Breast Cancer Screening | Practice Considerations for Patients with Disabilities

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How to Use This Resource

This resource is intended for both the healthcare provider who orders breast cancer screening (referred to as the primary care provider) and the imaging center staff responsible for conducting the screening. To help readers quickly find guidance relevant to their role, major sections are labeled for Primary Care Provider, Imaging Center Staff, or both.

The guidance focuses on disability-related barriers, accommodation needs, and strategies to support accessible breast cancer screening for patients with mobility disabilities, sensory disabilities, and intellectual and developmental disabilities (IDD). While information is organized by disability type, many barriers and accommodations apply across multiple disability groups. Healthcare providers and imaging center staff should use this resource to support identifying and addressing

each patient's individual needs rather than relying solely on disability categories.

This resource is not a substitute for disability and trauma-informed care training. Healthcare providers and imaging center staff are strongly encouraged to complete relevant training programs and use this resource as a practical guide for planning and delivering accessible breast cancer screening. Visit the Screening for All Resource Library to explore trainings.

This resource was revised in July 2026 based on feedback from healthcare providers and people with lived experience.

A Note on Language

Sensory disabilities: In this resource, *sensory disabilities* refers to disabilities that affect a person's ability to receive or process sensory input. This includes individuals who are blind, have low vision, are deaf, hard of hearing, or deafblind. Experiences and terminology preferences vary among individuals and communities.

Person-first vs. identity-first: This resource uses both *patients with disabilities* and *disabled patients* interchangeably. While person-first language (patients with disabilities) may be more common in clinical contexts, identity-first language (disabled patients) is preferred by many within the disability community. Our use of both reflects respect for diverse preferences and the evolving language norm in both the medical and disability communities. Preferences vary by person, and best practice is to use whatever language the patient uses and/or ask which they would prefer.

Why This Matters

Audience: Primary Care Providers

With approximately 61 million adults in the United States living with a disability, ensuring accessible screening processes is both a legal requirement and a clinical necessity. The Americans with Disabilities Act (ADA) requires healthcare systems to ensure equitable access to healthcare for people with disabilities and provide reasonable accommodations. People with disabilities are significantly less likely to

have had a mammogram in the past two years (71.3%) compared to people without disabilities (79.3%) (Centers for Disease Control and Prevention [CDC], 2022). Furthermore, one study suggests that people with more severe disabilities are even less likely to receive mammograms compared to people with less severe disabilities (Horner-Johnson et al., 2014). In a 2025 cohort study of women receiving care in a specialty clinic for women with disabilities, only 42.8% received breast cancer screening mammography consistent with American Society of Breast Surgeons guidelines compared to 65.0% of the general population (House et al., 2025). In addition, 26.3% received inadequate screening due to positioning challenges. Most patients in that study required mobility accommodations, highlighting how inaccessible equipment and positioning challenges can affect whether screening is completed and whether it is completed adequately. This underscores the importance of addressing barriers disabled people experience in accessing preventive care.

USPSTF Guidelines

These practice considerations apply to patients with disabilities who meet standard U.S. Preventive Services Task Force (USPSTF) breast cancer screening criteria. The 2024 USPSTF recommendation is biennial (every two years) screening mammography for women and people assigned female at birth aged 40 to 74. Clinical eligibility should be determined by using standard USPSTF criteria regardless of disability status.

Barriers and Clinical Considerations, by Disability Type

Audience: Primary Care Providers and Imaging Center Staff

This section describes the clinical considerations and barriers people with disabilities may experience with breast cancer screenings. These barriers are important to address because they can lead to delayed screening, later-stage diagnosis, and poorer health outcomes. Although the guidance is organized by disability type, barriers are not mutually exclusive. Providers should consider each patient's individual needs and

circumstances rather than assuming that a barrier applies only to one disability group.

Mobility Disabilities

Patients with physical or mobility disabilities face significant barriers to breast cancer screenings that can result in missed or delayed screenings. The barriers are predominantly structural and procedural in nature. Barriers include:

- Standard mammography equipment is often not designed to accommodate wheelchairs or patients with limited mobility, creating access challenges (Iezzoni et al., 2010).
- Positioning requirements can present an obstacle for some patients. Patients who cannot sit upright, have difficulty with arm positioning, experience spasticity, have limited range of motion, or live with chronic pain may find standard mammography positioning difficult or impossible.
- The physical demands of the procedure can extend beyond positioning, as patients may need accessible dressing rooms and assistance with undressing and dressing.
- The clinic environment itself may present challenges, from inaccessible parking and entrances to examination rooms that cannot accommodate mobility aids.
- Communication barriers may arise when healthcare professionals are unfamiliar with disability-related needs or fail to ask patients about their accommodation requirements.

Sensory Disabilities

Patients with sensory disabilities face communication and information-access barriers that can interfere with breast cancer screening and potentially lead to inadequate care, missed screenings, or traumatic experiences. These barriers are concerning because effective communication is essential for informed consent, proper positioning, and patient safety. Effective communication is a prerequisite for informed consent, not an optional enhancement. These barriers can vary by disability type and can affect care quality in different ways.

- For patients who are blind or have low vision, they may have difficulty accessing written materials, spatial orientation to exam environment, and procedure positioning.
- For patients who are deaf or hard of hearing, communication barriers can lead to missed or misunderstood explanations and instructions, resulting in errors in care, inadequate informed consent, or discomfort during scanning. The lack of qualified interpreters may lead to overreliance on writing or lipreading, which may be inadequate for some patients, and may be particularly problematic for patients who use American Sign Language (ASL) as a first language.
- For patients who are deafblind, the challenges are compounded, as they require specialized tactile or adaptive communication support that healthcare providers may be unfamiliar with. Staff lacking experience with disability-specific communication needs can create additional barriers, leading to frustration, miscommunication, and potentially unsafe care situations.

Intellectual and Developmental Disabilities (IDD)

Patients with IDD face barriers to breast cancer screenings that can lead to missed or delayed screenings or contribute to trauma. These barriers are particularly concerning given that research shows that people with IDD have similar rates of breast cancer compared to people without disabilities but are more likely to be diagnosed later and have worse health outcomes (Mahar et al., 2024). In fact, one study found that people with IDD are almost three times as likely to die of breast cancer than those without IDD (Hansford et al., 2024).

Barriers include:

- Healthcare providers may incorrectly assume individuals with IDD do not need screening, creating a barrier to accessing care.
- Abstract concepts (e.g., relationship between mammograms and cancer) and medical terminology can lead to anxiety, lack of understanding of the purpose of the screening, poor preparation, and negative perceptions of breast cancer screenings (Wilkinson et al., 2011).

- Patients may have difficulty understanding medical terminology, screening recommendations, or procedural explanations without adapted communication strategies. Some patients may feel embarrassed to ask questions or disclose that they do not understand. This can lead to anxiety, misunderstanding, inadequate informed consent, or avoiding future screenings.
- Patients with IDD, particularly autistic patients, may find the physical sensations, positioning requirements, or environmental stimuli of mammography overwhelming without proper preparation and accommodation.

The Primary Care Visit

Audience: Primary Care Providers

The primary care visit is often the first opportunity to identify barriers to breast cancer screening and begin accommodation planning. During this visit, providers should assess the patient's screening eligibility, discuss previous experiences, identify support needs, and coordinate referrals to imaging facilities capable of providing appropriate accommodations.

Patient Assessment

Healthcare provider assumptions about patients with disabilities can create significant barriers to breast cancer screening. Having a disability does not reduce the risk of getting breast cancer, and, for some types of disabilities, it may actually be associated with increased risk of breast cancer (Iezzoni et al., 2021). Assumptions that a patient cannot undergo a mammogram, is not at risk for breast cancer, or that they do not have the capacity to make informed medical decisions without proper assessment can lead to inadequate care, missed screening opportunities, and health disparities.

Instead:

- Assess each patient individually and avoid making broad assumptions based on disability type.
- Assume screening is possible until proven otherwise through careful assessment while considering patient safety and comfort.

- Inquire about previous screening experiences and any concerns or accommodations needed, recognizing that some patients may have had negative healthcare experiences that affect their willingness to undergo a screening.
- Respect the patient's autonomy in medical decision making and evaluate capacity for informed consent based on the individual's demonstrated understanding, not disability status.

A Note on Guardianship and Conservatorship

Some disabled patients may have a legal guardian or conservator; however, disability status alone does not determine a person's ability to make healthcare decisions. Guardianship and conservatorship arrangements vary considerably in scope and may apply to some decisions but not others.

Healthcare providers should:

- Review the patient's medical record before the appointment to understand any guardianship or conservatorship arrangements.
- Determine whether the arrangement affects healthcare decision-making and whether there are limitations relevant to the screening visit.
- Speak directly to the patient and involve them in discussions to the greatest extent possible.
- Consult with your clinic's legal, compliance, or risk management team if there is uncertainty about consent requirements or decision-making authority.

To learn more about your state's specific laws, connect with your state's Protection & Advocacy organization.

Accommodations PCPs Can Offer, by Disability Type

This section describes accommodations and strategies primary care providers can use during a preventive care visit. Although the guidance is organized by disability type, many accommodations may benefit patients across disability groups. Providers should use the full range of options to address each patient's individual needs, preferences, and

circumstances rather than limiting support to a single disability category.

To learn more about accommodations imaging centers may be able to offer, see the Imaging Center Visit section.

Mobility Disabilities

If the patient uses a wheelchair, cannot stand for a mammogram, or would find a standard mammogram challenging for another reason:

- Include pertinent information on the order. Include any transfer needs and standing/positioning limitations. This allows the imaging center to prepare equipment and staff time in advance.
- Proactively identify local imaging centers that specialize in mammography, have experience working with people with disabilities, and have accessible equipment. Consider accessible parking, entrances, restrooms, and changing rooms with adequate space. For additional details on identifying accessible imaging centers, refer to the Screening for All Implementation Plan.

If a mammogram is not possible despite accommodations: Consider an alternative screening option, such as a breast ultrasound or clinical breast exam. (See Alternative Screening Options section for more information)

Sensory Disabilities

Many patients with sensory disabilities, including disabilities related to vision and hearing, use auxiliary aids and services. Auxiliary aids and services are communication tools or assistance that enable effective communication. Examples include sign language interpreters (in person or via Video Remote Interpretation), Communication Access Real-Time (CART) caption services, Braille materials, large-print materials, audio materials, and more.

Best Practices:

- Ask the patient what communication method they prefer. If your clinic is unable to provide that method, work with the patient to choose an alternative that results in effective communication.

- Always speak directly to the patient instead of their support person or interpreter. Do not rely on family members or caregivers as interpreters except in emergencies.
- Do not begin any explanation or procedure until the auxiliary aid is present and functioning.
- If possible, schedule longer appointment slots (at least an extra 10–15 minutes) when interpreters or communication supports are needed so there is adequate time for communication exchange and processing.
- If an auxiliary aid or service was used, document it and if it worked well for future reference.

If the patient is deaf or hard of hearing: Ask how the patient receives and expresses communication. Some patients understand spoken language but express themselves using sign language, so an interpreter may still be needed for the patient's response.

If the patient is using a sign language interpreter:

- Do not begin the visit until the sign language interpreter is present.
- Always speak directly to the patient. Maintain eye contact with the patient, not the interpreter. Refrain from verbal communication until the interpreter is present and in the line of sight of the patient.
- Repeat and spell unfamiliar or medical terms.
- VRI should only be used if it can be viewable to the patient for the duration of the visit. If this is not possible, then an in-person interpreter should be used instead. Additionally, VRI may not always work well depending on technology, connectivity, and patient preference.

If the patient's family member or paid caregiver who shares decision-making uses sign language or is English limited: Provide interpretation. This could include sign language or a spoken language other than English.

If the patient is blind or has low vision:

- Provide detailed verbal descriptions of the procedure, equipment, room layout, and positioning requirements before and during the visit.
- Use appropriate touch (with permission) to guide positioning and provide tactile orientation to equipment and room features.
- Describe sensations the patient may experience and provide warning before touching or repositioning to help them prepare for what they will feel.
- Provide materials and written instructions in alternative formats upon request and in a timely manner. This may include large-print materials, screen-reader-compatible digital formats, or Braille materials.

If the patient is deafblind:

- There are specialized deafblind interpreters who can provide tactile sign language interpretation. Always check what the patient's preferred communication method is.
- Use agreed-upon tactile signals for breathing cues, positioning guidance, and procedural updates.
- Work collaboratively with the patient's preferred communication method, interpreter, and support person, while ensuring the patient remains the primary decision maker.

Intellectual and Developmental Disabilities (IDD)

Research demonstrates that preparation and communication from healthcare professionals serve as a key facilitator for breast cancer screenings among people with IDD (Arana-Chicas et al., 2020). Use the following communication best practices:

- **Plain language explanations:** Use simple, plain language and use short sentences; say, "You will get pictures taken of your breasts," instead of "Mammography will be used to detect breast cancer." Avoid medical jargon and acronyms. Practice and rehearse plain language scripts.

- **Visual supports and social stories:** Photos, diagrams, and videos showing the room, equipment, and step-by-step process can reduce anxiety and support understanding. An example social story is included in the Resources section of this resource.
- **Check for understanding:** Use teach-back techniques to ensure understanding of where the test occurs, how long it takes, what to expect, and the purpose.
- **Supported decision making:** Collaborate with caregivers while ensuring the patient's preferences and autonomy are respected. Use communication aids or support people as needed but obtain consent from the patient directly whenever possible.
- **Extended appointment times:** Patients with IDD benefit from extra time for explaining the screening's purpose, learning what to expect, and processing the information (Wilkinson et al., 2011). Schedule longer appointment slots (at least an extra 10–15 minutes), if possible.

If the patient's caregiver is reluctant about screening: Caregivers may avoid screening to protect the patient from discomfort or the potential of a cancer diagnosis (Greenwood et al., 2014), highlighting the importance of comprehensive patient and caregiver health education. Provide education about breast cancer risk in people with IDD, discuss the importance of screening, address caregiver concerns, and emphasize patient autonomy in decision making, if appropriate.

Alternative Screening Options

Mammography is the most common breast cancer screening modality (National Cancer Institute, 2025) and is considered the gold standard. If a mammogram is not feasible despite accommodations, healthcare providers may consider alternative approaches, including breast ultrasound and clinical breast exam. These alternatives are less accurate for breast cancer screening than mammography and are not equivalent substitutes. Healthcare providers should assess each patient's needs, discuss the risks, benefits, purpose, and basic elements of consent, and consider referral to a clinician experienced in caring for patients with disabilities when mammography is not feasible.

Breast Ultrasound

When mammography is not feasible despite accommodations, breast ultrasound may be considered as an alternative screening approach. Breast ultrasound can be used as a supplemental screening tool for women with dense breast tissue and has demonstrated effectiveness in detecting cancer (Sood et al., 2019). However, ultrasound alone can lead to more false positives compared to mammography (Berg et al., 2016). Healthcare providers should exhaust feasible mammography accommodations before considering ultrasound as a primary screening method.

While breast ultrasound can be more accessible for patients with disabilities, mammography is the gold standard and should be used when possible. Healthcare providers should discuss the limitations of breast ultrasound, including reduced sensitivity for detecting early-stage cancers. Regular clinical breast exams should be emphasized as a supplementary screening strategy when ultrasound is the primary imaging modality.

Consider offering breast ultrasound if:

- Despite attempting different positioning and stabilization techniques, the patient cannot achieve any positioning that allows for adequate breast compression or visualization.
- Despite positioning modifications, a mammogram causes significant physical pain or distress that prevents screening.
- Accessible mammography equipment is not available to the patient (no nearby facility with accessible equipment, transportation barriers, etc.).
- Patient has repeated unsuccessful mammography attempts.

Physical tolerance considerations for breast ultrasound are generally more accommodating than other modalities. Patients can typically be positioned supine or in a semi-recumbent position, making it more accessible for individuals with physical disabilities or challenges with positioning. The procedure requires minimal patient movement and can be adapted to various body positions. When a safe transfer to the exam table is not feasible, the ultrasound may be performed with the patient seated or remaining in their wheelchair. However, upright or in-wheelchair positioning limits the ability to examine all breast tissue;

supine positioning with the arm raised remains optimal. If a seated or in-wheelchair scan is performed, take any additional views possible and document the positioning limitation for the interpreting radiologist.

Equipment accessibility can be less of a barrier for breast ultrasounds compared to mammography. The portable nature of the ultrasound equipment also allows for greater flexibility.

Procedural considerations include the need for direct skin contact with the ultrasound probe and conductive gel, which may be challenging for patients with tactile sensitivities or skin conditions. For patients with sensory sensitivities or sensory disabilities, explain what they will feel and where before beginning.

Clinical Breast Exam

When imaging modalities are not feasible, clinical breast examinations performed by healthcare providers may serve as a fallback screening approach. A clinical breast exam alone is not as effective as mammography for early cancer detection, but it can identify palpable masses and may be useful when other options are exhausted.

The frequency of clinical breast exams may need to increase when serving as the primary screening modality. Healthcare providers should maintain a low threshold for further evaluation of any concerning findings.

Communication and consent are important for all screening modalities, including clinical breast exams. Healthcare providers should:

- Clearly explain the breast exam process,
- obtain consent, and
- maintain ongoing communication throughout the exam.

For patients with IDD, additional time may be needed to ensure understanding and comfort. For patients with sensory disabilities, give a verbal or visual cue before touching the patient.

Self-exams

Regardless of the alternative screening modality used, healthcare providers should educate patients about breast self-awareness, including the importance of being familiar with the usual look and feel

of their breasts and reporting any changes. While evidence on routine breast self-exams is mixed, breast self-awareness may be especially helpful for patients who are unable to complete mammography.

A Note on Breast MRI

While breast MRI can be more sensitive than mammography, particularly in high-risk populations, it is associated with lower specificity and higher rates of false-positive findings (Lord et al., 2007). Additionally, breast MRI may pose significant barriers for disabled patients. The following factors should be evaluated before recommending breast MRI as a supplemental screening modality:

Equipment accessibility requires MRI tables capable of lowering to 17–19 inches high with appropriate transfer supports (Agaronnik et al., 2022). Proactively identify imaging centers with accessible MRI machines and appropriate transfer supports before ordering the MRI.

Physical tolerance considerations include the patient's ability to transfer to the table, get into the prone position, and remain still for 30–45 minutes. This may be challenging or contraindicated for patients with certain mobility disabilities, chronic pain, respiratory compromise, or positioning restrictions. Assess transfer logistics in advance: most personal wheelchairs contain ferromagnetic components and cannot enter the MRI scan room. The facility may need an MR Safe wheelchair to bring the patient into the room. In addition, the facility may need an MR Safe slide board or lift, and a team trained to complete the transfer and prone positioning safely. Confirm the facility can perform this process before ordering the MRI.

Environmental factors, such as the enclosed MRI environment and loud acoustic noise, should be assessed, particularly for patients with claustrophobia, anxiety disorders, or sensory processing sensitivities.

Contrast administration requires IV access, which can be difficult for patients with poor venous access or needle phobia. It may also be contraindicated for some patients. In addition, the contrast agent can cause side effects such as a cold sensation in the arm, headache, and nausea, which can be uncomfortable or distressing.

Availability of in-person sign language interpretation for patients who use sign language instead of VRI because of the prone position required for the MRI.

Accommodation Planning for Breast Cancer Screening

Accommodation planning begins with an explanation of the screening. Some patients may find it difficult to identify accommodations without an understanding of what to expect. Explain the purpose of the screening and what they can expect in plain, simple language, using visual supports if needed. In addition to a description of the mammogram, make sure to counsel patients that mammography involves holding your breath for several seconds so patients can be prepared. Use the Screening for All Screening for Breast Cancer: A Guide for Patients to help explain the procedure and plan for accommodations.

After explaining the mammogram, ask questions like:

- "What supports would make your mammogram accessible?"
- "Have you had a mammogram before? What accommodations worked well?"
- "If you had a negative experience, what went wrong? What would make it better?"
- "Is there anything that might make positioning or movement difficult?"
- "Do you experience mental health concerns, like anxiety or sensory issues, that might affect your ability to have a mammogram?"

Coordination with the Imaging Center

Effective communication between the primary care provider and imaging center is essential to ensuring that accommodations are available when the patient arrives. Whenever possible, accommodation needs should be communicated directly to the imaging center rather than requiring the patient to repeatedly explain their disability, accessibility needs, or previous experiences. Early coordination increases the likelihood that the appropriate equipment, staffing,

communication supports, and appointment length can be arranged before scheduling.

When placing the order, include:

- Accommodation needs identified during the visit, such as transfer assistance, positioning limitations, preferred communication methods, sensory sensitivities, or support person involvement.
- Previous screening experiences, including accommodations that were successful and challenges that created barriers.
- Guardianship or conservatorship status and any relevant considerations.
- Known logistical barriers that may affect scheduling (e.g., transportation limitations).
- The patient's preferred method of contact and communication (e.g., patient directly, caregiver, TTY/relay, text, email, patient portal).

Whenever possible, document this information directly in the referral order or accompanying clinical documentation. Sharing accommodation needs in advance allows imaging center staff to confirm equipment availability, arrange auxiliary aids and services, schedule additional staff support, and allocate sufficient appointment time before the visit occurs.

The Imaging Center Visit

Audience: Imaging Center Staff

Imaging centers play a critical role in ensuring that breast cancer screening is accessible. Accessibility involves more than equipment alone; successful screening often depends on advance planning, effective communication, trained staff, and individualized accommodations. The following considerations can help imaging centers prepare for and conduct accessible mammography appointments.

Accommodation Planning at Scheduling

During scheduling and intake, office staff should proactively inquire about accommodation needs and document them clearly for the clinical team. Staff should be prepared to discuss different accommodation options available and schedule additional time when accommodations are needed. Based on guidance from the Disability Equity Collaborative, consider including the following questions in your scheduling process:

General accommodation needs: "Due to a disability, do you need any additional assistance or accommodations during your visit?"

If YES, continue with the following questions:

- "Are you deaf or do you have serious difficulty hearing?"
- "Are you blind or do you have difficulty seeing, even when wearing glasses?"
- "Do you have serious difficulty walking or climbing stairs?"
- "Do you have difficulty remembering or concentrating?"
- "Do you have difficulty dressing or bathing?"
- "Using your usual language, do you have difficulty communicating (for example, understanding or being understood)?"

These questions can be coded within electronic health records (EHRs) for consistency and data analysis. Please refer to Documenting Disability Status in Electronic Health Records by the Disability Equity Collaborative for more detailed guidance.

You may also consider asking specific questions about mammography accommodation such as:

- "What supports would make your mammogram accessible?"
- "Have you had a mammogram before? What accommodations worked well?"
- "If you had a negative experience, what went wrong? What would make it better?"
- "Is there anything that might make positioning or movement difficult?"

- "Do you experience mental health concerns, like anxiety or sensory issues, that might affect your ability to have a mammogram?"

It may be necessary to schedule longer appointment slots when accommodations are needed. Consider an extra 10–15 minutes for assistance with undressing/dressing and communication accommodations. Double the appointment time for transfer and/or positioning assistance.

Pre-visit Planning

In preparation for the patient's visit, imaging centers should do the following:

- Review the imaging order and available medical record documentation to understand the patient's disability-related needs and required accommodations before the visit.
- Know what accommodations are possible and available in their setting.
- Contact the patient before the appointment to discuss needed accommodations to safely and effectively complete the screening.
- Coordinate extra staff, if needed.
- Ensure accommodations are available in advance. This may include accessible equipment, transfer equipment, positioning supports, extra staff, auxiliary aids and services, etc.

Implementing Accommodations During the Visit

During the visit, imaging center staff should:

- Summarize what they learned from the patient's chart and confirm that they understand their needs.
- Discuss any accommodations they have said worked well in the past and confirm how they can assist them.

- Pay attention to verbal and nonverbal signs that the patient may be confused, uncomfortable, overwhelmed, or in need of additional support. Hesitation, limited responses, changes in body language, difficulty following instructions, or signs of distress may indicate that explanations should be clarified or that additional accommodations are needed.

Accommodations Imaging Centers Can Offer, by Disability Type

This section describes accommodations and strategies imaging centers can use during breast cancer screenings. Although the guidance is organized by disability type, many accommodations may benefit patients across disability groups. Imaging center staff should use the full range of options to address each patient's individual needs, preferences, and circumstances rather than limiting support to a single disability category.

Mobility Disabilities

If the patient needs assistance with undressing: Provide trained staff to assist patients who need help undressing/dressing with careful attention to dignity, privacy, and the patient's preferences for assistance. Staff should ask the patient how they prefer assistance before helping.

If the patient uses a wheelchair:

- Mammogram: Use mammography machines with a minimum of 28 inches in knee and toe clearance to allow patients to get close enough to the machine, and the breast platforms with adjustable height ranges of 26–42 inches above the ground (Agaronnik et al., 2022).
- Ultrasound: When a safe transfer to the exam table is not feasible, the ultrasound may be performed with the patient seated or remaining in their wheelchair. However, upright or in-wheelchair positioning limits the ability to examine all breast tissue; supine positioning with the arm raised remains optimal. If a seated or in-wheelchair scan is performed, take any additional views possible and document the positioning limitation for the interpreting radiologist.

If the patient needs to sit during the mammogram: Use a mammography machine with adjustable height range or position a mammogram positioning chair close enough to the machine to allow adequate compression.

If the patient cannot achieve standard mammogram positioning: Provide trained staff to assist with positioning and stabilization using aids, such as pillows, wedges, or support bars. Velcro straps can be used to help with positioning (Iezzoni et al., 2010). Consider alternative positioning techniques when standard positioning is not possible. Work with the patient to find modified positioning that maintains image quality, use positioning aids (pillows, wedges, straps), and consult with a radiologist about alternative views, if needed.

If the patient needs accommodations: Consider scheduling longer appointment slots. Allow an extra 10–15 minutes for assistance with undressing or dressing, and consider doubling the appointment time when transfer or positioning assistance is needed.

Sensory Disabilities

Many patients with sensory disabilities, including disabilities related to vision and hearing, use auxiliary aids and services. Auxiliary aids and services are communication tools or assistance that enable effective communication. Examples include sign language interpreters (in person or via Video Remote Interpretation), Communication Access Real-Time (CART) caption services, Braille materials, large-print materials, audio materials, and more.

Best Practices:

- Ask the patient what communication method they prefer. If your clinic is unable to provide that method, work with the patient to choose an alternative that results in effective communication.
- Always speak directly to the patient instead of their support person or interpreter.
- Do not begin any explanation or procedure until the auxiliary aid is present and functioning.

- If possible, schedule longer appointment slots (at least an extra 10–15 minutes) when interpreters or communication supports are needed so there is adequate time for communication exchange and processing.
- If an auxiliary aid or service was used, document it and if it worked well for future reference.

If the patient is using a sign language interpreter:

- Do not begin the visit until the sign language interpreter is present.
- Always speak directly to the patient. Maintain eye contact with the patient, not the interpreter. Refrain from verbal communication until the interpreter is present and in the line of sight of the patient.
- Repeat and spell unfamiliar or medical terms.
- Reposition the interpreter to ensure a clear line of sight or consider alternative communication methods if repositioning is not possible.
- VRI should only be used if it can be viewable to the patient for the duration of the procedure. If this is not possible, then an in-person interpreter should be used instead. Additionally, VRI may not always work well depending on technology, connectivity, and patient preference.

If the patient's family member or paid caregiver who shares decision-making uses sign language or is English limited: Provide interpretation. This could include sign language or a spoken language other than English.

If the patient is blind or has low vision:

- Provide detailed verbal descriptions of the procedure, equipment, room layout, and positioning requirements before and during the examination.
- Use appropriate touch (with permission) to guide positioning and provide tactile orientation to equipment and room features.

- Describe sensations the patient may experience and provide warning before touching or repositioning to help them prepare for what they will feel.
- Provide materials and written instructions in alternative formats upon request and in a timely manner. This may include large-print materials, screen-reader-compatible digital formats, or Braille materials.

If the patient is deafblind:

- There are specialized deafblind interpreters who can provide tactile sign language interpretation. Always check what the patient's preferred communication method is.
- Use agreed-upon tactile signals for breathing cues, positioning guidance, and procedural updates.
- Work collaboratively with the patient's preferred communication method, interpreter, and support person, while ensuring the patient remains the primary decision maker.

If the patient cannot hear standard breathing cues: Implement alternative signaling system (visual cues, tactile signals, or dimming lights) established before procedure begins.

Intellectual and Developmental Disabilities (IDD)

Communication Best Practices:

- **Plain language explanations**: Use simple and plain language and use short sentences; say, "You will get pictures taken of your breasts," instead of "Mammography will be used to detect breast cancer." Avoid medical jargon and acronyms.
- **Visual supports and social stories**: Photos, diagrams, and videos showing the room, equipment, and step-by-step process can reduce anxiety and support understanding. An example social story is included in the Resources section of this resource.
- **Check for understanding**: Use teach-back techniques to ensure understanding of where the test occurs, how long it takes, what to expect, and the purpose.

- **Step-by-step narration:** Describe each action before and during: “First, I will touch your shoulder. Now, I am putting your breast on the machine.”
- **Supported decision making**: Collaborate with caregivers while ensuring the patient's preferences and autonomy are respected. Use communication aids or support people as needed but obtain consent from the patient directly whenever possible.
- **Extended appointment times:** Patients with IDD benefit from extra time for explaining the screening’s purpose, learning what to expect, and processing the information (Wilkinson et al., 2011). Schedule longer appointment slots (at least an extra 10–15 minutes), if possible.

If the patient has sensory sensitivities (lighting, noise, etc.):

- Ask patients about environmental modifications that would support their sensory needs. These modifications may include dimmed lighting, calming music, reduced noise, comfort items, sensory items, fidget toys, and minimized sensory stimuli.
- If stickers or other markers need to be used on nipples, scars, moles, etc., alert the patient before doing so and be mindful of sensory overstimulation.
- Describe sensations patients may experience and provide warning before touching or repositioning to help patients prepare for what they will feel.

If the patient appears anxious about the procedure:

- Offer preparatory visit or practice sessions to familiarize patients with the environment, equipment, and staff, which can increase the success of the screening and likelihood of completing future screenings (Wilkinson et al., 2011). This may be difficult for some clinics to implement due to scheduling constraints, but it can contribute to a successful screening and positive experience in the long run and can be very valuable for some patients. An alternative is using a social story to help patients prepare.
- Allow a trusted caregiver, advocate, or chaperone to remain present during the mammogram if the patient requests.

Follow-up and Continuity Considerations

Audience: Primary Care Providers and Imaging Center Staff

Accessibility does not end when the breast cancer screening is completed. Follow-up communication, documentation, and care coordination are critical components of equitable breast cancer screening. Failure to communicate results in accessible formats or document successful accommodations can create barriers during future appointments and contribute to gaps in care. The following considerations can help healthcare providers and imaging centers promote continuity, improve future screening experiences, and support timely follow-up when additional evaluation is needed.

Results Communication

Provide results in accessible formats appropriate to the patient's communication needs. Take note of the patient's preferred communication methods (e.g., phone call, email/patient portal message, text message, etc.) Use plain language summaries for patients with intellectual disabilities, ensure interpreter services for deaf patients, and provide large print or screen-reader compatible formats for patients with vision disabilities. Explain what results mean for the patient and any recommended follow-up actions.

Documentation of Accommodations

Clearly document all accommodations used and their effectiveness in the patient's medical record. Include specific details about positioning aids, communication methods, and environmental modifications that worked well to facilitate future appointments. Documenting successful accommodations in a visible location (e.g., accommodation field, care plan, pop up notes, or problem list) improves continuity across visits and healthcare providers. Accommodation needs may evolve over time, and periodic review helps ensure future screenings remain accessible and patient centered.

Setting Expectations for Future Screenings

Explain to patients when they should expect their next screening. Ensure that accommodation information is transferred when referring to specialists or other facilities.

Coordination with Specialists

If referring patients for screening with a specialist, or for diagnosis or treatment, clearly communicate accommodation needs and successful strategies to the receiving healthcare provider's office to ensure continuity of accessible care.

Resources

- **A Self-Advocate's Guide to Breast Health**
  This illustrated guide helps people with intellectual and developmental disabilities understand breast exams. It uses plain language and pictures to explain what a breast exam is, why it matters, and what to expect during the appointment.
  https://selfadvocacyinfo.org/wp-content/uploads/2023/06/IHPP_Guide_Breast_Exam_web.pdf
- **Four Women Tell Their Stories Campaign**
  This CDC campaign encourages women with disabilities to get regular breast cancer screenings. It features personal stories, posters, and easy-to-read guides that raise awareness about common barriers. Patients can learn why screening is important, and providers can find tools to make care more inclusive and accessible. Transcript and audio available.
  https://www.cdc.gov/right-to-know/php/campaign-home/index.html
- **Screening for Breast Cancer: A Guide for Patients**
  This guide has images and plain language descriptions of the accommodations that healthcare offices can make for breast cancer screening for people with sensory, mobility disabilities, and intellectual and developmental disabilities. There is space for the patient to write down which accommodations would support them, so they can bring this information to their healthcare professional.
  https://www.mcd.org/screening-for-all/patient-resources#guides
- **Mammogram: What I need to know**
  This social story explains what happens during a mammogram, using friendly language and pictures. It helps prepare patients, especially those with autism or anxiety, by describing what they might hear, see, or feel. Healthcare providers can use it to ease the process and support inclusive care.
  https://www.massgeneral.org/assets/MGH/pdf/children/lurie-center-mammogram-social-story.pdf

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About Screening for All

Screening for All is an initiative funded by the Centers for Disease Control and Prevention (CDC)'s National Center on Birth Defects and Developmental Disabilities (NCBDDD) to address the significant barriers people with disabilities face in accessing preventive health screenings.

Developed by MCD Global Health, this project provides patients and healthcare providers with evidence-based tools and resources to make preventive health screenings accessible to all patients. Questions or comments can be sent to ScreeningForAll@mcd.org. More resources are available at mcd.org/screening-for-all.

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