

Diversitea Issue 25

March 2023

Women's

History Month



WHY DO WE CELEBRATE?

Celebration of women's contribution to history, culture, and society. Has been in the month of March since 1987. It began in California in 1978 as week-long celebration of the often overlooked contributions of women throughout history in the United states. The month of March was chosen as international womens day has been on March 8 since 1911.



why it matters?

This years theme for the month is "Women who tell our stories". This includes the women who have been active in media, storytelling, print, tv, stage, blogs, podcasts, news, and social media. With the influence of media on the current and future generations we turn to recognize women who have used these platforms to empower others.



who is included?

All who identify as women and may use any variation of the she/her/hers pronouns are celebrated this month. With its historical honorees of Soujourner Truth, Susan B. Anthony, and Rosa Parks it is important to recognize the intersectionality of identity that brought these women strength and voice.



"I raise up my voice—not so that I can shout, but so that those without a voice can be heard. ... We cannot all succeed when half of us are held back."

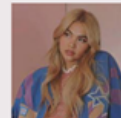
Malala Yousafzai,
Activist



Toni Morrison, first Black female author to win Nobel Prize for literature



Wachowski sisters, transwomen directors



Hayley Kiyoko, Japanese American actress and musician who is a feminist and LGBT activist

PIONEERS IN PHYSICAL THERAPY

Women have made tremendous contributions to physical therapy and have helped shape our profession into what it has become today. In the early 1900's, Mary McMillan was an early pioneer for the field, becoming the first reconstruction aid in the U.S. to help WWI survivors recover from their injuries. McMillan helped establish the American Women's Physical Therapeutic Association in 1921, which would later become the American Physical Therapy Association (APTA).



Florence Kendall and her husband's research helped advance the field by establishing the standards for a musculoskeletal evaluation. The couple emphasized the importance of understanding typical function in order to know how to treat atypical conditions. Kendall published "Muscle Testing and Function", which served as the standard for physical therapy practice for decades.

Breaking barriers from a young age, Lynda Woodruff promoted diversity wherever she landed. Woodruff established the APTA's original Advisory Council on Minority Affairs and the Office of Minority Affairs. Additionally, she also set up the Minority Scholarship Fund and the Minority Scholarship Award for Academic Excellence.

From being the first Black faculty member at UNC Chapel Hill to developing a successful system for recruiting minority students to physical therapy, Woodruff's contributions are the reason why diversity in PT continues to climb.



Interview with Dr. Sarah Bellon

Dr. Sarah Bellon (she/her/hers) is a Duke DPT Alum ('21) whose professional interests include pelvic health, chronic pain, gender-affirming care, and trauma-informed care.



Q: What roles and spaces do you think more women should occupy, and what advice do you have in entering these roles?

A: We need more women in all spaces. By the numbers, PT is mostly women and I feel this should be reflected in every aspect of our profession.

Q: What do you think is the most significant barrier to women occupying leadership roles?

A: I don't know the most significant answer but the one that comes to mind is gendered expectations. Succeeding in leadership puts you in a position to be a lot of things to a lot of people. We are still living in a time where people expect very different things from women and that undercurrent is getting stronger again.

We also expect different things from women depending on age, race, religion, SOGI, or if they have children. In most of the jobs I've had, the image a leader presents needs to be focused entirely around the job. Strict ideas of professionalism can estrange us from our identities so that we can succeed in a certain role. This may be my own bias but I see that as very limiting to diverse perspectives. Putting different types of people into the same template and wanting the same output is not diversity or growth. There needs to be borders so we can define a profession, but this will reflect our cultural responses. As of now, the way our culture responds to women is still too restrictive.

Q: What does the difference between gender equity and gender equality look like to you? Has this changed over time?

A: This is always moving. Gender equity would recognize that women are entering the workplace with different burdens and expectations than the men around them. Women struggle to be heard. In clinic, we often have to consider the safety of situations that masculine presenting people might not consider.

Often times the things we say do not hold weight because the words did not come from a man. This is one of those things that is very obvious among trans people as we spend time existing on both sides of it. Women even do this to other women and I have seen it in the workplace. This needs to be kept at the front of mind until our culture catches up.

