genitals	Vagina
External gonads	Testes / Testicles
Internal gonads	Ovaries
Internal reproductive organs	Female reproductive organs

Body Parts – Establish Mutual Language

Focussing on anatomy, conditions & symptoms

(Instead of gender)

Try	Example	Instead of
Person with _____ People with _____ Anyone with _____	If a person with <u>a prostate</u> has urinary symptoms, they should speak with their doctor.	man with... males with... male-bodied people...
Person who has _____ People who have _____ Anyone who has _____	We recommend that anyone who has <u>a cervix</u> consider having a pap test according to the recommended guidelines.	woman who has... females who have... female-bodied people...
_____ may occur _____ can begin You may experience _____	<u>Pregnancy</u> may occur without contraception. <u>Hair loss</u> can begin at any age after puberty. You may experience <u>cramps</u> as a side effect.	women may become... male pattern balding... women may experience...

Body Parts – Establish Mutual Language

Try	Instead of
Monthly bleeding	Period / Menses
Physical arousal / Hardening or stiffening of erectile tissue	Erection
External condom / Internal condom	Male condom / Female condom
Receptive IC / Insertive IC (IC = Intercourse)	Vaginal sex
Pregnant person	Pregnant woman
Parenthood	Motherhood / Fatherhood
Chestfeeding (for non-binary & transmasculine people)	Breastfeeding

Body Parts – Establish Mutual Language

Try	Instead of
Assigned female / Assigned male	Biological female / Biological male
Cisgender	Not trans / Normal / Real
Phenotypical development	Natural / Normal development
Common	Regular / Correct / Right
Hair loss	Male pattern balding
Sexual health screening / Internal exam / Cervical screening	Pelvic exam / Well woman exam
Looks healthy	Looks normal
Thinning of the internal genitalia tissue	Vaginal atrophy



Example

A new patient presents to your office-you have never met, and you must ask some personal and at times sensitive questions

This direct, professional approach is sensitive to the patient and allows them to lead:

- “Hello, My name is Dr. Kris Tohtz and I will be here to talk with you today. I go by Dr. Kris, Kris, or Dr. Tohtz and prefer she/her pronouns.”
- “To get a full picture of your health and how I can help you, I’ll be asking you some pretty personal questions today so if at any time you don’t want to answer them that’s ok.”
- “Will that work for you? Any questions before we get started?”



TRAUMA INFORMED CARE

Exams Within Trauma-Informed Care

As DABCI, I believe we do trauma-informed physical exams well

- Pause and plan before entering
- Think before you speak
- Talk before touch
- Seek permission, solicit preferences, & offer alternatives
- Consent is ongoing (can be revoked) at any time— check-in along the way



GUIDING PRINCIPLES

1. Ensure that the *locus of control* remains with the patient – i.e. that the patient feels they have voluntarily consented to the exam and feels empowered to stop the exam, communicate with you, or ask for modifications at any time.
2. Engage in *shared decision making* regarding what screening the patient opts to do, especially in the face of uncertain evidence or conflicting guidelines
3. *Explain* the procedure to the extent preferred, using the patient's preferred terminology for body parts
4. Discuss what *modifications to the exam* can be made to promote patient comfort
5. *Acknowledge* the patient's trauma history and *validate* any negative consequences they feel resulting from the trauma

Changes in Sexual Attitudes/Practices Over the Past Century: 1920s to 1950s



The Roaring 20s (1920–1929)¹

- A major shift in both sexual behaviors and attitudes began in the early 1920s
- The “Roaring Twenties” were marked by the mobility of Henry Ford’s affordable automobiles, new leisure, and affluence

1920

1930

1940

1950

1960



The Great Depression (1929–1939)¹

- The Great Depression brought a return to more conservative values
- Margaret Sanger formed the National Committee on Federal Legislation for Birth Control and used the economic crisis to bolster her argument for family planning



World War II (1939–1945)¹

- Outbreaks of venereal diseases like syphilis and gonorrhea in WWII brought interest in sex education by the public and the government



LGBT Rights History (1940s–1950s)

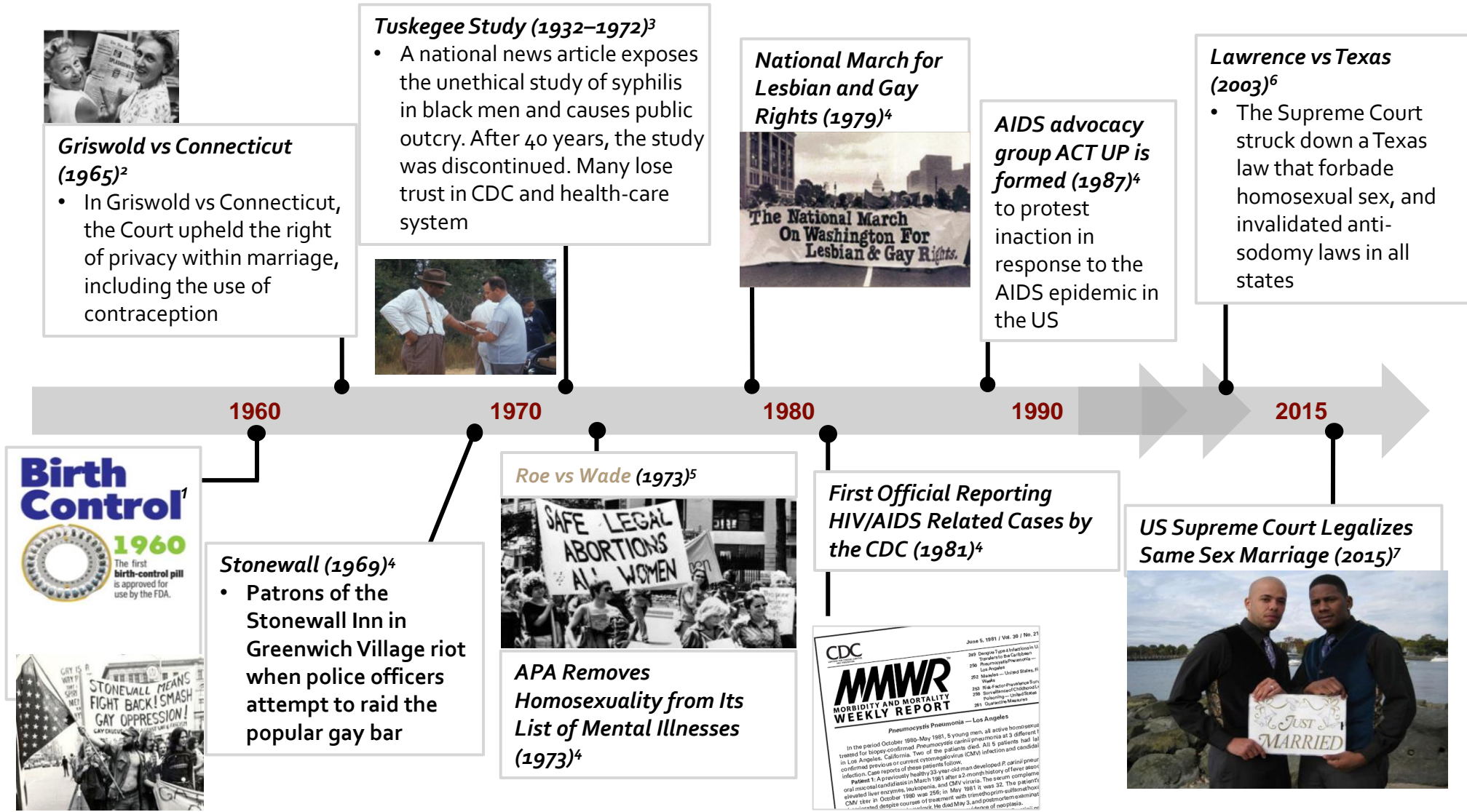
- Anti-gay partner laws: sodomy laws³
- 1953: Executive Order 10450 is signed by President Eisenhower, ordering the dismissal of government workers who engage in “sexual perversion” and other immoral acts⁴



The Kinsey Reports (1948 & 1953)²

- Kinsey’s research showed that:
 - Homosexuality was not a rare form of pathology but a relatively common variation of human sexual experience
 - In addition to those exclusively homosexual, many people had experienced same-sex attraction or sexual interaction at some stage during their lives

Changes in Sexual Attitudes/Practices Over the Past Century: 1960 to Now



(Gibson, 2015, Bill of Rights Institute, n.d., CDC, 2020, AHAA, n.d., Brinkley, 2003, Liptak, 2015)

Facilitating Effective Communication

YOUR BEHAVIOR

Model Behavior – Introduce self with name and pronoun

Nonjudgmental and Unassuming

Empathic and Respectful

Self-reflect—consciously acknowledge any discomfort you are feeling. Denying this may lead to avoidance of topics altogether.

- How do you react (internally and externally) when you learn someone is Gay? Lesbian? Bisexual? Transgender? Gender diverse? Non-binary?
- How do you react (internally and externally) when someone expresses their gender in a non-traditional manner?

Refer if needed – This is only when you do not have the level of expertise to help this individual, it is not a free pass to deny or refuse treatment to any patient

Facilitating Effective Communication

RESPECT YOUR PATIENT

The gender that a person self-identifies should always be honored

How a person expresses their sense of their gender never justifies discrimination

Sexual orientation is independent of a patient's current sexual partner

SOGI are fluid and vary over time

Follow your patient's lead. Use the pronoun that the patient tells you. Ask the patient if something is unclear or you are unsure.

How do they describe themselves, their partner...

If in doubt, ask your patient...

Facilitating Effective Communication

BE CAREFUL OF ASSUMPTIONS

Not all people, especially adolescents, have a clear sexual identity

Talk about behaviors, and sense of self rather than focusing on labeling

Sexual behavior

- Desire and identify do not always align
- Can change over time

Do not assume

- Monogamy
- Attitude towards pregnancy/ family building
- Teens are having sex
- A patient calls himself “gay” if he has sex with men
- Older patients are not having sex

“Sex” has different meanings to different people, be specific

Pride flag collection



LGBTQ+ PROGRESS



BIGENDER



AGENDER



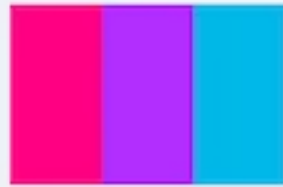
POLYSEXUAL



ASEXUAL



INTERSEX



ANDROGYNE



GENDERQUEER



POLYAMORY



DEMISEXUAL



SOUTH AFRICA PRIDE



PHILADELPHIA PRIDE

THANK YOU