DISABILITY DIVERSITY: WORDS MATTER

Why it's imperative ATs are culturally competent

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Millions of Americans live with a disability; in fact, 25 percent of people in the U.S. have some type of disability. According to the Centers for Disease Control and Prevention, types of functional disabilities include mobility, cognition, independent living, hearing, vision and self-care.[1] Disability is especially common in adults over the age of 65, women and minorities. Despite one's work setting, it's essential to know more about disabilities and how they may impact our patients' health and health disparities.

When impairments were first listed more than 65 years ago, people with disabilities were described as unable to function or "handicapped" by their condition,[2] but this wasn't and isn't the case. Since then, significant shifts in knowledge, understanding and thinking have occurred.

The International Classification of Functioning, Disability and Health (ICF)[3] currently describes the concept of disability as one that has moved from a physical or medical perspective to the interaction between a person's body and their social and physical environment.[4] Thus, each person with a disability should be viewed as unique with individual differences, encompassing diversity, similar to the dimensions of race, ethnicity, culture, socioeconomic status and sexual orientation, to name a few.[5]

However, in athletic training, disability is often left out or briefly mentioned in conversation regarding diversity. This could be because of how we perceive disabilities or a lack of knowledge and experience working with patients with a disability.[6] Hence, learning more about proper communication techniques and disability language might be the right place to start, with the ideal goal to serve our current and future patients better.

The March 2018 *NATA News* article, "Why Words Matter," expressed the importance of athletic trainers being aware of the words we choose and how we talk to our patients and one another.[7] Words and terms continuously evolve, and that is especially true for disability language.

How many times have you referred to a patient as "my anterior cruciate ligament (ACL)" or said, "After I finish rehab with my 'post-op'"? Over the past few years, the adoption of the ICF Disablement Model and an increase in cultural competence education, athletic trainers were encouraged to practice more patient-centered care by treating each patient as an individual and considering patient preferences and values.[3,8]

Consequently, athletic trainers now use words and phrases that recognize patients as people first, not by their sport, injury or impairment. So, does the same hold true for people with long-term or lasting disabilities? In thought, yes, but there is more to it; specific phrases that were once considered less appropriate may now be preferred.

There appears to be consensus on specific terms that are offensive or not recommended for use. These words include, but are not limited to, handicapped, mental retardation, psycho, crippled and wheelchair-bound, to name a few. These terms contribute to the stigmatization and discrimination of people with disabilities. The same can be said of referring to people without disabilities as "normal" and using phrases such as "afflicted with," "suffering with," "stricken with" and "victim of" to describe people with disabilities.

PERSON FIRST OR IDENTITY FIRST

Is it OK to refer to someone as a "disabled person" or should you say, "a person with a disability"? Well, as my students hear me say quite a bit, it depends. Some prefer person-first language, as it usually occurs in many style guides and etiquette references.[9,10]

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This includes using terms such as "a person with a disability" or "a patient who is deaf" versus "the disabled man" or "the deaf patient" – the idea being person-first terminology puts the person before the disability and allows others to focus on the person and not the condition.

Others prefer identity-first language when referring to disabilities, including phrases such as "disabled person" and "blind person."[10,11] Proponents of identity-first language describe it as a way to claim and celebrate their disability and not be ashamed of it. This preference was made popular by a recent social media #SayTheWord movement, a call to embrace disability identity.[11]

Some may argue, why do you even need these identifiers? Why can't we all just be people or humans? Who cares what word appears first? Well, our personal identities are just that, personal.

Some identities are more visible than others, and some are more or less stigmatized. These and other factors may influence whether someone chooses to connect with and embrace it or not. For example, as a Black woman without a disability, I prefer the phrase "Black woman" over "African American woman" and definitely over being a called "a Black," a hyphenated American or a "woman who is Black." (See what I did there.)

These examples demonstrate that when identities are personal to us, we are more aware of nuances. People have powerful feelings and preferences for how they identify. So, the bottom line is the preference between person-first and identity-first language depends on whether someone views their disability as something they have or something at the core of their identity.[12]

So, how do you know which to use? You ask! However, since you can't ask about preference when writing to an audience, most agree, in writings, the use of person-first language is preferred.[9] Below are some helpful tips for communicating with patients with a disability.

Person-First Language	Identity-First Language	Offensive, Outdated or Not Recommended
A person with a disability	Disabled person	The disabled, crippled, handicapped*, special needs
A person without a disability	Not disabled or non-disabled	Able-bodied, normal, unafflicted
A person with a mental health disability	Mentally disabled person	Crazy, insane, psycho, psychotic, mad, schizo
A person with an intellectual disability	Intellectually disabled person	Mentally retarded, mentally handicapped
A person who is deaf, partially deaf or has hearing loss	Deaf person	Hearing impaired or hard of hearing

**Often used as a verb and still used when citing laws and to describe things, not people, such as "handicapped parking." However, accessible parking is a better and acceptable term.*

PRACTICAL TIPS

1. Recognize your patients' preferences matter and yours don't.
2. Get to know your patients and their personal preferences.
3. When in doubt, ask (my favorite communication model).
4. Avoid words that sound as if the person is a victim of their disability.
5. When talking with a person who has a disability, speak directly to them rather than their companion.
6. Speak in a normal tone and volume, and don't use condescending language. Don't assume someone with a physical disability is also partially deaf or has an intellectual disability.
7. If you make a mistake, apologize and learn from it, but please don't expect the person you insulted to teach you.
8. Be a sincere advocate for accessibility and inclusivity.
9. Remember, people with disabilities want to be treated fairly and respectfully.

Look out for a November NATA Now blog series to dive a little deeper into some of the conversations around disability terminology.

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