Movement, exercise and sport

CHAPTER 6

6.1

Movement and exercise

Regular exercise and physical activity, when done correctly and safely, is critical to children’s health and wellbeing. This is especially true for children with haemophilia.

Here are some of the key benefits of regular movement and exercise for children with haemophilia:

- Exercise is important for building healthy bones
- Exercise strengthens muscles that support and protect joints.
- Regular physical activity helps minimise bleeds and joint damage.

KEY POINTS

- Movement and exercise helps to keep bodies fit and healthy, reduces the possibility of a bleed, and speeds up the recovery after a bleed.
- Children with haemophilia can safely participate in a variety of sports and activities (except high-contact sports).
- Prophylaxis has been shown to minimise the risk of injury and reduce the number of bleeding episodes.
- Your child’s doctor and haemophilia physiotherapist can guide you in finding the right balance between the risks and benefits of participating in sports and choosing the sports that are best for your child.
• Strong muscles, as well as good balance and co-ordination, help to lower the frequency and severity of joint and muscle bleeds.
• Strong, flexible muscles can better withstand more physical activity and are less prone to injuries.
• Exercise and participating in sport can improve social and psychological health and wellbeing.

What should I encourage my child to do?
Encouraging your child to take part in physical activity will keep them fit and healthy and feeling happy. Participating in sports can also give your child feelings of acceptance and belonging to a group of peers.

“He’s always on the move proving that just because he has haemophilia doesn’t mean he can’t participate in activities just like all his friends. We make sure he gets enough rest, eats well and is involved in a number of sporting or physical activities to build up his muscle tone and stamina.”

There is nothing you or your child can do to totally prevent bleeds, but keeping their body fit and healthy reduces the possibility of a bleed, and speeds up their recovery after a bleed.

Every child is different. Talk to your physiotherapist about suitable sports and activities for your child.

There are many leisure and physical activities available in the community to suit a range of interests and abilities. Your haemophilia physiotherapist or HTC can guide you and your child on suitable options.
Sport

One way children with haemophilia can increase their strength and improve their fitness is by participating in sports.

When selecting a sport for your child, it is important to consider the type of activity involved. Think about the physical and psychological benefits that the sport can bring, but at the same time consider whether the sport puts your child at greater risk of injuries, bleeds, and joint damage. This is particularly important when considering sports that involve high impact/collision and speed.

Children with haemophilia can safely participate in a variety of sports. However, it is recommended that they do not participate in high-contact sports such as boxing.

How much risk is associated with playing sports?

All activities involve some risk. When categorising the relative risk of each sport there are several aspects you should consider, including:

- the child’s age, weight, fitness level and motor skills
- whether the child has significant musculoskeletal problems. This includes target joints and muscle wasting that results from this. (See Chapter 3 for more information on target joints)
- the severity of haemophilia and the child’s bleeding profile
- whether the child is on prophylaxis
- the level of competition
- the playing environment and level of supervision
- the coach’s skill level.
Minimising risks

The risk of injury for all sports can be minimised if appropriate precautions and strategies are in place.

For children with haemophilia, prophylaxis has been shown to minimise the risk of injury and reduce the number of bleeding episodes. Prophylaxis treatment can be tailored to fit in with your child’s sport activities in discussion with your doctor.

“He is a BMX fanatic and he’s been racing since he was two. It makes me so proud watching him on a bike. We were told very early on not to wrap him up in cotton wool, and to let him do the things that he enjoys. But he never goes to BMX without having his treatment before he goes, that’s a rule.”

It is recommended that you consult your child’s physiotherapist and other health professionals at your Haemophilia Treatment Centre (HTC) for a full review of your child’s individual needs and abilities before starting a new sport. They can also provide guidance on suitable sports for your child and tips on minimising injuries.

Finding the right balance

Your child’s haemophilia physiotherapist or HTC can guide you in finding the right balance between the risks and benefits of sport participation. Be guided by your child’s interests and encourage their independence. It’s important to find an activity your child enjoys!
Sometimes, compromises can be made. For example, the child might be given an alternative position in the sport which has a lower risk of injury: they could become an umpire of the sport, or become involved in the management of the team.

Over time, with support and guidance from your haemophilia physiotherapist or HTC, your child will take responsibility for their own actions and will be able to choose the appropriate sport and activities for their needs.

“We never said ‘no’ to him, as long as it was something we would let our other kids do. We explained to him that it would hurt him later on, and it always did. Now he doesn’t even think about playing football because he knows it hurts too much.”

Speak to your HTC or haemophilia physiotherapist about finding an activity that’s right for your child.

What if my child wants to play football?

AFL football

AFL football is one of Australia’s most popular sports so it is understandable if your child wants to participate in this activity. Because it is also a highly physical and high-contact sport it is not usually recommended for people with haemophilia.

Common injuries sustained in AFL football include injuries to the legs, head, shoulders and fingers, all of which increase the risk of bleeds.

AFL Auskick is a modified, non-contact version of AFL developed for children from five to nine years of age. Auskick helps children develop many of the same physical skills as AFL football, in a safer environment, so it can be suitable for a child with haemophilia.

Rugby

Like AFL football, rugby (league or union) is also a high-contact sport and puts children at high risk of injuries to their legs, arms, face and head. Because of the high risk of collisions, it is not recommended for people with haemophilia.
However, there is a modified version of rugby, called ‘touch rugby’, where players do not tackle each other but instead touch their opponents using their hands on any part of the body, clothing, or the ball. There is usually a lower risk of injury in touch rugby.

**Soccer**

Soccer is very popular worldwide and in Australia there are many clubs catering for children. For people with haemophilia there are a risks associated with contact, particularly in the lower legs during tackles. ‘Heading the ball’ should be avoided by people with haemophilia at all ages due to the risk of head injury and bleeds.

There are some soccer programs, such as Goal kick or MiniRoos, developed specifically to introduce young children to soccer in a safe, fun and non-competitive environment and build skills and co-ordination. As with other sports where contact is involved, there may be more associated injuries as the child grows older and heavier and the sport becomes more vigorous and competitive.

If your child is interested in playing soccer, discuss the options and risks for your child with your HTC.

**Umpiring**

Some young people with haemophilia begin training as football umpires when they reach adolescence and the game becomes more physical, and a few have gone on to establish successful careers as umpires. This provides an opportunity to pursue their love of football, continue being involved with the team, to train and develop fitness, but to avoid the injuries that are caused by collision or contact with other players.

---

**Loving footy with a passion**

From the time he went to his first AFL football game at 6 years of age, Chris Gordon knew that he loved the game.

*I played AFL Auskick with my mates all through primary school. Auskick is an AFL program to introduce children to Australian Football. I learned general co-ordination and skills and played football games regularly.*

*But when I started secondary school, I struck the same problem as many boys with haemophilia – the size and weight of boys playing football increases.*
dramatically, so the chance of injury increases also. The injuries from contact can be much more serious too. My haematologist advised me and my parents that I should stop playing AFL because it would be too dangerous.

I tried really hard to prove to my haematologist and my parents that it would be OK for me to continue to play, but they were not convinced. When my friends kept playing as they went into high school, I was not sure what to do next.

A friend’s father suggested I have a go at boundary umpiring. I still felt part of the game, even though I wasn’t playing football, and I trained and was on the grounds and in the rooms afterwards with my mates.

**Umpiring**

Chris threw his energy into improving his skills and performance. He worked with the fitness staff at the AFL and his HTC team on an intensive training program.

*I think my high level of fitness has helped me to have greater resilience, strong muscles to support my joints and better health.*

Running, fitness and accuracy are crucial to umpiring - you can’t make any errors.

I went from umpiring local football, to Victorian Football League and finally AFL umpiring. The highlight for me was my selection to boundary umpire the 2011 AFL Grand Final - it was a great experience.
**What about protective wear like helmets and knee pads?**

Wearing appropriate protective gear while playing some sports is recommended for all children – regardless of whether they have haemophilia or not. Examples of standard protective gear are helmets for cycling, shin pads for soccer, helmets and pads for cricket and mouthgards for junior water polo and basketball. In fact, many sporting organisations have rules regarding the use of protective equipment and adopt a ‘no wear – no play’ policy.

*For some sports, extra protective gear may be recommended for your child with haemophilia. If you have questions about protective gear contact your haemophilia physiotherapist or health professional.*

*For more information about specific sports and haemophilia, ask your HTC for a copy of the book Boys will be boys by Brendan Egan. This includes details on injury prevention and appropriate protective equipment.*
Haemophilia camps

A fun way to introduce your child to safe physical activities is to attend a haemophilia family or community camp. The camps are a unique opportunity for families of children with haemophilia to get to know each other, learn from each other’s experiences and, most importantly, to have fun!

These camps combine haemophilia educational sessions with fun activities for the whole family including swimming, bike riding, climbing on high ropes, team games and other adventure activities.

“The camp program had a good mix of educational sessions and fun activities that everyone could enjoy (the go-karts and swimming were a particular hit!). One thing that struck me was the number of kids that attended, many with bleeding disorders, but also siblings and relatives. It was great to see the kids racing around on their bikes and scooters, as all kids love to do, and it really brought home to me the fact that in this day and age, haemophilia certainly does not need to be an impediment to a fulfilling and exciting life.”
When your child grows older, they may also be interested in participating in Haemophilia Foundation youth activities. Developed specifically for young people with bleeding disorders, these activities are all about allowing young people to get to know each other while having fun.

“I see some states host youth camps for kids aged 10 to 15, which I think is just such a critical age for boys to be able to get together and not feel like they’re different or outsiders. Any opportunity to send my son to things like that when he is a teenager will be super beneficial.”

Family and community camps are run regularly in each state/territory. Check with your local Foundation to see when the next camp is being held in your area.

For more information on activities and events available in your area, visit your local Foundation website (listed at the end of this guide).
Further reading
Egan, B. Boys will be boys: a guide to sports participation for people with haemophilia and other bleeding disorders. Melbourne: Royal Children’s Hospital, 2005.

References


Acknowledgements

This resource is the result of a substantial review and adaptation of Haemophilia: for parents whose child has recently been diagnosed with haemophilia, originally published by Haemophilia Foundation Australia in 2004, with revisions in 2014.

The content in this resource was redeveloped by the Centre for Community Child Health at The Royal Children’s Hospital and the Murdoch Children’s Research Institute for Haemophilia Foundation Australia.

This resource was reviewed by:
Dr Moana Harlen from Australia/New Zealand Haemophilia Social Workers’ and Counsellors’ Group; Janine Furmedge, Anne Jackson, Siew Lee, Joanna McCosker, Robyn Shoemark, James Slade and Helen Starosta from Australian Haemophilia Nurses’ Group; Auburn McIntyre, Alison Morris, Wendy Poulsen from Australian and New Zealand Physiotherapy Haemophilia Group; Dr Chris Barnes, Dr Julie Curtin from Australian Haemophilia Centre Directors’ Organisation; Sharon Caris and Suzanne O’Callaghan from Haemophilia Foundation Australia; Sandy Breit, grief and loss counsellor; and bleeding disorder community representatives from HFA Parents Consumer Review Group.

This education resource was funded by the donations of many individuals to Haemophilia Foundation Australia and an education grant from Pfizer.

© Haemophilia Foundation Australia, October 2017
www.haemophilia.org.au
This resource may be printed or photocopied for education purposes

Important note

This resource was developed by Haemophilia Foundation Australia for education and information purposes only and does not replace advice from a treating health professional. Always see your health care provider for assessment and advice about your individual health before taking action or relying on published information.