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00:00:19.590 --> 00:00:24.120

Sarah Shultz: Hello, and welcome to RedHawk Squawk exercise for like a podcast brought to you by Seattle University's Kinesiology department.

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00:00:25.890 --> 00:00:32.580

Sarah Shultz: Kinesiology is the study of how the human body and our department wants to share knowledge that will allow anybody to function, a little healthier.

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00:00:32.970 --> 00:00:42.990

Sarah Shultz: Regardless of that body shape ability age, gender or makes each of our podcasts will highlight the different aspects of our field and help translate this research into everyday practice.

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00:00:44.190 --> 00:00:51.930

Sarah Shultz: Today March 1, is Zero discrimination Day and this day is celebrated by the United Nations and other international organizations to promote equality.

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00:00:52.590 --> 00:01:00.480

Sarah Shultz: This year, United Nations aids the UN in raising awareness about the inequalities that prevent people from living full and productive life.

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Sarah Shultz: Dr. Brianna Duran is joining us today to talk about providing appropriate care for individuals in the LGBTQIA+ community.

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00:01:10.560 --> 00:01:22.950

Sarah Shultz: Dr. Durand is the co-founder of PT crowd and group and the American physical therapy association which serves to advanced education regarding the plus in physical therapy, thank you for joining us today.

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00:01:23.400 --> 00:01:24.210

Brianna Durand : thanks for having me.

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00:01:25.260 --> 00:01:32.310

Sarah Shultz: So, such an important topic it's never been more important, I don't think. We've got in place with the

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00:01:33.000 --> 00:01:43.950

Sarah Shultz: fact that now gay marriage is legal. We're getting more and more into that space, but we're hearing, I was just listening to radio today and I was hearing about how.

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00:01:45.000 --> 00:01:57.450

Sarah Shultz: The it's great that they have that legality, but there are so many other steps that they're still there's still a bias there's no discrimination there's still this this other states and.

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00:01:58.200 --> 00:02:11.730

Sarah Shultz: And I was also reading that 82% of first year medical students in the United States health implicit biases against lesbian, gay, with half of those expressing explicit biases.

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00:02:13.140 --> 00:02:28.770

Sarah Shultz: So I wanted to talk to you a little bit first about bias and about what an explicit or implicit bias is, particularly in respect to this community and how we can make sure as health care workers that we're not expressing those.

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00:02:32.910 --> 00:02:34.050

Brianna Durand : yeah so I mean.

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00:02:35.070 --> 00:02:39.690

Brianna Durand : you're exactly right, and I think that explicit bias is a lot easier to spot right, it's more...

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00:02:40.860 --> 00:02:51.900

Brianna Durand : more obvious, but the implicit bias is the one that I think is actually more insidious because it is so subtle and sometimes we are not even aware of what we're perpetrating ourselves.

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00:02:52.500 --> 00:03:04.620

Brianna Durand : And then there's often a reaction of defensiveness, which is a natural reaction when we're when we're first made aware of the fact that we might be perpetrating certain biases.

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00:03:06.210 --> 00:03:23.460

Brianna Durand : So implicit bias is starting to finally gain a little bit more awareness, but it's something that we should all be, we should all be reflecting on and and working on some introspection into how we may or be may not be unintentionally harming those that we're supposed to be caring for.

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00:03:25.290 --> 00:03:29.160

Sarah Shultz: And so what kind of implicit biases more commonly, have you seen in physical therapy?

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00:03:31.290 --> 00:03:40.110

Brianna Durand : yeah so most of them are ones that I think people who are not in a marginalized Community might not think are very harmful.

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00:03:40.710 --> 00:03:50.670

Brianna Durand : These are also off in terms of microaggressions so I like in a micro aggression to a bee sting if unless you're allergic to bees one bee stings probably not going to kill you.

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00:03:51.450 --> 00:04:04.200

Brianna Durand : But if you have a bee sting 10 times a day, every day, for the rest of your life that's certainly going to add up and that's how microaggressions function, so a really common and easy one, is not realizing that we might be.

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00:04:05.250 --> 00:04:19.530

Brianna Durand : demonstrating some assumptions about what what we've been conditioned by society to believe is the default so, for example, assuming that your patient is, by default, going to be assists gender and heterosexual.

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00:04:20.550 --> 00:04:22.710

Brianna Durand : And then anything outside of that is.

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00:04:23.760 --> 00:04:36.270

Brianna Durand : Is going against the grain or is more of a rare case is an example of implicit bias, so a really easy example that happened actually to me personally, I had an online appointment.

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00:04:36.930 --> 00:04:45.420

Brianna Durand : With a new physician, and they were asking me about a skin reaction and sometimes people skin reactions to get flushed and he said, you know, like when.

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00:04:45.750 --> 00:04:54.630

Brianna Durand : When you get emotional like when your boyfriend broke up with you in high school, for example, because my presentation is such that I am what we call straight passing.

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00:04:55.650 --> 00:05:01.140

Brianna Durand : A lot of times people make assumptions, or if I were to say my fiance they might respond with a.

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00:05:01.770 --> 00:05:15.540

Brianna Durand : What does he do for work or where does he live which might not sound that harmful but it puts the person who's receiving that micro aggression in a really uncomfortable position, because then they have to decide if they either want to.

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00:05:16.980 --> 00:05:29.190

Brianna Durand : Essentially, come out and be vulnerable and then be a free educator to the person in front of them, which is in terms of being a medical provider you're then asking your patient to give you free emotionally laborious education.

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00:05:30.090 --> 00:05:39.810

Brianna Durand : And then, or if they just want to lie by omission and kind of go along with what the assumption of the other person was which makes you feel very invisible yeah.

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00:05:41.400 --> 00:05:42.900

Sarah Shultz: And in that space.

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00:05:45.750 --> 00:05:49.920

Sarah Shultz: What can we do right, so a lot of our students are going to go on to.

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00:05:51.090 --> 00:05:56.160

Sarah Shultz: To work in physical therapy to work in occupational therapy, to go on into a health care profession.

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00:05:57.300 --> 00:06:00.810

Sarah Shultz: What can we do in that space to

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00:06:02.880 --> 00:06:16.710

Sarah Shultz: prevent ourselves right. Sp, one of the things that I think I remember most about being in a physical therapy clinic, sports medicine, dealing with injury things like that. Is that physical therapists wanted to create the bond right. As medical trainers we were taught to, try and create the bond.

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00:06:17.970 --> 00:06:20.220

Sarah Shultz: Because, to be fair, the rehab does.

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00:06:21.810 --> 00:06:35.490

Sarah Shultz: When you're bonded to someone then there's a trust there and then the trust allows them to believe that what you are doing is going to allow them to get better, faster And so

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00:06:38.760 --> 00:06:49.860

Sarah Shultz: How do we ensure that? But, on the opposite side what we're saying right now is that in some of that effort to build the trust we may actually be

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00:06:51.510 --> 00:06:52.470

Sarah Shultz: ruining the trust.

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Sarah Shultz: Right, so what are some key ways that we think that are.

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Sarah Shultz: really important advice to give to our students who are going to health care professions of great ways to break ice without.

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Sarah Shultz: Possibly ruining the trust you're building with your patient.

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Brianna Durand : That's a great question and there's so many like actionable items that we can take away from that.

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Brianna Durand : One of the first and foremost easiest things is, and I know for it from a student's standpoint, this might be a little bit difficult because you might not have as much say in the clinic or hospital that you're in, but I really recommend that all.

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00:07:35.940 --> 00:07:40.680

Brianna Durand : And not just medical providers, but like customer facing professions where you're gathering information about your customer.

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00:07:41.460 --> 00:07:52.950

Brianna Durand : To make sure that your intake forms are inclusive, that's a really easy way to have accurate information and also it demonstrates to the patient that they're there in a safe space.

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00:07:53.640 --> 00:08:03.930

Brianna Durand : So, having intake forms that don't ask just like what's your gender and having two options or some sometimes i'm intake forms my ask.

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Brianna Durand : about your sexual orientation, I think that's a little bit.

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Brianna Durand : better done in a face to face environment but, at the very least, having having appropriate gender markers so, for example.

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00:08:18.870 --> 00:08:24.660

Brianna Durand : For a lot of students that i've mentored I would suggest that if they feel safe in the clinical setting that they're at to.

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Brianna Durand : To ask their clinical instructor if they can modify the intake form, so that they have instead of what's your gender.

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Brianna Durand : What gender Were are you, what's sex are you assigned at birth and then what are your pronouns or what is your gender identity with.

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Brianna Durand : Preferably the gold standard would be just a blank space that they can write in instead of having to check a box because there's a lot of.

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Brianna Durand : A lot of differences in gender identity and they're constantly evolving, so we want to just let them explain, for themselves, another great way is that when you introduce yourself to a patient for the first time to offer your pronouns.

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00:09:01.830 --> 00:09:09.750

Brianna Durand : And then some folks like to just ask the patient's pronouns right off the gate. I think that depends on if you're in a public space or not.

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00:09:10.320 --> 00:09:17.610

Brianna Durand : So if I'm meeting someone in a waiting room I might not ask them their pronouns in front of everybody else, but when I have them in a private room.

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00:09:18.270 --> 00:09:30.390

Brianna Durand : I might say hey I just want to make sure that I, I respect your identity what pronouns would you like me to call you by but really easy to just to offer your pronoun versus pretty much always as a safe bet.

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00:09:33.120 --> 00:09:36.990

Sarah Shultz: And you've done quite a bit work with

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00:09:38.580 --> 00:09:46.050

Sarah Shultz: pelvic health with the structure in the urinary tract. So, some of those spaces that we have in aging.

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00:09:52.230 --> 00:10:01.230

Sarah Shultz: Is it more unique when you're going into a space where you're treating the things that have been historically considered to be binary reproductive conditions?

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00:10:02.730 --> 00:10:07.410

Sarah Shultz: It was just I was just on Twitter, the other day, and a good colleague of mine, was saying how

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Sarah Shultz: the reproductive system is not binary. How is it that we allow for there to be concessions to the idea that every person is unique, great every person's got a different looking musculoskeletal system they've got a different.

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00:10:25.560 --> 00:10:34.680

Sarah Shultz: cardiovascular system and how is it that we decided that there's just one system inside your body and which we have put it into one box?

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00:10:37.680 --> 00:10:39.750

Sarah Shultz: Because we're just so variable so fluid as individuals.

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00:10:42.660 --> 00:10:46.590

Sarah Shultz: It's historically binary, but it is not actually on the inside.

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00:10:52.680 --> 00:11:02.580

Brianna Durand : There's so many things, yes, absolutely 100% agree sex is biological sex is not binary and even some folks who consider themselves to be allies to this Community.

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00:11:03.420 --> 00:11:11.820

Brianna Durand : And may acknowledge that genders, is a spectrum, they still might cling to the idea that that biological sex is a binary when in fact it's not.

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00:11:12.210 --> 00:11:20.190

Brianna Durand : intersex people exist they're actually not that uncommon the percentage of the population that is intersex, meaning that they have.

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Brianna Durand : Biological characteristics of both traditional male and female, one of the most well known ones is something called.

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00:11:28.020 --> 00:11:35.370

Brianna Durand : androgen insensitivity syndrome, where someone actually has X, Y chromosomes but they present like a phenotypical female, meaning that they have.

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00:11:35.850 --> 00:11:47.250

Brianna Durand : An external Vulva and they go through puberty because they're insensitive to androgens and testosterone they actually respond to estrogen so they develop secondary sex characteristics like breasts etc.

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Brianna Durand : But they actually don't have a uterus they have X, Y chromosomes if they found their DNA at a crime scene, they would consider them to be male so that's one example, but there's like 20 variations of intersex.

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Brianna Durand : characteristics so so there's a wide variety, but yeah the population that's intersex is about the same as a population that's unnatural that are natural redheads so it's not that uncommon yeah.

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00:12:12.690 --> 00:12:20.760

Brianna Durand : So that that really obliterate the idea that sex can just be one or the other but then, as it relates to pelvic health specifically.

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Brianna Durand : So pelvic health there's so many misconceptions because it was initially started as it relates to Cis-gender women and pregnancy.

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Brianna Durand : which I think really had its purpose pregnant people do experience a lot of discrimination, especially in the medical system so i'm glad that there's a community of support for them.

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00:12:39.810 --> 00:12:48.900

Brianna Durand : But pelvic health is not just for pregnant people, everyone has the pelvis, everyone has pelvic floor muscles, everyone should know how to do a kegel and how to not do a kegel.

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00:12:49.710 --> 00:12:56.460

Brianna Durand : Everyone basically wants to be able to control their urine and their bowel and their sexual function and not have pain with it.

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00:13:00.870 --> 00:13:16.320

Brianna Durand : And these are also some of the most vulnerable body functions right and also you know trauma can be experienced in myriad ways, but trauma related specifically those part of the body is especially vulnerable to discuss.

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00:13:17.370 --> 00:13:29.280

Brianna Durand : So, as it relates to my work with people in the LGBTQ+ community and public health it's I just truly feel so honored that people trust me to do this work with them, because I get to.

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00:13:29.850 --> 00:13:41.610

Brianna Durand : assess, treat and educate patients about a part of their body that they may still feel is foreign to them, or they might have had surgery, and this is like an exciting new part of their body they're learning how to use.

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00:13:42.450 --> 00:13:56.430

Brianna Durand : But I, I think that it's something that can be really triggering and disphoric for a lot of folks in this Community, but it's still so sudden so necessary for them to get care and it's really underserved.

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00:13:57.930 --> 00:14:15.840

Sarah Shultz: And So when we think about those things like stress urinary incontinence, it's not just an inequity with that group. There are so many inequities that come with help that it is just such a horrible space and I've had students do research in this area and its.

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00:14:17.010 --> 00:14:24.330

Sarah Shultz: People from poorer communities, other races, as far as health inequities around pelvic bone.

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00:14:27.360 --> 00:14:31.590

Sarah Shultz: What is the vulnerabilities that we need to be aware of within the LGBTQIA+ community

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00:14:34.530 --> 00:14:36.060

Sarah Shultz: To allow us

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00:14:37.320 --> 00:14:47.850

Sarah Shultz: To better serve them in the space to help them get to that level of care to help them get that level of comfort understanding that is an important aspect, but there are these vulnerabilities there?

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00:14:49.890 --> 00:14:54.630

Brianna Durand : yeah so as it relates to the trans and gender non conforming Community specifically.

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00:14:55.470 --> 00:15:07.620

Brianna Durand : Many of them, and this is another actionable takeaway in your clinical setting, many of them don't feel safe in public restrooms because public restrooms are often binary so if you're in a clinical setting it's really helpful to know where

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00:15:08.580 --> 00:15:12.030

Brianna Durand : The solo restrooms are or if there are.

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00:15:13.260 --> 00:15:21.600

Brianna Durand : There are unisex bathrooms know where they are, and if not, maybe like talk to the management about how to create one or how to designate one as such.

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Brianna Durand : It really makes a huge difference for these patients, but unfortunately the most bathrooms available publicly don't have that designation.

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Brianna Durand : And so, a lot of queer trans and gender non conforming people they end up holding their bladder and not going to the bathroom, and so they can get UTI's.

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00:15:40.290 --> 00:15:52.530

Brianna Durand : Holding your bladder for a long time, can also be associated with the hypertonic pelvic floor, which has its own issues and can be associated with pain other common issues are people

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00:15:53.550 --> 00:16:02.640

Brianna Durand : Who are trans or gender non conforming they might modify their bodies so that it fits how they feel internally some common examples are known as tucking.

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00:16:04.260 --> 00:16:13.770

Brianna Durand : And that's where you kind of take the genitals so that it's flatter usually someone with a phallus does this, and that can pull all the fascia and the skin and the muscles in the pelvic floor.

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00:16:14.730 --> 00:16:21.330

Brianna Durand : And it also can position the urethra of the phallus very close to the rectum which can make them also more susceptible to UTI's.

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00:16:22.470 --> 00:16:28.200

Brianna Durand : there's so many other common and equities, but that's a really big one, I would say.

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Sarah Shultz: You mentioned hypertonic.

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00:16:32.070 --> 00:16:41.490

Sarah Shultz: Musculature can you, can we explain what that is?

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00:16:42.690 --> 00:16:56.850

Brianna Durand : So I explained tone so tone is not like Oh, I want to get so buff like muscular it's just the amount of essentially neural muscular activity, so how much particular nerve is telling a particular muscle to fire.

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Brianna Durand : So on one of the spectrum, we have what's called flaccidity so think about someone maybe you had a spinal cord injury and lost all innervation to a muscle and that muscle completely soft there's no activation that's like the far end of one.

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00:17:09.720 --> 00:17:20.340

Brianna Durand : or Hypotonic low tone, then the other end might be someone with cerebral palsy who has a spasm that is contracted and rigid and now that muscle is way too active and they can't elongate it.

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00:17:20.940 --> 00:17:32.040

Brianna Durand : And that's, on the other end most people are kind of in the middle somewhere and they might lean more one way similarly in your own body, you might have some muscles that are more Hypotonic and some that are more hypertonic.

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00:17:32.850 --> 00:17:46.830

Brianna Durand : So, for lack of a better word sometimes hypertonic is commonly referred to as tight and I don't love that term but it just means that it's too active expiring too much, but it doesn't necessarily mean that it's strong, you can be hypertonically and be weak.

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00:17:48.120 --> 00:17:59.310

Brianna Durand : So when pelvic floor muscles are hypertonically their overactive kind of like if you had a number of trap muscle or that was just too active too tight and it can really cause a lot of pain.

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00:18:00.540 --> 00:18:07.530

Sarah Shultz: And in the case with seeing more of that hypertonic pelvic-musculature in the LGBTQ+

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00:18:08.790 --> 00:18:14.610

Sarah Shultz: Community is it a trained effect from holding their urine

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00:18:16.740 --> 00:18:19.200

Sarah Shultz: out in public?

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00:18:21.570 --> 00:18:32.460

Brianna Durand : yeah yeah it is, it is like slowly gradually, over time, and just like with anything else, some people might have a genetic predisposition to being more hypertonic additionally as it relates to the.

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00:18:33.210 --> 00:18:41.550

Brianna Durand : trans and gender non-conforming population if they're taking supplemental sex hormones various sex hormones can also change the.

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Brianna Durand : contractility how tight or loose muscles are so that's the components, but there's a lot of other things history of infections can influence that any history of pregnancy and childbirth can affect tone.

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00:18:59.220 --> 00:19:04.890

Sarah Shultz: what's interesting about that space is that I don't think that a lot of the general Community thinks about.

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Sarah Shultz: Stress incontinence or urinary incontinence or pelvic more health as being something you would go to physical therapy.

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00:19:14.100 --> 00:19:28.230

Sarah Shultz: Right, it seems like that's not a well known fact and is that you would go and have and have rehabilitation, that you need to rehab that. I think that a lot of.

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00:19:29.340 --> 00:19:41.070

Sarah Shultz: Individuals would think Oh well, you know it's pretty good I'll take some medicine or I'll wear Depends, or it's just I'm getting older, or it's just part where I am right now, and they don't really take care of it.

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00:19:41.430 --> 00:19:48.480

Sarah Shultz: Their huge statistics on decreased quality of life when you're suffering from these types of

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00:19:50.040 --> 00:19:56.280

Sarah Shultz: pelvic functions and and there is treatable rehabilitation for these conditions.

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00:19:57.330 --> 00:20:07.110

Sarah Shultz: and is there anything that we should be doing as a community will make people more aware that in fact actually the muscle.

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00:20:08.640 --> 00:20:09.330

Sarah Shultz: is just like every other muscle

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00:20:10.020 --> 00:20:20.730

Sarah Shultz: yeah no problem, thank you, like oh I strained my hamstring now go to PT but you get into a lot of trouble thinking they know well, my pelvic floor muscles aren't working correctly.

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00:20:23.670 --> 00:20:30.840

Brianna Durand : yeah I absolutely and even when I was like I didn't know pelvic floor physical therapy existed until my first semester of graduate school.

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00:20:31.110 --> 00:20:37.590

Brianna Durand : When I had the guest lecture was a public floor therapist and the way she phrased It is like yeah kind of colleges and.

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00:20:37.980 --> 00:20:48.660

Brianna Durand : You know urologists and things like that they look at our organ function, which is super important but they're not necessarily assessing every muscle or its extensive ability or your coordination, etc.

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00:20:49.170 --> 00:20:53.280

Brianna Durand : And when I saw how many muscles, there are in the pelvic floor.

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00:20:54.210 --> 00:21:01.620

Brianna Durand : I was like well if we aren't doing this who's going to do it like, who is the provider that's most appropriate for doing this, if it's not a physical therapist.

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00:21:02.130 --> 00:21:17.430

Brianna Durand : Because we're we are experts in the musculoskeletal, neuro muscular skeletal system so in terms of what we can do to increase awareness, I think it starts with with trying to to break down that shame, because I think one of the reasons it's such a it's such a quiet

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00:21:18.990 --> 00:21:30.600

Brianna Durand : dysfunction and condition is because talking about it feels so shameful and society has taught a lot of us so we're not supposed to think that much about this part of our body.

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00:21:31.830 --> 00:21:40.020

Brianna Durand : For a lot of reasons, but I think also those who are are wanting to go into medicine or even like fitness.

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00:21:40.590 --> 00:21:46.740

Brianna Durand : environments because, undoubtedly, you will have clients with this is educating yourself about the functions of the pelvic floor because.

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00:21:47.340 --> 00:21:51.990

Brianna Durand : Stress urinary incontinence is the one that has gotten the most press but that's not the only thing there's so many.

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00:21:52.380 --> 00:21:57.300

Brianna Durand : So many things that can be pelvic floor dysfunction and we might just not even be aware that we have it.

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00:21:58.140 --> 00:22:06.330

Brianna Durand : I've had a lot of patients come in with back and hip pain and when I inquire a little bit more I find out they have pelvic floor dysfunction but they just didn't think to bring that up or they felt.

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00:22:06.870 --> 00:22:24.990

Brianna Durand : ashamed to talk about it so healthcare providers, I really implore them to to break that barrier and realize that you know sex is an activity of daily living and so as being able to go to the bathroom when you want and regular bowel movements can absolutely influence someone's symptoms.

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00:22:26.040 --> 00:22:32.490

Brianna Durand : And straining with bowel movements can definitely also take a toll on the body so being more aware.

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00:22:33.060 --> 00:22:45.840

Brianna Durand : recognizing that you're incontinence is one but constipation it's another one any type of pain with sex is in the an example of pelvic floor dysfunction even things like a reptile dysfunction can be public, floor dysfunction.

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00:22:47.100 --> 00:22:55.560

Brianna Durand : So educating yourself and then also trying to create a space that safe and shame free when people talk about this.

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00:22:57.360 --> 00:23:04.530

Sarah Shultz: And so, in terms of what should we be doing as individuals regardless of our.

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00:23:07.290 --> 00:23:14.760

Sarah Shultz: anatomical or social orientation what should individuals be doing to maintain a good pelvic floor.

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00:23:16.980 --> 00:23:22.260

Brianna Durand : I was just asked this question on another podcast recently and that's such a hard thing to answer because.

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00:23:23.700 --> 00:23:31.830

Brianna Durand : First, you have to have the ability to self assess your pelvic floor so right out the gate i'm gonna tell y'all not everyone should be doing kegels.

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00:23:32.310 --> 00:23:41.670

Brianna Durand : It can actually be dangerous for some people, so if you have overactive bladder if you have any type of pain with sex or possibly even an active infection.

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00:23:42.810 --> 00:23:48.570

Brianna Durand : pelvic floor contractions or kegels can be dangerous for you so a good rule of thumb is if they hurt, please don't do them.

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00:23:49.320 --> 00:23:59.970

Brianna Durand : But also like learning how to fire any other muscle, there can be a lot of compensations that occur some common ones are using the glutes, the inner thighs, the abdominals or breath holding.

155

00:24:00.480 --> 00:24:09.810

Brianna Durand : And if you in an effort to perform self care practice doing a bunch of chemicals, but you have the wrong firing pattern you're just in gaining bad habits that are going to be harder to fix later.

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00:24:11.100 --> 00:24:19.710

Brianna Durand : So instead of telling folks to practice doing kegels or reverse kegels I would encourage folks to look at.

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00:24:20.250 --> 00:24:32.490

Brianna Durand : Other aspects of their habits so common bladder habits, for example, that can be harmful to the pelvic floor trying not to hover over a toilet seat, because what that can do is it can contract.

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00:24:33.120 --> 00:24:41.340

Brianna Durand : The muscles in our lower body, and it can make it hard for our pelvic floor to relax and allow us to pass urine so that's one thing to sit down the toilet.

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00:24:42.330 --> 00:24:51.600

Brianna Durand : stool under your feet, so your knees are elevated over your hips, especially if you're having a bowel movement that will relax the muscle called the puborectalis, so that you can actually release the bowel easier.

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00:24:53.460 --> 00:25:01.590

Brianna Durand : Additionally, if you are under the age of 65 getting up even once per night to go to the bathroom is not necessarily within normal limits.

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00:25:02.010 --> 00:25:09.060

Brianna Durand : So, looking at your own fluid habits, I think, in the last 5,10 years there's been a push for hydrate hydrate hydrate.

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00:25:09.420 --> 00:25:15.540

Brianna Durand : And that could actually be detrimental to the pelvic floor because if you're peeing all the time, and especially if you're interrupting your sleep to get up to go pee.

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00:25:16.380 --> 00:25:26.610

Brianna Durand : you're causing the pelvic floor to become more overactive and I can be something that can lead to pain down the line.

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00:25:27.660 --> 00:25:30.450

Sarah Shultz: So, your pelvic floor health is related to your sleep pattern?

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00:25:32.310 --> 00:25:42.120

Brianna Durand : But more so that if you have any type of pathology or pain or injury and you're interrupting sleep you're going to delay healing more so yeah.

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00:25:46.410 --> 00:25:50.790

Brianna Durand : A lot of people do get up in the middle of night up and they don't realize that that might be considered abnormal.

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00:26:03.570 --> 00:26:10.470

Sarah Shultz: So are there other spaces that you're seeing, we know that this area is particularly.

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00:26:11.580 --> 00:26:12.840

Sarah Shultz: Vulnerable for the LGBTQ+

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00:26:14.190 --> 00:26:20.070

Sarah Shultz: Community. Are we see other areas of physical therapy, where we really want to be

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00:26:21.120 --> 00:26:25.020

Sarah Shultz: Aware of specific vulnerabilities in that community?

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00:26:25.770 --> 00:26:38.010

Brianna Durand : Totally so whenever I do a guest lecture I usually ask the students to participate in an anonymous online quiz so I can see what they currently know about.

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00:26:38.850 --> 00:26:54.990

Brianna Durand : about the LGBTQ community and a lot of them I ask them if they've ever treated someone in this Community before and a lot of them say no, and I would argue that you probably have but you just didn't know it, or it didn't register with you and also it's it's not specific to just one.

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00:26:56.280 --> 00:27:05.790

Brianna Durand : One aspect of physical therapy, the most recent estimate is that if we included, bisexuals and the way that we count people in the LGBTQ+ community.

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00:27:07.050 --> 00:27:15.150

Brianna Durand : we're almost half the population like there is, it's not that small of a percentage that we think, but a lot of people stay closeted for a variety of reasons.

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00:27:15.720 --> 00:27:25.710

Brianna Durand : But if we included everyone in this Community, the estimates are that we're actually pretty high numbers, so I guarantee you that no matter the setting you're in you will treat a patient in this Community.

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00:27:26.940 --> 00:27:31.170

Brianna Durand : And so just trying to check your assumptions about what why.

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00:27:31.710 --> 00:27:41.490

Brianna Durand : Like if you make an assumption about someone's gender identity or sexual orientation really asking yourself for a lens of curiosity, rather than judgment like Why did I make that assumption where did that come from.

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00:27:42.540 --> 00:27:50.520

Brianna Durand : And also recognizing that girl, human, you're for sure going to screw up like I have missed-gendered a patient in front of a student that was shadowing me.

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00:27:50.850 --> 00:27:56.610

Brianna Durand : And you know that was mortifying but i'm really sorry that was a complete brain fart and they're like yeah it's not a big deal let's just move on.

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00:27:57.420 --> 00:28:06.360

Brianna Durand : But owning up to it, rather than profusely apologizing and then making the patient feel like they have to sue you because that's not their burden.

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00:28:07.380 --> 00:28:16.380

Brianna Durand : But in terms of specific and equities, I actually think the first one that comes to mind is the geriatric population because, for some reason I, I think that we have this idea. That

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00:28:16.860 --> 00:28:20.850

Brianna Durand : queer people are all young but they're of all ages like we've been around forever.

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00:28:21.240 --> 00:28:32.790

Brianna Durand : And so there's definitely people in their 60s, 70s, 80s that you're treating that are in this Community, and a lot of them, sadly, end up going back in the closet as they get older and they end up requiring more care.

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00:28:33.660 --> 00:28:42.180

Brianna Durand : Because they're afraid, largely due to the society in which they were raised and how time sort of we're not as welcoming.

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00:28:42.630 --> 00:28:55.920

Brianna Durand : Historically, so a lot of them, and when they go into nursing homes and whatnot they end up kind of going back in the closet and then there's the same assumptions that are made in like an outpatient clinic to young person get me to two people in the geriatric population as well.

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00:28:57.540 --> 00:29:02.850

Sarah Shultz: I hadn't thought about it, but as soon as you said, like oh no that's totally that totally makes sense right.

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00:29:03.930 --> 00:29:06.210

Sarah Shultz: Now tell me a little bit more about PT proud?

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00:29:08.580 --> 00:29:14.490

Sarah Shultz: What did this come about? What is its mission, what is unable to do?

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00:29:15.540 --> 00:29:27.150

Brianna Durand : Yeah so PT proud was founded by myself and four other then student physical therapists So when I was in graduate school I started having a lot of questions about.

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00:29:27.750 --> 00:29:37.110

Brianna Durand : specifically about trans and gender non conforming folks that are taking hormones and undergoing surgery how that affects their musculoskeletal health right because we learn about how.

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00:29:37.530 --> 00:29:46.710

Brianna Durand : menopause influences osteoporosis risk due to estrogen hormonal changes and i'm like what about someone who takes estrogen or who loses estrogen when they go on.

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00:29:47.280 --> 00:30:04.350

Brianna Durand : exogenous testosterone and there's just you know now it's growing, but there was no research on this Community, and also, we would have cultural competency days, where we learned about other races and nationalities and cultures, but no.

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00:30:05.490 --> 00:30:18.690

Brianna Durand : No LGBT one on one for the people who are not super familiar, because I can understand that it seems really overwhelming if you're not in this Community, and I think it even if you're in this Community can seem so overwhelming with all the nuances of identity.

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00:30:19.950 --> 00:30:27.810

Brianna Durand : So I don't know how we expect providers to feel equipped to take care of these patients when they don't have the basic understanding.

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00:30:28.470 --> 00:30:37.710

Brianna Durand : So I went to CSM For those of you that are familiar with the APTA national conferences, they have a few and I went to several.

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00:30:38.340 --> 00:30:45.330

Brianna Durand : And I met students from all across the country we have some on the east coast West Coast Midwest everywhere and we.

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00:30:45.930 --> 00:30:55.950

Brianna Durand : pitched this idea of creating a special interest group that would help to expand the knowledge that physical therapist and physical therapist assistants have about this Community.

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00:30:57.330 --> 00:31:04.770

Brianna Durand : So PT Proud is what's called a catalyst group it's within the health policy and administration section of the APTA.

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00:31:05.580 --> 00:31:12.150

Brianna Durand : So I found it with a few other students and I acted as the Chair for a year, and now they have.

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00:31:12.930 --> 00:31:20.280

Brianna Durand : To have new leadership, but I'm still a member and essentially they have three major pillars, so one is education.

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00:31:21.060 --> 00:31:30.540

Brianna Durand : Because CapT the accrediting body for these schools has requirements about what students need to learn before they graduate where there's nothing in there about learning about this Community.

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00:31:31.140 --> 00:31:34.110

Brianna Durand : So we would love to create some kind of standardization.

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00:31:34.590 --> 00:31:42.900

Brianna Durand : When I was at those conferences and I met people from across the country I knew, some people had a whole class on this Community, some people had just a chapter in a book.

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00:31:43.290 --> 00:31:51.870

Brianna Durand : Some people had a guest lecture but largely, myself included, had nothing so we would love to standardize that. Additionally creating Community for.

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00:31:53.130 --> 00:32:02.040

Brianna Durand : LGBTQ+ providers themselves because, unfortunately, there is discrimination within the profession as well, not always overt but it's there.

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00:32:02.370 --> 00:32:11.130

Brianna Durand : and trying to create Community for those providers and students who are in school, so that they feel that they're supported and not their profession sees and cares about them.

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00:32:12.480 --> 00:32:22.890

Brianna Durand : And, and all that they are seeing this aspect of their identity and then also advocacy. So advocating for our patients at a larger level, not just within the profession.

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00:32:23.580 --> 00:32:33.420

Brianna Durand : But, for example, outcome measures which I don't know if you're familiar with that, but there a way that we measure progress to submit to insurance companies, most of them are standardized by age and gender.

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00:32:33.690 --> 00:32:39.810

Brianna Durand : A lot of research is standardized by age and gender so just trying to be more inclusive in the medical community as a whole.

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00:32:43.290 --> 00:32:47.430

Sarah Shultz: So i've been having a lot of conversations lately about

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00:32:51.060 --> 00:32:57.270

Sarah Shultz: anatomy textbooks and not understanding how the data's been

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00:32:58.950 --> 00:33:00.690

Sarah Shultz: presented to.

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00:33:01.770 --> 00:33:05.610

Sarah Shultz: Healthcare professionals going into these spaces right

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00:33:06.810 --> 00:33:12.570

Sarah Shultz: if you are taking at least one anatomy class and you're doctor weekend to have a conversation.

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00:33:15.360 --> 00:33:17.760

Sarah Shultz: But this idea that

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00:33:18.990 --> 00:33:38.280

Sarah Shultz: We need to have more gender neutral images. If medical students are given images that are gender defining and

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00:33:39.810 --> 00:33:47.730

Sarah Shultz: They go and they take an implicit association test, they are money get higher scores than if they then looked at a bunch of.

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00:33:49.260 --> 00:34:04.140

Sarah Shultz: images that were gender non-conforming or gender neutral and they've been having much lower implicit associations with that. Your education and to not only just educating individuals on how to.

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00:34:06.210 --> 00:34:07.260

Sarah Shultz: To be more.

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00:34:08.910 --> 00:34:19.830

Sarah Shultz: More understanding and more appreciative or even just more into, and aware of the vulnerabilities in that population, but do we need to see more changes in the actual education that we are giving students.

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00:34:20.760 --> 00:34:30.870

Sarah Shultz: And not just having a class that specifically for that, but let's have this class include those pieces as part of just normal everyday.

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00:34:33.000 --> 00:34:41.610

Brianna Durand : yeah so that that can certainly be tricky and I think it's hard, because a lot of us have just been.

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00:34:43.080 --> 00:34:53.220

Brianna Durand : It requires quite a language shift, for example, I was just taking a pelvic health continuing education course a few weeks ago and they showed a picture.

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00:34:53.910 --> 00:35:02.100

Brianna Durand : Of the pelvic floor anatomy and they're like Is this a male or a female and I remember writing in my in my course review like.

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00:35:02.970 --> 00:35:05.370

Brianna Durand : Maybe we could consider other terms because.

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00:35:05.880 --> 00:35:19.080

Brianna Durand : You don't you don't know just by looking at that, if that person is male or female so and how many times, do you hear someone present a case and say, this is a 38 year old male with right hip pain blah blah blah so really easy way to practice that.

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00:35:20.100 --> 00:35:33.540

Brianna Durand : Is when I am writing my notes, for example, I write like "patient is 32 years old assigned female at birth" and then I put their pronouns in parentheses and that's a really easy way for me to still because it is important to have

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00:35:34.620 --> 00:35:46.230

Brianna Durand : The anatomical data and understanding from a medical standpoint, for example, if I don't know someone is assigned male at birth and they have chronic hip or low back pain and everything else is clear, I won't know to suspect something about the prostate.

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00:35:46.920 --> 00:35:54.900

Brianna Durand : So it's important to have that information but also to do so in a way that doesn't yeah define their gender, for them, based on their anatomy.

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00:35:56.370 --> 00:36:01.170

Brianna Durand : So, in terms of presenting an anatomy textbooks yeah I think.

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00:36:02.190 --> 00:36:19.620

Brianna Durand : The best way honestly is to have a little bit of a disclaimer that sometimes it may be difficult to avoid gender typically gender terminology altogether, but at least trying to have a mix of other, like diversification of cases of bodies of presentation, etc.

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00:36:20.940 --> 00:36:33.540

Brianna Durand : or another way too is just if there is someone you don't know their gender outright instead of assuming their pronouns based on their anatomy just use the gender neutral pronoun they right away.

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00:36:34.470 --> 00:36:47.970

Brianna Durand : If I see someone's image and I don't know their gender, but I know that they have a volva i'm not going to assume that they use, she/her pronouns until I know, otherwise.

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00:36:50.040 --> 00:36:53.640

Sarah Shultz: Right is there anything else that you want to share with to general community

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00:36:55.020 --> 00:37:00.870

Sarah Shultz: That you think we need to, we just need to be very aware of that our students, need to be aware of, as they go into

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00:37:01.770 --> 00:37:12.570

Sarah Shultz: health professions? That the Community needs to be aware of both from the idea, yes, you should be getting treatment, you should be getting rehabilitation, this is OK.

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00:37:13.980 --> 00:37:20.400

Sarah Shultz: Is there another message that we need to get out to the group?

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00:37:25.290 --> 00:37:29.220

Brianna Durand : I mean, I think I've touched on most but like just a short summary.

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00:37:30.510 --> 00:37:41.580

Brianna Durand : as it relates to pelvic health having pain with any of those functions, you know, like peeing, pooping, having sex with pain is not normal if that's something you have to live with it can be treatable.

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00:37:42.000 --> 00:37:47.220

Brianna Durand : and not being able to control those functions, how you want is also not normal and it can be treated.

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00:37:48.030 --> 00:37:55.980

Brianna Durand : So regardless of your anatomy or your gender identity, there is treatment available for you, additionally, as it relates to.

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00:37:56.610 --> 00:38:02.550

Brianna Durand : The LGBTQ+ community is, and this is a hard one but for those of you who are not in this Community, I really.

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00:38:02.970 --> 00:38:11.040

Brianna Durand : I really encourage you to step up and when you see something you know call it out if you're at a clinic and the receptionist keeps miss gendering the patient.

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00:38:11.460 --> 00:38:19.560

Brianna Durand : You know, pull them aside and gently, be like hey you know their pronouns are this or they go by this because it's that.

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00:38:20.130 --> 00:38:25.590

Brianna Durand : That quiet complicity that makes it harder to make the change.

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00:38:26.100 --> 00:38:33.960

Brianna Durand : And, but unfortunately, people who are not in a marginalized community are actually more likely to listen to the people who are in the marginalized Community So if you are.

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00:38:34.260 --> 00:38:42.090

Brianna Durand : What we call Cis-Het: Cis-gendered, heterosexual I really encourage you to use that that privilege to speak out when you see something that isn't.

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00:38:43.470 --> 00:38:49.980

Brianna Durand : But isn't Okay, because it's pretty burdensome for the people in the marginalized communities to always have to do it themselves.

00:40:03.660 --> 00:40:09.600

Sarah Shultz: I did get a question that came through, and it is. How can students who are not necessarily in a clinical setting still work to have conversations about this stuff? They're Kinesiology students but maybe they do more research academically and maybe they're not going to see patients.

00:40:37.980 --> 00:40:48.420

Brianna Durand : Yeah that's a really great question um Well, first, I would say that there's a lot of freely available resources that people can access so.

00:40:49.740 --> 00:40:57.210

Brianna Durand : I would encourage you, that you start educating yourself on the topic, because I can understand why it might be scary to start

00:40:57.810 --> 00:41:11.340

Brianna Durand : initiating the conversation if you don't feel confident in what you're talking about so learning more on on your own and there's so many resources available already for free, so that you feel comfortable talking about it.

00:41:11.820 --> 00:41:18.450

Brianna Durand : But it can be as simple as just talking to your classmates talking to your friends if you're active on social media using that platform to.

00:41:18.990 --> 00:41:36.450

Brianna Durand : to spread awareness about it and then whenever you do go into a clinical or work setting offering an in service or something like that, and when I was a Grad student I offered an in service to my team, just like LGBT one to one here's the basics, for those who are completely unfamiliar.

00:41:37.500 --> 00:41:45.330

Brianna Durand : But you can honestly start just by having conversations with the people in your life that are close to you, so you all feel just a little bit more educated and familiar.

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00:39:18.390 --> 00:39:28.770

Sarah Shultz: I want to thank you very much for coming on for taking the time to speak to us today for our audience, to take the time to engage.

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00:39:29.310 --> 00:39:45.150

Sarah Shultz: We will have another podcast on March 23rd at 12pm and will speak with Dr. Jamie Bagley from San Francisco State University about virtual reality research so we're taking a completely different turn, this what we mean every time is a different topic so we'll take a look really different

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00:39:46.290 --> 00:39:52.200

Sarah Shultz: From our last couple of podcasts and move into a research based one.

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00:39:54.090 --> 00:40:02.010

Sarah Shultz: And, we can always be reached through our website and through our social media platforms.

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00:42:03.840 --> 00:42:07.590

Sarah Shultz: Tyler, can you tell our friends where to find us on the World Wide Web?

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00:42:09.390 --> 00:42:20.160

Seattle U Webinar Host: Yes, so we are on Twitter instagram and Facebook @SeattleUKinesiology you can follow us on there. For more

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00:42:21.120 --> 00:42:32.010

Seattle U Webinar Host: Information about our department, you can go to our website at SeattleU.edu/kinesiology we've also got archived podcasts on there as well, we've got a good bunch of them now.

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00:42:32.610 --> 00:42:43.380

Seattle U Webinar Host: So go listen to those and we're also on Podbean where you can share like download and follow all of the episodes on there as well at: RedHawk Squawk Exercise for life podcast.

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00:42:44.430 --> 00:42:52.050

Sarah Shultz: Fantastic. I think that's everything for today, we really appreciate your time Dr. Durand.

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00:42:53.610 --> 00:42:57.630

Sarah Shultz: And thanks again to everyone, and remember, be kind, be healthy and be active.

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00:42:59.370 --> 00:43:00.150

Brianna Durand : thanks for having me.