

Disability and Exercise Training: A 6-Step Guide



PROMOTING QUALITY PARTICIPATION IS KEY TO ENCOURAGING LONG-TERM PARTICIPATION IN PHYSICAL ACTIVITY



Communicating and Gathering Information

When communicating with a client or patient, take a participant-centred approach. Remember—you have expertise, but you're not the expert. 'Inter-view,' don't 'interview' the patient to encourage reciprocity and foster quality participation. Reframe pre-assessment questions, shifting the focus from the individual to external barriers affecting their ability to exercise. Consult resources such as the Measure of Experiential Aspects of Participation, Get Active Questionnaire, and Abilities for Active Living Questionnaire. Be sure to ask the client about their access needs to prepare for the first visit.

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Pre-Assessment Considerations and Contraindications

Before conducting a fitness assessment, understand common considerations for everyone and disability-specific considerations. Understand common contraindications for persons with disabilities, including autonomic dysreflexia, contractures, shunts, pressure sores, seizures, blood clots, and atlantoaxial instability. Note that persons with disabilities may experience differential physiological responses to exercise. When taking anthropometric measurements, adaptations may be required. Use critical thinking to ensure you are taking an accurate, individualized approach.

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Conducting Fitness Assessments

When choosing the protocol, consider the client's performance, ability, body management, locomotor skills, body awareness, and learning/cognitive abilities. Understand different types of fitness assessments (normative vs. criterion referenced) to select the best approach. Consider existing protocols for cardiorespiratory, musculoskeletal, and balance and flexibility testing. In general, emphasize process vs. outcome, meeting the client where they're at. Some participants may not be able to follow protocol exactly, but with modifications, the assessment can be continued.

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Interpreting and Using Fitness Assessment Results

When interpreting and using fitness assessment results, remember that standard fitness assessments may be more useful to establish an individual's baseline rather than compare to normative data.

Focus on emphasizing patients' or clients' strengths rather than focusing on, pathologizing, and correcting deficits. Comparing past and present data is an effective way to measure a client's progress overtime.

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Prescribing Exercise

When prescribing exercise, review general recommendations for shoulder health, hemiparesis, and stretching. Also review disability-specific guidelines for Spinal Cord Injury, Multiple Sclerosis, Cerebral Palsy, and Parkinson's disease.

In general, keep the client's goals, the nature of their disability, any secondary conditions and contraindications, their environment, and their access to equipment in mind.

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Adapting Exercise

When making adaptations, considering quality participation is key. Ask yourself whether the client is involved in making the adaptation, whether it will impact participation, whether it will be accepted by the participant, whether the participant feels like they belong, whether it maintains the integrity of the activity, whether it is age-appropriate and safe, and whether it is realistic. Consider existing strategies for adapting exercise, including analyzing individual, task, and environmental factors; cueing; and barrier identification. Take note of existing strategies for equipment adaptation.

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