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VIRTUAL

MEN'S PELVIC HEALTH SUMMIT

# CLINICAL SUMMARY



EXPANDING THE CONTEXT OF MEN'S HEALTH TO TRANSMASCULINE AND TRANSFEMININE INDIVIDUALS

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#### Overview

Traditional models of "men's health" often assume a binary view of anatomy and gender. Dr. Laura Ross highlights the need to expand this context to include transmasculine, transfeminine, and gender-expansive individuals. By understanding anatomy, physiology, identity, and lived experiences as fluid and diverse, pelvic health professionals can create safer, more inclusive, and more effective care environments.

# **Key Clinical Themes**

**Gender and Anatomy on a Spectrum:** Gender identity is a deeply held sense of self, while anatomy and biology exist in wide variations, including intersex and nonbinary presentations.

**Cultural Safety and Ethical Curiosity:** Clinicians must recognize power dynamics in healthcare encounters. Adopt a model of ethical curiosity: seek permission, dismantle entitlement as a questioner, and avoid objectifying curiosity.

# **Avoiding Microaggressions:**

- Misgendering use correct pronouns and gender-neutral terms. If misgendering does occur, correct yourself and move on. Avoid over apologizing.
- Genital curiosity avoid intrusive questions unrelated to the presenting concern.
- Assumptions about hormones or surgeries do not presume medical interventions.

#### Inclusive Documentation & Intake:

- Ask for affirmed gender, pronouns, and preferred language for anatomy.
- Mirror client language while balancing professional documentation with gender-neutral terms (e.g., erectile tissue, external gonads).

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### Physiological Considerations:

*Transmasculine individuals:* Testosterone may lead to tissue atrophy, dryness, bottom growth, and changes in fat/muscle distribution.

**Transfeminine individuals:** Estrogen may decrease erectile rigidity, alter libido, reduce muscle mass, increase fat redistribution, and increase ligament laxity and osteoporosis risk. The prostate remains relevant for health and sexual function.

Intersection With Other Health Factors: Higher prevalence of hypermobility (EDS) and neurodiversity (ADHD, autism) among gender-diverse populations requires adaptable exercise prescription and education styles.

# **Practical In-Clinic Strategies**

## Language & Communication:

- · Use gender-neutral terminology universally (partner, parent, child)
- · Cisgender = a person whose gender assigned at birth matches their gender identity
- Transgender = a person whose gender assigned at birth does not match their gender identity, how they feel on the inside
- Non-binary = A person whose gender identity does not easily fit into boxes of male/man or female/woman
- · AMAB = assigned male at birth
- AFAM = assigned female at birth
- · Ask permission before discussing sensitive anatomy or sexual health.
- Provide menus of treatment/exam options (client-led touch, external-only, or no exams).

#### **Treatment Modifications:**

- · Respect dysphoria by tailoring exams and treatment.
- Use alternatives like exercise, movement therapy, or dry needling when internal exams are not appropriate.
- · Adjust exercise prescriptions for tissue changes (atrophy, tendon stiffness, hypermobility).

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### Supporting Mental Health & Safety:

- Recognize signs of dysphoria (withdrawal, distress, sympathetic response).
- · Collaborate with mental health providers when appropriate.

**Navigating Institutional Constraints:** When required to use non-inclusive questionnaires, buffer with transparent explanations to clients and validate their experiences.

#### **Final Notes**

Expanding men's health beyond binary assumptions allows pelvic therapists to honor individual identities and provide affirming, safe, and effective care. Every encounter is an opportunity to practice inclusivity, reduce harm, and advocate for broader systemic change.

#### Resources Shared

#### Professional Associations & Journals:

WPATH (World Professional Association for Transgender Health)

Journal of Sexual Medicine

Books: Trans Sex: Clinical Approaches to Trans Sexualities and Erotic Embodiments by Dr. Lucy Fielding

#### **Educational Programs:**

WPATH Global Education Institute

Pelvic Global Academy, Herman & Wallace, APTA pelvic health webinars

#### Free Online Resources:

UCSF Transgender Care resources

Oregon Health & Science University trans health rehabilitation materials

### Conferences:

<u>Philly Trans Wellness Conference</u> <u>USPATH</u> and WPATH international meetings