

rehabINK Podcast

Episode 9: 2SLGBTQIPA+ Health and Rehabilitation

SUMMARY KEYWORDS

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SPEAKERS

Zach Chan, Kyla Alsbury-Nealy

[intro jingle]

Kyla Alsbury-Nealy 00:14

Hello everyone. Thank you for joining us for this next episode of the rehabINK podcast. My name is Kyla Alsbury-Nealy. I am a PhD candidate in the Rehabilitation Sciences Institute at the University of Toronto, and I'm also a physiotherapist. Today I'm joined by Zach Chan. Zach is a Toronto-based physiotherapist who operates his own home care business with a niche and 2SLGBTQIA+. After completing his formal physiotherapy schooling, Zack obtained advanced training in orthopaedics, pelvic health, vestibular rehab, and contemporary medical acupuncture. He endeavours to stay involved with all aspects of the physiotherapy profession through his roles with the University of Toronto's Master's of Physical Therapy program, and Ontario Internationally Educated Physical Therapy Bridging Program as a clinical instructor, lab facilitator, and research advisor. Outside of clinical practice, you can find Zach on an ultimate frisbee field or badminton court, checking out Toronto's latest donut shop or walking around the city with his husband Mark and their dog Brady.

[transition jingle]

Kyla Alsbury-Nealy 01:27

Thanks for being here today, Zach, for this important conversation on 2SLGBTQIPA+ Health and Rehabilitation.

Zach Chan 01:32

Thanks so much for having me, Kyla. I'm very excited to be here.

Kyla Alsbury-Nealy 01:35

Excellent. So first, could you help us to define this acronym for listeners? Because I understand it's evolved over time?

Zach Chan 01:44

For sure. So it is the 2SLGBTQIPA+ acronym. So those letters stand for two spirit, lesbian, gay, bisexual, transgender, queer, intersex, pansexual, asexual, and plus. Other acronyms have been used in the past, this is not the only acronym, it's just what I believe is the most current and comprehensive one right now. And so that's what I'll be referring to throughout the conversation.

Kyla Alsbury-Nealy 02:16

That sounds great. Thank you for that. And I guess the reason why it's evolved over time is to be more inclusive, right of these different sexual and gender minorities in the community.

Zach Chan 02:27

Absolutely. Yeah.

Kyla Alsbury-Nealy 02:27

And Zach, can you tell us about your experiences working with this community?

Zach Chan 02:31

Sure. So this is something that honestly was not really on my radar coming out of school, I feel like it kind of landed in my lap and then the more involved I got in this community, the more I wanted to be involved. So as a member of the community, myself, I feel like this was something that I had kind of wanted to work towards, in some capacity. But in my experience, what's happened is through connections, and networking, and things like that, I had gotten referrals from other members of the community. And then through word of mouth, they just passed my name along as a provider that they felt comfortable with, and someone that they could trust in all aspects of their health. And that's a big barrier, I think, to a lot of people in this community. And now, it's just sort of evolved so that I have a pretty large proportion of my caseload treating patients in this community.

Kyla Alsbury-Nealy 03:26

That's great. I think it's important for people to feel comfortable and to feel safe, so it's great that your clients have felt comfortable and have shared your name and your contact information. I think that's the biggest compliment you can get as a physiotherapist, right?

Zach Chan 03:39

Totally.

Kyla Alsbury-Nealy 03:40

Are there any health conditions that are specific to this community that you think other therapists or researchers should be more aware of?

Zach Chan 03:47

Yeah, so I think in terms of physio specifically, one, I guess, it's it's not always apparent when someone in this community is part of the community. So for example, if someone is transgender, and they're female-presenting, providers may just assume that they were born as a cisgender female and in fact, they may be engaging in practices, like tucking or something like that. Same with trans men and chest binding or things like that. So in those cases, I'd say tucking, sometimes you'll get this internal rotation of the hips to help conceal the tuck or with binding, it can increase your intra-thoracic, and then intra-abdominal pressure. And then you can get issues with pelvic floor or your core things like that. Also for

let's say, trans men who decide to have a chest masculinization surgery, then there's whole rehab protocols and things like that to follow post-surgery so that they maintain their thoracic range of motion and their glenohumeral range of motion.

Kyla Alsbury-Nealy 04:52

And how did you learn about these conditions? Like was it something that you came across in your clinical practice or that you were already kind of aware of upon graduation?

Zach Chan 05:01

That's a good question. I had heard of some of these gender-affirming practices, before, it wasn't really covered so much in school, it was just through friends who I knew who were also part of the community. And then in terms of specific rehab protocols, let's say post chest masculinization surgery, that was just a lot of independent research and networking on my own. As far as I know, I don't think there really is like a best practice guideline for things like that and so I've just had to talk anecdotally, with other practitioners to see what they've done and liaise with surgeons and see what their goals are.

Kyla Alsbury-Nealy 05:38

Yeah, yeah, that seems like a bit of a gap, right? We have protocols for so many other surgeries like ACL reconstruction, you know, rotator cuff surgery. So I hope that research is ongoing, but I'm not aware of it myself.

Zach Chan 05:52

Same, yeah. I do think there have been some pretty significant strides in terms of what I'll call bottom surgery, so where genitalia are operated on for gender-affirming purposes and I think here in Toronto, Women's College Hospital has taken a leadership role with that. And they do have set protocols and things like that. But I don't really know of something familiar for top surgery.

Kyla Alsbury-Nealy 06:17

Mm hmm. Yeah. Cuz I've looked myself and it was hard to find, to find some research on that. So we might have to connect afterwards, if you have some additional resources!

Zach Chan 06:27

Yeah!

Kyla Alsbury-Nealy 06:30

And what about what the additional training that you've obtained? So I know you've taken some courses in pelvic health was that something that was covered in those courses as well, or not so much?

Zach Chan 06:37

There, there was one pelvic health course that was specifically for trans and gender diverse people. That was great, I thought it was awesome. The only thing was, I don't know, if the instructor was a member of the community and not that I think that that's a bad thing. Like, obviously, allyship is very welcome. But I think it would be even better if there was someone who was a member of the community, especially if they were trans to take that space and occupy that role. Even when doing some of my own independent research and thinking of colleagues and things like that, I couldn't even really think of a trans physio that I would know, so definitely gaps for sure everywhere.

Kyla Alsbury-Nealy 07:15

Yeah, I almost wonder it would be nice to have somebody from the trans community, if not the instructor, you know, come in and speak to the course attendees, that would be kind of a nice way to incorporate that too.

Zach Chan 07:26

For sure, and I do think that did happen. They did have someone who did undergo a bottom surgery and speak about her experiences, and that was very valuable.

Kyla Alsbury-Nealy 07:34

Oh, that's great. That's awesome. So Zach, what kinds of barriers do people in the 2SLGBTQIPA+ community experience when accessing health care?

Zach Chan 07:45

There's so so many. I think, starting from the beginning, I think there's just an avoidance issue. There was a study done, I think 2010 called the Trans PULSE project that was conducted in Ontario, it was more related to trans patients experiences in the ER. Basically, they just asked what their experiences were and so many of them had just avoided accessing health care when they needed it and knew that they needed it because they were scared of getting shamed or being judged or not being respected in terms of their identity. So I think access is one. Second, I think when you're not being seen regularly by a healthcare practitioner, so let's say a family doctor, you're then also more potentially at risk for certain chronic conditions. You may not get bloodwork done as often as you need to, or you may not get your mental health checked out as much as you should, especially during these times. And so there's a higher incidence of certain conditions like depression, anxiety, and things like that. And then that can also be compounded by maybe some of your own life experiences, if you've experienced a lot of bullying or homophobia or whatever, it gets compounded. So those I say are the most telling barriers, I would also say maybe a lack of provider knowledge. So when they do go and seek out healthcare, they may not encounter a practitioner who knows what to do with this population or how to treat them with dignity or they may feel awkward or, or something like that.

Kyla Alsbury-Nealy 09:16

Yeah, I think those are all really good points that you bring up and it makes sense, right? If you've experienced discrimination in the past, it makes you more hesitant I think to go into those situations, again, I think that's totally logical. And definitely in terms of provider knowledge, you know, I think health care providers, myself included, we could all probably educate ourselves more both formally and informally, right. And there's lots of resources out there. You mentioned the the Trans PULSE project, and there is a website for that project. And there's lots of studies that were published as a result of that, so we'll link that in the episode notes as well, for people who are interested. So thank you for bringing that up. Might there be also some kind of financial issues that might come up, I'm thinking around like surgery and rehab as well, that that could be a challenge, because rehab isn't cheap, is it?

Zach Chan 10:07

For sure. And that's what was going to be my next point was that when they do seek us out, our services are not cheap. And there's very few that are, OHIP covered or government covered. And so I think there's already a bit of a disadvantage for this community in terms of employment. I think things are improving and getting better but statistics show that members of the community do experience

higher unemployment rates, and they may not be able to attain as high paying jobs as others, and then when it comes to surgeries and rehab. So now I think Women's College does do gender affirmation surgeries, and I believe there's a clinic in Montreal, that also does them. There may also be one in Vancouver that does them as well, I'm not entirely sure yet, but if it hasn't happened, yet, it will soon. But those are the only three that I'm aware of that offer government-funded gender affirmation surgeries, otherwise, the patients would have to go the private route, and these surgeries are not cheap. And then the rehab is not cheap afterwards, either. The benefit of the private route is usually that you can get in a bit quicker. If you wait the public route, sometimes it's a year, two years plus, and there's a lot of steps you have to take before you even qualify for the surgery.

Kyla Alsbury-Nealy 11:28

Right. So it might take a while to even get on the list for surgery and then again, a wait a waitlist once you're on that list. And yeah, because it'll take some time, which again, could compound some depression and anxiety as well, if you're having dysphoria or other feelings like that? So yeah, that's challenging for sure. Are there any specific concerns that you can think of which are related to physiotherapy care?

Zach Chan 11:54

Yeah, I think one is just the the nature of our profession is to be close to patients and to palpate. And to touch and especially in pelvic physio, there's a lot of touching of specific sensitive body parts and the pelvic health courses, I feel like do a really good job of educating practitioners on trauma-informed care. And I think that that was something that wasn't really ever taught in, in physio school. They they didn't really mention pronouns or terms in that way. But yeah, I think one is the physical nature of our job and the proximity of our job. Sometimes patients have to disrobe so we can work on a specific area. And that can be triggering for someone, I'd say those are probably the most unique to physio.

Kyla Alsbury-Nealy 12:40

When you say trauma-informed, what does that mean for you? Or how would you describe it to somebody who that's a new term for?

Zach Chan 12:48

To me trauma-informed, is understanding that there is the potential for any patient really doesn't have to be within this community, but any patient who have experienced some type of trauma in their life. In regards to pelvic health, it I think it's a bit more relevant in saying that they may have experienced sexual trauma or abuse. And so it's just knowing, one being aware of that, and then two, just being mindful of strategies to make that patient feel at ease. So checking in with them, constantly asking if they have, you know, any maybe red lights or firm lines, if I really don't want you to do this, or yeah.

Kyla Alsbury-Nealy 13:27

Yeah, I think that helps to clarify for sure. I think maybe for myself, I think of just not making any assumptions right across the board. And that's, that's how it should be with any of our clients. Right? Just not making any assumptions and making sure that you're asking for consent and checking in. I think that's a good rule across the board for sure. So when you do your homecare practice, how do you set up the clinical experience to make it more inclusive or more welcoming?

Zach Chan 13:56

That's a good question. So one good thing about doing home visits is that it's kind of in their space already. And so they feel pretty comfortable in their space. It's also great for me because I don't generally have to do laundry, I'll just tell them to get their towels ready and to get their blankets and sheets or whatever else I need. It's almost more what I say before I get into their place. It's more in the tone of my emails, you know, I have my pronouns listed, I have a pride flag and a trans flag, if they are already known to me as someone being part of the community, I let them know that I am as well. And then I, in my history taking it's about I ask them, you know, like, "What are your pronouns that you use? What is the name that you use? It's okay, if it doesn't match up with your health card". Things like that, just just showing signs of support and solidarity. And then in terms of my actual physical setup and biomechanics, so I'm always making sure that I'm patient-facing and looking at their reactions and things like that, and angling of the hands to make it as safe and less invasive as possible.

Kyla Alsbury-Nealy 15:04

Yeah, I think that's wonderful. It's been interesting being in academia now and a little bit less in clinical practice and seeing kind of across the board that people are using their pronouns in their emails, or on Zoom. That's been really nice to see. Yeah, I hope that that becomes a little bit wider practice, I think, still in physiotherapy practice in the community, maybe not as much. But...

Zach Chan 15:25

Even when I started doing it, when I was asking them as part of my intake form, part of me was thinking, is this, is this necessary in the sense that when would I really write a pronoun in their chart, you know, I would just usually say, patient or something, I wouldn't usually write pronoun, but then I thought, you know, one, it's showing that they have this autonomy, and I want them to know that they can tell me which they prefer and then two, if I'm ever liaising with any type of other healthcare practitioner, then I can throw in the pronoun that they use.

Kyla Alsbury-Nealy 15:59

For sure. What recommendations would you have for physiotherapists in the community in terms of making the experience more welcoming for this community?

Zach Chan 16:07

I think there's a few different things that could be really simple. One is just showing signs of support. I mean, I'm in Toronto, and I think Toronto is a pretty accepting place to begin with but something as simple as like having a pride flag or a trans flag or maybe showing some type of community support group or something on a bulletin board. I think a big thing could be just education of all of the staff, so not just physios, but our front desk staff as well of, you know, maybe roleplay? Or say, how would, how would we respond to someone whose health card doesn't match up with the name that they provided us or their insurance name doesn't match up with the name that they gave us or something. And as you said before, just to not make assumptions about anything, I think there are a lot of what we term microaggressions or little acts that aren't necessarily meant to be hurtful or harmful, but can be just by default. And so an example of that could be "Oh, my partner..." and they assume someone of the opposite gender, or if you have a kid, and they assume that the other parent is someone of the opposite gender or something like that.

Kyla Alsbury-Nealy 17:13

Right. I think a big one, too, that's been in my opinion, kind of a silly debate is washrooms. Right. I mean, we're all doing the same thing in there. Does it really need to be gendered? Right? Like, that's one that is probably easily remedied in the clinic setting too.

Zach Chan 17:29

Totally and most intake forms too will say, what's your gender? And it's a binary.

Kyla Alsbury-Nealy 17:34

Yeah, true. Yeah. So there's been a few situations in in the US, our neighbour south of the border, that have been a bit alarming. The situation in Texas where government officials have been directing investigations into health care providers and families of trans youth who are seeking gender-affirming care. There's also the "Don't say, gay" bill in Florida. So all of this is, I think, pretty concerning. And a lot of people have said that this is really going to negatively impact the mental health of youth. And I was wondering, related to that, how mental health shows up in your physiotherapy practice?

Zach Chan 18:08

Yeah, I think that it's definitely intertwined. For sure. I think it relates back more to the trauma-informed care that we talked about, I think, in particular of those scenarios you mentioned, especially the "Don't say Gay", I think it's just so sad, because it's not just impacting queer youth. It's impacting all youth, because then those who aren't queer are going to learn about diverse families or learn about how to respect people in the community and be critical allies. So it definitely is an interplay it, I feel like this could be a whole other conversation. But I do see that it is. It's definitely part of what I sort of treat in in my practice. Sometimes, it's especially the first visit and in particular, if it's a pelvic health patient, a lot of the first visit is just unpacking a lot of the issues that they've had to deal with both physically and beyond.

Kyla Alsbury-Nealy 19:05

Yeah, it's very alarming to me that it's 2022 and these things are still happening, but hopefully we're pushing the needle in the right direction. So what kind of education did you receive during your Master's of Physical Therapy program about providing care for people and the 2SLGBTQIPA+ community?

Zach Chan 19:25

Honestly, I don't feel like there was anything. There was one guy who came, and it was actually a lecture on sex and disability and so there were several people who came in to visit with varying disabilities and they spoke openly and frankly, about their sexual lives and experiences, which I also thought was really important, because I think there is this, again, assumption that people in wheelchairs, let's say, like, can't be sexually active or something like that. So that was actually a very good lecture. And then as part of that, one of the speakers I know identified as a gay man and so he was talking about his experience with accessibility issues in bars and stuff. He was, he was in a wheelchair, I think he had cerebral palsy, and just the fantasy of this able bodied, very muscular, athletic type within the gay community, and how he didn't fit that type. And so people tended to just dismiss him. But other than that, I don't think that this was a topic that was covered at all.

Kyla Alsbury-Nealy 20:31

Right? Yeah, I think in my program, we also we definitely didn't cover this, I think we maybe spend a bit of time on providing like culturally competent or culturally safe care, but I don't think we really we dive

dove into this. So that seems like a bit of a gap. Zach, I know you were recently a clinical advisor for a research project conducted by Master's of PT students at U of T. Could you tell us a little bit about that study and what you and your team found?

Zach Chan 21:45

Yeah, so this ties in very nicely. So the study purpose was basically to fill in the who, what, when, where, why of implementing 2SLGBTQIPA+ content into physiotherapy curricula. We had participants from several provinces, so this is hopefully meant to be as a guide or a framework that can be implemented nationally. And I think we, we found a lot of really helpful insights from our participants. Basically, the consensus was, it should be included. And the more consensus was on implementing it kind of throughout the program. So it shouldn't just be a one-off optional one-hour lecture that happens once, but it should be integrated throughout and in varying different ways. So one suggested role plays, one suggested clinical case scenarios, one suggested even something like have one of your case studies be part of the community or be trans. I think previously, there was a lot of Western names and very Canadian sound, which Canadian sounding even sounds bad to say, because we are such a melting pot, but very Western sounding names. And I think that wasn't really representative of what we were seeing in the public or in Toronto at all. Yeah, so we found some really good things. They said, ideally, it would be it would be taught by someone who is a member of this community, or someone who is a very significant ally. Yeah, but those were the main the main points, I think.

Kyla Alsbury-Nealy 23:30

That's really exciting. It's it's great to hear the the results of the study because I had the good fortune of being the teaching assistant for this group and the students were so engaged. So yeah, it's wonderful to hear to hear the results.

Zach Chan 22:21

I'm very excited for people to read about this. And I think one of the big messages that really hit home for everybody on the research team was just the value of this. And I think other people might think course, you should just like treat everybody with respect, and is there a need to even do this research? Like, isn't this just common sense sort of thing? But what our framing was in shaping our research question was really more about the heteronormativity and the cisnormativity of society and structures and PT school and things like that. And so for those who aren't familiar with the cisnormativity or heteronormativity, it's basically that being cisgendered so having your gender identity match the sex that you were born as, and heteronormativity so accepting heterosexual relationships isn't the norm, that's just pervasive and prevalent and the norm in our society. And that's why I think for so long, there wasn't really any representation from this community, or other minorities as well. This isn't just pertaining to the 2SLGBTQIPA+ community, this can be for, you know, race or socioeconomic status, or ableness and, or anything like that. But it was our approach in recognizing that cisnormativity and heteronormativity that we really wanted to challenge of, because this, this could be helpful, but it's not really queer patients that we're focusing on, it's everybody else. And that's, that's the issue, you know, it's that our society is the issue and streamlining our thinking into this. And that was super helpful in how we approach this research. And so for anyone who hasn't read it yet, I highly recommend Stephanie Nixon's coin model of privilege, and that's how we sort of oriented ourselves in terms of our own positionality on, on privilege.

Kyla Alsbury-Nealy 26:03

Thank you, Zack, for bringing up that paper by Dr. Stephanie Nixon about the coin model. I think that's a really interesting paper to read. And I think is a good one for anybody who's interested in this topic. And you know, of course, we need to be studying and talking about this right? If people are still experiencing discrimination, then we need to be talking about it. We're obviously not talking about it

enough, right? Can you give us just a brief snapshot about what the coin model is and why it might be important?

Zach Chan 26:31

Sure, I will try my best to make this clear and succinct. Essentially what the model entails, is that uses an analogy of a coin. So what tends to happen in this type of research is that they focus on people at the bottom of the coin, or those who are disadvantaged, when really, what we should be focusing on is not just the bottom of the coin, but both the top of the coin and the bottom of the coin and the existence of the coin itself. So the top of the coin is the opposite. So it's people who hold positions of privilege and I should clarify that this is unearned privilege. So people are born into this because they are white or male or heterosexual or able-bodied. So in this field that we're speaking of, it would be the 2SLGBTQIPA+ community at the bottom. I'll say cisgendered, heterosexual for simplicity sake at the top, and then the coin or the systems of inequality that is basically society, in curriculum, in case studies, in media, all of this content that we're presented with, it's that everyone should be or it is normal to be cisgendered and heterosexual. So by focusing on only people at the bottom, you're basically blaming them for all the problems. It's like, oh, because queer people exist, we have to do all these special accommodations so that they feel included, when really it's, why are we thinking only in a cisgendered and heteronormative manner when there are all these other people who exist. And so to really promote change, you can't just focus on the bottom of the coin, you have to acknowledge that the coin exists, and then try to abolish the coin.

Kyla Alsbury-Nealy 28:27

No, I really like your explanation of that. I've read the paper, but I think you framed it in a really a really nice way. So thank you for that. So for listeners who feel called to action by this discussion or this conversation, what steps would you suggest for supporting the 2SLGBTQIPA+ community?

Zach Chan 27:05

I think there's so much that could be done. I think just from an individualist standpoint, just be aware yourself of maybe some of the assumptions or microaggressions that you may be perpetuating subconsciously. So as best as you can try not to make assumptions about anybody, regardless of how they're presenting. Two, I think if you're a healthcare provider practitioner, even if you're not just familiarize yourself with local resources, that can maybe help support this community. So a really good one in Toronto is the 519. And on there, they have a directory of LGBTQIPA+ practitioners. Um, so it's nice if you're, if you have someone and you maybe aren't sure if you're the best fit for them, or you don't think you have the expertise to treat them, then you can always direct them to there. I think, as we mentioned, if you work in a clinic setting, then just following some steps on how to make your environment the most supportive and inclusive, that it can be, and just keeping up to date on on literature around this. I mean, I think it's changing all the time. It's getting a lot of traction recently, which I think is awesome. I am not really an expert on this. I think I'm part of this and I try and learn as much as I can. But I'm not the most on top of all the acronyms and things like that, like they change so frequently. So it's good to stay informed. If you work in any type of regulatory body, maybe try and challenge your, your profession or your superiors or your association to try and promote equality for this community.

Kyla Alsbury-Nealy 28:42

Absolutely. And I mean, you and I are part of the the Canadian Physiotherapy Association, which supports our profession, I think, definitely, there's probably more we can be doing within the association too.

Zach Chan 28:53

Yeah, I do think the Association is trying as well as the College. I know, the College this year now has the option to input your your gender and your pronouns and I don't think it's a binary, so there actually is some freedom there. And I know the CPA has sent out links in an invite emails to help increase their equity, diversity and inclusion, stats and status. And so I think they are making attempts, but there's still so much more that can be done. In my eyes, there could be a whole division on this, you know, like they have a Women's Health Division, but they don't have a Queer Health Division. I feel like there isn't really a ton of representation of queer physios in general, they're not really presented in leadership roles, or it's not known that they're in leadership roles. I feel like we could also maybe benefit from some type of mentorship or formal mentorship program or something just so that students and even new grads will know that there is supported, that there is a pathway to success in this profession.

Kyla Alsbury-Nealy 29:59

Wonderful. Thank you so much for your time, Zach, and for sharing your research and your experiences within the 2SLGBTQIPA+ communities, it's been really, really interesting. Where can people find you?

Zach Chan 30:11

Great question. So I yeah, I have my own homecare business. So if you're in Toronto and you need some physio, regardless of your identity, please get in contact with me. My website is ZachChanphysio.ca. And my Instagram is @ZachGChan. And those are the easiest ways to find me.

Kyla Alsbury-Nealy 30:28

Wonderful. Thank you so much. So we'll link those in the episode credits as well. Thanks, Zach.

Zach Chan 30:34

Thanks so much for having me.

[transition jingle]

Kyla Alsbury-Nealy

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