CLINICAL DEMONSTRATION PROGRAM

IA Orthopedic Rehabilitation

A DEMONSTRATION OF PHYSICAL THERAPY- Jerry Weissman and Carolyn Zottoli, The Mount Sinai Hospital, New York, New York

It has been generally accepted that physical therapy has a role to play in the total habilitation and rehabilitation of the hemophilic patient. These types of services are readily provided within the framework of a comprehensive hemophilia clinic.

All patients are advised as to physical fitness and recreational type activities. In addition, most patients are on a home program of specific exercises directed at specific orthopedic problems. Physical therapy is also available through our out-patient clinic when it is felt that the assistance and supervision of a physical therapist is required. An evening clinic is held to accommodate those working or attending school. In-patient physical therapy is most commonly reserved for those patients who have undergone an orthopedic procedure though, on occasion, patients have been admitted solely for an intensive physical therapy program.

The concepts underlying the exercise programs are similar to the ones used in managing arthropathies of other etiologies. Special exercise techniques will be demonstrated.

LONG TERM RESULTS OF PHYSICAL THERAPY. Shelby L. Dietrich, M.D. Orthopaedic Hospital, Los Angeles, California, U.S.A.

Physical therapy has been one of the three key elements in treatment of hemophilic musculoskeletal problems at Orthopaedic Hospital for the past 15 years. Prompt treatment of bleeding episodes with plasma concentrates and conservative orthopaedic treatment are the other basic elements of care. Active exercise programs, (including appropriate sports), are prescribed to maintain limbs in their optimum physical condition to withstand stresses and strains of normal activities. These programs are similar in concept to "conditioning" programs for athletes. When musculoskeletal weakness or deformity results from bleeding problems, prescriptive physical therapy is an essential part of rehabilitation. Review in 1976 of mobility status of 227 hemophilic patients ages 20 through 73 under active care at Orthopaedic Hospital reveals 16 patients (7%) had significantly impaired mobility, using crutches, canes, or wheelchairs for assistive devices and 93% are both mobile and appliance free. Although it is impossible to isolate physical therapy from the other parts of the treatment regimen as the most significant cause of the finding it is our clinical impression that physical therapy, applied both prophylactically and therapeutically in active exercise programs, contributes significantly to the continued mobility of the hemophilic patient. Long-term prospective studies are urgently needed to document the effect of physical therapy and muscular "fitness" on frequency and severity of hemarthroses and on hemophilic degenerative joint disease.