

FACT SHEET

Appropriate Use of Gender Pronouns in Pediatric Physical Therapy Practice and Medical Documentation

INTRODUCTION

There is a recognized need in healthcare to improve diversity, equity, and inclusion in healthcare. Pediatric physical therapists play an important role in providing care for children and their families. Appropriate documentation and communication that is culturally sensitive fosters more inclusive and safe clinical environments for children and families.

The use of outdated or offensive language and intentional misgendering in medical documentation and communication needs to be urgently addressed¹ as it adversely affects the quality of care provided and patient satisfaction. Appropriate acknowledgment, documentation and implementation of evidence-based practices based on a child's age, pubertal stage, physical transitions, and family culture are essential steps to improve therapy outcomes.² This document provides an evidence-based approach to promote proper acknowledgment, documentation and communication related to gender identity in pediatric physical therapy, with a personal interview (see APPENDIX A).

WHY PRONOUNS MATTER

Self-expression is an integral piece in establishing healthy relationships and providing children an outlet to not only process but make sense of their experiences.³ Gender normativity is a concept that can get in the way of self-exploration and self-expression thus limiting the freedom of self-expression and placing assumptions on an individual's physical appearance. Over the past decade, awareness of gender identity in the US has increased.⁴ The introduction of gender pronoun use early in pediatric healthcare fosters safe communication, creates an inclusive environment, and supports all children as a crucial aspect in building rapport among the child, family, and provider.⁵ Youths have expressed a lack of appropriate pronoun use within healthcare and have stated clinical staff and clinician introductions would help provide an avenue for addressing this issue.^{1,5}

WHY DO CLINICIANS NEED THIS INFORMATION?

It is estimated that 0.7% of youth ages 13-17 in the USA, nearly 150,000 individuals, identify as transgender.⁶ By the age of four many children understand gender and most can answer what their gender is. However, these understandings may change as they grow, mature and explore who they are.⁶ Some children and adolescents from this population present with disabilities or medical conditions that will necessitate the services of a pediatric physical therapist. Published data estimates that physical therapists will encounter 25% or 37,500 transgender youth over the course of their careers.⁷ These youth and families expect clinicians to provide sensitive care and be knowledgeable in gender-related issues.² Pediatric physical therapists and physical therapy assistants can support children and youth regarding gender identity issues and offer ways to reduce stigma and stressors that may lead to negative health outcomes by advocating for gender identity awareness in their own setting and identifying available resources regarding gender identity.^{8,9}

The American Academy of Pediatrics (AAP) released a policy statement, on care and support for children and adolescents who are transgender and gender diverse.¹⁰ The policy statement and guidelines describe a

gender-affirmative care model in which pediatric providers offer developmentally appropriate care that is oriented toward understanding and appreciating the youth’s gender experience.¹⁰

WHAT DO I NEED TO KNOW?

Table 1 highlights key terminology related to gender identity. Sex and gender have historically been used interchangeably, thus contributing to the now outdated gender binary. However, current evidence and social convention recognize that assumptions about sex assigned at birth as a determinant of gender are inappropriate,¹¹ as the individual is unable to express their gender to anyone at that time. LGBTQ+ stands for Lesbian, Gay, Bisexual, Transgender, and Queer. Additional identities are included in the ‘+’ such as Asexual, Two Spirit, Intersex, Pansexual, and more. One’s gender identity differs from romantic and/or sexual attractions. Often these get confused because many assume one’s gender determines attraction, which is not the case. An individual’s identity and/or attractions cannot be assumed by physical appearance.

TABLE 1: Key Terminology

Sex	Biological factors including chromosomes, gene expression, hormones, and anatomy that are primarily associated with physical/physiologic features and classification. ¹¹ Sex assigned at birth, male or female, typically assesses physical characteristics. Individuals whose bodies do not clearly present as “male” or “female” are excluded from this system (for example: those with androgen insensitivity syndrome or intersex individuals).
Gender	A socially constructed set of roles and behaviors given to individuals. ¹⁰ Western society has an established masculine and feminine binary where genders are tied to men/boys and women/girls, respectively. Society often generalizes by tying gender to the sex assigned at birth or ‘biological sex.’
Gender Identity	What a person believes their gender to be. For some individuals it is an easy answer to find the right term, others may never believe their gender identity is best represented by the available vocabulary.
Gender Expression	How individuals express their gender identity through behaviors/mannerisms, apparel, etc. Gender expression may or may not align with the norms of their gender identity.
Cisgender	Describes an individual whose sense of gender identity is consistent with the culturally relevant roles and characteristics of their sex assigned at birth.
Nonbinary	Refers to someone who does not exclusively identify with the gender binary. This does not mean they are ‘in the middle’ as many conceptualize it, but rather, they acknowledge a full spectrum of identity and expression. Nonbinary individuals may present in any way they feel comfortable expressing themselves.
Transgender (trans)	Refers to individuals whose gender identity is not consistent with the sex assigned at birth. Some trans individuals identify with the binary (ex: trans men and women) and some do not (ex: genderfluid). ¹¹ Additional identities that may fall under this term are trans- masculine and feminine and demi- boy/guy and girl/gal (individuals who feel a partial connection to binary identities). ¹¹
Gender Nonconforming (GNC)	Related to someone whose identity and/or expression does not follow societal/cultural norms and expectations. Some have begun using GNC as an umbrella term for all non-cisgender individuals because it denotes a divergence from the ‘norm.’
Queer	An umbrella term that can denote identification with the LGBTQ+ community, gender nonconforming, or an identity/attraction that may or may not fall under conventional definitions. This term should be used with caution unless someone specifically states they are comfortable with its use.

Pronouns:

Using a person's appropriate pronouns fosters an inclusive environment and affirms a person's gender identity. There are two 'sets' of personal gender pronouns - traditional and neo.

Traditional pronouns include:

- She, her, hers
- They, them, theirs
- He, him, his

Often, she/he are used to infer femininity and masculinity, respectively. They/them has been used singularly as a gender-neutral option, such as when one does not know the gender of someone they are referring to (ex: I hope they get their wallet back).

Neopronouns are more gender neutral and include but are not limited to:¹²

- Xe, xem, xyr/xeir
- Ze, hir/zir, hirs/zirs
- Fae, faer, faers
- E/ey, em, eirs

Neopronouns tend to have greater stigma attached to them. However, those who use these kinds of pronouns will sometimes choose a set of traditional pronouns to use in public because of microaggressions and the exhaustion of continually correcting/teaching others about their pronouns.¹³

With this in mind, it is important to ask, respect, and use others' pronouns because they cannot be inferred. Some people go by multiple sets of pronouns. They may have preferences as to how and when they are used, so an open discussion about preferred pronouns is essential to ensure comfort and safety.

Remember that just as sex and gender are separate constructs, one's pronouns are connected to gender identity.¹² For example, a cisgender woman could use she/her and fae/faer pronouns or exclusively xe/xem, based on personal preference of the individual.

DOCUMENTATION

Knowledge of evidence-based terminology and best practice while working with transgender and gender diverse individuals should be expressed in our verbal and written communications with the health care team. Recent evidence indicates that inclusion of patient sexual orientation and gender identity in the electronic health record aim to improve clinical care and address health disparities among sexual and gender minority patients.¹⁴ For children under four years of age, pediatric physical therapists should document parent-reported gender and should use the pronouns the parents use for the child. At times, if a child is going through a questioning stage, it may be appropriate to ask every appointment what pronouns the child would like to use as it may be fluid.⁴ Depending on the reason for PT referral, the therapist may or may not need to ask the gender assigned at birth. Below is a recommendation of an example language that may be used to improve the inclusivity of intake forms. Different states may have specific guidelines already in place. For example, in Colorado "intersex" has been added as a choice on the birth certificate. Gender inclusivity can also be addressed by leaving all of the responses related to sex and gender as open-ended questions, without pre-identified categories to allow individuals to self-identify. Forms and images for denoting areas of pain or difficulty should be gender neutral.

Suggested language to include in your documentation templates:

What is the patient's gender identity?

- Male/Boy
- Female/Girl
- Intersex
- Transgender male/Transman
- Transgender female/Transwoman
- Genderqueer/Gender nonconforming
- Additional identity (fill in) _____
- Decline to state

What sex was the patient assigned at birth?

- Male
- Female
- Intersex
- Decline to state

Pronouns:

- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- Other: _____

Preferred name: _____

Parent/Guardian Preferred name: _____

Pronouns:

- he/him/his
- she/her/hers
- they/them/theirs
- other: _____

Parent/Guardian Preferred name: _____

Pronouns:

- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- Other: _____

SUMMARY

Over the past decade, awareness of gender identity in the US has increased. Proper acknowledgement, documentation and communication about gender identity fields are important to incorporate into practice for youth and families. Pediatric physical therapists should ensure proper pronoun use and avoid misgendering patients and their families.

APTA POLICY STATEMENT

NONDISCRIMINATION HOD Y06-19-43-53 [Amended: HOD Y06-14-06-06; HODY06-98-14-06; HOD 06-94-27-04; HOD 06-93-16-25; Initial: HOD 06-84-18-76] [Policy]

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APPENDIX A: Interview with Iris who is non-binary, age 21, regarding pronouns

How can we ask your pronouns?

Clinicians should ask all clients for their pronouns. In this way clinicians create a welcoming, accepting space where transgender people can feel safe. Transgender clients can then focus less on deciding whether it is appropriate to reveal their identity and more on openly expressing their health concerns.

Also, avoid using the term "preferred" when referring to names and pronouns. This could be perceived as offensive or disrespectful because transgender names and pronouns are inherent parts of their existence just like cisgender people. Simply ask for "legal name," "name the doctor should refer to you as," and "pronouns."

What happens if someone misgenders you?

Even when you make an honest effort to remember a client's pronouns, mistakes can still happen. When someone misgenders me and then makes a huge deal out of it, it makes me very uncomfortable and less likely to want to stand up for myself and correct someone in the future. When you misgender someone, briefly apologize and then continue with the correct pronouns. Practice correct pronouns in your head and with your colleagues whether the client is physically present or not. Trying to practice pronouns will reduce the chance that you will misgender a client and shows them that you genuinely care about their well-being.

How can we improve our documentation to be more inclusive?

Documentation is one of the first things a client sees when they enter a clinical setting, and it can make a lasting impression. When asking about biological sex, avoid checkboxes that only include the options "male" and "female," as this can make us feel excluded and isolated. Use the term "assigned sex at birth" to ask about a client's sex. You can include multiple options, including "assigned female at birth", "assigned male at birth" and "not-listed."

In addition, clinicians could be more open with their language when discussing a client's physical anatomy. For example, a gynecologist interested in vaginal health could use the phrase "people with vaginas" rather than "women." There are many people with vaginas who are not women, and not all women have vaginas. Practicing a more open style of language creates an inclusive environment and avoids unnecessary confusion.