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Inclusive Language

Patient and People-First Language

When writing about people in general, use “people-first” language. Only use the term “patient” when as their care provider you are referring to the person in the context of a clinical setting.

- Put the patient before the disability (so *child with a disability* not *disabled child*; *patient with diabetes* not *diabetic patient*).
- Avoid using the label “*the disabled*” as a blanket term.
- Patients *have* a disease, they don’t *suffer from* it.
- Use the term *disability*, not *handicap*, *differently abled*, *special*, or *challenged*.
- Use *stroke survivor* (not *stroke victim*).
- Use *patient who is deaf* (or *hard of hearing* or *deaf-blind*), rather than *patients who are hearing impaired* or *deaf patients*. Never use the term *deaf-mute*.
- Patients *report* symptoms, they don’t *complain of* them.
- *Pediatric patient* is okay, but use *patient who is older* rather than *geriatric patient* and *patient with an orthopedic problem* not *orthopedic patient*.
- Use *congenital disability* to describe a disability that has existed since birth (not *birth defect*).
- *Individual with an amputation* or *individual with limb difference* are preferable to *amputee*.
- Use *person of small* (or *short*) *stature* (not *person with dwarfism*, although it is an accepted medical condition).
- Use *person who is alcohol/substance dependent* or *person with substance use disorder* (not *person who is an alcoholic*).

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Patient Management Language

- Patients *adhere* to treatment plans, they don't *comply* with them.
- *Clients* are individuals who are not necessarily sick or injured but who can benefit from physical therapist services, as well as businesses, school systems, and others to whom PTs offer services. *Patients* are individuals who are the recipients of physical therapy and direct intervention.
- APTA has adopted the ICF model based on the following definitions:
 - Body Functions are physiological functions of body systems (including psychological functions).
 - Body Structures are anatomical parts of the body such as organs, limbs and their components.
 - Impairments are problems in body function or structure such as a significant deviation or loss.
 - Activity is the execution of a task or action by an individual.
 - Participation is involvement in a life situation.
 - Activity Limitations are difficulties an individual may have in executing activities.
 - Participation Restrictions are problems an individual may experience in involvement in life situations.
 - Environmental Factors make up the physical, social and attitudinal environment in which people live and conduct their lives.
- As per the Board of Directors, the term *fitness* has been replaced by the preferred term of *physical fitness*:

Physical fitness: A dynamic physical state — comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities.

When writing about the role of PTs in the area of physical fitness, clearly identify and distinguish between the services provided, target populations, and outcomes. There are specific criteria a PT must meet to fit in this category.

Example:

A PT can be profiled if (1) offering a program of physical fitness for (2) individuals without (but at risk for) impairments with (3) a desired outcome of physical fitness. OR

A PT can be profiled if (1) offering physical therapist services as part of a multidimensional wellness program for (2) individuals with acute impairments with (3) a desired outcome of health.

The elements of patient and client management per the APTA [Guide to Physical Therapist Practice](#) 3.0 are:

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- Examination.
 - Evaluation.
 - Diagnosis.
 - Prognosis.
 - Intervention.
 - Outcomes.
- The PT's *examination* includes:
 - History (including symptom investigation and review of systems);
 - Systems Review (a limited examination of the musculoskeletal, neuromuscular, cardiovascular/pulmonary, and integumentary systems); and
 - Tests and measures.
 - PTs *evaluate* patients. Evaluation is the process by which physical therapists:
 - Interpret the individual's response to tests and measures;
 - Integrate the test and measure data with other information collected during the history;
 - Determine a diagnosis or diagnoses amenable to physical therapist management;
 - Determine a prognosis, including goals for physical therapist management; and
 - Develop a plan of care.
 - Making a *diagnosis* requires the clinician to collect and sort data into categories according to a classification scheme relevant to the clinician who is making the diagnosis. These classification schemes should meet the following criteria:
 - Classification schemes must be consistent with the boundaries placed on the profession by law (which may regulate the application of certain types of diagnostic categories) and by society (which grants approval for managing specific types of problems and conditions).
 - The tests and measures necessary for confirming the diagnosis must be within the legal purview of the health care professional.
 - The label used to categorize a condition should describe the problem in a way that directs treatment options that are within the legal purview of the health care professional who is making the diagnosis.
 - The *prognosis* is the determination of the predicted optimal level of improvement in function and the amount of time needed to reach that level and also may include a prediction of levels of improvement that may be reached at various intervals during the course of therapy.
 - Physical therapist *interventions* are organized into nine categories:
 - Patient or client instruction (used with every patient and client).
 - Airway clearance techniques.
 - Assistive technology.
 - Biophysical agents.
 - Functional training in self-care and domestic, work, community, social, and civic life.
 - Integumentary repair and protection techniques.

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- Manual therapy techniques.
- Motor function training.
- Therapeutic exercise.
- *Outcomes* are the actual results of implementing the plan of care that indicate the impact on functioning (body functions and structures, activities, and participation). As the individual reaches the end of the episode of care, the physical therapist measures the global outcomes of the services provided by characterizing or quantifying the impact of the physical therapist intervention on the following domains:
 - Pathology/pathophysiology (disease, disorder, or condition).
 - Impairments in body function and structure.
 - Activity limitations.
 - Participation restrictions.
 - Risk reduction and prevention.
 - Health, wellness, and fitness.
 - Societal resources.
 - Patient and client satisfaction.
- Orthopedic is spelled with an *a* (“Orthopaedic”) only when referring to the Academy of Orthopaedic Physical Therapy or to the ABPTS board-certified orthopaedic clinical specialty.
- *Health care* is always two words. Use *health care reform*, not *healthcare reform*.
- *Orthosis* is singular. The plural is *orthoses*. The word *orthotic* is only used as a modifier, such as *orthotic device*. *Orthotics* is only used to refer to the field of knowledge related to orthoses and their use.
- *Prosthesis* is singular. *Prostheses* is the plural form. *Prosthetic* is used as a modifier. *Prosthetics* is only used to refer to the field of knowledge related to prostheses and their use.
- *Service learning* is a noun. *Service-learning* with a hyphen is used as a modifier, as in “We were involved in a *service-learning program*.”

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Cultural Competency

What is meant by *cultural competence*?

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.

There are eight primary diversity dimensions covered under cultural competence as defined by APTA. These include age, race, gender, sexual orientation, ethnicity/nationality, mental/physical ability, socioeconomic status, and religion.

Age

<u>Descriptors</u>	<u>Approximate Age Range</u>
Neonates or newborns	Birth-1 month
Infants	1 month-1 year
Children	1-12 years
Adolescents	13-17 years
Young Adults	18-24 years
Adults	25-39 years
Middle Aged	40-59 years
Young Old	60-74 years
Old Old	75-100+ years
Centenarians	100 years and older
Under 65	64 years and younger
Adults of All Ages	18 years and older

[Thesaurus of Aging Terminology](#) (2005)

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Preferred terms for referring to a population of elderly persons include: *older adults*, *older patients*, *aging adults*, *persons 65 years and older*, or *the older population*.

Race/Ethnicity

Race and ethnicity should be referred to as follows, but note that if it is not relevant to the discussion, it does not need to be indicated.

- Official APTA race/ethnicity categories of members are Caucasian (not of Hispanic origin) or white, African American/black, Hispanic/Latino, American Indian/Alaska Native, Asian, and Pacific Islander/Hawaiian Native.
- “African American” is never hyphenated, even as a modifier.
- In most instances, “Hispanic/Latino” should be used together to encompass both groups; however, in instances where you refer to a population or group of people that specifically identify themselves as Latino, rather than Hispanic, it is acceptable to only use “Latino.”
- Do not capitalize *white*, but do capitalize *Black* as a designator of race.

Gender

Just as you would not define someone by their disability, you must also be careful to avoid sex and gender bias in written materials.

- Sex refers to genetic male or female (“What sex is the baby?”), whereas *gender* refers to social roles and behaviors (“What gender role are you fulfilling now?”).
- The words *man* and *woman* are used as nouns (“That man stole my wallet!”), whereas the words *male* and *female* are used as adjectives (“That male doctor stole my wallet!”).
- Avoid using *he/she* or *he or she* and *him/her* or *him or her*. “They” and “their” are acceptable singular pronouns and allow for identifying unknown or nonbinary people.
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Sexual orientation

Reference sexual orientation only when it is scientifically relevant.

- Avoid the term *sexual preference*, as it implies a voluntary choice not supported by scientific literature.
- When referring to homosexual men, use the noun *gay men*. Avoid using *gays* as a noun.
- When referring to homosexual women, use the noun *lesbians*.
- *Heterosexual* and *homosexual* may be used as adjectives.
- Refer to a member of a homosexual or heterosexual couple as *spouse*, *companion*, *partner* or *life partner*.
- *Same-sex couple* and *same-sex marriage* are appropriate terminology.