



Coming back to
MOVEMENT

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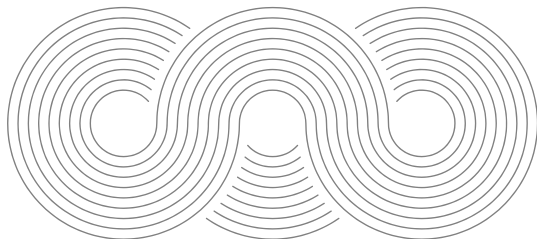
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MEET THE CREATORS



Ilya Parker (he/they)

is a non-binary, fat, movement practitioner and founder of Decolonizing Fitness. They are also a Physical Therapist Assistant and an ACE certified Medical Exercise Specialist. Ilya is deeply invested in creating more access for queer, trans and gender expansive people to engage in intentional movement. While drawing wisdom from community-led solutions that are rooted in body liberation and involve the revitalization of Black and Indigenous ancestral approaches.



Dr. Syd Young (they/them)

is a residency- and fellowship-trained physical therapist and the owner of OutWellness. They started OutWellness because they noticed that marginalized people, on average, get worse care than their non-marginalized counterparts. They are passionate about creating a safe space for all marginalized folks to address health and wellness needs. Syd created OutWellness to allow for more representation in the health and wellness spaces, to allow every person to see themselves in this space and feel affirmed.

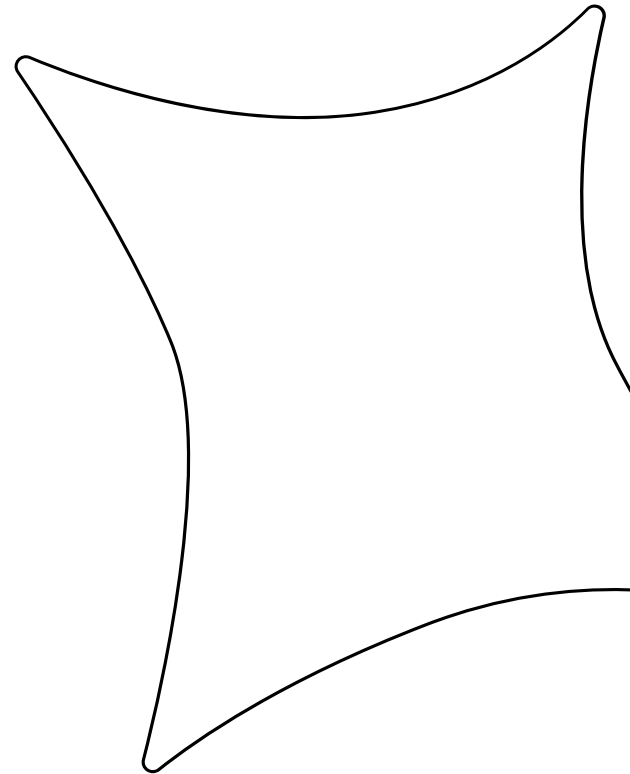


Why we Created this Guide

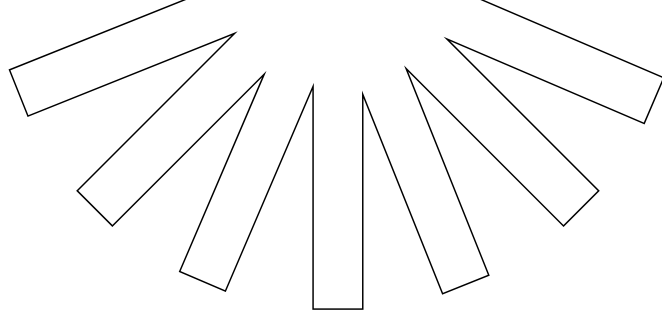
This guide was created in response to numerous inquiries from individuals seeking to cultivate and rediscover movement practices that are less detrimental. Despite the increasing presence of supportive movement experts laying the groundwork in the fitness industry, we acknowledge that it can still be challenging for individuals to engage or find a starting point. Although Inclusive Fitness is gaining momentum and expanding quickly, it remains relatively small and fragmented across various locations worldwide.

In this guide, our aim is to eliminate barriers that prevent individuals from accessing supportive movement practices and environments. We aim to offer a valuable starting point for newcomers and returners to fitness. We also strive to offer information to movement professionals that is both useful and financially accessible.

Feel free to share this resource widely. We acknowledge that this guide is not exhaustive and welcome feedback. We plan to enhance and expand this guide in the future.



Key Terms



FITNESS INDUSTRIAL COMPLEX:

“The Fitness Industrial Complex defines and maintains power over our bodies through the lens of privilege. These mainstream ideas teach us what it means to be fit and well in our bodies determined by race, gender, identity, ability, and body shape. These mainstream ideas reinforce stereotypes about the identities and bodies of BIPOC, Queer, poor, and communities with disabilities. The Fitness Industrial Complex is maintained by private companies that gain huge profits from diet and fitness culture as well as the propaganda it spreads about health and wellness; increasing influence of athletic bodies and sports; and eliminating any social dissent to prevailing ideas about bodies, health, and wellness that illuminate our true experience of the industry.” - **Justice Williams** co-editor of **Deconstructing the Fitness-Industrial Complex**

TOXIC FITNESS CULTURE

Toxic Fitness Culture consists of two binary groups positioned on opposite ends of the fitness spectrum. One group consists of folks who carry intersectional and exploited identities that mainstream fitness culture negatively impacts. This includes bodily agency, which perpetuates harm and thus limiting access to resources and representation in ways that feel inclusive & supportive. The mainstream group consists of the traditionally accepted, radicalized, non-disabled, thin/toned attractive, young, cisgender, heterosexual people who are often represented as the gatekeepers of theoretical knowledge and inclusion within defining an embodied fitness culture.- **Ilya Parker**

INCLUSIVE FITNESS

Inclusive Fitness (while it is unofficially named) is a small corner of the fitness industry and is a direct pushback towards mainstream/dominant/toxic fitness culture. By engaging in inclusive fitness practices we are aiming to proactively and explicitly create spaces that are: anti-diet, trauma informed, compassionate, harm reductionist, fat affirming, accessible, anti-racist and ethical. Inclusive fitness is not intended to be viewed as a separate movement, but as a call to action for us to do our part in ensuring that all fitness and movement spaces are more supportive to diverse bodies. It's important for us to name that Inclusive fitness was birthed from Black trans, queer and radical fat organizers such as Justice Roe Williams, Ameera Ladak and Kate Herald Brown.

Inclusive Fitness also borrows some of its definition from the evolutionary theory that highlights the ways in which organisms act altruistically. Selflessly supporting other individuals makes the collective stronger which in turn ensures the survival of us all. We are not truly liberated until we all are safe and sustained. - **Ilya Parker**

INCLUSIVE FITNESS IS A GREAT START BUT WE CAN'T STOP THERE

Inclusion should not be the ultimate goal, as it often aims to integrate individuals into environments that uphold the dominant narrative. For instance, a gym that only accommodates people with diverse body types may still maintain an atmosphere where small, thin, and non-disabled bodies are considered the standard. This bias can be observed in their staff, marketing strategies, communication style, and target clientele. This is why many practitioners of Inclusive Fitness seek to divest from conventional/toxic fitness systems that are built on oppressive foundations.

THE POWER OF FITNESS

Current mainstream fitness practices have centuries-old links to settler-colonialism, eurocentrism, and white supremacy. Fitness is often used as a regulatory tool to monitor someone's health and ability in society. The more adjacent a person is to thinness and non-disability, the more they are assumed to be of "good health" and therefore successful in being a responsible productive citizen. Fitness has socio-political power (bodies are always political). This shapes our overall cultural understanding of fitness and health and certainly highlights how power, privilege and oppression is perpetuated in fitness culture.

The terms fitness and exercise have also become synonymous with intentional weight loss and can evoke extreme discomfort for folks with marginalized identities. Even the over emphasis on strenuous physical exercise has the primary form of training is naturally exclusive.

We also want to highlight the power in fitness when referencing the current mainstream fitness industry and the fitness pros within the profession, primarily in the United States. "Fitness" as an institution, industry and profession is inherently harmful to all types of bodies, specifically: people in larger bodies (especially those who are **super fat and infinifat**), people who are disabled, (whether visible or invisible disabilities) queer/trans and gender expansive folks, people who lack access to cash and other resources, people who have chronic illness, people who are neurodivergent, and people over the age of 65.

It's important to make the distinction between "fitness" and movement. Movement should be accessible to all those who seek to engage, and those who don't wish to or are unable should not be shamed or punished. Movement can be used as a tool for healing and reconnecting with our bodies in more supportive ways. Think about how fun it was to play and be free in your body as a child or some of our ancestral rituals and practices that were led through movement. What has made movement feel harmful or inaccessible to many people is the ways in which mainstream iterations of fitness has tainted the practices.

Section 1: For Movement Enthusiasts

DEVELOPING A BALANCED RELATIONSHIP WITH MOVEMENT

Participating in a movement journey is a distinctive practice that can offer enjoyment and encouragement. Wherever you are on this journey, you deserve to engage in a way that feels supportive to your practice. It's important to note that the information provided is not meant to be construed as workout advice. If you find that you require additional mental health support to navigate through this content, consider reaching out to a licensed therapist or spiritual healer for guidance. Remember, this guide does not serve as a substitute for professional advice.

DEVELOPING A BALANCED RELATIONSHIP WITH MOVEMENT-GUIDED QUESTIONS:

- What drives your interest in physical activity at this stage in your life? (Consider both societal expectations and personal reasons)
- How would you characterize your relationship with physical activity at present?
- Are you committed to physical activity through sports or competitive pursuits?
- Do you experience guilt when you are not active?
- Are there concerns about safety when you think about physical activity?



Section 1: For Movement Enthusiasts

TIPS FOR EASING BACK INTO MOVEMENT:

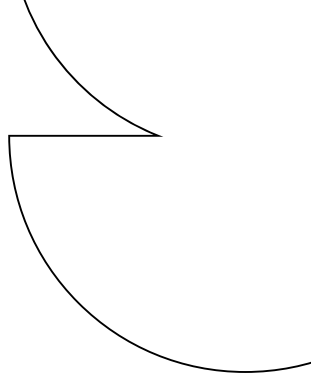
Divest from “toxic/mainstream fitness” as a cultural practice: Toxic fitness is rooted in white supremacist ideals regarding health, ability, size, gender, age, and beauty. The healthcare, diet and fitness industries are all interlocked and each of them capitalizes by creating a perpetual loop of selling us on ableist and unattainable versions of what “healthy” and “fit” bodies should be. These industries thrive by convincing us that the latest product or service is the solution to a “problem”. However, health and wellness are not products. Nor do they have specific signifiers that suggest you have reached “optimal health”. Health is subjective, fleeting, and complicated. There is also no moral obligation to attain health.

Move at Your Own Pace: If you are new to engaging in intentional movement or you are returning after some time, it’s important to ease into it and go at your own pace. For example: It’s ok to start 1 day a week for 5-10 minutes, as you can always add weight and intensity later. Remember: you always get to choose how much you move and you get to decide the best variations of movements that work for your body. If you feel a sense of urgency to push harder or do more early on, check in with where that drive is coming from. Often the reason we feel compelled to participate in ‘fitness’ is societal pressure and not intrinsic motivation because fitness functions as a hinge between lifestyle and health. It is also important to honor that movement is always optional and shouldn’t adhere to ableist notions of your body’s worth. We deserve to engage in movement that is safe, self-paced and supportive.

Assess Your Relationship with Movement Regularly: This includes daily check-ins regarding your body’s needs and energy levels before you even engage in a practice.

You may ask yourself questions like: *Did I get enough restful sleep? Are my nutritional needs met? How labor intensive does this day feel to me and do I need to incorporate more ease instead of movement?* You might also ask check in on whether movement is taking up an inordinate amount of your time, energy, and mental space, or if it seems like it’s in balance with your other priorities. If it feels like movement (or planning, thinking, and talking about movement) is taking over your life, that’s good evidence that it may have become compulsive or disordered.

Section 1: For Movement Enthusiasts



TIPS FOR EASING BACK INTO MOVEMENT CONTINUED:

Be Open to Movement Options and Incorporate Assistive Equipment in Your Workouts When Needed: Remember that providing your self movement options encourages wholeness, self-support and nurturance rather than a place of inadequacy, self-hindrane, and punishment. Any trainer you work with should be skilled enough to adjust for the most appropriate movement variation for your unique body. Even in a group setting the facilitator should offer variations of movements upfront.

Assistive equipment like: blocks, mats, chairs, benches and **gripping aids** can be beneficial and necessary when engaging in movement. Remember there is never anything wrong with your body for needing things to move. Meet your body with understanding in honoring what it needs which can vary each day. By doing so you are helping to create a relationship with movement that is rooted in compassion, expansiveness and support.

Move How You Want (and know that doesn't always have to be joyful): Movement is morally neutral. We can choose to move or not, for our own reasons and on our own terms. Whether it's cleaning the kitchen, dancing, hiking, yoga, bodybuilding. It's all valid and can provide you with physical and mental benefits. Do what works best for you.

Pay Attention to Your Body's Cues. This is particularly important for those who exist in bodies with multiple oppressed identities-- as often through survivorship --in a world hell bent on eradicating us-- we have become disconnected from our bodies. Our bodies are always more important than a trainer pushing us or a goal to reach. At any point if you are feeling pain, fatigue, discomfort honor your body's messages and end that session; or take as long as a break you need.

Also, Listening to Your Body May Not Always Helpful: This quote may resonate with folks by [Alexis Florentina Borja](#): "I often say our attention doesn't always need to be *on* our body in order to be in our body. Sometimes, 'listening to our body' is not the most accessible or tolerable action we can take at any given moment. Sometimes it's too much, and sometimes we need help from our environment to find our way back there. So instead of always focusing on what we feel inside right away... what might it be like to drop into the world around us?" Remember we all are swimming through loads of toxic fitness and diet culture messages that ultimately tell us how our bodies should look and move. It may take years to unlearn even a small amount of that. Take your time and lean into the journey and give yourself room to be more curious about your external environment and your body.

Section 1: For Movement Enthusiasts

AFFIRMATIONS FOR FOLKS NAVIGATING CHRONIC PAIN/ILLNESS/DISABILITY AND INTENTIONAL MOVEMENT.



- I release the societal pressure that tells me I need to utilize movement to overcome my condition.
- My life is inherently valuable without being active, productive or engaged in a regular movement program.
- I give myself space to adjust or stop my movement practice whenever I need to.
- I deserve to work with trainers who are understanding, accessible and supportive.
- It's ok if I now need to adapt movements I once was able to do with ease.



Movement Resources for Enthusiasts

**All accessible online with each resource hyperlinked

[BODY LIBERATION PARTY](#)

[DAMALI FRAISER-NON-DIET KETTLEBELL COACH](#)

[DANCE & SIT WITH ANGEL AUSTIN FOR DISABLED, SUPERFAT AND INFINIFAT FOLKS](#)

[FRINGEISH: FAT POSITIVE YOGA ON YOUTUBE](#)

[JOYFUL MOVEMENT](#)

[LAUREN LEAVELL FITNESS](#)

[LIFT WITH HOLLY AND ARRYN](#)

[MY BODY FITNESS AND NUTRITION](#)

[NONNORMATIVE BODY CLUB](#)

[PILATES WITH IVY](#)

[RECLINED WORKOUTS FOR DISABLED AND INFINIFAT FOLKS](#)

[RESTORATIVE YOGA SERIES](#)

[TRANS FITNESS B*TCH](#)

Section 1: For Movement Enthusiasts

HOW TO FIND AN AFFIRMING PERSONAL TRAINER:

One effective way to reintroduce movement into your routine is by collaborating with a supportive movement practitioner. Depending on your location and available resources, finding a suitable provider may not always be straightforward. When seeking a trainer, it is advisable to look for someone who conducts a phone or in-person consultation prior to commencing training. This initial interaction can help you assess if they are a good match for you. A competent movement practitioner should prioritize discussing your unique requirements, interests, objectives, and previous movement experiences.

Remember, you are the foremost expert on your body, having known it since birth. Regardless of the number of books read, degrees attained, or years of medical training completed, no one can understand your body better than you.

It is essential to collaborate with someone who respects your needs and approaches the process with compassion. While personal trainers play diverse roles, they may not always be equipped to address all your needs nor should they want to. In some situations, you might benefit from the expertise of a Registered Dietician, Licensed Mental Health Therapist, Physical Therapist, or Primary Care Physician. Movement practitioners should always stay within their area of expertise and have a reliable network of vetted professionals for referrals. Even if a trainer claims to have extensive experience in a specific area, it is irresponsible to operate beyond their scope of practice.



Section 1: For Movement Enthusiasts

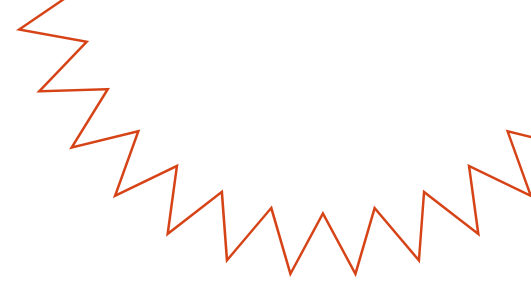
HOW TO FIND AN AFFIRMING PERSONAL TRAINER CONTINUED:

Here are some questions you can ask a potential trainer to check if they may be a good fit for you:

- In what ways do your services improve accessibility?
- Do you utilize any mitigation strategies to help reduce the spread of airborne pathogens in your facility and when working directly with clients?
- Does your physical space expand structural accommodations to support access needs around vision, hearing, sensory, cognition, mental health?
- What's your training philosophy? Do you feel like my goals align with these?
- I see that you've been training for x years, how diverse is your clientele (BIPOC, queer, trans, in larger bodies, over 65, disabled)?
- Have you had any specific training in queer, trans and gender-affirming care?
- How do you create an environment of autonomy and collaboration?
- Do you offer sliding scale services?
- Do you offer services specific to people with disabilities?
- Do you offer nutrition advice? If so, what's your background?
- Do you refer to other healthcare professionals, if needed? If so, are they also affirming?
- Do you offer services that promote intentional weight loss?
- Are you familiar with the updated Health at Every Size (HAES®) principles?



Section 2: For Movement Professionals



If you have found this guide, you are on a solid path towards offering services and spaces that prioritize compassion, equity, and harm reduction. Keep in mind that this journey involves continuous learning and unlearning to build upon. Developing business practices aligned with these values requires time and dedication; there are no instant solutions or shortcuts to fully engage in this process.

ESSENTIALS TO INCLUSIVE FITNESS

Honor the whole person, not who you think they “should be” or “could be”

Every person carries a unique experience with how their body shows up in this world. The choice of a person to engage in purposeful movement (or not) should have no impact on a person’s intrinsic value whatsoever. Everyone has the right to cultivate (or not) movement practices that suit their needs. As movement practitioners we must work through our internalized narratives around “getting better” and using movement to become “your best self.” As it is rooted in ableism and healthism. There is nothing wrong with enjoying movement and the many non-aesthetic benefits it can bring. However, our job isn’t to fix people with fitness, as ALL humans are whole and complete-not broken (with or without engaging in fitness). It’s ableist when we assume certain bodies need fixing.

Healthism puts the moral obligation on a person to maintain “good health” (whatever that even means) and blames a person for when they are unable to do so without taking into account factors that are beyond our control. The medical, diet and fitness industries all determine the values we place on bodies based on size, health status, and body function to name a few ways. Our bodies don’t need to be a certain way to be valuable. NO ONE is disposable. That’s why the pervasive desire to “get better” via exercise (if not truly unpacked) can be extremely painful, dehumanizing, and triggering for so many people, even though the idea seems harmless.

Section 2: For Movement Professionals

ESSENTIALS TO INCLUSIVE FITNESS CONTINUED

Proactively and explicitly aim to create spaces that are: trauma informed, harm reductionist, fat-affirming, accessible, anti-racist and ethical.

Historically fitness and movement spaces have not been welcoming to people from oppressed groups. Therefore, it is important to be explicit in acknowledging that Black, Indigenous, and People of Color, trans/gender expansive/queer people, super & infinifat folks, people over the age of 65 and people with disabilities are disproportionately impacted by barriers to healthcare and wellness services due to systemic and institutionalized systems. Make a commitment to continuously engage in anti-oppression, racial justice and equity work.

Value Lived Experience Over “Expertise” Always

Refrain from invalidating people’s experiences, no matter how far they deviate from your assumptions and preconceived ideas.

Strive for Collective Access

Create and explore ways of doing things that go beyond non-disabled and neurotypical norms. Access needs aren’t just for disabled folks, non-disabled people have access needs too. For example, financial accessibility can be a huge barrier for many people, so consider sliding scale or “pay it forward” models, if your activity isn’t already free.

Divest from Diet Culture

Diet and toxic fitness culture work in direct relation to each other and they both exist because of white supremacy and capitalism. In the US, the weight loss & “wellness” industries are worth \$90 billion and counting. As a fitness or movement practitioner, it’s important to be reflective on your beliefs and relationship with food. Never assume people: can, should, want to or need to engage in intentional weight loss. By doing so you are directly extending harm. You cannot tell by looking at folks what they eat, how much they move their body, if they are “healthy” or sick, if they have an eating disorder, what their gender is, or what their body can or cannot do. Notice the assumptions you make based on your social and cultural conditioning and then question and challenge them.

Section 2: For Movement Professionals



ESSENTIALS TO INCLUSIVE FITNESS CONTINUED

Provide More Information Upfront

Lay out the whole plan early on, whether in online class descriptions or before kicking off in-person. Everyone benefits from a clear plan upfront, especially neurodivergent folks and people with disabilities. This practice honors the autonomy of your participants. More information upfront allows folks to have a clear idea of what they are consenting to when they join your movement or fitness space.

Rest is Essential, Not Earned

Rest is not simply stopping/pausing physical activity and it never has to be earned. Create a culture that encourages the practice of self-care to address each individual's critical needs. This will vary from individual to individual. Pay attention to pace and resist urgency, this allows for us to create a sustainable, long-term relationship with physical movement. Respect and trust in all bodily cues, especially pain and exhaustion. Pushing past limits does not make anyone better or stronger, but it can put them at risk for serious injury and a disordered relationship with their body. Create a culture of safety that encourages folks to explore their own limits and potential.

Make the Time to Listen

Being inclusive is not a destination you can arrive at and be done with. The most inclusive spaces are the ones that value open and honest reciprocal communication amongst all involved. Change does not happen in a vacuum. You have to reach out, remove barriers, get curious, and make it easy for folks to give genuine feedback about their experience and your impact. You cannot perfectly anticipate every single need that is going to come up for people and that shouldn't be the goal. You CAN stay committed to actively listening whenever concerns arise and hold yourself accountable to the values you claim. Try to see every fumble as an opportunity to learn something you didn't know before. Slow down the process and your reactions.

Be fully transparent in highlighting the social justice movements that have informed your practice

It's also important to pay social justice consultants, guest speakers, and co-facilitators equitable rates for our labor and collaboration. Also, prioritize ordering products and services from BIPOC owned businesses in your local area. Specifically, if you are a gym or studio owner, it is important to genuinely do the work in leveraging resources to undo inequity. This means working alongside and in conversation with marginalized communities to achieve equity and justice. That requires building awareness of your own resources, networks, skills, access, and influence, and leveraging those things in the service of oppressed populations.

Section 2: For Movement Professionals



PRACTICAL TIPS THAT FIT PROS CAN IMPLEMENT IMMEDIATELY:

Assess yourself, your offerings and/or your physical space to gauge what areas need improvement:

- **Shift your orientation of movement:**
 - **Move away from toxic fitness practices like:**
 - Punishment & reward
 - Competition (with self or others)
 - “Push through the pain” mentality
 - Healthist, sizest, and ableist assumptions
 - **Move towards:**
 - Promoting intuitive movement and somatic integration
 - Expanding your understanding of fitness
 - Centering affirming movement goals, rather than aesthetic goals
 - Improving cueing, including body appreciation cues
 - Making movement fun
- **Assess your Positionality:** in relation to power and privilege, check your implicit biases and the current level of inclusion you offer.
- **Review your intake forms to ensure they are inclusive**
- **Assess your process of onboarding clients:** (are their barriers to accessing your offerings (financially, structurally, and beyond)
- **How diverse is your staff:** and are they equipped to provide support to clients with intersecting identities of oppression? ***Remember connecting with marginalized communities in ways that aren't oppressive and exploitative is key.*
- **Connect with Community:** Learn what Indigenous land you occupy and make a practice to consistently donate to tribal organizations, connect with local LGBTQIA+ centers and find ways to partner, create fundraisers and donate to local communities (especially Black, trans led initiatives).
- **Create an Anti-oppression Statement:** and share exactly what your business is about. Work with your members and staff to Create Community standards and highlight those on your website.
- **Educate all Frontline Staff:** making sure you have consistency when providing support for marginalized communities.
- **Be mindful of your Gender Essentialism** when providing services and creating courses.

Section 2: For Movement Professionals



SUPPORTING QUEER, TRANS AND GENDER EXPANSIVE CLIENTS

KEY TERMS

- **Aliagender:** someone who defines their gender as “other” than man or woman. It was coined as a way to talk about a third gender without appropriating the term Third Gender from other countries.
- **Assumed Gender:** The gender a person is assumed to be in society, based on their sex assigned at birth and/or their gender presentation.
- **Binary sex:** an oppressive social construct that fails to map on to biological reality; assumes there is a strict male/female binary of genders where everyone is either 100% only male or 100% only female.
- **Biological Determinism:** The idea that your physical body controls and determines human behavior, is the primary basis for building social constructs in westernized countries.
- **Bioessentialism:** Short for biological essentialism. Reliance or weaponization of biology in an attempt to disprove trans people’s genders. Common bioessentialist arguments reduce people to their chromosomes (though there are more than 30 chromosome combinations that people have); their genitalia (though there are many natural variations); or their binary gender (though gender and sex are not binary).
- **Biological sex:** A term that has been weaponized against the transgender community. Preferred terminology is “sex assigned at birth.” (see “assigned sex”). For more information on the complexity around “biological sex,”.
- **Born male/female:** cissexist terminology that is erasing of one’s actual gender, reducing them to the gender they were assigned at birth.
- **Cisgender:** A term used by some to describe people who are not transgender. “Cis” is a Latin prefix meaning: “on the same side as” and is therefore an antonym of “trans”. A more widely understood way to describe people who are not transgender is simply to say non-transgender people.
- **Cisnormative:** the state of cisgender being considered the default, putting cisgender identities and people above trans/nonbinary identities and people (ex. healthcare not addressing the effects of medication or illnesses on trans bodies).

Section 2: For Movement Professionals



SUPPORTING QUEER, TRANS AND GENDER EXPANSIVE CLIENTS

KEY TERMS CONTINUED

- **Cissexist:** showing or feeling discrimination or prejudice against transgender people. “many trans people have come up with language to describe the cissexist world they see around them”.
- **Gender:** The socially constructed concepts of masculinity and femininity; that are deemed the “appropriate” qualities accompanying biological sex.
- **Gender-Affirming Care:** any medical or health intervention that supports people in feeling affirmed in their bodies; this may include surgery, hormones, voice therapy, psychotherapy.
- **Gender Binary:** A classification system consisting of two genders, man and woman. A concept or belief that there are only two genders and that one’s biological or birth gender will align with traditional social constructs of masculine and feminine identity, expression, and sexuality.
- **Gender Dysphoria:** being uncomfortable, unhappy, or dissatisfied with some part of your looks/ titles/pronouns/names/anatomy with regards to your body. Can be physical dysphoria in not liking how your body looks or what anatomy it has. Can be social dysphoria in not liking the associations with your name, pronoun, or titles. Dysphoria can be physical or mental pain/discomfort or disassociating with your gender in some way. Both cisgender and trans/nonbinary people can experience dysphoria. Dysphoria is not required to identify as trans/nonbinary.
- **Gender Essentialism:** the theory in which there are certain innate biological or behavioral characteristics tied to gender based on hormonal or genetic differences. For example, cisgender women who cut their hair short and dress in a more traditionally masculine style can also be misgendered.
 - **Examples of Gender Essentialism in Sports and Fitness:**
 - Anti-trans hatred: excluding trans women from playing in sports or on a team aligned with their gender.
 - The myth that cis women are weak and helpless needing protection from trans women in sports.
 - Gender fitness spaces: ex: “the free weights section is for men and cardio section for women”

Section 2: For Movement Professionals



SUPPORTING QUEER, TRANS AND GENDER EXPANSIVE CLIENTS

KEY TERMS CONTINUED

- **Gender Expansive:** An umbrella term sometimes used to describe people who expand notions of gender expression and identity beyond perceived or expected societal gender norms. Some gender-expansive individuals identify as a mix of genders, some identify more binarily as a man or a woman, and some identify as no gender. Gender-expansive people might feel that they exist among genders, as on a spectrum, or beyond the notion of the man/woman binary paradigm. Sometimes gender-expansive people use gender-neutral pronouns but people can exist as any gender while using any pronouns. They may or may not be comfortable with their bodies as they are, regardless of how they express their gender. Gender Expansiveness Conveys a wider, more flexible range of gender identity or expression than typically associated with the binary gender system.
- **Gender Expression:** The manner in which a person communicates their gender to others through external means such as clothing, hair-styles, appearance, and/or mannerisms. While most people's understandings of gender expressions relate to masculinity and femininity, there are countless combinations that may incorporate both masculine and feminine expressions—or neither—through androgynous expressions. An individual's gender expression does not automatically imply one's gender identity.
- **Non Binary:** is a spectrum of gender identities that are not exclusively masculine or feminine—identities that are outside the gender binary.
- **Non Men:** a term that can be used to refer to folks who may exist beyond the gender binary but don't necessarily identify as women.
- **Queer:** Not fitting traditional ideas about gender or sexuality. Traditionally a pejorative term, queer has been appropriated by some LGBT people to describe themselves. However, it is not universally accepted even within the LGBT community and should be avoided unless someone self-identifies that way.
- **Transgender:** a descriptor of people whose gender/lives are illegible, denied or marginalized by binary/colonialist systems. Some trans people are nonbinary, some nonbinary people are trans and there are no rules/categorizations that apply to all. *NOTE* Transgender is a socio-political identity crafted by (mostly) white binary trans people. It was created as a concept in the 1990's to be inclusive of white gender expressions and create political unity. - b. Binaohan 'decolonizing trans/gender 101

Section 2: For Movement Professionals



SOME CONSIDERATIONS IN SUPPORTING TRANS, QUEER AND GENDER EXPANSIVE CLIENTS

GENDER DYSPHORIA

This is important to be mindful of in fitness as physical spaces are often gender essentialist against the backdrop of an anti-trans society at large.

Be mindful of the language used when referring to a person's specific body parts (especially body parts that are already gendered) as this can be very triggering to some folks.

Example: when talking about a person's hips when cueing deadlift form. Want to make sure your cues align with a person's vision of their body.

So you can say something like: *"pretend like you're trying to close a car door using your trunk."*

MORE LIKELY TO HAVE HISTORIES OF HARMFUL EXPERIENCES WORKING WITH PERSONAL TRAINERS

Most queer, trans and gender expansive people have and continuously experienced harm in the fitness industry. We have to work extra hard to counteract that. It's important to be intentional in asking everyone what their previous experience was like in working with a trainer and this particularly impactful for folks in the LGBTQIA+ communities. You can ask questions like: *"What are some things you like and disliked when working with your last trainer?"* or *"Why do you feel the experience didn't work out?"* if they've seen a trainer before, and if so, how was that experience. Always remember to create an environment that allows for folks the autonomy to navigate this experience.

INTERSECTING IDENTITIES OF OPPRESSION

It's important to recognize that trans, queer and gender expansive folks often have multiple intersecting identities of oppression (i.e. race, body size, ability, class and medical status) which drastically impacts the way the world treats them. As an affirming trainer it is important for you to be mindful of how do these identities intermingle and ultimately impact the ways in which they are able to engage in movement.

Section 2: For Movement Professionals

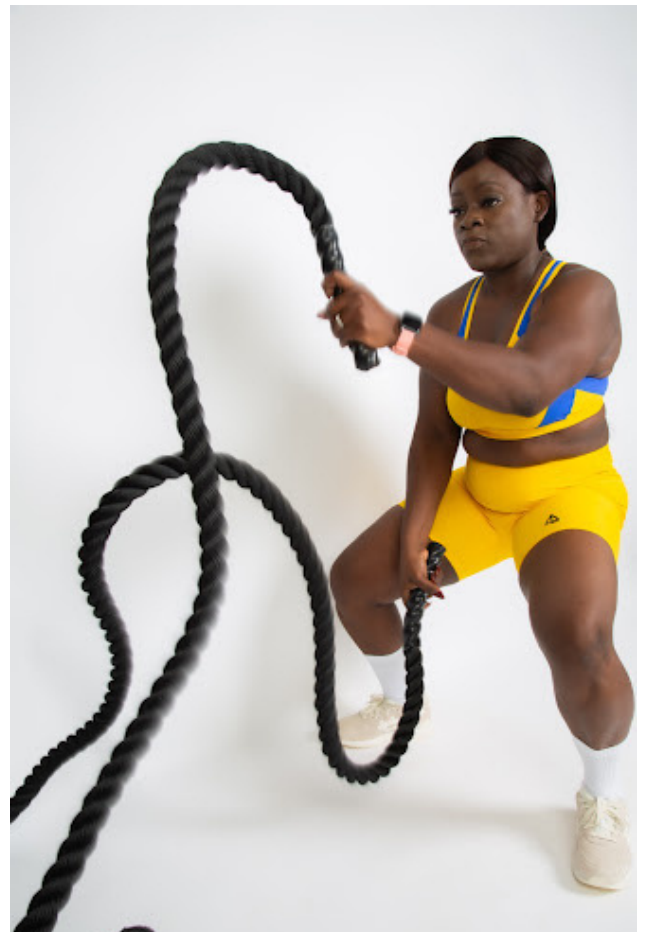
SOME CONSIDERATIONS IN SUPPORTING TRANS, QUEER AND GENDER EXPANSIVE CLIENTS

HIGH PREVALENCE OF EATING DISORDERS (TRANS AND GENDER EXPANSIVE POPULATION):

For folks who don't have access to adequate gender affirming medical care, modifying the body to align with one's gender truth through movement and food can also be life sustaining. It's a layered connection because this can also lead to a disordered relationship with food and movement. Trans people experience higher rates of eating disorders and exercise addiction than any other group of people; current research indicates that trans folks have a two to four times higher rate of eating disorders than the white, 20-something cisgender women who were previously believed to have the highest rate of EDs. It is important to recognize that eating disorders and exercise addiction are serious, life-threatening mental illnesses that require compassionate, knowledgeable, care that is rooted in harm reduction.

HORMONE LEVELS AND GENDER AFFIRMING SURGERIES (PRE/POST OP):

More than trans folks undergo gender affirming surgeries and take HRT. Some things to be mindful of: When undergoing testosterone therapy, individuals may experience an increase in muscle mass and a decrease in subcutaneous fat stores. On the other hand, estrogen therapy in tandem with testosterone blockers can lead to a more significant fat distribution in hips, thighs, and breasts. It can also lead to changes in tolerance to exercise.



Section 2: For Movement Professionals



SUPPORTING CLIENTS IN LARGER BODIES

KEY TERMS

Fat Spectrum Designed by Ash & Jordan Underwood

Small Fat: (size 18 and lower)

Mid Fat: (size 20-24)

Lane Bryant Fat: Fat folks who can shop at plus size retailers, such as Lane Bryant, which carries W Size 28, with no issue coined by Roxanne Gay.

Super Fat: (size 26-32)

Infinifat: (size 34+), those at the highest end of the spectrum.

Body Liberation: the freedom from social and political systems of oppression that designate certain bodies as more worthy, healthy, and desirable than others. Body liberation exists to dismantle the societal standard of bodies that are white, non-disabled, cisgender, thin, or fit as superior, worthier, or inherently healthier than any other bodies.

Body Politics: the practices and policies through which powers of society regulate the human body, as well as the struggle over the degree of individual and social control of the body.

Body Politics (thru a feminist lens): Bodies are sites in which social constructions of differences are mapped onto human beings. Subjecting the body to systemic regimes – such as government regulation – is a method of ensuring that bodies will behave in socially and politically accepted manners. The body is placed in hierarchized (false) dichotomies, for example, masculine/feminine; mind/body; non-disabled/disabled; fat/skinny; heterosexual/queer; and young/old. Furthermore, these dichotomies illustrate that public/private borders are unstable.

Section 2: For Movement Professionals



SUPPORTING CLIENTS IN LARGER BODIES

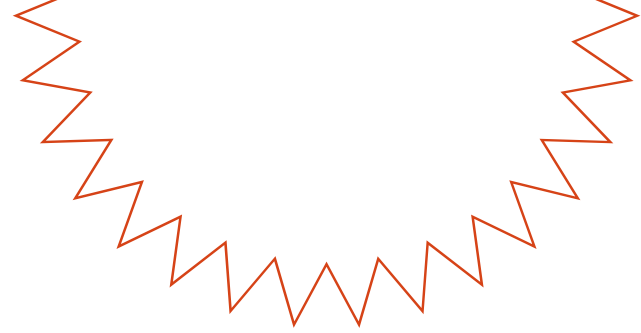
KEY TERMS

Body Positivity: Body positivity was not developed as a thing to be commodified. The concept of body positivity grew out of the fat acceptance movement and the scholarship of fat activists, first and foremost. The concept of body positivity was created to help folks stop hating their bodies and to promote fat acceptance, even when the rest of the world has told them otherwise. It was a community of folks rejecting traditional beauty ideals and embracing what they looked like. “But even within that movement, people of color were often silenced and overlooked by mostly fat white womxn dominating the conversation. Black womxn especially had long been talking and writing about how their Blackness informed how they experienced fat antagonism. What most people don’t understand about body positivity [is that it started in response to] white society’s fear of the racial Other.” - [Sherronda Brown](#)

Body Positivity Today: While the core of this message is still there, body positivity as a whole has shifted. It has turned away from its roots of fat liberation. Now, it has become a way for traditionally thin white able bodied women to proclaim their love for their body. Body positivity no longer challenges beauty ideals perpetuated by diet culture. It’s become “loving your body despite your flaws” instead of just appreciating your body for what it is. Now, businesses are marketing & exploiting the body positivity movement.

Exercise: “Exercise isn't inherently bad, but the connotations most of us have with the term reek of diet culture, fatphobia, and using movement to atone. The term can be triggering for many of us. We relive the torture of being a fat kid in gym class. Relieve being physically or verbally abused/overly sexualized for wearing a suit to swim. Some still endure the trauma of eating & exercise disorders.” - [Shannon Kaneshige](#)

Section 2: For Movement Professionals



SUPPORTING CLIENTS IN LARGER BODIES

KEY TERMS

Fat Acceptance: Fat acceptance is believing that “bodies come in all shapes and sizes, and that all bodies have equal value.

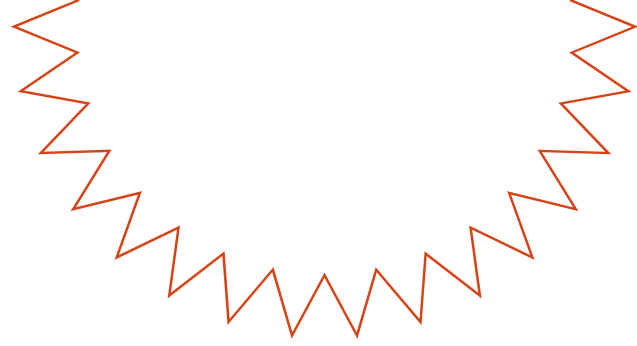
Fat Acceptance Movement: The fat acceptance movement (also known as fat pride, fat empowerment, fat liberation and fat activism) is a social movement seeking to change anti-fat bias in social attitudes by raising awareness among the general public regarding the oppression fat people experience. The modern fat acceptance movement began in the late 1960s. Besides its political role, the fat acceptance movement also constitutes a subculture which acts as a social group for its members.

Fat Activism: a political movement that advocates for the rights and dignity of fat people.
Fatphobia: The institutionalized societal + medical size and weight discrimination against people with fat bodies. (Also: The fear and/or hatred of fat bodies.)

Anti-Fat Bias: The stigmatizing belief that bodies should be thin and/or muscular to fit within commonly held standards of beauty, fitness, and health. Pervasive anti-fat biases have serious ramifications such as discrimination in education, hiring, and employment; personal relationships with family members and potential partners; as well as life-threatening health disparities resulting from doctors’ misdiagnoses or refusal to treat patients until they lose weight. Weight stigmatization or bias can also result in fat persons’ internalization of a negative self-image and/or harmful eating and exercise practices in an attempt to lose weight.

Fatphobia dates all the way back to the Trans Atlantic Slave Trade. When colonizers invaded Africa, they found that Black people were “too big, too curvy, too sensuous.” Even though at the time, White Women in France were curvy and seen as “ideal.” It was only when they found this too was occurring in Africa, that it became a problem. - Toni Wilson M.S.W.

Section 2: For Movement Professionals



SUPPORTING CLIENTS IN LARGER BODIES

KEY TERMS

Health at Every Size® or HAES®: “Health at Every Size (HAES) is now something of a buzzword, and a concept that registered dietitians and clinicians who treat eating disorders like anorexia are embracing with open arms. However, it has its roots in the fat, queer, feminist rebellion of groups like the Fat Underground. The trademark for the term is owned by the Association for Size Diversity and Health (ASDAH), but the origins of Health at Every Size are older than ASDAH by decades. And while Lindo Bacon's 2008 book ‘Health at Every Size: The Surprising Truth About Your Weight’ is often credited with creating the movement, it is a movement that has been building since that seminal Central Park “fat-in” in the 1960s. Intuitive Eating was popularized by the book by Evelyn Tribole and Elyse Resch, but the anti-diet concept dates back to Susie Orbach’s 1978 book *Fat is a Feminist Issue* (which dealt with “compulsive eating”), which helped inspire *The Fat Liberation Manifesto*.

Health at Every Size takes the core tenets of the fat acceptance movement, coined by radical fat activists, and applies them to a weight-neutral approach to healthcare. The ideas behind HAES as a movement were painstakingly advanced by fat activists over the course of decades, which is important to remember as these concepts go mainstream. Intuitive Eating and the “anti-diet” approach are offshoots of the work these activists did to question the conventional wisdom around how we eat. As these concepts become more widely known, it is not unusual for their tenets to be co-opted by diet culture. Remember that social justice and discrimination against fat people are at the heart of HAES and Intuitive Eating, so it’s vital that these movements not exclude the very people they were created by and for.”

HAES® updated Principles can be found [HERE](#)

Section 2: For Movement Professionals

SUPPORTING CLIENTS IN LARGER BODIES

KEY TERMS

Healthism: puts the onus of one's health solely on the individual and largely disregards the larger system and institutional structures that can directly (or indirectly) produce challenges to one's ability to engage in healthy practices (Crawford, 1980).

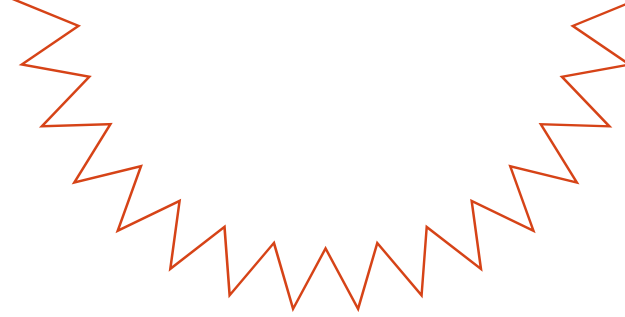
Medicalization: There are two general meanings that are connected as health and illness are determined by medical professionals and these meanings provide these medical professionals with power to make decisions about society (Crawford, 2006.)

1. Social understanding of deviance considered through a medical lens. Thus, what is considered an illness is stigmatized and utilized in society and given 'validity' through its connection to medicine.
2. Medical practitioners use authority and are treated as all knowing even in areas outside of their scope of work.

Nutritionism: is the dominant paradigm of nutrition science, the center of western society's measurement of health and nutrition, and has been taken advantage of by the food industry to sell products (scrinis, 2008). Nutrition, as it is thought and practiced with the dominant paradigm, is reductive (reducing food and diet down to component parts) and constantly changing, leading to confusing understandings about food and bodily health.

Nutritional gaze: Food is thought of in terms of its nutrient components which detracts from other ways of engaging in food experiences like what it feels like to eat a meal or cultural aspects to food. It prevents the intimacy between foods we consume and ourselves.

Section 2: For Movement Professionals



SUPPORTING CLIENTS IN LARGER BODIES

EVEN IN BODY POSITIVE SPACES LARGER FAT BODIES ARE STILL BEING EXCLUDED

It's important to recognize that when we describe spaces that are inclusive of larger bodies we are still primarily talking about smaller fat, cisgender, non-disabled people. While they may certainly experience their share of anti-fatness I want to highlight that the anti-fatness experienced by super and infinifat people is particularly extreme and limits their ability to fully participate in public life due to institutionalized sizeism. Anti-fatness at its core is also racialized, gendered and ableist.

Statistically fat people (especially Black, Indigenous and people of color) often lack the resources to have access to clothes that fit well and don't cause chafing, supportive shoes, reliable transportation etc. They more than likely were harassed, heckled and gawked at on the way to you and may experience some of the same in your fitness spaces. They will continuously be blamed for their size and how their body shows up. So please remember that it took a lot for them to come work with you in person.



Section 2: For Movement Professionals

SUPPORTING CLIENTS IN LARGER BODIES

MORE THINGS TO CONSIDER

You should aim to be more than Weight Neutral when it comes to providing affirming services. Make it explicitly clear publicly that you are inclusive and affirming of all sizes in your social interactions and physical spaces.

- Display physical and virtual signifiers that you are explicitly participate in fat liberation practices.
- Make sure you have staff & trainers with diverse body sizes.
- Make sure you have intake forms that is fat affirming and inclusive
- Make sure you have equipment that has capacity to support larger bodies and room for larger bodies to maneuver in between equipment.
- Push past your discomfort in working with larger bodies it's just as bad when you ignore larger folks especially in group settings where you are assisting other people. It's important to broaden your clinical skill set and learn how to engage with and train folks with diverse body sizes.
- Reminder: much of standard forms for exercises has been perfected by white cisgender men with smaller bodies. It's also ok if your client's form doesn't look exactly like theirs.
- If you're a trainer, don't just "know" what proper form looks like — know why it's proper form. Know what rules can be broken and don't be afraid to break them. Accept "safe movement" over "perfect form."
- Be mindful of creating workout plans with folks that are in larger bodies, that involve them transitioning from sitting to standing frequently, especially lying to standing. This may cause orthostatic conditions (drop in Bp) and can just be very difficult as well as discouraging.
- Don't assume all your fat clients want to lose weight
- Help with mobility and conditioning
- Large lifters do have different mechanical challenges

Section 2: For Movement Professionals

SUPPORTING CLIENTS WITH DISABILITIES, CHRONIC PAIN AND CHRONIC ILLNESS

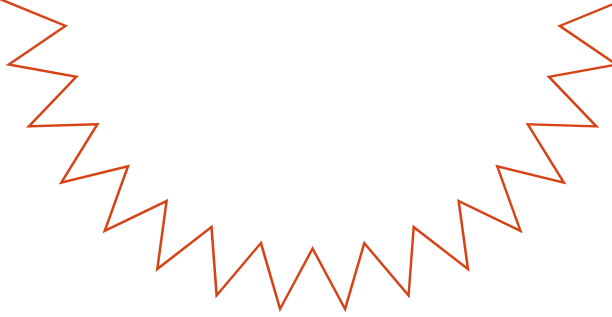
KEY TERMS

Ableism: A working definition from Talila “T.L.” Lewis updated January 2022, developed in community with disabled Black/negatively racialized folks:

- A system of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness. These constructed ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism. This systemic oppression that leads to people and society determining people's value based on their culture, age, language, appearance, religion, birth or living place, "health/wellness", and/or their ability to satisfactorily re/produce, "excel" and "behave." You do not have to be disabled to experience ableism.

Disability: An impairment that may be cognitive, developmental, intellectual, mental, physical, sensory, size, psycho-social, medical/injury or some combination of these. It substantially affects a person's life activities and may be present from birth or occur during a person's lifetime.

Disability Justice: is a framework that examines disability and ableism as it relates to other forms of oppression and identity (race, class, gender, sexuality, citizenship, incarceration, size, etc.). A disability justice framework understands that: All bodies are unique and essential. All bodies have strengths and needs that must be met. We are powerful, not despite the complexities of our bodies, but because of them. All bodies are confined by ability, race, gender, sexuality, class, nation state, religion, and more, and we cannot separate them.



Section 2: For Movement Professionals

SUPPORTING CLIENTS WITH DISABILITIES, CHRONIC PAIN AND CHRONIC ILLNESS

KEY TERMS CONTINUED

Invisible or Hidden Disability: an invisible or hidden disability is a physical, mental or neurological condition that is not visible to the observer, yet can limit or challenge a person's movements, senses, or activities. Unfortunately, the very fact that these symptoms are invisible can lead to misunderstandings, false perceptions, and judgments. Some common invisible disabilities include: chronic dizziness, chronic fatigue, chronic pain, mental illness and autism.

Person First Language: Person-first language (PFL) is a way of speaking that emphasizes the person, rather than their disability, disease, or condition. It's a best practice when writing about people with defined diseases or mental health disorders, and it aims to avoid language that stigmatizes or dehumanizes people. For example, instead of saying "diabetic" you might use "person with diabetes." PFL is important because it acknowledges that disabilities don't define people, and it can help to encourage movement professionals to consider the whole person, not just their condition. It's always best to ask a person what language they prefer.

Spoonie: The term was coined in a 2003 essay by writer Christine Miserandino. In the essay, Miserandino describes her experience with chronic illness, using a handful of spoons as a metaphor for units of energy available to perform everyday actions.

Section 2: For Movement Professionals

SUPPORTING CLIENTS WITH DISABILITIES, CHRONIC PAIN AND CHRONIC ILLNESS

“Be mindful of viewing folks (especially people with disabilities, chronic illness, over the age of 65, in larger bodies) as fragile beings automatically needing to engage in “corrective exercise”. Many times corrective exercises (while they can be helpful) have promoted a fear-based adherence to traditional (outdated) biomedical perspectives of anatomical-biomechanical causes in the fitness and healthcare industry. Some pretty cool (but frustrating) peer reviewed studies over the last 4-6 years have shown that this fear of movement and negative approach has potentially caused MORE exercise avoidance and increased morbidity in the US. You are not a cadaver. You are not a fragile eggshell. Science doesn’t support the idea that your spine will explode if you deadlift with a back that isn’t perfectly neutral. Humans are resilient adaptive organisms, we are not “machines.” We can educate our clients on ways they can manage load, volume, and work within a ROM that does not cause harm.” - **Kit Myers**



Section 2: For Movement Professionals

SUPPORTING CLIENTS WITH DISABILITIES, CHRONIC PAIN AND CHRONIC ILLNESS

ITS NOT DISABLED VERSUS NON-DISABLED PEOPLE.
IT IS A COLLECTIVE VERSUS ABLEISM.
WE MUST ALL BE AWARE OF OUR INTERNALIZED ABLEISM



Communities of Color to be understood as less capable, smart & intelligent, therefore “naturally” fit for slave labor.

Queer & Trans People to be institutionalized as mentally disabled.

Women’s bodies to be used to produce children, when, where and how cis men need them.

People With Disabilities and Larger Bodies to be seen as “disposable” in a capitalist & exploitative culture.

Immigrants to be thought of as a “disease” that we must “cure” because it is “weakening” our country

Violence cycles of poverty, lack of resources and war to be used as systematic tools to construct disability in communities and entire countries.

source: Mia Mingus

Section 2: For Movement Professionals

SUPPORTING CLIENTS WITH DISABILITIES, CHRONIC PAIN AND CHRONIC ILLNESS

THINGS TO CONSIDER

Ensure Your Practice is Rooted in a Disability Justice Framework

Disability Justice Understands That:

- All bodies are unique and essential.
- All bodies have strengths and needs that must be met.
- We are powerful, not despite the complexities of our bodies, but because of them.
- All bodies are confined by ability, race, gender, sexuality, class, nation state, religion, and more, and we cannot separate them.

- [Patty Berne, Executive Director of Sins Invalid](#)

Moving Beyond Physical Accessibility: While adhering to ADA regulations in your physical space is the necessary baseline for offering affirming services.

Diversify your understanding of disability:

- More than people in wheelchairs
- Physical Challenges
- Neurological Challenges
- Sensory Challenges
- Psycho-social Challenges

Here are some other accessibility options to be mindful of:

- **Is it mobility friendly?** Is the surface level or is it sloped or uneven? Are there mats or other floor covering that may make it difficult to navigate? Has equipment been left in pathways? Are there disabled parking stalls routinely available?
- **Is it sensory friendly?** Is there loud music? Are there bright lights? Are there strong fragrances or odors? Are there blankets, mats, and cushions available?
- **Is it size, ability, and experience friendly?** Is the space genuinely judgment free? Is it welcoming to novices? Is it size affirming? Is it free of toxic fitness culture and microaggressions?

Making your Virtual Space Accessible by [Using Universal Design Principles](#)

Section 2: For Movement Professionals

SUPPORTING CLIENTS WITH DISABILITIES, CHRONIC PAIN AND CHRONIC ILLNESS

MORE THINGS TO CONSIDER

- **Create a Culture of Safety:** that encourages folks to explore their own limits and potential. Alignment is not a prescribed thing but a way of moving safely. This means understanding common contraindications (such as spinal flexion with osteoporosis), and not judging one form as better or more advanced than another.
- **Adapt Movement Practices:** There are many helpful techniques to make movement accessible. These techniques include using props to support the body, changing the orientation of movement, discussing what specific joints dissecting movement into parts, etc.
- **Offer Multiple Levels of the Same Practice:** By doing so we can integrate people of different abilities into the same class rather than constantly segregating people by ability. This is an essential step toward true inclusion of people with disabilities.
- **Be Alert to Ableist Microaggressions:** Avoid deficit framing that highlights what a person “can’t do” or presents their body [part] as “bad.” Instead try frames like: meeting the body where it is, nurturing the body, finding joy, pleasure, freedom, or empowerment through movement.
- **Set Community Norms for Your Physical or Virtual Space Early and Often:** It’s best to make a brief statement of the “norms” or “ground rules” of the space at the start of any activity. Think beyond basic respect to values like “non-competitive” and “body acceptance.”

Section 2: For Movement Professionals

SUPPORTING CLIENTS WITH CHRONIC PAIN

THINGS TO CONSIDER

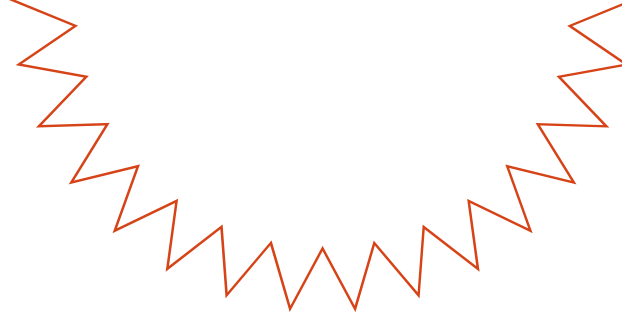
Create Spaces That Support Folks with Chronic/Persistent Pain:

Chronic pain (also known as persistent pain lasting longer than 2 months) is not ordinary pain that endures, but a different condition. It is not the duration of pain that characterizes persistent pain, but the inability of the body to restore normal functioning.

“With chronic pain a feedback loop in the brain is created to continue increasing the pain signals much like the brain produces mounting cravings to satiate a need for an external substance when a person is addicted. The perception of pain increases and worsens over time, becoming even more difficult to modulate and decrease...” - (Ma'ayan Simon).

Chronic pain can be accompanied by numerous distressing symptoms such as soreness, stiffness, stress, fatigue, irritability, anxiety, general discomfort, and much more. Many chronic conditions also have persistent pain as a symptom such as fibromyalgia. It's important that when assessing our clients we ask about any environmental factors that they may be particularly sensitive to which could exacerbate their condition. For example, some folks with fibromyalgia are sensitive to light which can cause blurred vision and alterations in depth perception. Honor that some folks live with persistent pain and it is not always our job to specifically help eradicate their pain or wait for it to go away completely before we encourage them to engage in movement practices. We must be mindful (for instance in group settings) when we are cueing folks to stop when they feel pain. This can potentially negate the experiences of folks who carry persistent pain during movements. Learn to acknowledge the difference between an acute pain experience and persistent pain.

Section 2: For Movement Professionals



SUPPORTING CLIENTS WITH CHRONIC PAIN

MORE THINGS TO CONSIDER

Adaptable Skills That May be Helpful With Movement

Encourage personal exploration: You can support your client by providing them with guiding questions they can ask themselves such as: *"Am I safe, is this movement OK for me?" "How's my body tension?" "Have I been here before?" "Will I regret performing this movement later?"* Once your client explores some of those questions this may help to promote a sense of empowerment for them in deciding how they want to move forward. This may also help folks to fear the pain less and eventually see it for what it is.

Finding a good dosage that works for your client: You can adjust for: reps, sets, frequency, orientation and loading patterns. Remember focusing on what a client can do and building upon that.

Helping your client to develop a more in tune **Awareness** and **Regulation** process.

Ex. "I notice my breathe." (Awareness)

Ex. "I will only breath in through my nose and slow my exhale for a count of four."

(Regulation)

Section 3: For Movement Pros Continued

UNDERSTANDING THE ROLE AND BUILDING NETWORKS WITH:

Allied Health Professionals: Physical Therapist/PT, Occupational Therapist/OT & Speech Language Pathologist/SLP

o Understanding Roles

- **PT-** the role of a Physical Therapist is to address movement dysfunctions in people who are experiencing pain, or recovering from injury.
- **OT-** the role of an Occupational Therapist is to help people recover from injury or surgery and restore independence to return people to living on their own as independently as possible.
- **SLP-** prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults

o Building Networks

- **PT-** there are a couple of considerations when building a network with a PT. You have to be mindful of where that PT works, what they specialize in.
 - **Direct Access Considerations:** Where the PT works is important because if the PT works in a big clinic, it's likely that the company they work for won't allow partnerships. There are also a lot of Physician Owned Clinics (POPs), meaning that physicians (surgeons) own the PT clinic, also. This generally means that PTs don't accept referrals from anyone outside of the surgeons who own the gym. Your best bet for partnerships with a PT is to find a PT who owns their own practice.
 - Specialization in PT isn't a necessity, but is something to consider when looking for partnerships. There are a few specialties in PT: Orthopedics, Sports, Pelvic Health, Geriatrics, Neurologic, Pediatrics, Cardiovascular and Oncology. PTs don't have to have a specialization, but if they do, you want to make sure it aligns with your business.
- **OT-** these considerations are similar to the ones for PT, although there are different specializations, and lots of places that OTs can work, which I think is worth noting. The different settings that an OT can work in: Skilled Nursing Facility, Long Term Care, Assisted Living Facilities, Outpatient Clinic, (hand therapy), hospice centers, schools, hospitals, NICUs, addiction centers, psychiatric facilities
- **SLP-** building a network with an SLP is somewhat less common than with a PT or OT, but you can still do it! SLPs can work in SNFs, schools, or any of the other places that a PT/OT can work. They can also do specific voice work (I work with one to provide trans voice therapy)

Section 3: For Movement Pros Continued



UNDERSTANDING THE ROLE AND BUILDING NETWORKS WITH:

Allied Health Professionals Continued: Dietitians

- **Dieticians**
 - **Understanding roles**
 - When we talk about understanding roles, it's important to understand the differences between the different types of people who can work in the nutrition field:
 - **Registered Dietician (RD)**- assesses each individual's nutritional status, taking into consideration their medical history, medications, and other factors that may impact their dietary needs.
 - **Nutritionist**- they can perform the same tasks as an RD, except nutritionists usually cannot provide medical nutritional counseling or diagnose or treat illnesses.
 - **Nutrition Coach**- a nutrition coach is a person who has taken nutrition courses, and holds nutrition certifications. They can counsel a person on basic nutrition, but must refer out if there are any underlying mental health problems.
 - **Building networks**
 - Building networks with any nutrition professional can be great for business. If you're looking to partner with people for referrals, be mindful that RDs will charge the most money, while nutrition coaches will be the most affordable. With that, RDs have the most schooling, while nutrition coaches have the least amount of schooling. If you go with a nutrition coach, it's important to understand their background and what classes they've taken, since they will almost definitely have expertise in one area of nutrition (macronutrients, bodybuilding, building muscle etc.)

Section 3: For Movement Pros Continued



UNDERSTANDING THE ROLE AND BUILDING NETWORKS WITH:

Allied Health Professionals: Mental Health Therapist

- **Mental Health Therapists**
 - **Understanding roles**
 - When we talk about understanding roles, I think it's important to understand the differences between the different types of people who can work in the field of mental health:
 - **Psychiatrist:** A psychiatrist is a medical doctor that can prescribe medication, and treat and diagnose medical conditions
 - **Psychologist:** Psychologists have a PhD in a specific form of psychology, which will tell you their clinical specialty. They can make diagnoses and provide individual and group therapy.
 - **Counselors, therapists, clinicians**
 - LPC, Licensed Professional Counselor
 - LMFT, Licensed Marriage and Family Therapist
 - LCADAC, Licensed Clinical Alcohol & Drug Abuse Counselor
 - These people hold masters degrees and perform different kinds of therapy
 - **Clinical social worker**
 - LICSW, Licensed Independent Social Workers
 - LCSW, Licensed Clinical Social Workers
 - ACSW, Academy of Certified Social Workers
 - Everything that counselors, therapists, and clinicians do. They also are trained in advocacy and case management services
 - **Building networks**
 - Building networks with mental health professionals depend on what your goals are. The counselors, therapists, clinicians, and social workers are more commonly client-facing, so this would be a good route to go for folks trying to create a referral source. If you're looking for a doctor's referral, a psychiatrist will work better.

Section 3: For Movement Pros Continued



UNDERSTANDING THE ROLE AND BUILDING NETWORKS WITH:

- **Massage Therapists**
 - **Understanding roles**
 - A massage therapist can play an important role in a health and wellness team as a provider who does the most hands-on muscle and fascia release. Often, they will provide other hands-on services, such as cupping.
 - **Building networks**
 - Creating relationships with massage therapists can be simple, depending on what company the massage therapist works for. You should get to know each practitioner individually to find which therapists align with your values.



Section 3: For Movement Pros Continued

CURRENT PERSONAL TRAINING CURRICULA IS SEVERELY LACKING IN INFORMATION ON WAYS TO SUPPORT DIVERSE BODIES:

As of the time we are writing this in 2024 there aren't currently any laws in the United States that require a person to be certified before identifying themselves as a personal trainer. However, we strongly encourage that any person who is seeking to work with the public first: educate themselves, acquire the necessary practical skills and get liability insurance.

While there have been some improvements made recently ALL of the major personal trainer certification programs (ISSA, ACE, NASM etc.) are severely lacking in providing the education for personal trainers to properly support diverse populations.

Many of the current personal training certifications are rooted in:

- healthism
- ableism
- anti-fat bias and weight stigma
- gender essentialism

The fitness industry is also highly discriminatory to trainers who aren't in thin, cisgender and non disabled bodies. Even if they acquire personal training certifications they are often unable to gain employment in big box gyms or private studios.

We want to honor that there are pockets of trainers who exist outside of the mainstream fitness industry who are creating training, courses and learning material from anti-oppressive and harm reduction frameworks. I strongly recommend that folks engage with this work in addition to their personal training curricula. Much of the ancient wisdom and Indigenous knowledge has been stolen, co-opted and sold back to us in oppressive ways. We have a lot of this knowledge and lived experience that extends far beyond what these curricula could ever teach us.

Section 3: For Movement Pros Continued

RESOURCES FOR ASPIRING PERSONAL TRAINERS

While we couldn't find many resources for those looking to become trainers with limited certifications or organizations that offer scholarships or scaled pricing; online or self-paced programs; virtual study groups. The most we could find that is out as of the time we are writing this are self paced options. We do want to honor the extreme financial barrier that many of these self paced options still carry, while also offering very sizeist and ableist curricula Many of us are working in this field to provide more accessible resources.

- **Self-paced options:**

- **National Academy of Sports and Medicine (NASM)**- \$899 with payment plan options
- **International Sports Science Association (ISSA)** - \$999 with payment plan options
- **American Counsel on Exercise (ACE)**- \$674 with payment options
- **National Counsel on Strength & Fitness (NCSF)** - \$399 with payment options
 - NASM and ISSA are the most nationally recognized
 - Also, some businesses will pay the initial fee for the course, and have some kind of “payback plan” once you’re working. Example: your company pays \$999 for the ISSA course, and then once you’re working, you do a 70/30 split of revenue, until the course is paid off, and then you go to a 50/50 split.

Section 3: For Movement Pros Continued

SUPPLEMENTAL RESOURCES FOR PERSONAL TRAINERS:

ACE SIZE INCLUSIVE FITNESS SPECIALIST PROGRAM

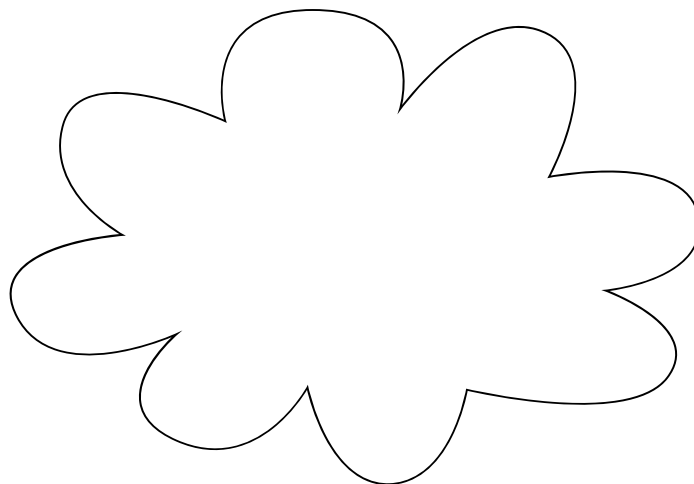
BODY POSITIVE FITNESS ALLIANCE

FITNESS 4 ALL BODIES

LIFT OFF STRENGTH CERTIFIED INCLUSIVE KETTLEBELL COACH

TRAUMA INFORMED WEIGHTLIFTING CERTIFICATE PROGRAM

Section 4: Conclusion



BOOK RECOMMENDATIONS

Belly of the Beast: The Politics of Anti-Fatness as Anti-Blackness by Da'Shaun L. Harrison

Black Disability Politics by Sami Schalk

Body Liberation Project: How Understanding Racism and Diet Culture Helps Cultivate Joy and Build Collective Freedom by Chrissy King

Decolonizing Trans/gender 101 by b. Binaohan

Decolonizing Wellness: A QTPOC-Centered Guide to Escape the Diet Trap, Heal Your Self-Image, and Achieve Body Liberation by Dalia Kinsey

Deconstructing Fitness-Industrial Complex: How to Resist, Disrupt, and Reclaim What It Means to Be Fit in American Culture Edited by Justice Roe Williams, Roc Rochon and Lawrence Koval

Disjointed: Navigating the Diagnosis and Management of Hypermobile Ehlers-Danlos Syndrome and Hypermobility Spectrum Disorders by Anne Maitland

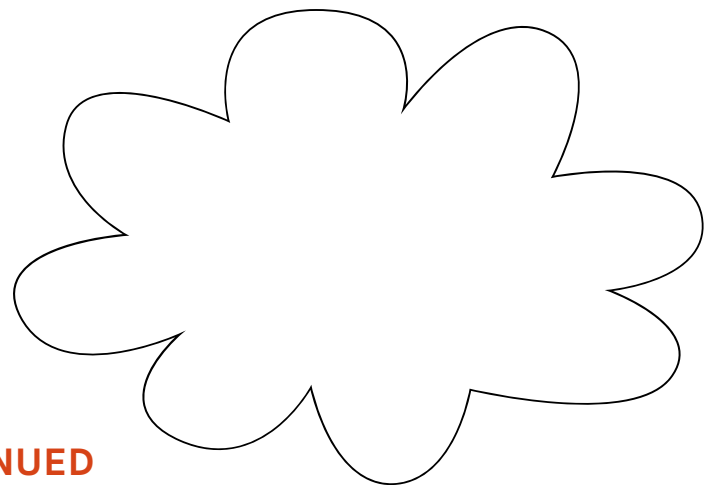
Excessive Bodies: A Journal of Artistic & Critical Fat Praxis and Worldmaking:
<https://journals.library.torontomu.ca/index.php/excessivebodies/issue/view/135>

Everybody Yoga: Let Go of Fear, Get On the Mat, Love Your Body by Jessamyn Stanley

Fat Girls Hiking: An Inclusive Guide to Getting Outdoors at Any Size Or Ability by Summer Michaud-Skog

Fat Talk: Parenting in the Age of Diet Culture by Virginia Sole-Smith

Section 4: Conclusion



BOOK RECOMMENDATIONS CONTINUED

Let This Radicalize You: Organizing and the Revolution of Reciprocal Care

by Kelly Hayes and Mariame Kaba

Movement for Everybody: An Inclusive Fitness Guide for Better Movement-Build Mind-Body Awareness, Overcome Exercise Barriers and Improve Mobility by Marcia Dernie, DPT

Moving Mountains: Writing Nature through Illness and Disability

Edited by Louise Kenward

Practicing New Worlds: Abolition and Emergent Strategies by Andrea Ritchie

Reclaiming Body Trust: A Path to Healing & Liberation by Dana Sturtevant, MS, RD and Hilary Kinavey, MS, LPC

Reclaiming Ugly!: A Radically Joyful Guide to Unlearn Oppression and Uplift, Glorify, and Love Yourself by Vanessa Rochelle Lewis

Rest is Resistance: Free Yourself from Grind Culture and Reclaim Your Life by Tricia Hersey

Returning Home to Our Bodies: Reimagining the Relationship Between Our Bodies and the World--Practices for Connecting Somatics, Nature, and Social Change by Abigail Rose Clarke

Revenge Body by Caleb Luna

Running While Black: Finding Freedom in a Sport That Wasn't Built for Us by Alison Desir

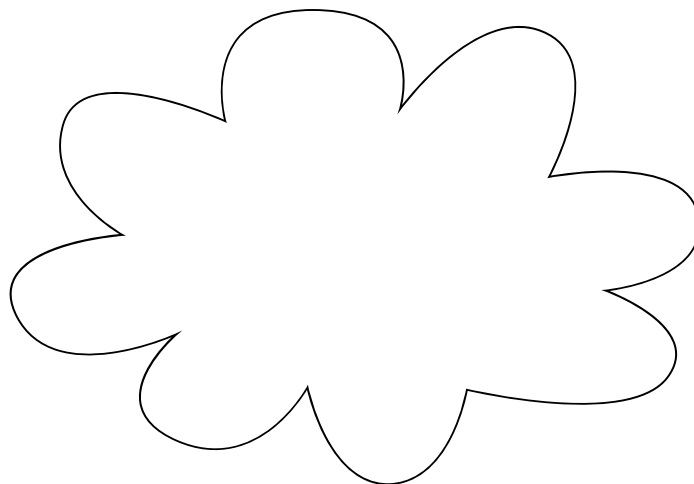
Skin Tooth Bones: The Basis of Movement is Our People, a Disability Justice Primer (2nd Edition) by Sins Invalid

The Care We Dream Of: Liberatory and Transformative Approaches to LGBTQ+ Health by Zena Sharman

The Wellness Trap: Break Free from Diet Culture, Disinformation, and Dubious Diagnoses and Find Your True Well-Being by Christy Harrison

You Have the Right to Remain Fat by Virgie Tovar

Section 4: Conclusion



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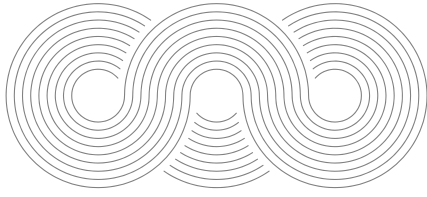
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Support the Work

Syd and I enjoyed creating this guide. It is free to review and share widely as a way for us to reduce barriers with accessing information in the fitness industry. However, it takes a lot of work to create and revise offerings of this size. Therefore, if you have the financial means we would appreciate a donation for our labor so that we can continue to offer no cost resources in the future..

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