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MEDICAL
INNOVATION

Physiotherapy work with transgender individuals

Praca fizjoterapeuty z osobami transpłciowymi

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Abstract

Transgenderism is a difficult issue in medicine, although it has accompanied humans almost since the beginning of mankind. It includes transsexualism – incompatibility of mental sex and registered sex. Transgender people seek to change their gender through hormone therapy and surgery. In their work, physiotherapists may encounter transgender people at various stages of therapy. In order to avoid causing additional psychological burden for transgender patients, it is necessary for physiotherapists to know the specifics of transsexualism and the issues they should pay attention to while practicing their profession. The aim of the work is to show what transgenderism is and how a physiotherapist should work with transgender people.

Key words:

physiotherapy, transgender, transsexualism

Streszczenie

Transpłciowość jest trudnym zagadnieniem medycyny, choć towarzyszy człowiekowi niemalże od początków ludzkości. W jej ramach zawiera się transseksualizm – niezgodność płci psychicznej i płci metrykalnej. Osoby transseksualne dążą do zmiany swojej płci poprzez terapię hormonalną i zabiegi chirurgiczne. Fizjoterapeuci w swojej pracy mogą napotkać osoby transpłciowe na różnym etapie terapii. Aby uniknąć wywoływania u pacjentów transpłciowych dodatkowego obciążenia psychicznego, konieczne jest poznanie przez fizjoterapeutów specyfiki transseksualizmu oraz kwestii, na jakie powinni zwrócić uwagę podczas wykonywania zawodu. Celem pracy jest wskazanie, czym jest transpłciowość oraz w jaki sposób fizjoterapeuta powinien pracować z osobami transpłciowymi.

Słowa kluczowe:

fizjoterapia, transpłciowość, transseksualizm

Introduction

Transgender identity has been a part of human existence for almost as long as humanity itself. Initially, it was often associated with terms like transvestitism or homosexuality. However, it is a gender identity disorder, which also includes transsexuality, defined as "the phenomenon of transcending the binary gender system, often strongly correlated with the discomfort of one's body due to not identifying with the biological sex with which a person is born" [3]. Transsexual individuals experience distress due to the incongruence between their gender identity and their biological sex and seek to change it through hormonal therapy and surgical procedures. It is important to emphasize that transgender identity is not a pathology or a deviation from the norm [4].

During their professional practice, physiotherapists may also interact with transgender/transsexual individuals. These individuals may be at various stages of psychological,

hormonal, or surgical therapy, and their biological sex may or may not align with their gender identity. Due to every patient's constitutional right to health care access regardless of their characteristics, as well as the responsibilities placed on physiotherapists by patient rights and physiotherapy profession laws, as well as the physiotherapy code of ethics, those practicing in this field must first and foremost understand the characteristics of transgender patients and how to ensure their personal well-being when providing healthcare services.

The aim of this study is to present what transgender identity is and to characterize the responsibilities of physiotherapists towards transgender patients.

What is transgender identity

To properly understand how working with transgender patients differs from working with individuals whose gender aligns with their biological sex, it is necessary to understand what transgender identity is, the issues associated with it, and the medical procedures related to it. Transgender identity is a broad term, encompassing "medical disorders of gender identity and other behaviors that challenge traditional concepts of masculinity and femininity" [9]. Transsexuality is included within transgender identity, and due to the similar characteristics of both conditions, these terms will be used interchangeably in the rest of this document.

Transsexuality is defined as the incongruence between an individual's perceived gender identity and the determinants of gender. In this situation, these determinants are perceived as foreign or belonging to the opposite gender [7]. A conflict arises between the so-called gender of the brain and somatic gender. The former results from a person's self-identification as a member of a particular gender and the desire to fulfill the appropriate social and sexual roles associated with that gender. The latter is linked to the gender determined by genetic and hormonal characteristics, as well as the biological sex. Transsexual individuals feel trapped in a body that presents a different gender, and, additionally, due to cultural views rooted in European society, they face discrimination and lack of understanding. However, this is not a temporary or variable feeling on the part of the patient. Gender identity, once formed, does not change, and the inability to live in accordance with their perceived gender identity causes significant suffering and discomfort. Legal, administrative, or social issues may also arise.

Transsexuality is not an extremely rare condition. It is estimated to occur in 1 in 100,000 biological females and 1 in 30,000 biological males, with biological females more frequently seeking treatment [1]. Cases of gender identity disorder in children are found in approximately 2-4% of girls and 1-2% of boys [2]. Transsexuality is divided into two types: MTF (Male-to-Female) in the case of biological males identifying as female, and FTM (Female-to-Male) in the case of biological females identifying as male.

As of today, the exact causes of transsexuality are not fully understood. According to the latest knowledge, disorders of gender identity can result from various overlapping and

reinforcing factors, such as genetic, neurodevelopmental, environmental factors, as well as maternal hormonal disturbances during pregnancy [7]. This especially pertains to factors affecting the synthesis and sensitivity to sex hormones and the genetic susceptibility of the child. The first signs can manifest in young children, but they most commonly intensify during puberty. These signs may include a discomfort with one's own body (particularly the gender determinants), psychological distress, social withdrawal, and wearing clothing associated with their experienced gender identity. Certain differences between transgender and non-transgender individuals can be observed in the clinical presentation, specifically in brain structure. In biological females and MTF individuals, there is thickening of the cortex of the brain, which is absent in biological males and FTM individuals. Additionally, the first group exhibits approximately half the volume of the anterior hypothalamic nucleus, which is sensitive to sex steroids. In transgender individuals, the structure of the stria terminalis and the third interstitial nucleus of the anterior hypothalamus is similar to individuals of their experienced gender, regardless of their body's physical characteristics [10].

The therapy used for transgender individuals aims at improving their well-being. Currently, one of the few methods employed for this purpose is gender correction. It involves several stages and should be preceded by appropriate diagnosis and recognition [7]. In the first stage, the patient undergoes hormonal therapy in the direction of their gender identity. Biological females are administered testosterone, resulting in the cessation of menstruation, reduction of breast tissue, redistribution of body fat and facial features, the development of body hair typical of biological males, and a deepening of the voice. In biological males, hormonal therapy involves the administration of female hormones and anti-androgens, leading to changes in body shape, voice pitch, decreased testicular size, and body hair. Breast tissue increases, and skin and hair conditions change. Both biological females and males lose their reproductive capabilities as a result of hormonal therapy. The second stage of therapy involves the procedure for changing the legal gender. According to Article 189 of the Code of Civil Procedure of November 17, 1964 [11], the patient must file a lawsuit against their parents to obtain a court determination of gender. After a favorable ruling, the birth certificate is updated with the appropriate entry, and the patient receives a new name and identity documents. The legal status of the transgender individual changes, with all the corresponding legal consequences. Only after this stage can the third step be taken, which involves the surgical removal of the gonads and the alignment of external gender characteristics with the experienced gender. Such surgeries have been performed since the 1930s, while in Poland, the first sex reassignment surgery from biological male to female was conducted in the 1960s, and the first from female to male in the 1980s [7]. To date, over 350 such surgeries have been performed in Poland.

Transgender individuals may experience psychopathological symptoms such as depressive or anxiety disorders. Suicidal thoughts, self-harm, aggression, anxiety disorders, and eating

disorders may also occur. Personality disorders are more common in MTF individuals compared to FTM individuals. Up to 60% of transgender individuals may suffer from other medical conditions as well [7]. The completion of gender transition therapy does not automatically eliminate psychological issues in transgender individuals. Persistent dissatisfaction can continue to contribute to an increased risk of suicide attempts.

Physiotherapy work with transgender individuals

Medical professionals approach transgender patients in various ways. Some demonstrate full understanding and empathy, while others may not comprehend the needs and attitudes of the patient at all. However, every transgender individual deserves respect and appropriate treatment, regardless of the stage of therapy they are in [5]. Due to the psychological suffering experienced by transgender individuals, the potential co-occurrence of depression, and the widespread lack of understanding and discrimination against them, it is essential for healthcare professionals to approach patients with empathy, without bias or judgment.

In their practice, physiotherapists should be prepared to provide healthcare to every patient, without discriminating against transgender individuals. This is a requirement linked, among other things, to Article 6(1) of the Act of November 6, 2008, on Patient Rights and the Patient Ombudsman [12], which states that every patient has the right to healthcare based on current medical knowledge. Due to the considerable duration of therapy for transgender individuals, physiotherapists may encounter patients whose gender identity does not match their legal gender. In a hospital setting, transgender patients should be placed in single rooms, and in the absence of such rooms, in multi-occupancy rooms according to the gender specified in their official documents and with their Personal Identification Number (PESEL). While such actions may not align with the patient's feelings, an alternative allocation method could be deemed discriminatory and a violation of Article 32(2) of the Polish Constitution. One of the fundamental rights of every individual is the constitutional right to dignity. Healthcare entities and all healthcare professionals are obliged not only to refrain from violating the dignity of the patient (which is passive behavior) but also to actively counteract instances of the violation of patient dignity by third parties during the provision of healthcare services. The role of healthcare entities and healthcare professionals is to create conditions that protect all personal interests of the patient, including dignity [9]. Therefore, physiotherapists must treat transgender patients with respect and protect them from humiliation by other patients during the performance of their duties.

Patients also have the right to privacy. This includes an absolute prohibition on physiotherapists commenting on a patient's private life, portraying the patient in a negative light, or breaching professional confidentiality. It is necessary to ensure the patient's privacy during the provision of healthcare services and examinations, as well as to provide the patient with information about their health status and the treatment process. Additionally, healthcare providers must not disclose to other members of the staff or other patients that

a person is transgender. Breaching professional confidentiality in this regard may result in civil liability for the physiotherapist under Article 4(1) of the Act on Patient Rights [13] or professional liability under Article 85 of the Act of September 25, 2015, on the Profession of Physiotherapist [13].

Physiotherapists, like other healthcare professionals, should encourage transgender patients to express their feelings and thoughts about their body image [8]. It is also possible to use psychosocial questions about body image to identify potential health problems. With the patient's consent, therapeutic touch can also be applied. However, it is essential to avoid being overly protective and limiting the patient's requirements. Before commencing healthcare provision, the physiotherapist should ascertain how to address the patient and, in the later stages of cooperation, utilize forms of address that align with the individual's preferences.

Summary and conclusions

Providing healthcare to transgender individuals can be a challenge for any healthcare professional. However, every physiotherapist should create a supportive environment for every patient through their actions. In transgender/transsexual individuals, the incongruence between their legal gender and their experienced gender identity causes psychological suffering and may be associated with other disorders such as depression. Therefore, it is essential for physiotherapists to be aware of the therapy for transgender individuals and how to approach the provision of healthcare services to this group. Appropriate actions, such as addressing the patient in a way that they agree with, avoiding invasive questions, and preserving the patient's dignity, can make the treatment process more comfortable and prevent additional psychological burdens on the patient.

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Piśmiennictwo/ References

1. Arcelus J., Bouman W.P., Van Den Noortgate W., Claes I., Witcomb G., Fernandez-Aranda F., Systematic review and meta-analysis of prevalence studies in transsexualism, *European Psychiatry* 2015, nr 30 (6), s. 807-815.
2. Bancroft J., Seksualność człowieka, Elsevier Urban & Partner, Wrocław 2009.
3. Bieńkowska M., Transseksualizm w Polsce. Wymiar indywidualny i społeczny przekraczania binarnego systemu płci, Wydawnictwo Uniwersytetu w Białymstoku, Białystok 2012.
4. Dulko S., Stankiewicz S., Klinika transpozycji płci [w:] Lew-Starowicz Z., Skrzypulec V. (red.), Podstawy seksuologii, Wydawnictwo PZWL, Warszawa 2010, s. 216-225.
5. Grabski B., Rachoń D., Czernikiewicz W., Dulko S., Jakima S., Müldner-Nieckowski Ł., Trofimiuk-Müldner M., Baran D., Dora M., Iniewicz G., Mijas M., Stankiewicz S., Adamczewska-Stachura M., Mazurczak A., Zalecenia Polskiego Towarzystwa Seksuologicznego dotyczące opieki nad zdrowiem dorosłych osób transpłciowych – stanowisko panelu ekspertów, *Psychiatria Polska* 2021, nr 55 (3), s. 701-708.
6. Konstytucja Rzeczypospolitej Polskiej z dnia 2 kwietnia 1997 r.
7. Lew-Starowicz M., Lew-Starowicz Z., Skrzypulec-Plinta V. (red.), Seksuologia, PZWL, Warszawa 2017.
8. Milaniak I., Tomsia P., Planowanie opieki nad pacjentem transpłciowym po przeszczepieniu nerki – opis przypadku, *Państwo i Społeczeństwo* 2022, nr 1, s. 223-236.
9. Sarnacka E., Prawa pacjenta transpłciowego, [w:] Kmiecik B. (red.), Między chromosomem a paragrafem. Transseksualizm w ujęciu prawnym, społecznym i medycznym, Instytut Wymiaru Sprawiedliwości 2021, s. 143-167.
10. Swaab D.F., Gooren L.J., Hofman M.A., The human Hypothalamus in relations to gender and sexual orientation, *Progress in brain research* 1992, nr 93, s. 205-219.
11. Ustawa z dnia 17 listopada 1964 r. – Kodeks postępowania cywilnego (Dz.U. 1964 nr 43 poz. 296).
12. Ustawa z dnia 6 listopada 2008 r. o prawach pacjenta i Rzeczniku Praw Pacjenta (Dz.U. 2009 nr 52 poz. 417).
13. Ustawa z dnia 25 września 2015 r. o zawodzie fizjoterapeuty (Dz.U. 2015 poz. 1994).