

Staying on your feet

A session for adults of all ages

Emma Paterson
Queensland Haemophilia Centre
Royal Brisbane and Women's Hospital



Bleeding disorders and exercise

Arthropathy, acute bleeding episodes and reduced activity leads to reduced:

- Proprioceptive balance
- Muscular strength
- Aerobic fitness

Along with

- Increased falls risk
- Reduced bone density

(Forsyth, Quon, & Konkle, 2011)

Appropriate exercise



- Adjust according to the individual
 - Some pt's, particularly older or affected by inhibitors may have high levels of disability (e.g. severe arthritis, weakness, extremely poor balance, wheelchair bound) – extreme low exercise tolerance
 - Some younger adults with severe haemophilia can present without any joint or musculoskeletal symptoms at all - can potentially participate in high levels of sport including surfing, league and soccer
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Common limitors

- Arthropathy – use mid joint range exercises, lower impact, warm up
 - Bleeds - Potential exacerbations of bleeds if exercise is too intense
 - Motivation
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Maintaining Motivation

- Find appropriate level of exercise for the individual concerned
- Set specific goals – ensure realistic
- Manage exacerbations well – talk to physio or treatment centre
- Pick an exercise regime which is enjoyable. Think of what motivates the individual; social sporting activity, walking a pet etc.



Exercise Ideas

- Hydrotherapy
- Tai Chi
- Wii Fit
- Dance
- Stationary pedals
- Gym based programs
- Community walking programmes



Exercise Ideas

High level

- Swimming
- Hiking
- Rowing
- Paddle boarding
- Pilates
- Surfing
- Cycling



Group programs available at RBWH include:

- Hydrotherapy
- Gym based exercise classes with individualised circuit programs
- Back classes
- Cardiac and Pulmonary rehab
- New: Circuit gym based exercise for younger people with haemophilia



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How much is enough?

- Again this varies
- 2 hour rule



Australian Commission on Safety and Quality in Health Care: Falls guidelines (2009):

- Environment
 - Vision (Haran, Cameron, Ivers, et al., 2009)
 - Footwear
 - Cognition
 - Medications
 - Osteoporosis
 - Continence
 - Dizziness, vertigo and syncope
 - Balance and mobility limitations
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Falls risk: Balance and mobility limitations

- Strength
- Joint range
- Static Balance
- Righting reactions
- Gait pattern
- Mobility aids

(Forsyth, Quon, & Konkle, 2011)

Haemophilia and Falls

- Fifty percent of PWH (mean age 39) reported falls in the past 12 months. Impairment of balance and related measures compared with controls indicated a 35% difference

(Fearn, Hill, Williams et al., 2010)

- Reduced:
 - Muscular strength
 - Aerobic resistance
 - Proprioception

(Gomas, Querol, Gallach, González, & Aznar, 2009).

Falls and Exercise

- Balance impairments
 - Assess global causes as well as arthropathy and weakness
 - Rehab exercises
- Exercise
 - Warm-up & cool-down
 - Careful stretching
 - Low intensity, higher repetitions
 - Lower velocity, limited joint range
 - Proper technique
 - Proprioception



(Blamey, Forsyth, Zourikian, Short, Jankovic, De Klein, & Flannery, 2010)

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Questions??
