

EXERCISE PRESCRIPTION PART 3

Orthopaedic Manual Physical Therapy Series Charlottesville 2017-2018



Dr. Mike Evans: 23 ½ Hours



Exercise is medicine and physicians need to prescribe it!



Br J Sports Med January 2009 Vol 43 No 1

- Inactivity related dz accounts for significant and growing healthcare costs
- Clear evidence exists proving benefits of exercise in prevention of chronic dz
- Little is being done by organized medicine to increase physical activity
- Healthcare systems must think of exercise as a medication that should be prescribed to patients



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If Exercise is Medicine, Where is Exercise in Medicine? Review of U.S. Medical Education Curricula for Physical Activity-Related Content

Authors: Bradley J. Cardinal *, Eugene A. Park *, MooSong Kim *, Marita K. Cardinal *

- MD/DO, private and public institutions
- >1/2 physicians trained in US in 2013 received no formal education in physical activity
- Physical activity related courses were not offered,
 - If they were they were not required



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- Exercise below the recommendation resulted in reduced all-cause mortality after 15 yrs
 - 15 min a day or 8 minutes of vigorous exercise
- Every additional 15 min of moderate activity led to 4% further reduction of allcause mortality
- People exercising 3-5x the recommendation showed lowest mortality over 14 years



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- Cardiovascular Disease
 - Largest reduction in mortality noted in patients who exercised 38-96 min/day
 - High doses of daily activity well above the recommendations are associated with increased mortality risk
 - Recommendations (Am College of Cardiology & Am Heart Assoc)
 - 30-60 min moderate exercise 5-7 days/wk
 - · Increased daily lifestyle activities



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Mechanotherapy: how physical therapists' prescription of exercise promotes tissue repair

K M Khan, A Scott

Mechanotherapy

- Use of therapeutic exercise is prescribed to promote the repair or remodeling of injured tissue
- Using specific loading through exercise to cause changes at a cellular level resulting in tissue repair



Optimal loading: key variables and mechanisms

Philip Glasgow, ¹ Nicola Phillips, ² Christopher Bleakley ³ Br J Sports Med March 2015 Vol 49 No 5

- The load applied to structures that maximizes physiological adaptation
 - Driven by tissue type, pathological presentation and goals for eventual function
 - Goals: increased tensile strength, collagen reorganization, increased muscle-tendon unit stiffness and neural reorganization
 - Influenced by magnitude of load and rate of loading



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Optimal loading: key variables and mechanisms

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Optimal loading	Suboptimal loading
Directed to appropriate tissues	Non-specific generalised loading
Loading through functional ranges	Loading through limited ranges of movemen
Appropriate blend of compressive, tensile and shear loading	Loading exclusively in a single manner
Variability in magnitude, direction, duration and intensity	Constant, unidirectional load
Indude neural overload	Minimal neural stimulus
Tailored to individual characteristics	Generic, non-individualised
Functional	Non-functional, isolated segmental loading



What Type of Load?

- · Should be tissue specific
 - Bone
 - In line of stress without shear
 - Ligament/Tendon
 - · In line of stress
 - Articular Cartilage/Meniscus/Disc
 - · Compression/Distraction
 - Muscle
 - · In line of stress



Overview

- Dosage is dictated by type of tissue and goal of exercise
 - Too aggressive will be destructive
 - Too conservative will have no effect
 - Can be for pain inhibition, decreasing muscle guarding, reducing edema, increasing tissue tolerance to tension/compression and improving joint mobility
- Load is dictated by irritability, type of tissue and goals
- Strength is an eventual goal, not the primary goal
- Consider sequencing of exercises
 - Be creative with mix and order of global, semi global and local exercises
- · Supervision is critical
- Consider RAMS for progression framework
 - Retrain, Attain, Maintain, Sustain



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