

# *DiversiTea*



# Women's History Month

# FAMOUS FEMALE PTS IN HISTORY



The field of physical therapy was created by women, so there is no doubt we should honor these female trailblazers during the month of March. A 2020 blog from WebPT highlights 8 important women in the 100-year history of the profession. [Read the whole article here](#) to dive deeper into the development and expansion of physical therapy.



What stands out the most is the relevancy of these PTs' achievements: it is impressive to see that Mary McMillan and Co. developed a foundation of rehabilitation that has stood the test of time. Many aspects of current physical therapy practice and advocacy, from workplace diversity initiatives to PNF techniques and everything in between, are notable accomplishments of prior female leaders. Lynda Woodruff, highlighted in this article for her achievements in diversity and inclusion in PT education, now has an annual APTA lecture named after her. These professional predecessors did not just find solutions for their time period's practice; they created lasting impacts on our field that still resonate today.

## HELEN KAISER, DUKE PT PIONEER

In the midst of the Second World War, a woman dedicated to advancing the field of physical therapy moved down to Durham to address a wartime need and made history. In 1943, in response to a national call for increased rehabilitation services for soldiers, Helen Kaiser left her job at Mt. Sinai Hospital in Cleveland, OH to start a post-graduate degree program in physical therapy at Duke University. Before her transition to academic leadership, she was the president of APTA from 1938 to 1940. Ms. Kaiser was the program's first chair and stayed in this position for 25 years. Upon her retirement in 1968, Kaiser oversaw the teaching and graduation of 268 Duke physical therapy students. During her final graduation speech, she famously stated, "There is a great need to increase the number of physical therapists... but until more teachers and supervisory personnel become available, there is little that can be done toward this end." In many cases, this sentiment still rings true today.



# PT Considerations During and After Breast Cancer Treatment

According to the American Cancer Society, it is estimated that about 281,000 Americans assigned female at birth will be diagnosed with breast cancer. This makes it the most common site of cancer across both sexes. Physical therapy can provide key functional and restorative benefits during and after breast cancer treatment. Here are just a few of the plethora of considerations for your breast cancer survivor patients:

## LYMPHEDEMA

A mastectomy will remove all cancerous cells and surrounding breast tissue, yet will also most likely remove some ducts for lymphatic drainage. Thus, lymphedema is a common side effect of this operation. Lymphedema is an accumulation of lymphatic fluid in a limb and is often seen in patients after their treatment for breast cancer. Physical therapists should consider utilizing manual lymphatic drainage techniques here. They could also refer to a certified lymphatic therapist for compression and wrapping if the lymphedema is significant enough. Regardless of their referral systems, any and all therapists should consistently monitor the level of swelling and ask questions about sensation, "heaviness", and usability.

## AXILLARY WEB SYNDROME

Axillary web syndrome (AWS) is another condition that can arise after a mastectomy and, more specifically, lymph node dissection. AWS presents as cording in the axillary region and can most notably impair shoulder abduction. Physical therapy can address this pain and limited range of motion and can even facilitate the breakdown of the cords.

## SHOULDER GIRDLE PAIN, ATROPHY, AND/OR DYSFUNCTION

Radiation and therapy can impact a patient with breast cancer's shoulder mobility and function. Limited range of motion, weakness, and pain are all very common impairments of this population and will usually warrant a referral to physical therapy. It is important to address these orthopedic impairments through a holistic lens and to always bear in mind their past medical history during rehab sessions.

## CANCER RELATED FATIGUE

Treatment for all cancers is a long, medically complex process that is physically and emotionally draining. On top of that, chemotherapy has been shown to enhance overall fatigue. If not already addressed, it is imperative to educate your patients post-treatment on this phenomenon and to enact energy conservation strategies into their day-to-day lives.

## BODY IMAGE

A mastectomy can be life-saving; yet, it is also a body-altering procedure that can manifest into self esteem issues and generalized anxiety. Take the time to recognize and acknowledge patients' mental statuses and assist them in gaining confidence in their new, but still beautiful, bodies.





## THE #METOO MOVEMENT'S

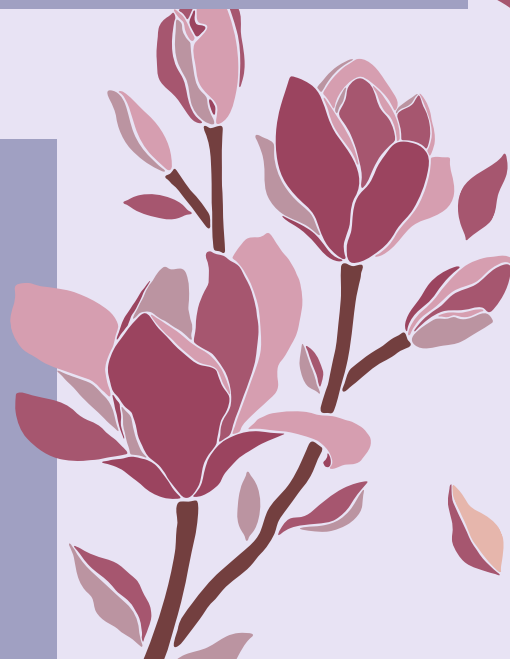
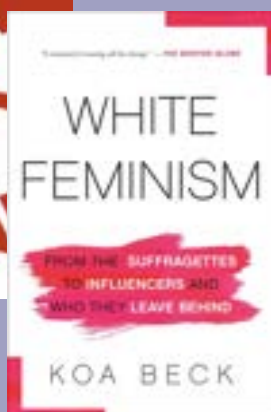
# EFFECT ON PHYSICAL THERAPY PRACTICE

Of the many social justice initiatives enacted during the 21st century, the #MeToo Movement may be one of the most impactful and important. #MeToo began as local movement to bring resources to community members who experienced abuse. In 2017, #MeToo became an online tag for individuals who have experienced sexual or emotional abuse to openly acknowledge their experiences and establish a community of care to move forward with healing. Oftentimes, these were men in power, either in the workplace or in the public eye, that got away with their actions due to their supposed status in society. It was founded by Tarana Burke, a Black woman with a powerful social justice mission to end sexual violence towards Black women and other communities of color. When Burke's original message was co-opted by celebrities, #MeToo took off, yet her contributions were largely ignored and the movement became whitewashed. It is imperative to acknowledge that EVERY woman that shared or is currently sharing their story has demonstrated incredible amounts of bravery to speak up against a society that has often failed to protect and value women. Through this movement, women can reclaim their narrative and push forward toward positive change for future individuals impacted by violence.

There are many positive, well-deserved effects of the #MeToo Movement: international women's marches, increased outlets to report sexual harassment, and numerous adjustments to workplace culture and behavior. Patient-facing industries, physical therapy specifically, also have seen a change: the necessity for patient consent throughout their visit. PTs rightfully use their hands consistently in an evaluation session. Without consent, and with potential past trauma, this touch could easily be perceived as threatening and/or an abuse of power. Many times, the therapist has good intentions that get misconstrued. Khubchandani et al. (2019), state that healthcare workers in the #MeToo era need to practice "more caution, cultural competence, and gender sensitivity." For physical therapists, this could not be more true.

Now, more than ever, it is vital to keep your patient in the loop of what you are performing and ALWAYS making sure it is alright to touch before advancing. It is now essential to recognize that anyone could be coming to the clinic with a history of faced misogyny, harassment, or abuse. Acknowledgement and respect of this sad reality can and should drive more clinicians to practice the act of constant consent asking. We now have a crucial opportunity to build trust with female patients in a time of rampant (and warranted) mistrust.

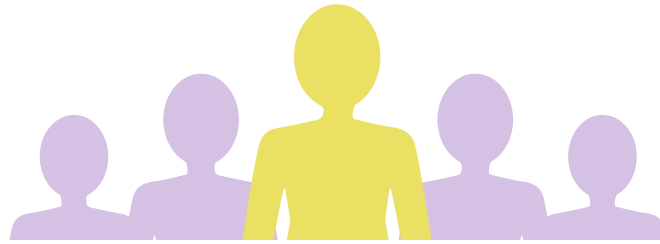
# The Pervasiveness of White Feminism



The history of the advancement of women's rights over the past few centuries has mainly been written by and about white women; it is one of the main causes of the manifestation of white feminism. White feminism is a recently created term to describe the ideology that feminist movements solely benefit white women and disregard the intersectional needs of women of color. In an interview with NBC News, author and scholar Koa Beck breaks down the overarching theses of her recent book, aptly titled *White Feminism*. Beck states, "What I found when I was researching this book is that the thread that runs through what we might call lifestyle feminism, empowerment feminism or corporate feminism... is a white success model or an aspiration to whiteness... White feminism as a practice and ideology aspires to those things rather than interrogates them." Only in the past few years have messages pivoted to the phrase "support ALL women", whether they are a woman of color, a non-American, or a trans woman. One such example is the creation of International Women's Day, held annually on March 8th. This day can be utilized to reflect not only on the uncelebrated accomplishments of women, but also on the pervasive nature of white feminism and how to combat it.

For Durham County residents, Beck's book can be rented from the Durham County Library [here](#). (<--click for direct link)

# WOMEN IN HEALTHCARE LEADERSHIP: A STRUCTURAL ISSUE



According to research from McKinsey and Company, women account for about 66% of the total American healthcare workforce- yet when you move up the ladder of positions, this percentage significantly shrinks. Women make up about 49% of the industry's senior manager positions and only 30% of healthcare executive jobs. Across business sectors, female representation in leadership or management roles is lacking, yet the disparity in the healthcare field is especially striking. This is just one of the many effects of centuries-long misogyny and workplace discrimination; it is important to tackle this issue from both an organizational and a systemic level. Mousa et al. found a series of overarching themes needed to advance women in healthcare leadership in their 2021 systematic review and meta-synthesis. Below are 5 key components that create more robust opportunities for women and enhance equity in the workplace. As future healthcare leaders ourselves, it is up to us to execute these components:

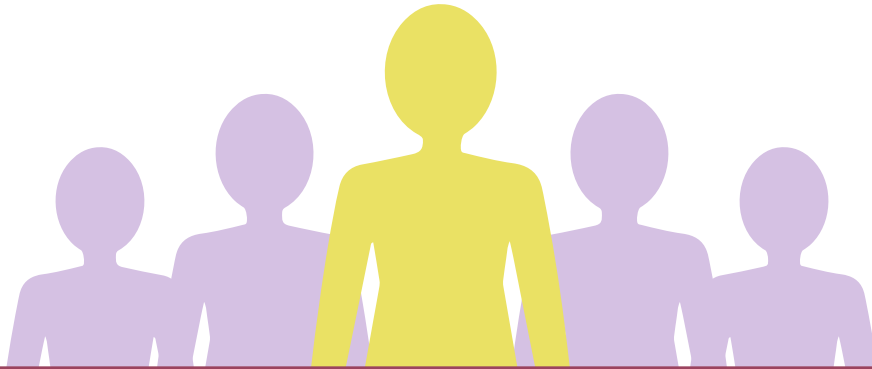
## ORGANIZATIONAL PROCESSES

Adaptable and supportive organizations have been shown to help women thrive in higher levels. By incentivizing flexibility and enacting family-friendly policies, women in all stages of their career can have the potential to succeed and rise up the ranks.

## AWARENESS AND ENGAGEMENT

Some change can occur just from the start of simple conversations. When organizations demonstrate awareness about the inequalities facing female workers, like the apparent wage gap and lack of female leadership, the workplace can start the process of removing gender bias in the office. Coupled with gender diversity and inclusivity training, this component can improve the overall culture of a workplace and will promote a more equitable leadership structure

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## MENTORING AND NETWORKING

As is the case with many DEI-focused workforce initiatives, mentorship can play a huge part in inspiring the next generation of women to take executive-level positions. In addition to mentor programs, networking events, with both males and females, can improve the chances of creating outlets for success through connections and socialization.

## LEADERSHIP DEVELOPMENT

Courses and programs that aim to develop leaders have been shown to be beneficial for women looking to move up in their careers. Both mixed and female-only courses are effective in assisting women navigate male-dominated work cultures and other societal barriers. Leadership development can improve a female employee's ability to 'survive and thrive' through connections, problem-solving, and scenario-building.

## SUPPORT TOOLS

For a healthcare business, or any organization for that matter, to thrive, sustainability and accountability are vital components to address. Tools and frameworks that address these areas should also include gender accountability to recognize a potentially toxic culture before it becomes too late. Support models are built for large-scale organizations or systems, yet ultimately trickle down to the people themselves; they can go a long way to creating a safer and more opportune workplace for women.

