

OT Mastery

LGBTQ+ Cultural Competency

1. What is the most widely accepted definition of LGBTQ+ cultural competence?

- A. A cohesive set of policies, beliefs, and actions that providers use to be effective when considering an LGBTQ+ individual's cultural behaviors, needs, and beliefs
 - B. Any activity that increases someone's knowledge about other cultures and sets of beliefs
 - C. Any of a person's institutions, values, thoughts, communications, customs, beliefs, and actions that all combine to offer them the unique perspective they have
 - D. The set of continuing education a healthcare clinician participates in to better their knowledge regarding other cultures and social groups
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2. What does the 'Q' in LGBTQ+ stand for?

- A. Quintessential
 - B. Queer
 - C. Queer or questioning
 - D. Questioning
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3. What health and social concerns are LGBTQ+ individuals NOT at a greater risk of?

- A. Eating disorders
 - B. Migraines
 - C. Homelessness
 - D. Obesity
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4. What statement is true regarding tobacco use in LGBTQ+ individuals?

- A. Transgender adults use tobacco at a significantly higher rate than bisexual, gay, lesbian, and straight adults.
 - B. Bisexual and gay adults collectively smoke cigarettes at a higher rate than straight and lesbian adults do.
 - C. LGBTQ+ tobacco users have protective factors in place, meaning they have the same risk of heart disease, bronchitis, and cancer as straight tobacco users.
 - D. LGBTQ+ individuals as a whole vape less than straight adults.
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5. What is the most common form of sexual harassment experienced by LGBTQ+ women in the workplace?

- A. Being pressured into participating in inappropriate workplace discussions
- B. Inappropriate comments from colleagues

- C. Sexist jokes
 - D. Microaggressions
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6. What LGBTQ+ groups are at the highest risk of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV)?

- A. Men who have sex with men who have multiple male partners
 - B. Transgender women who have sex with monogamous men
 - C. Transgender men
 - D. Men who have sex with other men; women who have sex with other women who have multiple female or male partners
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7. LGBTQ+ individuals are more often to report difficulties seeking and receiving medical care compared to straight individuals. What is NOT one of these difficulties?

- A. Feeling uncomfortable disclosing medical information to their medical provider
 - B. Facing discrimination from their healthcare provider
 - C. Dealing with providers who are biased toward LGBTQ+ individuals
 - D. Having too many LGBTQ+ specialty providers to choose from
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8. What is an occupational barrier LGBTQ+ individuals may experience that may fall outside of an OT's scope of practice?

- A. Navigating gender-affirming procedures to assist with transitioning
 - B. Difficulty finding housing
 - C. Inability to explore or engage in safe leisure
 - D. Overcoming stigma
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9. What feeling is NOT likely to come along with the stigma some LGBTQ+ individuals face?

- A. Empowerment
 - B. Anger
 - C. Sadness
 - D. Loneliness
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10. What is NOT likely a barrier LGBTQ+ individuals may face in the occupation of leisure?

- A. Lack of time to engage in new or existing hobbies
 - B. Financial instability leading to little or no disposable income for hobbies
 - C. Difficulty thinking about leisure due to mental health concerns
 - D. Spending too much time engaging in leisure activities
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11. What occupational barriers LGBTQ+ individuals experience are the most likely to be connected?

- A. Difficulty navigating the legal system and poor sleep/rest participation
 - B. Employment discrimination and poor leisure engagement
 - C. Stigma in certain contexts and difficulty integrating within social settings
 - D. Lack of physical activity and financial instability
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12. What does research say about electronic health records (EHRs) and LGBTQ+ cultural competency?

- A. The high level of customization offered by EHRs allows for optimal inclusivity
 - B. Technical processes and how healthcare workers use these systems both impact the inclusivity of EHRs
 - C. EHRs do not have any impact on LGBTQ+ cultural competency
 - D. EHRs have been found adequate in their promotion of inclusivity for this population in particular
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13. When looking at healthcare professionals, what groups possess higher levels of knowledge relative to LGTBQ+ cultural competency?

- A. Straight, cisgender, White women
 - B. Sexual minority women
 - C. Straight, cisgender, White men
 - D. Sexual minority men
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14. When looking at healthcare professionals, what demographic groups possess higher levels of LGBTQ+ cultural competency in practice?

- A. Sexual minority women
 - B. Straight, cisgender, White women
 - C. Sexual and gender minorities
 - D. Sexual minority men
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15. What is NOT a category measured when weighing LGBTQ+ cultural competency?

- A. Self-efficacy
 - B. Affirmative attitudes
 - C. Knowledge of LGBTQ+ terminology and concepts
 - D. Respectful dialogue
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16. Some research has suggested an addition to the categories used to assess LGBTQ+ cultural competence. What is the proposed category?

- A. Carryover of knowledge to all contexts
 - B. Intentions for LGBTQ+ competency
 - C. Ability to seek out LGBTQ+-relevant continuing education
 - D. Amount of LGBTQ+ continuing education completed
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17. What statement is true regarding ADL retraining for LGBTQ+ individuals?

- A. Therapists may address planning bathroom trips to avoid urinary retention when on community or social outings
 - B. ADL retraining is not an area that OTs should address with LGBTQ+ individuals
 - C. Toileting education for LGBTQ+ individuals may include refraining from traditional urination after vulvoplasty
 - D. It is not within a therapist's scope of practice to address maintaining surgical precautions while urinating after gender-affirming surgery
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18. What is NOT a way an OT can address inclusive play and leisure in children?

- A. Advocating for participation in non-gendered sports within a school and community setting
 - B. Making non-gendered toy recommendations to enhance a child's development
 - C. Assisting with finding and integrating into an LGBTQ+ community center
 - D. Allowing parents to structure their child's play according to their own gender expression, rather than their child's method of expression
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19. What is the BEST description of areas an OT might address while working with an LGBTQ+ patient on personal development?

- A. Continuing education, hormone therapy, sports participation, staying with one's existing friend group
 - B. Confidence building, healthy coping, social support, learning new skills
 - C. Parenting skills, gender-affirming procedures, hormone therapy, spirituality
 - D. Confidence building, finding a new primary care physician, communication skills, finding a mental health provider
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20. What is a good rule of thumb to follow when using inclusive language during the treatment process?

- A. Refrain from asking the patient their gender identity, as this may cause the experience to be traumatic
 - B. Tell the patient they must disclose all medical information or they cannot be your patient due to noncompliance
 - C. Be sure to use the patient's pronouns once they have identified them
 - D. If the patient has not yet come out in certain social contexts, urge them to do so in order to improve communication across all settings
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