

Disability Education Modules

Bridget Cichon, MD; Kaitlyn Davis, MS, MPH; Nethra Ankam, MD; Beth I. Schwartz, MD; Mary Stephens, MD, MPH

INTRODUCTION

COMMUNICATION

GENERAL COMMUNICATION TIPS

PATIENTS WHO ARE BLIND OR HAVE LOW VISION

PATIENTS WHO ARE DEAF OR HARD OF HEARING

PATIENTS WITH A SPEECH DISABILITY

PATIENTS WHO USE ASSISTIVE MOBILITY DEVICES

CLINICAL SKILLS AND EXAMS

TAKING A FOCUSED HISTORY

GENERAL PHYSICAL EXAMINATION TIPS

AUSCULTATION MODIFICATIONS

CONDUCTING A ROUTINE GYNECOLOGICAL VISIT

PELVIC EXAMINATION

SKIN EXAMINATION

UNDERSTANDING HOW TO SAFELY TRANSFER A PATIENT

MODIFYING OFFICES TO BE MORE ACCESSIBLE

WRAP UP

ADDITIONAL RESOURCES

INTRODUCTION

All patients deserve high-quality healthcare. This module will provide information on how to care for patients with disabilities. Topics covered include communication, history-taking skills, and physical examination tips.

Please note that these guidelines and tips are not comprehensive. Additionally, these tips may be generalized to improve any patient interaction, not just patients with disabilities.

As always, healthcare should be individualized to each patient, so not all tips will be applicable to everyone. In the case of uncertainty, ask the patient what works best for them.

This project is funded by the Pennsylvania Developmental Disabilities Council (PADDC). Dr. Mary Stephens and Karin Roseman from the Jefferson FAB (For Adolescents and Beyond) Center for Complex Care were recipients of a grant from PADDC to fund their project: **Increasing Access to Quality Healthcare for People with Disabilities: A Co-Designed Educational Curriculum for Family Medicine Residents**. Please contact Rosemary Corcoran (rosemary.corcoran@jefferson.edu) with any questions about this project.



Thomas Jefferson
University

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Thomas Jefferson University



PENNSYLVANIA DEVELOPMENTAL DISABILITIES COUNCIL

Pennsylvania Developmental Disabilities Council

The Pennsylvania Developmental Disabilities Council is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,025,222.00 with 100% funding by ACL/HHS. Council efforts are those of the grantee and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

The content of these modules was reviewed by individuals with personal or professional expertise in the disability field. We would like to thank Shane Janick (Executive Director, Arc of Philadelphia), Matthew Purinton, LCSW (Council for Relationships, self-advocate), Wendy Ross, MD (Director, Jefferson Center for Autism and Neurodiversity), Jane Tobias, DNP (Associate Professor, Jefferson College of Nursing), Michael Ogg (self-advocate), Tanya Sturgis (Director of Community Programs and Advocacy, Deaf-Hearing Communication Center), Amy LaGrotte McCann (CEO and Program Director, Carousel Connections), and Maureen McGuire (self-advocate). Additionally, we would like to thank the medical student reviewers from Sidney Kimmel Medical College at Thomas Jefferson University and the Perelman School of Medicine at the University of Pennsylvania for reviewing the modules for flow and clarity.

To support the planning and design of the following modules and learning opportunities, we have hired individuals with lived experience with disabilities and caregivers as consultants. We would like to thank Aronya Waller, Cheryl Trexler, Christina Grubelic, Corey and Marie Beattie, Dan Lauria, George Lees, Jackie Shapiro Fishbein, Janine Blythe, Joan and John Thomas, John Griffith, Kirah Burgess-Goard, Kristan Scofield, Linda Turner, Mary Griffith, Mia Andrilla, Namiyah and Nicole Ruley-Minus, Rachel Fishbein, Rebecca Bradbeer, Roc and Donna, Shannon Taylor Ward, Stephanie Andrilla, Steven Seibert, Suzy Gladstone, Thomas Butts, Trish Lauria, Victoria Patterson, Victori Silvestri, Zach Scofield, and Zachary Trexler for their contributions.

CONTINUE

GENERAL COMMUNICATION TIPS

One major aspect to providing high-quality healthcare is effective communication! This section includes considerations for interacting with patients with disabilities.

CONTINUE

Do not make assumptions about what the patient can or cannot do. When in doubt, presume competence.

Use your mouse to drag and drop the cards to the correct pile response below.

DO

Presume that patients are competent to handle their own medical care.

DO NOT

Presume that patients need a family member/caregiver at their healthcare visit.

Meet John

CONTINUE

You enter the examination room. Now what?

1. Introduce yourself to the patient.
 - The patient should always be spoken to directly and involved throughout the visit.
2. If other people are present in the room, inquire about their relationship to the patient.
 - If the people are identified to be related to the patient's care, they may be included in the history taking and physical examination, as needed.
 - Position yourself in the room so that everyone feels included during the visit.

- Do not speak about the patient as if they are not in the room.
 - If the people are identified to be unrelated to the patient's care, you may ask the patient if they prefer them to stay or leave the room.
3. Always receive consent from the patient when involving other people in their care.



Do not assume that the other people in the room are family members or caregivers. Always ask!

CONTINUE

A Brief Note on Language

The way people refer to and identify with their disability will differ on a case-by-case basis. Some people prefer person-first language ("person with a disability") where others may prefer identity-first language ("disabled person").

It is always best to ask what the patient prefers!

CONTINUE

Just as patients without disabilities have the opportunity to privately communicate with their healthcare provider, it is imperative that patients with disabilities also have this opportunity.

- If family members or caregivers are present, establish the request for time to speak to the patient alone at the beginning of the visit. By establishing this request early on, no one will be alarmed if they are asked to leave the room.
- If information needs to be discussed with family members, caregivers, or staff, ask the patient for consent to share this information before proceeding.



Keep in mind that this scenario may not be appropriate for all patients and not all patients will want to be alone in

the examination room. Therefore, these decisions need to be made on a case-by-case basis.

CONTINUE

Does the patient need accommodations?

To ensure the visit is successful, it is important to ask the patient if they need any specific accommodations during the visit.

- If possible, try to establish what accommodations are needed prior to the visit so that everything is ready when the patient arrives!

Do not assume what accommodations are needed. After asking the patient, wait for the patient to explain what accommodations they need, if any, and provide accommodations accordingly. Respect the patient's decision about accommodations, even if you disagree.

Some patients may agree that accommodations are needed, but may not know what would be helpful. Now, you may offer choices or ask more specific questions to determine what would work for the patient.

- For example, if the patient needs communication accommodations, you may offer written documents, visual supports, or voice recordings.



It is good practice to ask all patients if any accommodations are needed to improve the quality of a healthcare visit. Some patients may not disclose their disability (and it may not be apparent that they have a disability), so they may not request accommodations without prompting from their provider!

CONTINUE

It is important to ask patients about **their goals for the visit** and **their goals for their overall health**. Establishing these goals allows the physician to **incorporate them into health maintenance plans**. Additionally, it allows the physician to **understand and address any patient concerns**.

Final Reminders

- Presume competence!
- Always introduce yourself to the patient first.
 - Afterwards, if there are other people present, inquire about their relationship to the patient.
- Engage the patient throughout the visit, even if family members or caregivers are providing information.
- Ensure the patient has the opportunity to speak to you privately.
- Always ask the patient if they would like accommodations.

More detailed information regarding history-taking and physical examination techniques are included in later modules!

References

- “Access to Medical Care for Individuals with Mobility Disabilities.” [ADA.gov](https://www.ada.gov/resources/medical-care-mobility/), June 26, 2020. <https://www.ada.gov/resources/medical-care-mobility/>.
- Barbera, Julie P., Bridget Cichon, Nethra Ankam, and Beth I. Schwartz. “Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional.” *Obstetrics & Gynecology* 143, no. 4 (April 2024): 475. <https://doi.org/10.1097/AOG.0000000000005493>.
- “Communicate CARE: Guidance for Person-Centered Care of Adults with Intellectual and Developmental Disabilities.” Surrey Place, 2023. https://vkc.vumc.org/assets/files/idd/1-1_Communicate_Care.pdf.
- “Disability Etiquette Guide: Tips on Interacting Respectfully with People with Disabilities.” United Spinal Association, 2023. <https://unitedspinal.org/top-10-disability-etiquette/>.
- Karen McNeil, Brian Hennen, Dara Abells, Khush Amaria, Cynthia Forster, Sarah Shea, Katherine Stringer, and Sandra Witherby. “Approaches to Care and General Considerations.” Surrey Place, 2024. <https://ddprimarycare.surreyplace.ca/guidelines/general-health/>.
- Upstate Medical University. “Practical Recommendations for Enhancing the Care of Patients with Disability.” n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.

PATIENTS WHO ARE BLIND OR HAVE LOW VISION

This section will outline *potential* accommodations that can be made for patients that are blind or have low vision.

CONTINUE



REMINDER: Always ask the patient what accommodations they need, if any. Do not make assumptions based on the patient's disability.

CONTINUE

Prior to the Visit

If it is known that the patient is blind or has low vision before the visit, it may be beneficial to offer a tour of the facility so that the patient may become familiar with the layout of the building.

CONTINUE

When you enter the examination room...

Always verbally introduce yourself, your role, and others so that the patient knows who is present.

- When conversing, you should still make eye-contact with the patient, even if there are additional people in the room.
- As you move around the room, it is important to announce where you are and what you are doing.

Prior to exiting the room, tell the patient that you (and others) are leaving.

CONTINUE

During the Visit

- Ask if the patient would like assistance **and** how they would like to be assisted.
- Do not attempt to lead the patient without asking.
 - If the patient does accept your assistance, wait for further instruction.
 - A video detailing how to appropriately guide someone is included later on.
 - If the patient does not accept your help, do not help them.



Do not grab or touch the patient without permission.

CONTINUE

The patient accepts your assistance and asks that you guide them from the chair to the examination table. Now what?

- Describe the physical environment, including anything in their path, as you assist them in navigating the environment.
 - If needed, tell the patient where personal items are located in the room.
- Do not get distracted!
 - This person has trusted you with their safety.

CONTINUE

 YOUTUBE

Sighted Guide - How To Lead Bli...



Sighted Guide - How To Lead Blind People Safely

blindness #guide #howto If there's one thing that sighted people can do to help those with a visual impairment or blindness it's offer sighted guide! I'm always tickled when someone knows to offer me their elbow. But be sure to respect if someone declines your help! What are your tips and tricks?

VIEW ON YOUTUBE >

CONTINUE

A Note on Mobility Devices

Patients who are blind or have low vision may use a mobility device (such as a cane) or service animal when navigating their environment.

- Do not touch the patient's personal items, including mobility devices, without permission.
- Never distract or touch a service animal.



When screening for domestic violence, consider asking if their partner or anyone in the household moves or takes away any mobility devices. This tactic may be used to create a power differential in the relationship.

CONTINUE

Additional Accommodations

Be prepared to provide written materials in more accessible formats such as large fonts, auditory, tactile (Braille), or electronic formats.

- To increase accessibility, ask the patient the best way to provide the information.
 - Consider the use of screen reader apps for computers, as well as smartphones or tablets, that convert text to speech to facilitate communication.
- If you provide a patient with written materials, review it with them.
 - If needed, you can record the review on their phone or tablet so that they have access to your explanations later.

CONTINUE

Before the Physical Examination

Before beginning the physical examination, verbally explain the procedures so that the patient knows what to expect.

- If instruments need to be used, such as a stethoscope or reflex hammer, tell the patient before using them.
 - Some patients may benefit from feeling the instrument before it's used. If possible, ask the patient if they would like to feel the tools.

CONTINUE

Final Reminders

- Patients who are blind or have low vision may need accommodations during their visit. Always ask if and what accommodations would be helpful.
- If you are helping a patient navigate a space, describe the physical environment to them. Remember, they are entrusting you with their safety.
- Do not grab or touch a patient without consent.
- Never touch a mobility device or service animal without permission.

References

- Barbera, Julie P., Bridget Cichon, Nethra Ankam, and Beth I. Schwartz. "Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional." *Obstetrics & Gynecology* 143, no. 4 (April 2024): 475. <https://doi.org/10.1097/AOG.0000000000005493>.
- "Disability Etiquette – A Starting Guide." Disability:IN, July 20, 2022. <https://disabilityin.org/resource/disability-etiquette/>.
- "Disability Etiquette Guide: Tips on Interacting Respectfully with People with Disabilities." United Spinal Association, 2023. <https://unitedspinal.org/top-10-disability-etiquette/>.
- Moorer, Oliva. "Intimate Partner Violence vs. Domestic Violence." YWCA Spokane, January 5, 2021. <https://ywcaspokane.org/what-is-intimate-partner-domestic-violence/>.
- *Sighted Guide – How To Lead Blind People Safely*, n.d. <https://www.youtube.com/watch?v=zypQZLnLYJE>.
- "The Language We Use." Women Against Abuse, n.d. <https://www.womenagainstabuse.org/education-resources/the-language-we-use>.
- Upstate Medical University. "Practical Recommendations for Enhancing the Care of Patients with Disability." n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.
- "Women with Disabilities: How to Identify Abuse and Get Help." American Psychological Association, August 2023. <https://www.apa.org/topics/disabilities/women-violence>.

PATIENTS WHO ARE DEAF OR HARD OF HEARING

This section will outline *potential* accommodations that can be made for patients that are Deaf or hard of hearing.

CONTINUE



REMINDER: Always ask the patient what accommodations they need, if any. Do not make assumptions based on the patient's disability.

CONTINUE

At the Visit

It is important to know the best way to communicate with your patient. To know how to best communicate, ask the patient which method they prefer. The following sections will outline various communication methods.

Concerned about providing effective communication in a short appointment? Consider scheduling longer appointments so that no one feels rushed!

CONTINUE

Using an Interpreter

It is important to know the guidelines of your workplace to best facilitate communication with a patient when an interpreter is needed. Depending on the facility you work in, the guidelines regarding interpreting services may vary.

Be aware that not all Deaf people are aware of their rights to communication access. You may need to help them advocate for an interpreter.

If the patient requests an interpreter, there are a few rules that are important to know.

- Always look and speak directly to the patient, not the interpreter.
- Do not speak to the interpreter as if the patient is not present.
- The interpreter is not an assistant and will not be able to help with anything related to the patient other than interpreting.
- The interpreter will not retain information for anyone; they will only interpret when someone is speaking or signing.
- The interpreter will interpret everything that is spoken, so if there is anything you do not want interpreted, leave the room before you say it.
- If a patient is nodding their head, it does not denote understanding. Ask questions to make sure the patient understands.
 - It is best to ask questions where the patient has to relay information back to you about the topic. Avoid yes or no questions.



If an in-person interpreter is being used, be flexible and ready to make accommodations if they are running late! It is not appropriate to begin the visit without the interpreter present as it may compromise the care provided to the patient.

CONTINUE

A Note on Health Literacy

Research shows that Deaf individuals have lower health literacy levels compared to hearing individuals. Instead of using one interpreter to facilitate the visit, consider the use of "Deaf interpreter-hearing interpreter" teams. These two interpreter teams bridge linguistic and cultural gaps, facilitating better and more effective communication between the patient and the healthcare provider.

CONTINUE

American Sign Language

If the patient uses American Sign Language (ASL), remember that this language is an entirely different language than English.

- American Sign Language **does not** have a written form. Therefore, patients with ASL as their first language will be **using a second language when provided with written materials.**
- Patients may be fluent in ASL with varying levels of English reading proficiency.

Written Communication

Some patients may request written word to communicate. Be prepared to provide materials and information in a written format for patients.

- Reminder, American Sign Language does not have a written form. Therefore, patients with ASL as their first language will be using a second language when provided with written **materials**.
- Only about 20% of Deaf people are proficient in written English and the average English reading level among Deaf high-school seniors is estimated to be at or below a fourth grade reading level.
- Use visual medical aids when possible to explain concepts and anatomy, as well as online resources to reinforce education and understanding.
- Written documents may also be used to supplement other communication methods or summarize a patient's visit.

Verbal Communication

Some Deaf people may speak using their voice while others do not use their voice. *Do not force a Deaf person to use their voice if they are not comfortable doing so.* Not all Deaf people learn how to speak (or can speak well).

Additionally, lip-reading or speech-reading can be difficult for some Deaf people. Do not assume that your patients can lip-read or speech-read and do not use these methods as a reliable source of communication.

- Only one-third of spoken English can be clearly understood using these methods.

If a patient chooses to use verbal language to communicate, remember to speak normally and clearly. Here are some additional tips:

- When speaking to a Deaf person, stand in their line of sight.
 - Maintain eye contact and face the person when speaking.
- Speak clearly at a normal pace. Do not exaggerate or overemphasize speech as these tactics make communication more difficult.
- Facial visibility increases communication effectiveness. Use any combination of the following: facial expressions, gestures, and body language.
- If needed, rephrase conversation points. Rephrase your sentence when you are not understood rather than repeating it.

- Consider any distractions in the visual environment. Minimize background noise and glare, if possible.
- Do not put objects in front of your face when speaking (i.e. masks, pens, paper, etc.)
- Ask questions to make sure the patient understands.
 - It is best to ask questions where the patient has to relay information back to you about the topic. Avoid yes or no questions.



Need to wear a mask? To facilitate more effective communication while masking, consider using a clear face mask, a clear face shield, or a non-clear mask along with other communication strategies!

CONTINUE

Final Reminders

- Patients who are Deaf or hard of hearing may need accommodations to effectively communicate with their healthcare provider.
- If using an interpreter, remember to look and speak directly to the patient.
- American Sign Language is an entirely different language than English. Therefore, English may be a second language for Deaf patients.
- Some Deaf patients may prefer to communicate verbally. Remember to speak clearly at a normal pace and rephrase sentences as needed.
 - Lip-reading and speech-reading may be difficult for patients and are not always a reliable source of communication.
- Always ensure the patient understands what has been communicated by asking questions.

References

- Barbera, Julie P., Bridget Cichon, Nethra Ankam, and Beth I. Schwartz. "Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional." *Obstetrics & Gynecology* 143, no. 4 (April 2024): 475. <https://doi.org/10.1097/AOG.0000000000005493>.
- "Disability Etiquette – A Starting Guide." Disability:IN, July 20, 2022. <https://disabilityin.org/resource/disability-etiquette/>.
- "Disability Etiquette Guide: Tips on Interacting Respectfully with People with Disabilities." United Spinal Association, 2023. <https://unitedspinal.org/top-10-disability-etiquette/>.

- Gur, Kamer, Gamze Dolaner, and Sultan Rabia Turan. "Health Literacy of Hearing-Impaired Adolescents, Barriers and Misunderstandings They Encounter, and Their Expectations." *Disability and Health Journal* 13, no. 4 (October 2020): 100929. <https://doi.org/10.1016/j.dhjo.2020.100929>.
- Kaycee Summers. "Deaf Interpreter and Hearing Interpreter Teams: An Inclusive Guide." Inclusive Communication Services, September 27, 2023. <https://inclusiveasl.com/sign-language-interpreting-services/deaf-interpreter-and-hearing-interpreter-teams-an-inclusive-guide/>.
- *Learn How to Sign Medical Signs in ASL | Profession Signs*, n.d. <https://www.youtube.com/watch?v=7zyCRgWkl4I>.
- McKee, Michael M., Michael K. Paasche-Orlow, Paul C. Winters, Kevin Fiscella, Philip Zazove, Ananda Sen, and Thomas Pearson. "Assessing Health Literacy in Deaf American Sign Language Users." *Journal of Health Communication* 20, no. sup2 (October 9, 2015): 92–100. <https://doi.org/10.1080/10810730.2015.1066468>.
- McKee, Michael, Deirdre Schlehofer, and Denise Thew. "Ethical Issues in Conducting Research With Deaf Populations." *American Journal of Public Health* 103, no. 12 (December 2013): 2174–78. <https://doi.org/10.2105/AJPH.2013.301343>.
- National Association of the Deaf. "Best Practices for Wearing Masks When Communicating with Deaf and Hard of Hearing People," August 26, 2020. <https://www.nad.org/best-practices-for-wearing-masks-when-communicating-with-dhh/>.
- Office of Court Interpreting Services. "Interpreter Etiquette & the Do's and Don'ts of Working with an Interpreter," April 18, 2022. <https://www.dccourts.gov/sites/default/files/divisionspdfs/Dos-and-Donts-When-Working-With-an-Interpreter.pdf>.
- Office of Disability Rights. "Guide to Using Sign Language Interpreters." [DC.gov](https://odr.dc.gov/page/guide-using-sign-language-interpreters), n.d. <https://odr.dc.gov/page/guide-using-sign-language-interpreters>.
- Upstate Medical University. "Practical Recommendations for Enhancing the Care of Patients with Disability." n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.

PATIENTS WITH A SPEECH DISABILITY

This section will outline *potential* accommodations that can be made for patients with a speech disability.

CONTINUE



REMINDER: Always ask the patient what accommodations they need, if any. Do not make assumptions based on the patient's disability.

CONTINUE

At the Visit

It is important to know the best way to communicate with your patient. To know how to best communicate, ask the patient which method they prefer or if any accommodations are needed.

CONTINUE

Verbal Communication

If the patient prefers to communicate using verbal language, give the patient your full attention and do not interrupt or try to finish their sentences.

When speaking to the patient, remember that speech ability is not indicative of speech comprehension. Therefore, do not make assumptions about their ability to comprehend your instructions or questions.



If you are unsure of your patient's ability to comprehend something, ask!

- When speaking to the patient, do not change your speech to match or mimic their speech.
 - Do not slow down your speech or change your tone. These tactics make communication more difficult.
- Do not be afraid to ask patients questions if you need clarification. **It is better to ask the patient for clarification than to make an assumption.**
- Individuals who have significant differences in their verbal communication understand that about themselves and anticipate the need to clarify or repeat in any given conversation. It is not insulting if you ask a patient to repeat themselves in order to accurately hear what they are saying.
 - Examples of phrases that can be used include “Can you tell me that one more time?” or “Is there a different way you can tell me?”

CONTINUE

Augmentative and Alternative Communication

Some patients may have other methods of communication that they use to facilitate the conversation. It is important to provide sufficient time to allow patients to fully respond using their preferred communication method.

The video below showcases a young woman using a communication device that is controlled by her eye gaze. She provides tips on communicating with her!

 YOUTUBE

Three Ways To Communicate W...



Three Ways To Communicate With Me | Using A Communication Device | BBC The Social

Jill has cerebral palsy and uses a communication device. Here are her tips for having a conversation. Click here to subscribe to your BBC Scotland channel: <http://bit.ly/BBC-Scotland-Subscribe> Se more from BBC The Social here: <https://bbc.in/3SqDFu3> We're also on other channels too: Twitter: <http://www.twitter.com/bbcscotland> Facebook: <http://www.facebook.com/bbcscotland> Instagram: <http://instagram.com/bbcscotland>

VIEW ON YOUTUBE >

CONTINUE



Concerned about appointment length? Consider scheduling longer appointments so that no one feels rushed!

CONTINUE

Final Reminders

- A patient's ability to speak using verbal language is not indicative of their ability to comprehend verbal speech. Do not make assumptions about their speech comprehension skills.
- When speaking to a patient with a speech disability do not change your speech or try to mimic their speech.
- If you need a patient to clarify what they said, just ask!
- Some patients with speech disabilities may use other means to communicate, such as an assistive communication device.

References

- Claire Davies. "How to Improve Your Communication with Someone with a Speech Impairment." Queen's University, November 8, 2023. <https://www.queensu.ca/gazette/stories/how-improve-your-communication-someone-speech-impairment>.
- "Disability Etiquette – A Starting Guide." Disability:IN, July 20, 2022. <https://disabilityin.org/resource/disability-etiquette/>.
- Office of Disability Employment Policy, Department of Labor. "Tips for Interacting with People with Disabilities." USDA National Finance Center, January 31, 2025. https://www.nfc.usda.gov/AdditionalResources/Civil_Rights/interaction.php.
- *Three Ways To Communicate With Me | Using A Communication Device* | BBC The Social, 2023. https://www.youtube.com/watch?v=wj5j_V4fbws.
- Upstate Medical University. "Practical Recommendations for Enhancing the Care of Patients with Disability." n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.

PATIENTS WHO USE ASSISTIVE MOBILITY DEVICES

This section will outline *potential* accommodations that can be made for patients who use assistive mobility devices.

CONTINUE



REMINDER: Always ask the patient what accommodations they need, if any. Do not make assumptions based on the patient's disability.

CONTINUE

Patients may use a variety of assistive mobility devices such as canes, walkers, crutches, wheelchairs, or scooters.

- Patients may use devices in ways that you would not expect. Patients may also not have fluid or smooth movements. **As long as patients are safe, it is fine.**
- As always, it is important to avoid making assumptions about a patient's ability.
 - For instance, some wheelchair users may walk independently, as able.
- It may be beneficial to ask patients, “Is there anything I can do to make it easier to navigate this space comfortably?” to increase the accessibility of the office environment.

CONTINUE

Remember to consider your language

Mobility devices provide people with independence and mobility. When referring to patients who use mobility or other assistive devices, be mindful of your language choices.

Wheelchair users are not “confined” to the wheelchair.

Be mindful of language use during documentation too! Document the patient as a "wheelchair user" and not "wheelchair bound."

CONTINUE

Mobility Device Etiquette

Wheelchairs and other mobility devices are considered **extensions of the person** who is using one.

- It is not appropriate to touch a wheelchair or other mobility device unless you have received permission.
- During an encounter, if the patient gets out of their wheelchair or places another mobility device down, do not move the device unless the patient has given you permission.
 - If you move the device after you receive permission, remember to put the device back where it was originally so that the patient can easily access it.

Be sensitive about physical contact, patients with mobility disabilities may use their balance differently than you so touching them without permission may make them unbalanced. **Always receive permission before touching a patient.**



When screening for domestic violence, consider asking if their partner or anyone in the household moves or takes away any mobility devices. This tactic may be used to create a power differential in the relationship.

CONTINUE

Final Reminders

- Mobility devices provide patients with independence and mobility.
- Mobility devices are considered extensions of the person using them, so do not touch or move a mobility device without receiving permission.
- People who use mobility devices may use their mobility device in a way that is not expected and their balance may be different than yours. As long as a patient is able to safely navigate their environment, it is fine.

- Always receive permission before touching a patient.

Patients who use assistive mobility devices, such as wheelchairs, are at an increased risk for skin breakdown. Additional information about the skin examination will be provided in another lesson.

References

- “Access to Medical Care for Individuals with Mobility Disabilities.” [ADA.gov](https://www.ada.gov/resources/medical-care-mobility/), June 26, 2020.
- ASalvo. “Disability Etiquette Part III: Wheelchairs and Mobility Devices.” Via Mobility Services, April 23, 2014. <https://viacolorado.org/2014/04/disability-etiquette-part-iii-wheelchairs-mobility-devices/>.
- “Disability Etiquette – A Starting Guide.” Disability:IN, July 20, 2022. <https://disabilityin.org/resource/disability-etiquette/>.
- “Disability Etiquette Guide: Tips on Interacting Respectfully with People with Disabilities.” United Spinal Association, 2023. <https://unitedspinal.org/top-10-disability-etiquette/>.
- Office of Disability Employment Policy, Department of Labor. “Tips for Interacting with People with Disabilities.” USDA National Finance Center, January 31, 2025. https://www.nfc.usda.gov/AdditionalResources/Civil_Rights/interaction.php.
- Upstate Medical University. “Practical Recommendations for Enhancing the Care of Patients with Disability.” n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.

TAKING A FOCUSED HISTORY

It is important to recognize that some patients may require modified approaches to provide an accurate and full history. This section will provide tips on how to conduct a visit.

CONTINUE

Before the Visit

Look in the patient's chart! Accommodations or other useful information may already be documented.

In some cases, patients will have extensive medical histories. Therefore, it may be beneficial to take the history prior to the appointment or ask the patient to bring pertinent documentation with them.

CONTINUE

Beginning the Visit

At the start of the visit, ask the patient what accommodations are needed to make the visit successful (or confirm already documented accommodations).

- If there are family members or caregivers present, you may ask them about additional accommodations after speaking with the patient.



Oh no, the patient is late! What can be done?

Consider switching the appointment to telemedicine. If the patient ends up arriving to the visit, it can easily be switched back to in-person.

What's next?

1. Establish a patient's baseline level of functioning. If you are able to determine the patient's baseline, it will be easier to recognize changes from their baseline.
 - Additionally, you will learn about how their disability impacts their life.
 - Remember that the patient is an **expert by experience**.
 - Respect the answers you receive as patients may not consider their disability as impacting or interfering with any aspect of their daily life.
-

Meet Aronya

CONTINUE

It is important to ask patients about **their goals for the visit** and **their goals for their overall health**. Establishing these goals allows the physician to **incorporate them into health maintenance plans**. Additionally, it allows the physician to **understand and address any patient concerns**.

Meet Steve

CONTINUE

Conducting the Visit

1. Ask the patient about their goals and quality of life.
 - Use their goals to inform management plans.
2. Do not skip any standard or procedural questions while taking a patient's history.
 - Disability bias can be pervasive in the assumptions about the lifestyle of a person with a disability, especially surrounding typical behaviors such as drinking, smoking, and sexual activity. **Do not assume a person's disability affects lifestyle and behaviors.**
 - By skipping questions, it puts the patient's health at risk and further perpetuates disability bias.

3. Ask about other clinicians involved in the patient's care (such as physical therapy or other medical specialists).
 - Knowing this information may help inform management plans.
4. Remember, not all concerns will be disability related!
 - Patient visits are often routine. If their disability is central to their concern for their visit, the patient will disclose that.
5. Do not be afraid to ask questions if you need clarification!



When asking about sensitive topics (such as sexual health), remember that many patients with disabilities may not have received adequate sexual education. It is important to modify questions as needed.

[Sex Ed for People with Disabilities: National Council on Independent Living](#)

- A YouTube video series created by the National Council on Independent Living. This series covers topics including sex and gender, puberty, masturbation, healthy relationships, consent, pregnancy, sexually transmitted diseases, and condoms.

What if my patient needs support to best communicate?

some patients may have disabilities that require additional supports or tactics in order to obtain a full history.

- Be cognizant of the patient's literacy and health literacy levels.
- Be patient! Some patients may benefit from additional time to process the question and provide an answer.
 - Do not speak for the patient when they are answering a question. Wait until the patient fully answers a question before moving on.
 - Get comfortable with silence! This skill is beneficial in a variety of patient encounters.
 - If the patient does not understand the question, try to rephrase the question instead of repeating it.
 - Do not change your speech (tone, pitch, speed) in response to your perception about a patient's disability.

- Due to processing differences, some patients may respond to a question later in the visit that was asked earlier.
 - There are a variety of tools that can help facilitate communication between a physician and a patient.
 - Consider the use of visual supports (such as stories, pictures, or posters) to support communication.
 - For example, posters on the wall or laminated papers that express emotions may help patient identify how their pain makes them feel.
 - Consider providing an agenda for the appointment so that patients know what to expect during the visit. For example, using “first, then” language may be helpful.
 - "First, we will talk about why you came into the office today. Then, we will do the physical exam."
-

How do I develop a management plan with the patient in mind?

1. Acknowledge that **the patient (and caregivers) are experts by experience**. It is important to include them in developing a management plan.
2. Acknowledge your gaps in knowledge regarding the patient's medical condition, if any.
 - Patients may be able to answer questions based on their experiences!
 - Consult appropriate texts or colleagues to learn more about a patient's condition.



Remember, people with the same diagnosis will have differences in their experiences!

Follow-Up Appointments

- If the patient has difficulty accessing timely, efficient, or convenient transportation, consider the use of telemedicine for follow-up appointments when appropriate.

CONTINUE

Physicians are not expected to have an extensive knowledge base about all disabilities and related diagnoses, **just be considerate of them!**

CONTINUE

Final Reminders

- Ask if the patient would benefit from any accommodations.
- Establish the patient's baseline level of functioning, their health goals, and their life goals! Use this information to inform management plans.
- **Patients (and caregivers) are experts by experience!**
- **Do not** skip any standard or procedural questions while taking a patient's history. This act perpetuates disability bias and puts the patient's health at risk.
- Acknowledge your gaps in knowledge and seek out information to fill those gaps!

References

- Barbera, Julie P., Bridget Cichon, Nethra Ankam, and Beth I. Schwartz. "Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional." *Obstetrics & Gynecology* 143, no. 4 (April 2024): 475. <https://doi.org/10.1097/AOG.0000000000005493>.
- "Communicate CARE: Guidance for Person-Centered Care of Adults with Intellectual and Developmental Disabilities." Surrey Place, 2023. https://vkc.vumc.org/assets/files/idd/1-1_Communicate_Care.pdf.
- "Disability Etiquette – A Starting Guide." Disability:IN, July 20, 2022. <https://disabilityin.org/resource/disability-etiquette/>.

- Karen McNeil, Brian Hennen, Dara Abells, Khush Amaria, Cynthia Forster, Sarah Shea, Katherine Stringer, and Sandra Witherby. "Approaches to Care and General Considerations." Surrey Place, 2024. <https://ddprimarycare.surreyplace.ca/guidelines/general-health/>
- Nassim, Janelle S., Alice J. Watson, and Jennifer K. Tan. "Achieving Equitable Care for People With Disabilities: Considerations for the Dermatologist." *JAMA Dermatology* 156, no. 11 (November 1, 2020): 1173–75. <https://doi.org/10.1001/jamadermatol.2020.3955>.
- Office of Disability Employment Policy, Department of Labor. "Tips for Interacting with People with Disabilities." USDA National Finance Center, January 31, 2025. https://www.nfc.usda.gov/AdditionalResources/Civil_Rights/interaction.php.
- *Sex Ed for People with Disabilities.*; 2019. <https://www.youtube.com/watch?v=wZ6T8wrgjAE&list=PLuEvYNNQ-dHeVhbyeJHx9s8oqsvBk621v>
- Upstate Medical University. "Practical Recommendations for Enhancing the Care of Patients with Disability." n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.

GENERAL PHYSICAL EXAMINATION TIPS

This section will provide a brief overview of considerations and tips for conducting a physical examination for patients with disabilities. This overview is not comprehensive and, as always, care should be individualized to the patient.

CONTINUE

A Note on Consent

- Patients with disabilities tend to provide consent by default. It is incredibly important to advocate for patient autonomy and respect their boundaries.
- Remind patients that consent can be removed at any time for any reason. If a patient removes consent, promptly stop the examination.
- Discomfort may look different in patients with disabilities. It is important to remember that body movements may express discomfort even if a patient does not verbally express discomfort.
 - If you notice that a patient's body language is expressing discomfort, stop what you are doing. Ask the patient how they are feeling and if they wish to continue or stop the exam.

CONTINUE



Some patients may prefer that the physical exam is completed before any history-taking. Offer this option to patients and be flexible in providing what they prefer!

CONTINUE

Before the Exam

1. Ask the patient if there is a preferred place to start the exam. This technique provides the patient with autonomy during the exam.
 - For instance, some patients may prefer to have their heart listened to first while others may want their ears looked at first.
2. Provide the patient with a step-by-step explanation of the examination. You may verbally explain the steps of the exam, provide a written list, or use a visual aid.
 - It is important to include how the examination may feel for the patient. For example, you can mention that the stethoscope may feel cold.
 - Some patients may benefit from modeling the examination before it is performed on them.
 - For example, you may explain that you will be listening to the heart and show the patient where the stethoscope will go using a medical model before performing the exam on the patient.
 - By providing these explanations, it sets expectations for the patient of what to be expecting during the examination.
3. Receive consent to conduct the examination before beginning.

During the Exam

- Ask if any accommodations are needed to facilitate the physical examination. The patient may have insight about what works best based on prior examinations!
 - If the patient states that the traditional exam positions work, provide accordingly.
 - If the patient knows what modifications and assistance they need, provide accordingly.
 - If the patient is unsure of what assistance would be best, offer alternatives to traditional positioning.
 - Avoid making assumptions about what patients can and cannot do.
- Remember, each patient will be different. Do not assume that one method or alternative positioning strategy will work for all patients with similar disabilities.



If the patient uses a wheelchair, it is acceptable to perform the examination without transferring the patient out of the wheelchair if the examination can be comprehensively performed.

Final Reminders

- Patients with disabilities tend to provide consent by default. Provide reminders that consent can be removed at any time for any reason.
- Provide a step-by-step explanation of the examination before beginning to set expectations for the patient.
- Always receive consent before beginning the examination.
- Ask what accommodations are needed to conduct a successful physical examination. Provide accordingly!

Specific recommendations for the auscultation examination, pelvic examination, and skin examination are outlined in later lessons!

References

- Barbera, Julie P., Bridget Cichon, Nethra Ankam, and Beth I. Schwartz. "Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional." *Obstetrics & Gynecology* 143, no. 4 (April 2024): 475. <https://doi.org/10.1097/AOG.0000000000005493>.
- "Disability Etiquette Guide: Tips on Interacting Respectfully with People with Disabilities." United Spinal Association, 2023. <https://unitedspinal.org/top-10-disability-etiquette/>.
- Ian Casson, Meg Gemmel, Elizabeth Grier, Jessica Ladouceur, Amanda Lepp, Ullanda Niel, Samantha Sacks, and Kyle Sue. "Physical Health Guidelines." Surrey Place, 2024. <https://ddprimarycare.surreyplace.ca/guidelines/physical-health/>.
- Upstate Medical University. "Practical Recommendations for Enhancing the Care of Patients with Disability." n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.
- Williams, Adrienne A., and Mozella Williams. "A Guide to Performing Pelvic Speculum Exams: A Patient-Centered Approach to Reducing Iatrogenic Effects." *Teaching and Learning in Medicine* 25, no. 4 (October 1, 2013): 383–91. <https://doi.org/10.1080/10401334.2013.827969>.

AUSCULTATION MODIFICATIONS

One major component of the physical examination is auscultation. Traditional methods of auscultation may need to be modified for patients with disabilities.

CONTINUE

Alternative Positioning for Auscultation Maneuvers

- The patient may lay on their side.
- Physicians may sit next to the patient for the examination and use their arms or body to help stabilize the patient.
 - If caregivers are present, the physician may ask the caregiver to provide physical support while completing the exam.
- Physicians may use a stethoscope with an elongated tube or an advanced stethoscope that amplifies sounds.
 - These tools may be useful if the standard stethoscope is not long enough or does not pick up sounds well enough during the exam.

References

- Upstate Medical University. "Practical Recommendations for Enhancing the Care of Patients with Disability." n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.

CONDUCTING A ROUTINE GYNECOLOGICAL VISIT

One major component of reproductive and sexual healthcare is the gynecological visit. This section outlines *potential* accommodations and considerations for conducting this visit.

CONTINUE

A Note on Patient Safety

Patients with disabilities are at higher risk of sexual abuse. Therefore, knowing the signs of abuse and providing screening tools are incredibly important for the health and safety of patients.

CONTINUE

Before the Visit

Due to the nature of reproductive and sexual healthcare visits, some patients may require additional appointment time. If possible, arrange longer visits or visits at the end of the day for patients with these needs.

CONTINUE

During the Visit

1. Explain the purpose of the visit and provide a brief schedule for the visit.
 - It is important to use this time to lay the groundwork and build trust with the patient.
2. When taking a sexual and reproductive history, approach the questioning as you would with any patient. **Do not skip any questions!**
 - Patients with disabilities develop relationships and engage in sexual activities.
 - Remember that many patients with disabilities may not have received adequate sexual education. It is important to modify questions as needed.
 - [Sex Ed for People with Disabilities: National Council on Independent Living](#)

- A YouTube video series created by the National Council on Independent Living. This series covers topics including sex and gender, puberty, masturbation, healthy relationships, consent, pregnancy, sexually transmitted diseases, and condoms.
3. Counsel patients with disabilities on preventative reproductive health, immunizations, contraception, and breast examinations.



Do not make assumptions about a patient's sexual or reproductive history based on their disability!

A Sensitive Visit

Reproductive and sexual healthcare visits are sensitive in nature. Therefore, it is incredibly important to ensure that patients feel comfortable and safe.

In addition to the standard questions, there are other questions that may be beneficial to ask patients with disabilities. These questions may provide additional information that informs you on how to effectively and safely conduct the visit. The following is a non-exhaustive list of questions to consider.

- Have you experienced pain during prior gynecologic examinations?
 - This question is only appropriate if the patient has gone to prior gynecologic visits. If this visit is the patient's first visit, you may ask if they have any concerns or fears about the examination.
- Do you experience pain with intercourse?
 - Remember, this question is only appropriate if the patient is sexually active, so that must be asked first.
- If the patient answers yes to either question, it is important to further explore that topic to see if a solution can be found.
 - As for pain during a gynecologic examination, alternative positioning options can be found in the next lesson.

CONTINUE

The Physical Examination

1. If any exams or procedures are needed, explain what is needed, how it is performed, and what it may feel like for the patient.

- If the patient is not comfortable, exam and procedures can be delayed.
 - To support the explanation of exams and procedures, models, diagrams, or visual stories can be used. This technique also allows the patient to learn more about their anatomy.
2. Remind the patient that the examination can be stopped at any point and for any reason. **If the patient requests to stop, immediately stop the exam.**
- **Once stopped, do not continue the exam unless the patient provides explicit permission.**
3. Alternative positioning for the pelvic examination can be found in the next lesson.

CONTINUE

Final Reminders

- Some patients may benefit from extended appointment times, try scheduling these patients for longer visits or at the end of the day.
- **Do not** skip any questions related to reproductive or sexual history. **Patients with disabilities engage in romantic relationships and sexual activities.**
- Patients should receive standard counseling on all reproductive and sexual health topics.
- Patients with disabilities are at higher risk of sexual abuse. Ensure all patients are screened appropriately.
- If patients have concerns about the pelvic examination, it can be delayed or alternative positions can be used to ensure a successful exam. More on this topic in the next section!

References

- Barbera, Julie P., Bridget Cichon, Nethra Ankam, and Beth I. Schwartz. "Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional." *Obstetrics & Gynecology* 143, no. 4 (April 2024): 475. <https://doi.org/10.1097/AOG.0000000000005493>.
- Basile, Kathleen C., Matthew J. Breiding, and Sharon G. Smith. "Disability and Risk of Recent Sexual Violence in the United States." *American Journal of Public Health* 106, no. 5 (May 2016): 928–33. <https://doi.org/10.2105/AJPH.2015.303004>.
- *Sex Ed for People with Disabilities.*; 2019. <https://www.youtube.com/watch?v=wZ6T8wrqjAE&list=PLuEvYNNQ-dHeVhbyeJHx9s8oqsvBk621v>

- Williams, Adrienne A., and Mozella Williams. "A Guide to Performing Pelvic Speculum Exams: A Patient-Centered Approach to Reducing Iatrogenic Effects." *Teaching and Learning in Medicine* 25, no. 4 (October 1, 2013): 383–91. <https://doi.org/10.1080/10401334.2013.827969>.

PELVIC EXAMINATION

One major component of reproductive and sexual healthcare is the pelvic examination. Traditional positioning methods for this exam may need to be modified for patients with disabilities.

CONTINUE

The pelvic examination is a sensitive yet important portion of the physical examination regarding reproductive and sexual healthcare. It is imperative that the patient feels safe and comfortable.

As always, physicians should complete the full exam and all recommended screening protocols (HPV vaccinations, cervical cancer screening, etc.) when treating patients with disabilities.

CONTINUE

Before the Exam

1. Explain what is needed (and why), how it is performed, and what it may feel like for the patient. Always allow time for the patient to express concerns and ask questions.
 - Visual aids such as stories, schedules, or models can be incorporated to prepare patients for the examination.
 - Some patients may benefit from seeing the equipment used for each procedure, while others may not.
2. Remind the patient that the examination can be stopped at any point and for any reason. **If the patient requests to stop, immediately stop the exam.**
 - **Once stopped, do not continue the exam unless the patient provides explicit permission.**

CONTINUE

Relaxation Techniques

The pelvic exam is a sensitive and vulnerable exam for many patients. This exam may cause patients to feel stressed, anxious, or nervous.

Some patients may benefit from using relaxation techniques during the exam. Prior to the examination, it is important to ask what techniques they may benefit from using during the exam. Some techniques are listed below for reference.

- Diaphragmatic breathing
- Mental imagery (either self-directed or guided)
 - With this technique, the patient should imagine a pleasant and safe scene using as many details as possible.
- Progressive muscle relaxation
 - Patients can tense and relax muscle groups such as muscles in their arms and legs.



If the patient requests that the exam is stopped, stop the exam immediately!

CONTINUE

Positioning for the Pelvic Exam

Traditional Position

The traditional position for the pelvic examination is known as the lithotomy pelvic examination position.





Patient lying supine

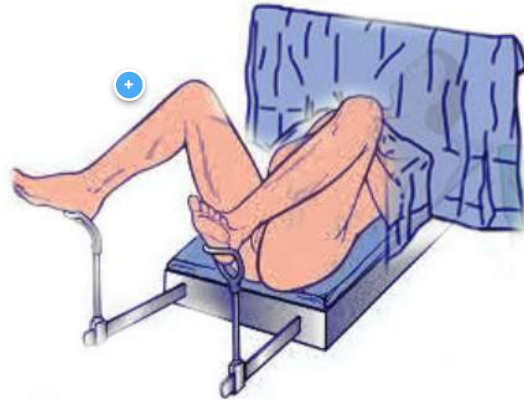


Reference

Photo courtesy of S Bhimji MD via the National Library of Medicine.



Legs held supported with the foot of the bed lowered or removed to facilitate the procedure



Legs abducted 30 to 45 degrees from midline with knees flexed

- If this position is not feasible for a patient, ask the patient what works best for their body.
 - If the patient knows what modifications and assistance they need, provide accordingly.
 - If the patient is unsure of what assistance would be best, offer alternatives to traditional positioning.
 - If formal recommendations for alternative positioning do not work, **be creative to ensure that the exam can be completed sufficiently for each patient.**
- Remember, each patient will be different. **Do not assume that one positioning method will work for all patients.**

Additionally, it is important to avoid making assumptions about what patients can and **cannot** do.

- For example, some patients may be able to position their body for the examination while others will need assistance.
 - If patients need assistance with positioning their body, help them accordingly. Remember, other staff or people accompanying the patient to the visit may help as well.
-

A Note on Speculum Insertion

The insertion of a speculum into the vaginal canal can be anxiety inducing for many patients. To ease insertion, the following method can be used.

1. Place two fingers inside the vaginal introitus.
2. Apply gentle downward pressure on the perineal body.
3. With the other hand, insert the closed speculum over the fingers at a 45° angle downward.
4. Once the speculum is fully inserted, remove the fingers from the vaginal introitus.
 - Do not open the blades of the speculum until the fingers have been removed.

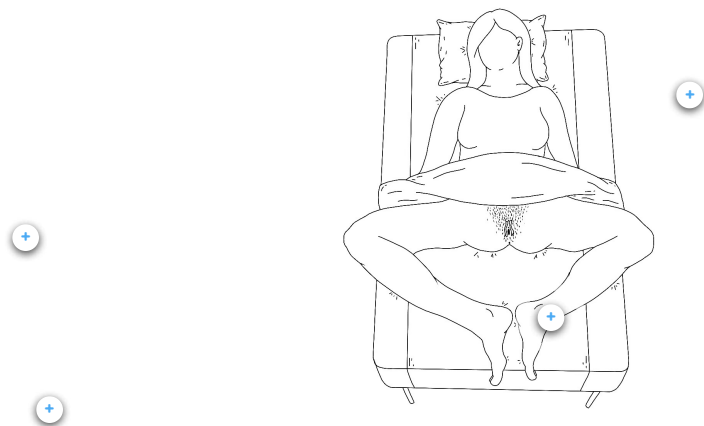
CONTINUE

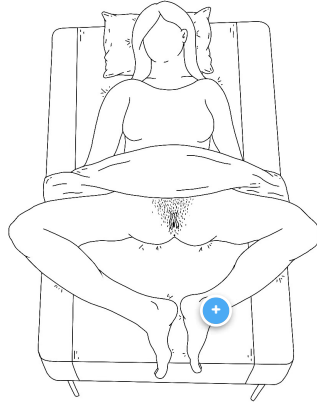
Alternative Positions

Alternatives to the traditional lithotomy position are listed below. It is recommended that there is an assistant present to help position patients correctly.

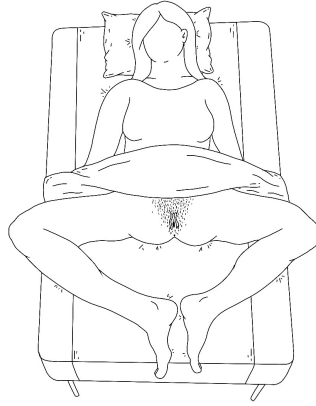
Images credited to: Barbera, Julie P., Bridget Cichon, Nethra Ankam, and Beth I. Schwartz. "Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional." *Obstetrics & Gynecology* 143, no. 4 (April 2024): 475. <https://doi.org/10.1097/AOG.0000000000005493>.

Diamond-Shaped Position or Frog-Legged Position



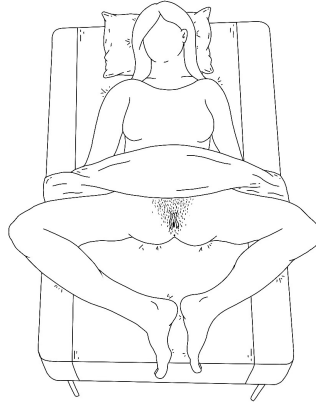


In this position, the patient lies on their back with their knees bent and the plantar surfaces of their feet together.

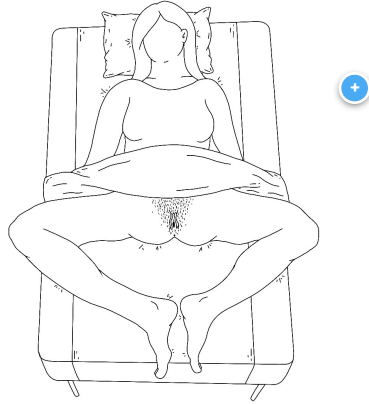


Reference

Barbera, Julie P. BS; Cichon, Bridget BS; Ankam, Nethra MD; Schwartz, Beth I. MD. Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional. *Obstetrics & Gynecology* 143(4):p 475-483, April 2024. | DOI: 10.1097/AOG.0000000000005493

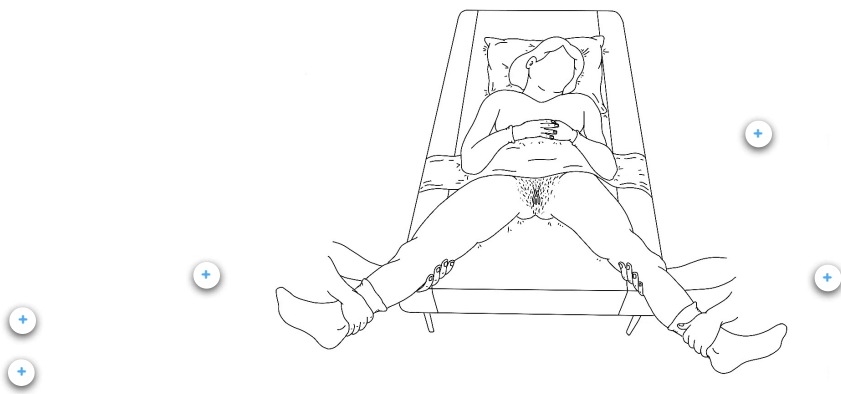


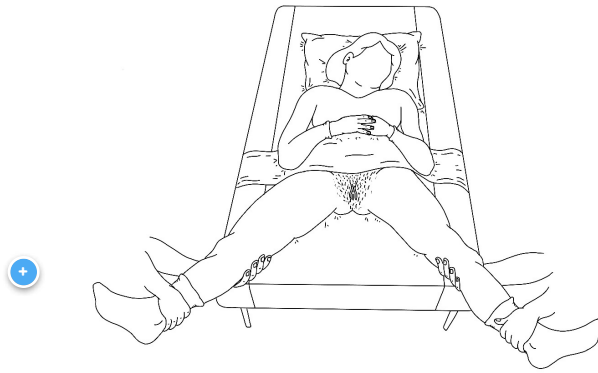
This position does not require stirrups.



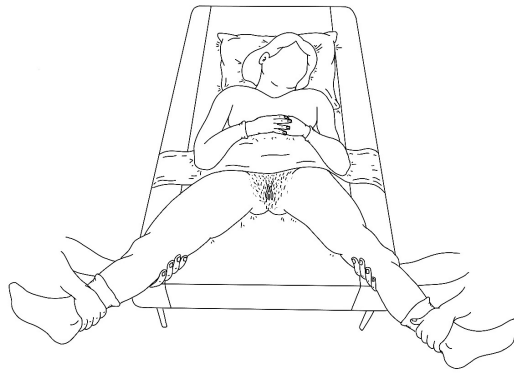
The patient must feel comfortable and balanced laying on their back for this position to be successful.

V-Shaped Position



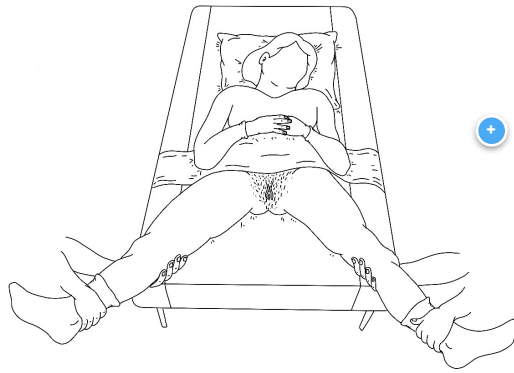


In this position, the patient lies on their back with their legs extended. The legs should be spread to opposite sides of the table. This position may require that an assistant holds up the patient's legs for support.

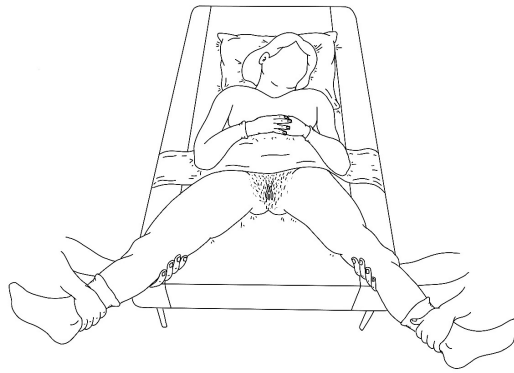


Reference

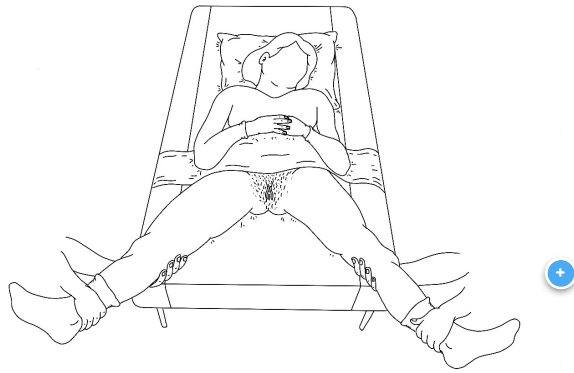
Barbera, Julie P. BS; Cichon, Bridget BS; Ankam, Nethra MD; Schwartz, Beth I. MD. Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional. *Obstetrics & Gynecology* 143(4):p 475-483, April 2024. | DOI: 10.1097/AOG.0000000000005493



The patient must feel comfortable and balanced laying on their back for this position to be successful.

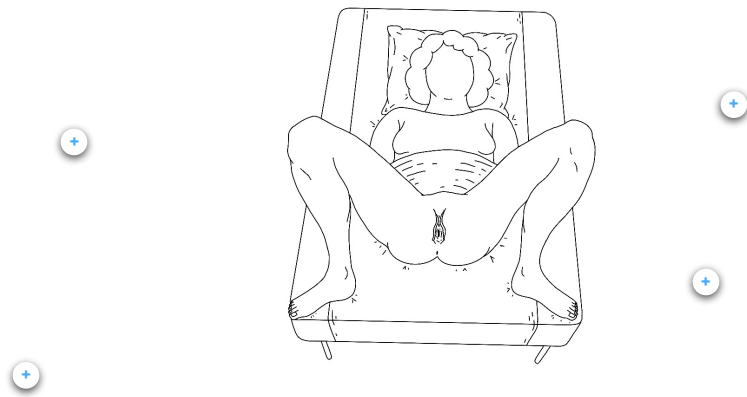


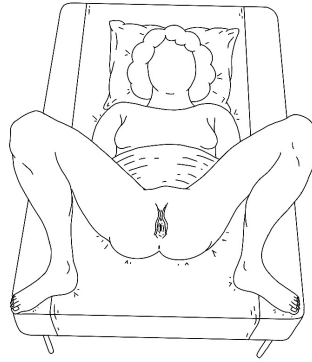
Alternatively, the patient may use this position and place one foot in the stirrup while the other leg remains extended.



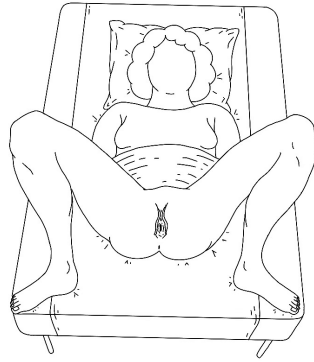
This position does not require stirrups, but they may be used.

M-Shaped Position



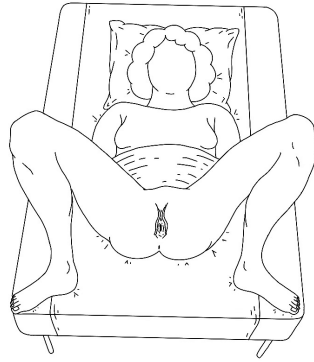


In this position, the patient lies on their back with their knees bent and feet placed on the exam table close to the buttocks.

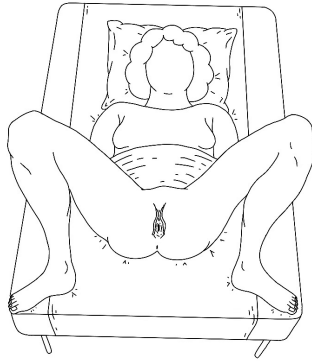


Reference

Barbera, Julie P. BS; Cichon, Bridget BS; Ankam, Nethra MD; Schwartz, Beth I. MD. Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional. *Obstetrics & Gynecology* 143(4):p 475-483, April 2024. | DOI: 10.1097/AOG.0000000000005493

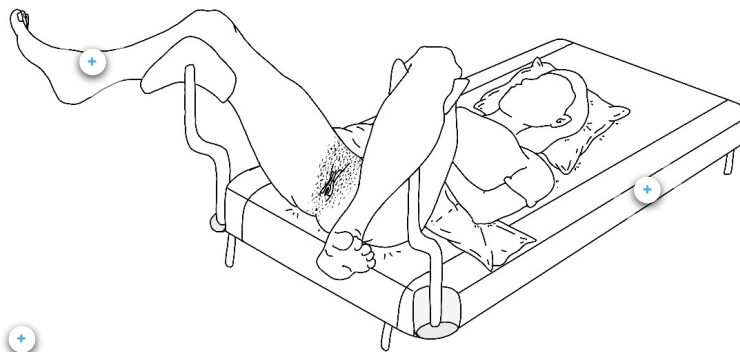


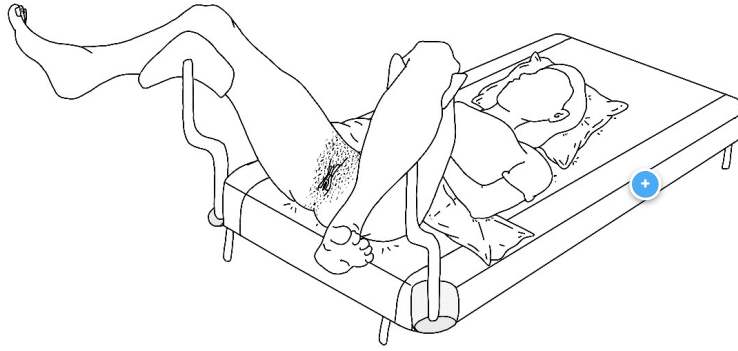
The patient must feel comfortable and balanced laying on their back for this position to be successful.



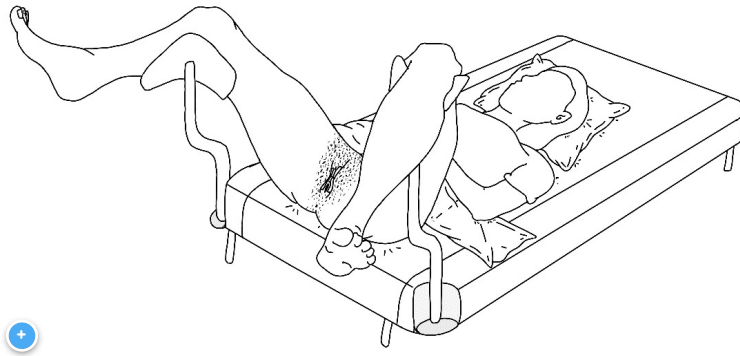
This position does not require stirrups.

OB Stirrups Position



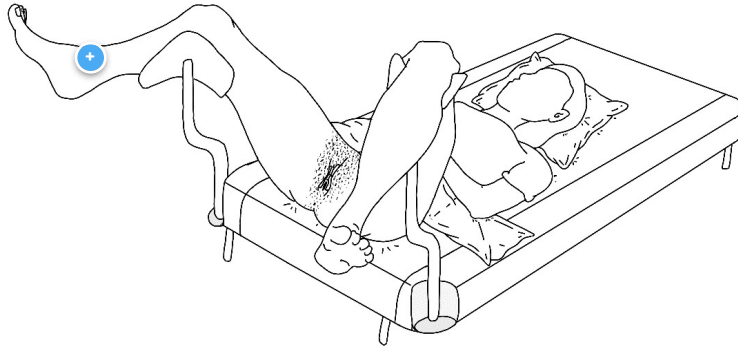


In this position, the patient lies on their back near the edge of the table. The patients legs should be supported under the knee using obstetrical stirrups.



Reference

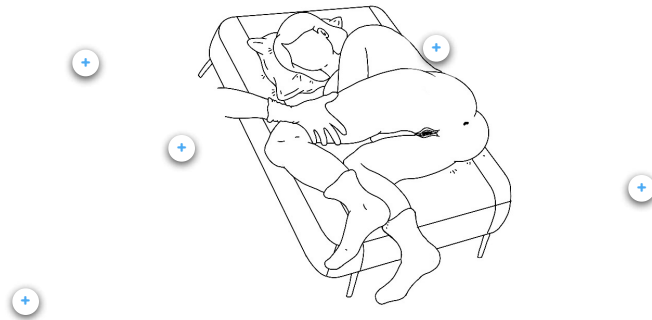
Barbera, Julie P. BS; Cichon, Bridget BS; Ankam, Nethra MD; Schwartz, Beth I. MD. Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional. *Obstetrics & Gynecology* 143(4):p 475-483, April 2024. | DOI: 10.1097/AOG.0000000000005493

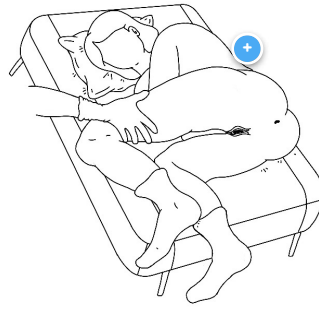


This position requires stirrups and provides patients more support than in the traditional lithotomy position.

- To make this position more comfortable, padding can be added to the stirrups.
- It is important to note that offices may not have the equipment needed for this position.

Knee-to-Chest



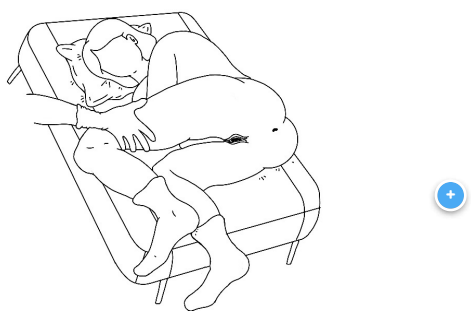


In this position, the patient lies on their side with both knees bent. The top leg should be brought close to the patient's chest.



Reference

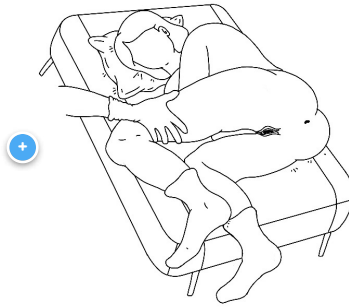
Barbera, Julie P. BS; Cichon, Bridget BS; Ankam, Nethra MD; Schwartz, Beth I. MD. Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional. *Obstetrics & Gynecology* 143(4):p 475-483, April 2024. | DOI: 10.1097/AOG.0000000000005493



This position does not require stirrups.



The patient must feel comfortable and balanced laying on their side for this position to be successful.



Alternatively, the patient may lie on their back with one leg extended. The other leg should be bent at the knee and brought close to the patient's chest.

What if these positions do not work for the patient?

Some patients may not be able to tolerate the pelvic examination regardless of the positioning.

- If patients cannot tolerate the speculum insertion, a blind cervical cancer screening test can be performed (use of a vaginal swab without a speculum).
 - Additionally, the U.S. Preventive Services Task Force has issued a draft recommendation that supports the use of self-collected HPV tests.
- It may be beneficial to consider performing the pelvic examination under general anesthesia.
- As always, this route should be determined on a case-by-case basis and a decision should be made between the provider and the patient.

CONTINUE

During the Examination

1. Monitor the patient for negative reactions.
 - Some patients may verbalize discomfort while some patients will not, even when directly asked. It is important to know what body language and behaviors may indicate that a patient is not comfortable.
 - Body language and behavior that indicate a patient may feel uncomfortable include...
 - Holding their breathe

- Before beginning the pelvic examination, explain the exam to patients including what it will feel like. Allow patients time to process and ask questions.
- Always ask the patient what positioning works best for their body.
- Alternatives to the traditional lithotomy position include diamond-shaped, V-shaped, M-shaped, OB stirrups position, and knee-to-chest. Suggest these alternatives if the patient needs accommodations.
- Throughout the examination, check-in with the patient and monitor for signs of discomfort. It may be appropriate to recommend relaxation techniques.
- If the patient is unable to tolerate the pelvic examination despite alternative positioning, consider performing a blind cervical cancer screening or an exam under anesthesia. These decisions should be made on a case-by-case basis.

- A. Chandrasekhar. "Speculum Exam of the Cervix: To Evaluate the Cervix and Vaginal Wall." Loyola University Medical Education <https://www.meddean.luc.edu/lumen/meded/medicine/pulmonar/pd/pstep68.htm#:~:text=Place%20two%20fingers%20just%20below%20the%20pubic%20bone,https://doi.org/10.1097/AOG.00000000000005493>.
- Barbera, Julie P., Bridget Cichon, Nethra Ankam, and Beth I. Schwartz. "Equitable Care for Patients With Disabilities: Considerations for the Obstetric and Gynecologic Professional." *Obstetrics & Gynecology* 143, no. 4 (April 2024): 475. <https://doi.org/10.1097/AOG.00000000000005493>.
- Susan Ferreyra and Katrine Hughes. "Table Manners: A Guide to the Pelvic Examination for Disabled Women and Health Care Professionals." *Journal of the American Physical Therapy Association* 62, no. 6 (June 1982): 1155-1158. [https://rtcil.org/sites/rtcil/files/documents/Table%20Manners%20booklet%20\(2\)--fixed.pdf](https://rtcil.org/sites/rtcil/files/documents/Table%20Manners%20booklet%20(2)--fixed.pdf).

- “U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Cervical Cancer.” United States P 2024. https://www.uspreventiveservicestaskforce.org/uspstf/sites/default/files/file/supporting_documents/cervical-cancer-sc
- Williams, Adrienne A., and Mozella Williams. “A Guide to Performing Pelvic Speculum Exams: A Patient-Centered Approach to R *Learning in Medicine* 25, no. 4 (October 1, 2013): 383–91. <https://doi.org/10.1080/10401334.2013.827969>.

SKIN EXAMINATION

One component of the physical examination that may require specific considerations is the skin examination. This lesson will provide an overview of what to do before the examination as well as specific considerations for patients who use wheelchairs or are blind or have low vision.

CONTINUE

Before the Exam

1. Ask the patient what accommodations are needed, if any.
 - If there are caregivers present, you may ask them about additional accommodations after speaking with the patient.
2. Ask the patient what works best for their body.
 - Use this time to determine if there are potential sensitive areas of the skin.
3. If the patient needs to wear a gown or be undressed, explain this requirement to the patient.
 - Depending on the patient's needs, it may be beneficial to provide written instructions or use a visual aid to demonstrate how to properly prepare for the exam.
4. Always obtain consent before touching the patient.
 - Remind the patient that they may request that the exam be stopped at any point and for any reason.
 - If the patient requests that the exam is stopped, stop the exam immediately.
5. As a reminder, **do not skip any portion of the exam.**

CONTINUE

Patients Who Use Wheelchairs

If the patient uses a wheelchair and requires a total body skin examination, specific considerations may need to be considered to facilitate this examination.

- If possible, determine if the patient uses a wheelchair prior to the visit.
 - By knowing that the patient uses a wheelchair, the largest examination room may be reserved.
 - If there is an examination room with an adjustable exam table, this room may be reserved.
- The examination should be performed on an examination table, not in the patient's wheelchair. Through performing the examination on the table, it allows for a comprehensive exam to be conducted.
 - If the patient needs assistance to be transferred from their wheelchair to the examination table, staff can be recruited beforehand to ensure a safe transfer.
 - Family members or caregivers may also assist in transferring the patient if present.
 - If needed, this examination can be conducted by standing the patient up. However, for this method to be successful, there must be enough staff to physically support the patient as needed (and the patient must be comfortable with this position!).



Common complications for patients who use mobility devices include pressure ulcers and fungal infections. Keep these complications in mind when completing the exam.

CONTINUE

Patients Who Are Blind or Have Low Vision

If the patient is blind or has low vision, you may be concerned that they are unable to monitor their skin.

1. With the patient's permission, photograph all lesions that need regular monitoring.
 - To properly monitor the lesion, something must be included in the picture for size reference, such as a ruler or coin.
2. Ask the patient if they receive home assistance or if a caregiver is available to help monitor lesions.
 - If assistance is available, include the caregiver when providing management instructions.

CONTINUE

Creating a Management Plan

- In many cases, treatment for dermatologic conditions may include the use of creams, ointments, or the topical application of other products.
 - Remember, be flexible with vehicle selection for treatment.
 - For example, patients may have more success with lotions or foams compared to ointments or creams.
- If topical application of a product is needed, ensure this method is an appropriate and feasible plan for the patient.
 - Prior to the patient leaving the visit, ask the patient to demonstrate how they apply topical medications.
 - If topical application is difficult or not feasible, lower the threshold to prescribe oral treatment.
 - Ask the patient if they receive home assistance or if a caregiver is available to help apply any treatments.
 - If assistance is available, include the caregiver when providing management instructions.
- Consider in-office teaching to improve effectiveness of the application technique.
- When appropriate and if needed, use in-office therapy over home-based treatments.

CONTINUE

Final Reminders

- Ask the patient if they need any accommodations to ensure a successful skin examination.
- Always receive consent before touching the patient.

- For patients who use a wheelchair, the patient should be transferred to the examination table to ensure a comprehensive exam is completed.
- For patients who are blind or have low vision, ask permission to photograph and chart lesions that need monitoring. Remember to include a size reference in the photograph (preferably a ruler!).
- Be flexible when creating management plans for patients and ensure that the plan is feasible before the patient leaves the office.

References

- Nassim, Janelle S., Alice J. Watson, and Jennifer K. Tan. "Achieving Equitable Care for People With Disabilities: Considerations for the Dermatologist." *JAMA Dermatology* 156, no. 11 (November 1, 2020): 1173–75. <https://doi.org/10.1001/jamadermatol.2020.3955>.
- Upstate Medical University. "Practical Recommendations for Enhancing the Care of Patients with Disability." n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.

UNDERSTANDING HOW TO SAFELY TRANSFER A PATIENT

Some patients may need assistance transferring onto exam tables, into hospital beds, or into their wheelchairs. It is important to understand how to safely transfer a patient to ensure not only the patient's safety but the staff's safety as well.

CONTINUE

Before the Transfer

- Staff should be aware of their surroundings and space. They must be able to determine if the space provides a safe and spacious environment to perform a transfer.
 - It is necessary that staff members know their limitations and only assist with transfers if they know it is safe for both themselves and the patient.
 - It is also important that staff know what accommodations are available, such as additional physical support, lifts, and other resources.
-

During the Transfer

- Prior to transferring a patient, ask what type of transfer works best for the patient and provide accordingly.
- Staff should take measures to protect their safety and well-being when transferring patients by...
 - Using their legs and glutes by bending at their knees and powering up.
 - Do not rely on arm and shoulder strength to lift patients. This technique will cause avoidable injury.
 - Maintaining a straight spine during lifts to protect their back.
 - Holding the patient close to their body.
 - This positioning makes it easier to transfer patients.

CONTINUE

Transferring a Patient From a Wheelchair

To transfer a patient from a wheelchair to an examination table or bed, different methods may be used. One method is outlined below with an accompanying video to further demonstrate the technique.

1. First, position the wheelchair next to the table at a 45 degree angle.
 - Ensure to lock the wheels on a wheelchair, if needed.
2. Next, if possible, move the arms of the wheelchair out of the way. Some wheelchairs allow the arms to be moved backwards or removed entirely. If this situation is not possible, it means that the lift will have to be performed over the arms of the wheelchair.
3. Move the footrests out of the way or remove the footrest closest to the table you are transferring to.
4. Once these modifications are made, it is time to transfer the patient.
5. Move the patient's buttocks to the edge of their wheelchair and place their feet on the floor.
6. Place your legs on either side of the patient's legs, press your knees on either side of the patient's knees to hold their legs in place between your legs. Use your legs to ensure the patient's legs are locked in place.
7. Then, bend forward and place your arms underneath the patient's armpits and hold onto the patient's scapulae. Lean the patient's body towards your body. This position should transfer the

patient's weight into their feet.

- In this position, ensure that your knees are bent and your spine is kept straight.

8. Now, you are ready to transfer the patient.

9. Look toward the direction you are transferring to. Use your legs to lift the patient, pivot on the appropriate foot and lower them onto a seated position on the table.

- Continue to provide support to the patient even after they are seated to make sure they do not fall over.

10. Once the patient is seated, you now have the ability to position the patient as needed.

11. When it comes time to transfer the patient back to their wheelchair, first point their feet slightly away from the wheelchair. This ensures that their feet do not get stuck during the lift.

12. Use the same process as before.

13. After the patient is seated in their wheelchair, return the armrest and footrests back onto the wheelchair. Be sure the patient is positioned correctly in the wheelchair.

Physical Therapy Transfer Training - How To Transfer Fr...



CONTINUE

Please keep in mind that there are other transfer methods, depending on the patient's needs, including assisting the patient in standing and pivoting, using a lift, or providing the patient with a transfer board.

- Some patients may have caregivers accompany them during visits. If the caregiver regularly transfers the patient, allow them to complete the transfer.
 - However, it is important to note that facilities are responsible for providing staff to complete transfers. It is unacceptable to assume and request that the caregiver or family members provide assistance.
- Some patients may be able to transfer themselves from their wheelchair to the exam table. Allow these patients to do so.

CONTINUE

Final Reminders

- Prior to transferring patients, staff members should know their limitations and only assist with transfers if it is safe for both themselves and the patient.
- Know what accommodations are available, such as additional physical support, lifts, and other resources to assist in transferring patients.
- Always ask the patient which transfer method works best for their body and assist accordingly.

References

- “Access to Medical Care for Individuals with Mobility Disabilities.” [ADA.gov](https://www.ada.gov/resources/medical-care-mobility/), June 26, 2020.
- *Physical Therapy Transfer Training - How To Transfer From Wheelchair To Bed*, 2018. <https://www.youtube.com/watch?v=NYmgotQZE54&t=54.8s>.
- Upstate Medical University. “Practical Recommendations for Enhancing the Care of Patients with Disability.” n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.

MODIFYING OFFICES TO BE MORE ACCESSIBLE

Accommodations may be needed for patients with disabilities to access healthcare offices and examination rooms. The following accommodations are not an exhaustive list.

CONTINUE

The Americans With Disabilities Act

“The Americans with Disabilities Act (ADA) of 1990 is a federal civil rights law that prohibits discrimination against individuals with disabilities in everyday activities, including medical services.”

“Access to Medical Care for Individuals with Mobility Disabilities.” [ADA.gov](https://www.ada.gov/resources/medical-care-mobility/), June 26, 2020.
<https://www.ada.gov/resources/medical-care-mobility/>.

CONTINUE

Physical Space Considerations

- Waiting rooms, hallways, exam rooms, and other office spaces (such as the restroom), must be large enough to accommodate all patients.
 - These spaces must remain clear of boxes and equipment that would inhibit a patient’s ability to access those areas.
- The waiting room should include chairs of different sizes to accommodate all patients. Additionally, there should be space for people who use wheelchairs to wait.
- For patients that use mobility devices, the hallway must be an adequate width to allow for movement down the hallway as well as completing turns.
- There must be an accessible path to an exam room as well as sufficient space inside the exam room. The width of the entryway must also be adequate.
 - This consideration is particularly important for patients who use mobility devices such as wheelchairs, walkers, or scooters.

- Within the exam room, there should be sufficient space to perform side transfers and lifts onto exam tables.
 - Keep in mind that some patients may only be able to transfer from their left or right, which will require there to be adequate space on either side of the exam table.

CONTINUE

Accessible Equipment

- Examination Tables
 - Adjustable height exam tables allow for all patients to more easily transfer onto the exam table.
 - Some adjustable tables also fold into chair-like positions, which may be beneficial in supporting a patient in the seated position.
 - Exam tables should include elements to stabilize patients, such as rails.
 - Lifts may be needed to support transferring a patient on to the exam table. In these scenarios, a lift should be available and staff should be trained in how to properly use the lift.
 - There are many different lift options available, including lift options for the restroom!
 - Accessible Scales
 - Wheelchair accessible scales allow for patients to remain in their wheelchairs while being weighed.
 - These scales must be large enough to fit a wheelchair on it as well as have a high weight capacity to take into account the weight of the wheelchair.
 - Alternatives to wheelchair accessible scales include scales that are incorporated into a patient lift or exam table.
-

Meet Zach

CONTINUE

Other Accommodations

Some patients, such as those with autism or other sensory-related needs, may benefit from other accommodations to acclimate to the physical environment. Consider the following accommodations for patients with these needs.

1. If possible, offer a tour of the facility prior to an appointment so that they may become familiar with the layout of the building.
2. If appropriate, offer telemedicine instead of an office visit. Some patients may be more comfortable in their home environment than the office.
3. To avoid overstimulating waiting rooms, there are multiple approaches that may be taken.
 - Schedule appointments at the beginning or end of the day.
 - Allow the patient to wait in an examination room instead of the waiting room.

4. To avoid overstimulation in general, there are multiple approaches that may be taken.

- Dim the lights and reduce the noise.
- Keep the size of the care team to a minimum.

CONTINUE

Social and Communication Accessibility

- Yearly disability etiquette training for all staff (from reception to nursing teams to physicians and specialists) may be requested as an internal practice.
- Different communication devices may be made available for patients.
 - For example, communication boards could be placed in each room for patient use. **Remember, if these accommodations are implemented, tell patients about them so they know that they are available.**
- For patients who use electronic devices (such as alternative and augmented communication devices, iPads, or interpreter apps on phones), extra chargers may be kept at the reception desk for devices whose battery may die.

CONTINUE

Final Reminders

- The Americans with Disabilities Act requires healthcare providers to provide equal access to healthcare services and facilities to patients with disabilities as well as provide modifications to ensure that these services are fully available when needed.
- There are many approaches to make healthcare more accessible to patients including modifications to the physical space, accessible equipment, and more.

References

- “Access to Medical Care for Individuals with Mobility Disabilities.” [ADA.gov](https://www.ada.gov/resources/medical-care-mobility/), June 26, 2020. <https://www.ada.gov/resources/medical-care-mobility/>.
- Barbera, Julie P., Bridget Cichon, Nethra Ankam, and Beth I. Schwartz. “Equitable Care for Patients With Disabilities: Considerations for the Gynecologic Health Care Professional.” *Obstetrics & Gynecology* 143, no. 4 (April 2024): 475. <https://doi.org/10.1097/AOG.0000000000005493>.
- “Disability Etiquette Guide: Tips on Interacting Respectfully with People with Disabilities.” United Spinal Association, 2023. <https://unitedspinal.org/top-10-disability-etiquette/>.
- Nassim, Janelle S., Alice J. Watson, and Jennifer K. Tan. “Achieving Equitable Care for People With Disabilities: Considerations for the Dermatologist.” *JAMA Dermatology* 156, no. 11 (November 1, 2020): 1173–75. <https://doi.org/10.1001/jamadermatol.2020.3955>.
- Upstate Medical University. “Practical Recommendations for Enhancing the Care of Patients with Disability.” n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.

ADDITIONAL RESOURCES



Bonus Module_Additional Resources_.pdf
126.2 KB



Interested in Learning More?

Note: Please copy and paste the link into your browser.

- Approaches to Care and General Considerations for people with intellectual and developmental disabilities: <https://ddprimarycare.surreyplace.ca/guidelines/general-health/>
- Atkinson Hyperlegible, a free font that increases legibility and readability: <https://www.brailleinstitute.org/freefont/>
- Guide for people with disabilities on navigating a healthcare visit: <https://www.cms.gov/files/document/getting-care-you-need-guide-people-disabilities.pdf>
- Information on the care for adults with intellectual and developmental disabilities including health watch tables: <https://iddtoolkit.vkcsites.org/>
- Key Ingredients for Successful Trauma-Informed Care Implementation: https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-04.0616.pdf
- Modules discussing practical recommendations for caring for people with disabilities: <https://www.upstate.edu/pmr/education/disability/index.php>
- Positive Exposure: <https://positiveexposure.org/>
- Trainings on how to provide healthcare to people with disabilities and accessible communication: <https://iod.unh.edu/nh-disability-health-program/project-trainings>
- Web-based resource for providing primary care to autistic people: <https://autismandhealth.org/>

-

- Ian Casson, Meg Gemmel, Elizabeth Grier, Jessica Ladouceur, Amanda Lepp, Ullanda Niel, Samantha Sacks, and Kyle Sue. “Physical Health.” <https://ddprimarycare.surreyplace.ca/guidelines/physical-health/>.
- Karen McNeil, Brian Hennen, Dara Abells, Khush Amaria, Cynthia Forster, Sarah Shea, Katherine Stringer, and Sandra Witherby. “General Health Considerations.” Surrey Place, 2024. <https://ddprimarycare.surreyplace.ca/guidelines/general-health/>.
- Kaycee Summers. “Deaf Interpreter and Hearing Interpreter Teams: An Inclusive Guide.” Inclusive Communication Services, Sep 2023. <https://inclusiveasl.com/sign-language-interpreting-services/deaf-interpreter-and-hearing-interpreter-teams-an-inclusive-guide/>.
- *Learn How to Sign Medical Signs in ASL | Profession Signs*, n.d. <https://www.youtube.com/watch?v=7zyCRgWkl4I>.
- McKee, Michael M., Michael K. Paasche-Orlow, Paul C. Winters, Kevin Fiscella, Philip Zazove, Ananda Sen, and Thomas Pearson. “Communication With American Sign Language Users.” *Journal of Health Communication* 20, no. sup2 (October 9, 2015): 92–100. <https://doi.org/10.1080/10812762.2015.1058888>.
- McKee, Michael, Deirdre Schlehofer, and Denise Thew. “Ethical Issues in Conducting Research With Deaf Populations.” *American Journal of Public Health* (December 2013): 2174–78. <https://doi.org/10.2105/AJPH.2013.301343>.
- Mooror, Oliva. “Intimate Partner Violence vs. Domestic Violence.” YWCA Spokane, January 5, 2021. <https://ywcaspokane.org/what-is-domestic-violence/>.
- Nassim, Janelle S., Alice J. Watson, and Jennifer K. Tan. “Achieving Equitable Care for People With Disabilities: Considerations for Health Care Providers.” *JAMA Dermatology* 156, no. 11 (November 1, 2020): 1173–75. <https://doi.org/10.1001/jamadermatol.2020.3955>.
- National Association of the Deaf. “Best Practices for Wearing Masks When Communicating with Deaf and Hard of Hearing People.” <https://www.nad.org/best-practices-for-wearing-masks-when-communicating-with-dhh/>.
- Office of Court Interpreting Services. “Interpreter Etiquette & the Do’s and Don’ts of Working with an Interpreter,” April 18, 2023. <https://www.dccourts.gov/sites/default/files/divisionspdfs/Dos-and-Donts-When-Working-With-an-Interpreter.pdf>.
- Office of Disability Employment Policy, Department of Labor. “Tips for Interacting with People with Disabilities.” USDA National Agricultural Statistics Service, 2023. https://www.nfc.usda.gov/AdditionalResources/Civil_Rights/interaction.php.
- Office of Disability Rights. “Guide to Using Sign Language Interpreters.” *DC.gov*, n.d. <https://odr.dc.gov/page/guide-using-sign-language>.
- *Physical Therapy Transfer Training – How To Transfer From Wheelchair To Bed*, 2018. <https://www.youtube.com/watch?v=NYmgotQ>.
- *Sex Ed for People with Disabilities.*; 2019. <https://www.youtube.com/watch?v=wZ6T8wrqjAE&list=PLuEvYNNQ-dHeVhbyeJHx9s8>.
- *Sighted Guide – How To Lead Blind People Safely*, n.d. <https://www.youtube.com/watch?v=zypQZLnLYJE>.
- Susan Ferreyra and Katrine Hughes. “Table Manners: A Guide to the Pelvic Examination for Disabled Women and Health Care Providers.” *Journal of the American Medical Association*, June 1982. [https://rtcil.org/sites/rtcil/files/documents/Table%20Manners%20booklet%20\(2\)--fixed.pdf](https://rtcil.org/sites/rtcil/files/documents/Table%20Manners%20booklet%20(2)--fixed.pdf).
- “The Language We Use.” Women Against Abuse, n.d. <https://www.womenagainstabuse.org/education-resources/the-language-we-use/>.
- *Three Ways To Communicate With Me | Using A Communication Device* | BBC The Social, 2023. https://www.youtube.com/watch?v=wj5j_V4fbws.
- Upstate Medical University. “Practical Recommendations for Enhancing the Care of Patients with Disability.” n.d. <https://www.upstate.edu/pmr/education/disability/index.php>.
- “U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Cervical Cancer.” United States Preventive Services Task Force, 2024. https://www.uspreventiveservicestaskforce.org/uspstf/sites/default/files/file/supporting_documents/cervical-cancer-screening-draft-recommendation-statement.pdf.
- Williams, Adrienne A., and Mozella Williams. “A Guide to Performing Pelvic Speculum Exams: A Patient-Centered Approach to Reproductive Health.” *Journal of the American Medical Association* 25, no. 4 (October 1, 2013): 383–91. <https://doi.org/10.1080/10401334.2013.827969>.
- “Women with Disabilities: How to Identify Abuse and Get Help.” American Psychological Association, August 2023. <https://www.apa.org/psychology/women-with-disabilities>.