

EXERCISE CONSIDERATIONS IN DYSTROPHINOPATHY

Parent Project
Muscular
Dystrophy

JOIN THE FIGHT.
END DUCHENNE.

CONSIDERATIONS BEFORE YOU EXERCISE

- 1 Get clearance from your Cardiologist or Neuromuscular team before starting any new exercise program
- 2 Consult a Physical Therapist to ensure you are doing appropriate exercises, your form is good, and your progress is monitored regularly. Safety first!
- 3 Begin with low resistance and build up gradually. "Start Low and Go Slow"
- 4 Take rest breaks as needed
- 5 Stay hydrated
- 6 Not all muscular dystrophies are the same, nor should individuals with the same kind of muscular dystrophy be doing the same exercises. Exercises should be individualized.
- 7 Do something you enjoy for exercise. Exercise should be FUN!






RED FLAGS FOR EXERCISE

These are also key signs that may indicate you have overdone your exercise(s), or you need to reassess and potentially change the exercises you are doing. A Physical Therapist can assist in modifying the exercise program to better fit your needs.

- Increased fatigue
- Increased muscle, joint, or back pain
- Muscle soreness that lasts greater than 24 hours
- Red, brownish red, or dark urine
- Difficulty sleeping
- Shortness of breath that continues longer than a couple of minutes after ending the exercise
- Tachycardia (rapid heartbeat) that does not resolve a few minutes after exercise is over
- Low or high blood pressure out of the ordinary for the individual with muscular dystrophy

INDICATIONS TO STOP EXERCISE OR REASSESS FOR MODIFICATION OF EXERCISE

This table is intended for your physical therapist or healthcare team to help them recognize when an exercise program should be stopped or adjusted for you or your child. We recommend sharing this with your medical team to help guide your exercise plan.

| SKELETAL MUSCLE  | CARDIAC  | SYSTEMIC  |
|---|--|--|
| <ul style="list-style-type: none"> • Muscle soreness >24 hours, joint pain or back pain. • Dark/reddish brown urine, or localized severe pain | <ul style="list-style-type: none"> • Prolonged tachycardia \ shortness of breath, or abnormal BP after exercise has ceased. • Example: Borg RPE (Rate of Perceived Excretion) scale > 7/10 | <p>Difficulty sleeping, restlessness, or overwhelming fatigue</p> |
| <p>Immediate Action: STOP activity immediately</p> | <p>Immediate Action: Cease exercise and monitor heart rate and BP for recovery to the individuals' baseline. Cardiac medications may influence time to return to baseline.</p> | <p>Immediate Action: Reduce FITT parameters (intensity/time).</p> |
| <p>Clinical Pathway:</p> <ul style="list-style-type: none"> • Assess for rhabdomyolysis; refer for urgent medical care, i.e., Emergency Department or neuromuscular team. • Once medical team has indicated a return to exercise is safe, modify exercise program by reducing the FITT parameters (intensity/time) | <p>Clinical Pathway:</p> <ul style="list-style-type: none"> • Refer to cardiologist for re-clearance before resuming the program. • Once cleared to resume exercise, modify exercise program by reducing the FITT parameters (intensity/time) | <p>Clinical Pathway: Screen for blunted recovery responses and increase rest intervals. Move to distributed practice with shorter exercise bouts and rest periods equal to or longer than exercise.</p> |