

Exercise for mobility and wellness in FSHD Julie Hershberg PT, DPT, NCS

Julie Hershberg PT, DPT, NCS Pamela Ressler PT, DPT, NCS Alyssa Patrick SPT





- Today
 - Review latest research findings and clinical evidence for exercise in FSHD
 - Discuss practical applications for exercise and mobility
 - Question and answer on exercise and mobility
 - Exercise demonstration/ practice.

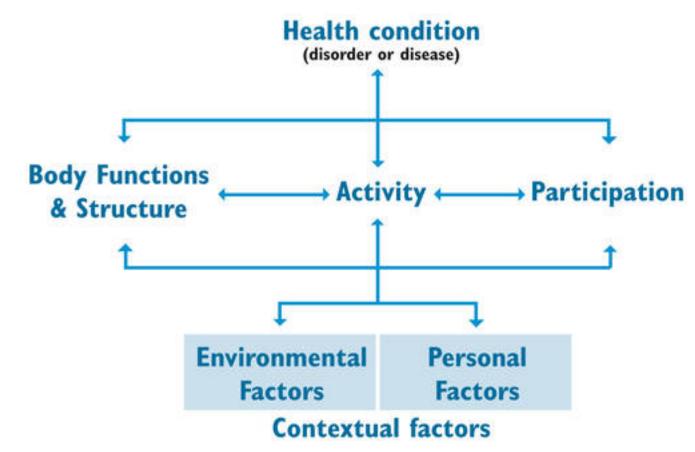
What is health and wellness?

World Health Organization

- Health is a state of complete physical, mental and social well being and not merely the abser of disease or infirmity.
- Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life.



• What are some of your barriers to exercise?





Research Evidence

- FACTS-2 FSHD trial 2014
 - Aerobic exercise
 - 50-65% HR reserve, 12-14 on Borg
 - 40 sessions
 - Cognitive Behavioral Therapy
 - Min 3 sessions
 - Fatigue, pain, sleep
 - Outcomes
 - Less Fatigue (CIS-fatigue)
 - Lasting effects

Best Research Evidence



+ Exercise Evidence



- "Aerobic training is safe and can improve fitness effectively in patients with FSHD; No evidence that exercise is harmful" Olsen, 2005
- "There is level II evidence (likely to be effective) for strengthening exercises in combination with aerobic exercises for patients with muscle disorders", Cup, 2007
- "Moderate intensity strength training appears not to do harm but there is insufficient evidence to conclude it offers benefit" Cochrane review, 2013

Research Evidence Summary

- Moderate exercise is safe!
 - Aerobic and strengthening
- Aerobic exercise can improve fitness.
- Exercise and CBT can improve fatigue

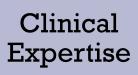




CDC Recommendations: Aerobic activity

- 2 hours and 30 minutes (150 minutes per week)
- 30 minutes per day for 5 days
- 10 minutes at a time is ok!
- Moderate intensity: carry on a conversation
 - Brisk walking
 - Raking
 - Mowing
 - Cycling
 - Dancing





+ CDC Recommendations: Strengthening

- 2 or more days per week
- All major muscle groups: legs, hips, abs, back, shoulders, arms
- Method
 - body weight
 - free weights
 - elastic bands
 - Aquatic



-FSH Specific Recommendations

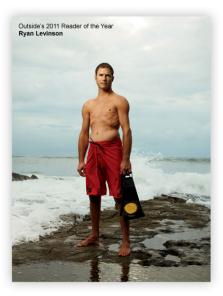
- Aquatics
- Aerobic/ Cardiovascular
 - Bike
 - Recumbent bike
 - Supported treadmill training
- Strengthening
 - Alternative positions to go through ROM
 - If you cannot move the body part against gravity (<3/5)
 - Daily activity
 - Individual guidance
- Flexibility/ ROM
 - Not overstretching
 - ROM to maintain joint mobility





+ FSH Specific Recommendations

Recreational activities





ADAPT: LIVE ENDLESS ABILITIES

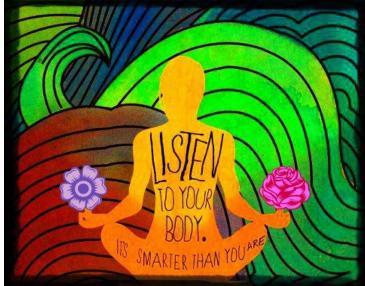


- New to starting exercise
- Pain
- Rapid decline or change in status



Delicate Balance: listen to your body

- Secondary Disuse
- Note overall activity level
 - Fitness tracking
- Overdoing
- Learn to listen to your body



Patient Values and preferences

+ Getting Started

- Eval by healthcare provider
 - Primary care MD, neurologist, physiatrist, PT, OT
 - Someone who knows you and your disorder
- Regular monitoring and adjustments
- Self monitorina



Patient Values and preferences

+ Question and Answer



Patient Values and preferences



- Self- monitoring, fatigue
- Movement Awareness/ Pilates
- Nordic Pole Walking
- Range of motion/ Gravity eliminated exercises



The Karvonen Formula

- Find your Resting Heart Rate (RHR)
- Find your Predicted Maximal Heart Rate (HR max)
 - HR max = 220 age
- Find your Heart Rate Reserve (HRR)
 - HRR = HR max RHR



Borg RPE Scale		
6 7 8 9 10	Very, very light Very light	How you feel when lying in bed or sitting in a chair relaxed. Little or no effort.
11	Fairly light	
12 13 14 15 16	Somewhat hard Hard	Target range: How you should feel with exercise or activity.
17 18	Very hard	How you felt with the hardest work you have ever done.



Thank you!



