

# Functional Exercise Prescription in osteopathy

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# Aim

Help the individual recover their functionality: the ability to carry out daily activities effectively, efficiently and comfortably

# A clinical example



### 6 weeks later



# (Some) Problems with exercise management

40-80% forgotten immediately 50% remembered incorrectly 50% will comply but few adhere The more the information the less remembered

Essauls 19-2009 Patients' memory for medical information. 18-5c Mod. 2003 May 196(9): 219-22.

Modium 12: 1036 Remainmenting mits the doctor cask origination and adults' memory for medical information. Exp Aging Res. Oct. Dec; 22(4): 403-28.

Anderson 3. Dodman 5, Experiment M, Finning A. 1379 Patient information recall in a ribsemulatology clinic. Robumstate Neballs 18-(b): 18(1):18-22.

Holdes M, A. Hyangood S, L. Yoldi, T. A. et al. Robumsmediation for section and experiment in medical information in received and concentration medical medical information in received and concentration medical medical information in received and concentration in the received and re

# 'Functioncise' (?)



Scott A Lear 2017The effect of physical activity on mortality and cardiovascular disease in 130 000 geople from 17 high-income, middle-income, and low-income



Constructing a patient centred and recovery specific exercise management

Functional management – patient centred

Process approach – recovery process specific

#### Transfer



Transfer between dissimilar activities is rare, unpredictable and small in effect

From: Lederman E 2022 Functional Exercise Prescription. Handspring, London

# Functional management

Functional movement - the unique movement repertoire of an individual

Functional rehabilitation - helping a person recover their movement capacity by using their own movement repertoire (whenever possible).

Extra-functional – a movement pattern outside the individual's movement repertoire

Lederman E. 2010 Neuromuscular Rehabilitation in manual and physical therapies. Elsevi

# The life gym



### Which human physical activity is not an exercise?

# All physical activity is exercise

#### Exercise:

The behaviour a person adopts in order to enhance or maintain their physical performance or health

#### Remedial exercise:

The behaviour a person adopts in order to recover their physical performance or health

# "Displacement" of health and recovery environment



# Mindsets

Exercise

Not exercise?





Mindsets

Exercise





Not Exercise





Exercise?

Work







**Mindsets** 







Yamato TP, Maher CG, Traeger AC, Williams CM, Kamper SJ. 2018 Do schoolbags cause back pain in children and adolescents? A systematic review. Br. 2018 Oct;52(19):1241-1245. van Gent C, Dob JJ, de Rover CM, Hira Sing RA, de Vet Hc. 2003

The weight of schoolbags and the occurrence of reck, shoolbed, and back pain in young adolescents. Spine (Phila Pa 1976). 2003 May 1;28(9):916-21.

# More mindsets

Good healthy forward bend







# Loading in locomotion

Spinal loading in relation to standing: Walking 171% Ascending stairs 265% Descending stairs 225%



Rohlmann A et al Loads on a vertebral body replacement during locomotion measured in vivo. Gait Posture, 2014 Feb;39(2):750-5. doi: 10.1016/j.gatpost.2013.10.010. Epub 2013 Oct 19.

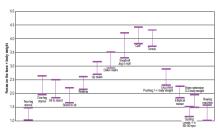
#### Back specific exercise. No better than a daily walking program



A six-week walk training programme was as effective as six weeks of specific strengthening exercises programme for the low back.

Shrayderman I, Katz-Lauret M An aerobic walking programme versus muscle strengthening programme for chronic low back pain: a randomized controlled trial. <u>Clin Rehabil.</u> 201 Man; 27(3):207-14. doi: 10.1177/1/26921551245383. Epub. 2012 Jul 31. Smeats RJ. Do lumbar stabilising searcises reduce pain and disability in posients with recurrent low back pain? Aust J Physiother. 2009;55(2):138

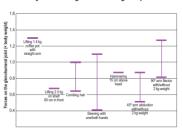
### Loading of knee in daily a sports activities



D'Lima DD1, Steklov N, Patil S, Colwell CW 2008 The Mark Coventry Award: in vivo knee forces during recreation and exercise after knee arthroplasty. Clin Orthop Relat Res. 2008

Nov;466(11):2605-11. doi: 10.1007/s11999-008-0345-x. Epub 2008 Jun 19. Xutzner I, Heinlein B, Graichen F, Bender A, Rohlmann A, Halder A, Beier A, Bergmann G 2010 Loading of the lo

### Shoulder joint loading levels during daily activities



From Lederman E 2022 Functional Exercise Prescription. Handspring, London



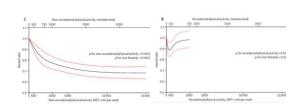






Bergmann G, et al In vivo glenohumeral contact forces-measurements in the first patient 7 months postoperatively. J Biomech. 2007;40(10):2139
49. Epub 2006 Dec 13.

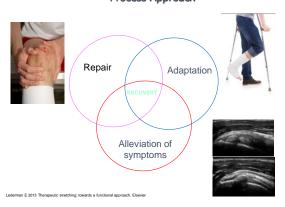
# Functioncise, overall mortality and CVD

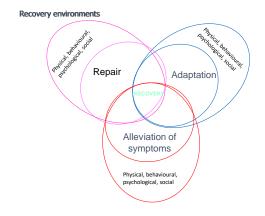


The benefit of physical activity was independent of the type of physical activity (recreational or non-recreational), a range of socioeconomic and CVD risk factors, and was similar in various countries with differing income

Lear SA, Hu W, Rangarajan S, et al. The effect of physical activity on mortality and cardiovascular disease in 130 000 people from 17 high-income, middle-income, and low-income countries to the IRISE must be page 2017-2

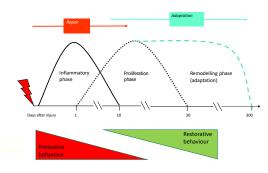
### **Process Approach**



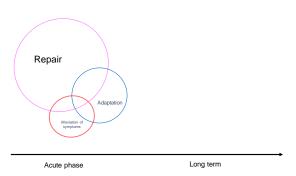


Process	Condition	Specific management	Shared management
Repair	All acute conditions, max 8 weeks: All tissue damage, Joint & muscle sprains, post surgery, blunt trauma, first phase of frozen shoulder,	Moderate cyclical and repetitive loading Applied locally to affected area Gradual loading Pain-free/ Itolerable movement Can be either active or passive Any movement pattern but preferably functional. Extra-functional is OK	Pycholocial Exac movement pain related anvietes, catastrophising, support, reassure, comfort, sooth and calin Therapeutic relationship - trust, non- judgmental, emplore. Linform Linform Linform Linform Set point Set point Set point Set point Support recovery behaviour Raise awareness to avoidance behaviour  Physical Functional movement Frequent exposure to activity
Adaptation	All chronic conditions: Post immobilisation contracture, ROM rehab, postural and movement reeducation/rehab, CNS damage/rehab, structural/biomechanical change, enhance/recover human performance	Active Task specific whole and goal movement Functional Repetition Overloading in the properties Disconfrort likely and generally CK	
Alleviation of symptoms	Acute/Chronic pain/discomfort Acute/chronic stiffness	Many treatment modalities may be beneficial depending on patient expectations. Sleep regulation & relaxation Physically: Active may be better than passive movement Cyclical movement may be better than static approaches Functional or extra-functional	

# Phases of repair



### Treatment strategy acute injuries



### Consider this management

Process	Condition	Specific management	Shared management
Repair	All acute conditions, max 8 weeks: All tissue damage, Joint & muscle sprains, post surgery, blunt trauma, first phase of frozen shoulder,	Moderate cyclical and repetitive loading Applied locally to affected area Gradual loading Pain-free/ Iolerable movement Can be either advice or passive Any movement pattern but preferably functional. Extra-functional is OK	psychological Esse moyement pain related anxieties, catastrophising, support, reassure, comfort, sooth and calim Therapeutic relationship - trust, non- judgmental, empatric. Contentual factors Cognitive Ifan Set poals Frovide choice Behavioural Support recovery behaviour Raise awareness to avoidance behaviour Physical Functional movement Frequent exposure to activity
Adaptation			
Alleviation of symptoms			

### Post immobilisation / contractures

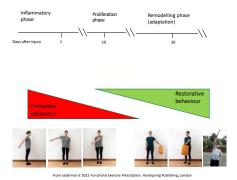


Reduced ROM

### Consider this management

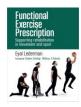
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Alleviation of symptoms			

### Matching exercise to phases of repair



# Summary

- Identify and work towards the patient's functional goals
- Construct the management from the patient's own movement repertoire
- Identify the recovery process/s associated with the patient's condition
- Match the movement challenges to support the recovery process











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