### Physical Activity – Supporting People with Physical Disabilities

# **Future Thinking**

#### A note to health professionals

Physical activity is an important component of healthy living and an important contributor to ageing well. A wide range of physical and psychosocial benefits can be achieved by engaging in regular physical activity. For individuals living with a chronic disability such as cerebral palsy (CP), physical activity is particularly important (McGinley, Pogrebnoy & Morgan, 2014).



Research has shown that there are decreased levels of activity in individuals with mobility issues (Ashe, Miller, Eng and Noreau 2009, cited in McGinley, Pogrebnoy& Morgan, 2014) which in turn increases the chances of them developing other co-morbidities such as osteopenia, diabetes, obesity (Carlon, Taylor, Dodd and Shields 2013, cited in McGinley, Pogrebnoy& Morgan, 2014), secondary muscle pathology and cardiometabolic conditions (Peterson et al., 2013).

Besides the regular benefit of promoting good health in individuals with CP, there are many other benefits to be gained in encouraging physical activity in this population. Other benefits

include improving or maintaining functional independence, social integration and wellbeing (Buffart et al. 2009, cited in McGinley, Pogrebnoy & Morgan, 2014). Those who are physically active also have a decreased risk in mobility decline (Maltais, Dumas, Boucher and Richards 2010, cited in McGinley, Pogrebnoy & Morgan, 2014) and may have a positive effect on walking ability (Andersson et al., 2003).

Unfortunately, it has been shown that individuals with CP are less physically active than their peers (Carlon et al., 2013, cited in McGinley, Pogrebnoy & Morgan, 2014). This is often because individuals with disabilities simply lack

knowledge concerning the importance of exercise, or think that they are unable to participate in physical activity (Rimmer, Braddock, Pitetti 1996, cited in Peterson et al., 2013). It is acknowledged that there can be many barriers to participating in physical activity for this population. Accessibility to a facility and access to specialised or modified equipment may be some of the limitations: there also may be inadequate options for those who are nonambulators (Rimmer, 2001, cited in Peterson et al., 2013).

However, there are many organisations and clubs in Western Australia that do offer modified and/ or supported activities for individuals with a disability.

## Physical Activity - Supporting People with Physical Disabilities cont.

Referral to an allied health team for assessment and intervention should occur for everyone with a physical disability, regardless of level of function. Modified sports and modified equipment can be provided, along with tailored individualised physical activity programs.

Many individuals whose function is equivalent to gross motor functional classification (GMFCS) IV or V are often not referred for, or thought of as needing, physical activity. It is this group that additional support from therapists is crucial to provide guidance and opportunity to participate in physical activity.

In research and in the clinical setting, it has been found that many people with physical disabilities make significant gains in various therapy driven programs aimed at improving their strength, fitness, range of motion and day-to-day function. They do not, however, see long term benefits if programs are not therapy driven or are not completed at all.

It is also noted that if functionally-based therapy programs are followed up with home and community maintenance programs and regular booster therapy programs, skill attainment and long-term benefits are maintained, and people



continue to be able to achieve their goals. It appears that the specific needs of people with physical disabilities must be reviewed and monitored by health professionals who understand the person's needs.

Bania et al (2011) found that habitual physical activity can be increased with exercise programs however long-term benefits reduce. They suggest that maintenance programs are indicated to maintain the benefits achieved during programs.

Visit <u>futurethinking</u>. <u>abilitycentre.com.au</u> for more information.



#### References and further reading

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Peterson, M. D., Gordon, P. M., & Hurvitz, E. A. (2013). Chronic disease risk among adults with cerebral palsy: the role of premature sarcopoenia, obesity and sedentary behaviour. Obesity Reviews, 14(2), 171–182. <a href="https://doi.org/10.1111/j.1467-789X.2012.01052.x">https://doi.org/10.1111/j.1467-789X.2012.01052.x</a>

