



Chartered Society  
of Physiotherapy

**Professional guidance PD142**

**Working with  
transgender people  
in physiotherapy  
practice: a guide for  
members.**



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## Introduction

In 2023, the Chartered Society of Physiotherapy (CSP) undertook work to develop professional guidance to support members who interact with transgender service users and yet may have little understanding of the healthcare focussed issues faced by transgender people.

To oversee the work, the Professional Committee established a working group whose membership and Terms of Reference are at Appendix 1.

This resultant CSP Guidance document will be useful for all members, not only those working in specialist pelvic health roles who may address the care needs of the transgender community more regularly.

It is hoped that this guidance can support members in achieving the CSP strategy aim of improving the health of communities, including people who are transgender, through high quality physiotherapy.

The term 'transgender' has been used throughout this guidance, in line with the CSP's style guide for equity, diversity and belonging. However, we recognise that gender identity and associated terminology is complex, may change, and that different people experience it differently. An essential glossary of terms has been provided at Appendix 2.

The CSP has a Position Statement on transphobia available here <https://www.csp.org.uk/news/2024-04-11-transphobia-statement-milestone-profession>

## Background

This guide is designed to help you respond to the needs of patients and service users who identify as transgender as they access the physiotherapy services you are providing to them. It provides guidance on treating transgender patients to ensure appropriate and fair treatment. As a physiotherapist or support worker your individual approach with any patient may have a significant impact on that patient's experience of healthcare and its outcomes.

Recent census data from England and Wales (2021) revealed that around 1 in 200 (0.5%) reported their gender identity and sex registered at birth were different.<sup>1</sup> In some regions of the UK, this is 1 in every 100.

Some transgender patients have reported poor experiences of health care.<sup>2</sup>

The Equality Act<sup>3</sup> prohibits discrimination on the grounds of specified protected characteristics, including gender reassignment or gender identity. People who identify as transgender form part of the wider LGBTQIA+ community which covers both sexual orientation, sexuality and gender. However, people who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual and anything else on the sexuality spectrum (LGBTQIA+) can experience challenges when attending physiotherapy. Transgender people can experience erroneous assumptions by physiotherapists, discomfort, explicit and implicit discrimination, and a lack of knowledge specific to their health needs.<sup>4</sup>

As a CSP member you will provide care for a range of people, and it is important that all your patients are provided with an individualised and person-centered approach to their care that recognises and respects their individual healthcare needs and provides both an inclusive and dignified approach to care. However, transgender people and their partners/families, particularly neurodivergent individuals, can conceal their sexual orientation or gender identity for fear of diminished quality of care. Their invisibility translates into health disparities, lack of policies and services that meet their unique needs.<sup>5</sup>

Both preventative care and treatment for illness and injury are often avoided by transgender patients due to barriers to accessing care ranging from failure or refusal to provide appropriate and sensitive medical care, to engaging in harassment or violent behaviour toward transgender patients. Discriminatory behaviours may emanate from the health care [professional's] existing attitudes and lack of knowledge and skills in providing affirming care to transgender patients.<sup>6</sup>

'With transgender people we're constantly expecting the worst. We're expecting to have to know everything about our situation and to train the clinician about what is going on. We're expecting to have horrible questions and all of those things. And that negative assumption permeates every interaction that you'll have with us.'

Focus Group Participant

## Guidance development

This document was developed by a process that included:

- Literature review to ensure evidence-based guidance.
- Identification of stakeholder focus group.
- Consultation with relevant CSP committees.
- Drafting, revision and editing in line with CSP style and language guides and internal guidance development process.

A literature review was undertaken in June 2023 using the search terms: 'transgender' or 'transsexual' or 'gender variant' or 'gender non-conforming' or 'gender divergent' or 'gender-divergent' or 'nonbinary' or 'non-binary' or 'gender minority' - titles / subject / abstract' plus physiotherapy terms.

In addition, the working group convened a small focus group (n=3) of transgender people for a focussed lived-experience discussion around specific questions which was transcribed. The focus group met in September 2023, and with the permission of the participants, this guidance includes direct quotes from this meeting.

The focus group held a discussion based around the following four questions:

1. What barriers have you experienced in accessing and receiving healthcare?
2. Can you describe what you feel a good healthcare experience should look like for transgender individuals?
3. Can you explain what you believe clinicians should consider before and during a consultation with a transgender individual?
4. What do you think should be considered when designing or managing clinical services to ensure inclusivity for transgender individuals?

The themes that emerged from the focus group discussion formed the basis of the guidance statements.

## Scope of guidance

This advice within this guidance document applies to the care of transgender adults (18+ years). The guidance is applicable in all healthcare settings within the UK across primary, acute and community, private practice and virtual settings.

This paper provides guidance relating to overarching professional practice themes that apply to all members who may now, or in the future, provide physiotherapy services to transgender people, including the need for a person-centered approach to physiotherapy care.

This guidance does not provide guidance relating to the ongoing surgical care of transgender people undergoing masculinising or feminising surgical treatments.

The target audience of this paper is CSP members; registered physiotherapists together with our associate and student members. This guidance is written with a professional focus and therefore it is helpful to highlight extracts from relevant Health and Care Professions Council Standards of Proficiency for Physiotherapists<sup>7</sup> that are in play in relation to this guidance, and the need to balance them all equally; no proficiency standard takes precedence over any other.

Standard 3: look after [your] health and well-being seeking appropriate support where necessary.

Standard 5: recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner.

Standard 12: understand and apply the key concepts of the knowledge base relevant to their profession:

12.6 Biological science - normal human anatomy and physiology.

12.9 Behavioural science – psychological, social and cultural factors that influence an individual in health and illness.

This guidance is intended to help you understand all these requirements by providing guidance through the lens of patient care, and the regulatory obligations placed on physiotherapists. For our support

worker and student members, the principles will also be familiar to how you work with patients.

The CSP Equity, Diversity and Belonging Strategy<sup>8</sup> aims ‘To develop members’ confidence and ability to change the culture, policies and practices of physiotherapy services to make access and use of services equitable’.

## **Key points for clinicians**

### **1. Knowledge and understanding**

A lack of knowledge has been reported among healthcare professionals when caring for transgender patients.<sup>6</sup> Significant differences in LGBTQIA+ cultural competency exists across healthcare disciplines, which may result from inadequate experiences with LGBTQIA+ patients and LGBTQIA+ curricular education.<sup>9</sup> Members are reminded of the need to consider intersectional characteristics and the impact they may have in amplifying barriers and inequalities in access, experience, or outcomes of healthcare. For example, a transgender person with a disability and/or from a culturally diverse background and/or with a low socioeconomic status may be at further risk of health inequalities.

It should not fall to transgender people to educate their clinicians about transgender matters. It is your responsibility as a healthcare professional to be aware of the topic and develop sufficient knowledge and competency that is relevant and appropriate for your specific clinical role. For example, a member working in specialised surgical pelvic health services who regularly sees transgender patients is likely to require a greater depth of knowledge than those working in other services.

All physiotherapists should understand the role of physiotherapy in health promotion, health education and preventing ill health<sup>7</sup>. Depending on the specific role and context of an individual member’s practice, this may include providing patients with advice and guidance on:

- Prostate cancer screening
- Cervical cancer screening
- Breast awareness

- Bone protection measures
- Smoking cessation
- Healthy drinking levels
- Sexual health
- Physical activity levels

### Sensitive questioning

Transgender patients may have specific health needs related to the anatomy they possess which may not reflect their expressed gender identity. Health promotion topics relating to biological sex-specific organs may require careful introduction and discussion as they may be uncomfortable for some transgender people to discuss.

Members should be aware of complexities related to subjective questioning as part of the examination process, and understand the risk poor communication may have on patients' experiences and outcomes. Members should be aware that, without adequate explanations of why questions are being asked, and why these are relevant to clinical reasoning and decision-making, there is a risk that a line of questioning, whilst appropriate, may be easily misunderstood and construed.

For example, questioning around the use of hormones may be relevant to management of musculoskeletal disorders, and some people may need to have the link explained before the questions are asked.

### **Guidance:**

- Members should understand that physiotherapy needs may depend on a transgender person's anatomy which may not reflect their outward gender expression.
- Members should be able to identify the instances when anatomical considerations are relevant, or not, to the nature of the physiotherapy problem that a transgender person is seeking advice and/or treatment for.
- Members should ensure they have appropriate knowledge, skills and competency relevant to their caseload to ensure they act within their personal scope of practice at all times.



- Members should be aware of a transgender person's relevant medication history, including for example hormone therapy, and any implications these medicines will have on the presenting problem that the transgender person is seeking advice and/or treatment for.

## **2. Pronoun use**

The use of personal pronouns may be of importance to transgender people, allowing them to express their gender identity to the practitioner. Where these are important to any individual, misuse of personal pronouns, known as 'misgendering' a person, can be distressing and undermine the overall healthcare experiences of transgender patients.

Dignity and autonomy are important for everyone and no person – patient or staff – must be forced to express their personal pronouns where they do not wish to, particularly where any person may not be sure of their gender identify, is still privately exploring their identify, or if this may 'out' a person who has not made that decision for themselves. If staff wish to share their personal pronouns, then they should be able to so.

Not every transgender person, or clinician, may feel safe or comfortable disclosing their preferred pronouns at a physiotherapy appointment.

### **Guidance:**

- Members should ask each patient which form of address they would like to be used, and which personal pronouns they use.
- Members should ensure that documentation used allows for a person's preferred personal pronouns, where used, are clearly identifiable to the healthcare team to ensure personalised care is provided.
- If a patient tells you that you have used the wrong pronouns with them, offer an apology and make sure you record how that person wishes to be addressed.

### 3. The consultation experience

Transgender people can experience challenges when attending physiotherapy, including erroneous assumptions by physiotherapists, discomfort, explicit and implicit discrimination, and a lack of knowledge specific to their health needs.<sup>10</sup>

There is no expectation for members to be experts in all transgender related matters, however all patients must be treated with dignity, compassion, and care. All physiotherapy consultations, in line with HCPC standards<sup>7</sup>, will include aspects of conversation and questioning, together with a relevant physical examination in line with the nature of the presenting problem.

Gender related medical misattribution and invasive questioning, often referred to as ‘transgender broken arm syndrome,’ is a form of medical discrimination that occurs when healthcare professionals assume that a medical condition only results from a patient's gender identity or medical transition or when the patient is probed about their transgender identity out of curiosity from a clinician.<sup>11</sup>

‘If a transgender person visits you about a sprained ankle, there is no need to ask them about any aspect of their transition.’

Focus group participant.

#### **Guidance:**

Members should

- Be clear with patients when there is a clinical need to discuss specific anatomical areas in relation to understanding the nature and context of the presenting problem, particularly if the anatomical discussion does not align with a patient’s gender identity. For example, transgender men may not be comfortable with the term ‘breasts’ and may prefer ‘chest’.

- Be clear with patients why certain questions about intimate anatomy or sexual function are being asked, for example, when screening for cauda equina syndrome red flags.
- Not make assumptions about a person's anatomy or gender identity based on personal judgements. This applies to in person and telephone consultations.
- Refer to person's medical record or information provided on a referral form where there is a need to ascertain information relating to both biological sex and gender identity where this is relevant to the nature of the physiotherapy problem being addressed.
- Not ask transgender patients any questions about transgender matters or transition unless it is directly relevant and necessary to the nature of the physiotherapy problem being addressed. In particular, it is not appropriate to ask transgender people questions about their transition and/or identity where this is part of a member's own curiosity and/or CPD.

#### **4. Removal of clothing**

A physical examination may be an extremely vulnerable experience for many transgender people. It is important to bear in mind that a transgender person's anatomy may not align with their expressed gender identity.

#### **Guidance:**

Members should

- Only request removal of clothing where it is relevant to the nature of the physical examination required for the physiotherapy problem being managed.
- Be clear with patients as to the reasons that clothing removal is required.

- Be mindful that some transgender people may be tucking, and others may be binding and/or using packers.
- Offer a chaperone following local and/or organisational policies, and in line with patient preferences.
- Where possible, forewarn all patients attending for treatment whether any undressing is required, and/or what type of underwear is suitable, for example through information provided when booking appointments or in appointment correspondence.

## **5. Allyship**

Physiotherapists have a professional duty to treat each patient with respect<sup>7</sup>. It is vital to therapeutic alliance, effective treatment, and optimal health outcomes for patients. 'Respect for LGBTQIA+ patients can be learned, but to some, it must be taught'.<sup>12</sup>

### **Guidance:**

Members should

- Address workplace micro-aggressions via local policies and procedures and demonstrate allyship.
- Promote equity, diversity, belonging and allyship in the physiotherapy community.
- Consider promoting any schemes offered by the healthcare providers to support allyship e.g. LGBTQIA+ lanyards.
- Consider if they wish to add their own pronouns to their staff name badge.
- Create a treatment environment that reinforces inclusive behaviours towards everyone.

## **Key points for service managers**

### **1. Record keeping and confidentiality**

Under the Gender Recognition Act 2004<sup>13</sup>, it is a criminal offence to tell people about a person's gender history without permission from the individual, except when made to a health professional for medical purposes.

Transgender patients have a legal right to change their name and gender on their NHS records irrespective of whether they intend to obtain a Gender Recognition Certificate.

You may be asked to use a patient's former name (deadname) on correspondence. This may be important in keeping them safe, or because they are not yet ready to tell everyone their new preferred name.

### **2. Team training**

Taken together, significant differences in LGBTQIA+ cultural competency exist across healthcare disciplines, which may result from inadequate experiences with LGBTQIA+ patients and LGBTQIA+ curricular education. 'Future efforts should consider increasing LGBTQIA+ patient contact hours and LGBTQIA+ formal education hours to enhance healthcare students' LGBTQIA+ cultural competency'.<sup>14</sup>

LGBTQIA+ individuals continue to face barriers to accessing appropriate and comprehensive healthcare. Compounding this problem, healthcare trainees report few training opportunities and low levels of preparedness to care for LGBTQIA+ patients.<sup>15</sup>

All staff should undertake equity, diversity and belonging training at induction along with annual updates that includes transgender patient care. Managers should ensure anti-discriminatory policies are in place to safeguard people with protected characteristics and confront discriminatory views and behaviours in the workplace.

An interesting perspective was offered in the focus group relating to trauma informed care. The biopsychosocial model is well established within the physiotherapy profession and members should be aware of

the often-increased level of psychological and social challenges faced by the transgender people. Trans people often experience high levels of trauma in their lives.

Compared to other population groups, transgender people have on average, higher rates of autism, other neurodevelopmental and psychiatric diagnoses<sup>16</sup>. Service managers may wish to consider how to support colleagues in practicing in a 'trauma informed' manner.

'Being trauma informed is such a big deal and I don't think you can work with this community unless you do that. I think you do need to sort of understand well how you work around body traumas and things like that'.

Focus group participant.

## **Key points for service design and care pathways**

### **1. Facilities and spaces**

Providers should consider the labelling of facilities. Gender neutral individual spaces may be appropriate. Greater privacy for all patients may be provided by having more individual cubicles, and by having partitions and doors that extend from floor to ceiling. Providers should consider contexts where designated single sex spaces may be required.

'When entering a department, we are scanning around us to try and see how the situation is going to be right now. So, every time you see a transgender face, every time you see a sign on the toilets that are clearly inclusive, and you see inclusive language on the walls, that kind of thing is important'.

Focus Group Participant

### **2. Service documentation and information**

Electronic Healthcare Records may only allow completion based on binary biological sex of male/female. Other forms may allow gender

identity to be included too. Where people need to select a gender, at the very least, the terms 'woman', 'man' and 'non-binary' should be provided.

Data collection must allow for the identification of, and delivery of appropriate care based on the patient's clinical needs which may be related to their anatomy and not align with their expressed gender identity.

Members should consider any relevant standards around accessible information. (E.g. Accessible Information Standards). The appropriate approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers should be considered at all times.

'It's not as simple as a form, it is the entire process that kind of shows this is something that I can be safe with. It's a holistic answer of everything has to be right'.

Focus group participant.

### **3. Service development**

Services improvement groups should include patient representation from the LGBTQIA+ community. When advertising physiotherapy service in posters, flyers or via websites, take care to ensure the language is inclusive and non-discriminatory.

'Transgender patient champions within your service...whose job it is to help you inform the creation of your service. And you can actually go out and have those conversations to transgender people because again, that is a way of dealing with that kind of power imbalance of if you have a situation like this.'

Focus group participant.

## **Additional resources**

For members specialising in pelvic health, you may find the following publications from POGP useful to for you and your patients:

Pelvic floor muscle exercises and advice - A guide for transgender women, transgender feminine and nonbinary people (who were assigned male at birth) :

[https://thepogp.co.uk/\\_userfiles/pages/files/resources/211013pogppelvic\\_floor\\_transgender\\_women\\_v3.pdf](https://thepogp.co.uk/_userfiles/pages/files/resources/211013pogppelvic_floor_transgender_women_v3.pdf)

Pelvic floor muscle exercises and advice - A guide for transgender men, transgender masculine and nonbinary people (who were assigned female at birth):

[https://thepogp.co.uk/\\_userfiles/pages/files/resources/211012pogppelvic\\_floor\\_transgender\\_men\\_v3\\_1.pdf](https://thepogp.co.uk/_userfiles/pages/files/resources/211012pogppelvic_floor_transgender_men_v3_1.pdf)

Fit following surgery - advice for transgender men, transgender masculine and nonbinary people following hysterectomy:

[https://thepogp.co.uk/\\_userfiles/pages/files/resources/pogp\\_fit\\_following\\_surgery\\_gender\\_diversity.pdf](https://thepogp.co.uk/_userfiles/pages/files/resources/pogp_fit_following_surgery_gender_diversity.pdf)

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**Date: August 2024**

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## Appendix 1 – Working Group Terms of Reference & Membership

### **Group membership:**

1. The group will comprise of
  - 2 members of the Professional Committee
  - 2 representatives of the LGBTQIA committee
  - 1 representative POGP with subject matter expertise
  - The Director, Practice and Development, or their representative
  - At specific time points individuals with lived experience will be invited to offer insight to the project work.
2. The quorum for meetings and decision shall be three (3).
3. The chair of the working group shall be appointed by the Professional Committee.

### **Functions**

1. The working group shall develop a guidance document that will be of use to CSP members when offering physiotherapy service for transgender individuals.
2. It is the intention to write one document that will offer guidance applicable for the following:
  - Clinicians (and clinical interactions)
  - Physiotherapy Managers/Leaders
  - Physiotherapy Services/Pathways design

### **Working group members**

#### CSP Professional committee

- Nick Livadas – Chair (until December 2023)
- Vicky Reynolds – Cocroft (until October 2023)
- Iona Bateman
- Sarah Dewhurst – (from February 2024)
- Sanchez Davis – (from February 2024)

## CSP LGBTQIA+ Committee

- Stephanie Land
- Shannon Pinnington

## Pelvic, Obstetric and Gynaecological Group of Physiotherapists (POGP) Network

- Miti Rach

## Appendix 2 – Essential glossary of terms

For a detailed description of Equity, Diversity and Belonging terminology please review a glossary of terms collated by the EDB committee here: <https://www.csp.org.uk/about-csp/equity-diversity-belonging/strategy/glossary>

**Please note, these are not the CSP's own definitions.**

**Agender:** a person who does not identify themselves as having a particular gender.

**Allyship:** empowering those in non-marginalised groups (or those in a position of privilege) to work in solidarity with those in marginalised groups to challenge discrimination, respect other people's experiences, support communities and take part in lifelong learning.

**Binding, tucking and packing:** Chest Binders are an undergarment that helps flatten the chest. Tucking is a method that's used to create a flat appearance of the groin. Packers are penis-shaped products designed to help transgender men and gender non-conforming individuals 'fill in' their crotch area while wearing clothes.

**Cisgender:** Someone whose gender identity is the same as the sex they were assigned at birth. Non-transgender is also used by some people.

**Differences of Sexual Development (DSD) – formerly 'Intersex'** DSD is a group of rare conditions involving genes, hormones and reproductive organs, including genitals. It means a person's sex development is different to most other people's. A person with a DSD may have the biological attributes of both sexes and their external genitalia may not fit with societal assumptions about what constitutes male or female. People with DSD may identify as male, female or non-

binary. (Source <https://www.nhs.uk/conditions/differences-in-sex-development/> )

**Gender expression:** how a person chooses to outwardly express their gender, within the context of societal expectations of gender.

**Gender dysphoria** People with gender dysphoria may have a strong, lasting desire to live a life that matches or expresses their gender identity. Some people undergo gender affirming care in the form of hormonal drug therapies and sometimes surgeries to express their gender identity, but many individuals do not seek any medical care. Those adults undergoing gender affirming care through the NHS will begin by receiving a GP referral to a specialist gender dysphoria clinic for medical assessment, medical support and advice. For some people, support and advice from the clinic are all they need to feel comfortable with their gender identity.

**LGBTQIA+:** We use the term LGBTQIA+ as an umbrella term to include all people who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual and everything on the gender and sexuality spectrum that letters and words can't yet describe.

**Misogyny:** fear, dislike of, contempt for, or ingrained prejudice against women.

**Nonbinary:** an umbrella term for people whose gender identity doesn't sit comfortably within the categories of 'man' or 'woman'. Nonbinary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

**Pronouns:** words we use to refer to people's gender in conversation – for example, 'he' or 'she'. Some people may choose to be referred to in gender-neutral language and use pronouns such as they/their and neo-pronouns such as ze/zir.

**Sex:** A biological scientific fact determined at the point of conception, based on genetic, hormonal and biological factors that influence how an organism reproduces. In most species it is divided into male and female. It is not a perspective, approach, belief, political position or paradigm. Must not be confused with 'gender expression'.

**Sex assigned at birth:** A description of either 'male' or 'female', assigned to a person at birth based solely on the basis of the appearance of the external primary sex characteristics (genitalia)

**Trans or transgender:** an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with the sex they were assigned at birth. Transgender people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bigender, transgender man, transgender woman, transgender masculine, transgender feminine and neutrois.

**Transphobia:** the fear or dislike of someone based on the fact they are transgender, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, transgender-identified.



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**THE CHARTERED SOCIETY OF PHYSIOTHERAPY**

is the professional, educational and trade union body for the United Kingdom's  
65,000 chartered physiotherapists, physiotherapy students and support workers.