

SOS CONFERENCE 2006

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FUNCTIONAL RESTORATION

WHAT WE DON'T KNOW

FUNCTIONAL RESTORATION

EFFECTS OF EXERCISE

1) GENDER DIFFERENCES IN RESPONSE TO EXERCISE?

BAYVIEW STUDY OF 3 GROUPS

WORK TO TOLERANCE (WTT)

WORK TO QUOTA (WTQ)

USUAL CARE ONLY (UC)

GROUP DIFFERENCES IN GENDER

$F = 2.5$ $P = 0.096$

PERHAPS INSUFFICIENT POWER
DUE TO SMALL NUMBERS

2) BEST TYPE OF EXERCISE?

AEROBIC?

RESISTANCE (“STRENGTH”)?

COMBINATION?

HARBORVIEW OUTCOME STUDY 1983-1986

MAJOR PROBLEM WAS WEAKNESS

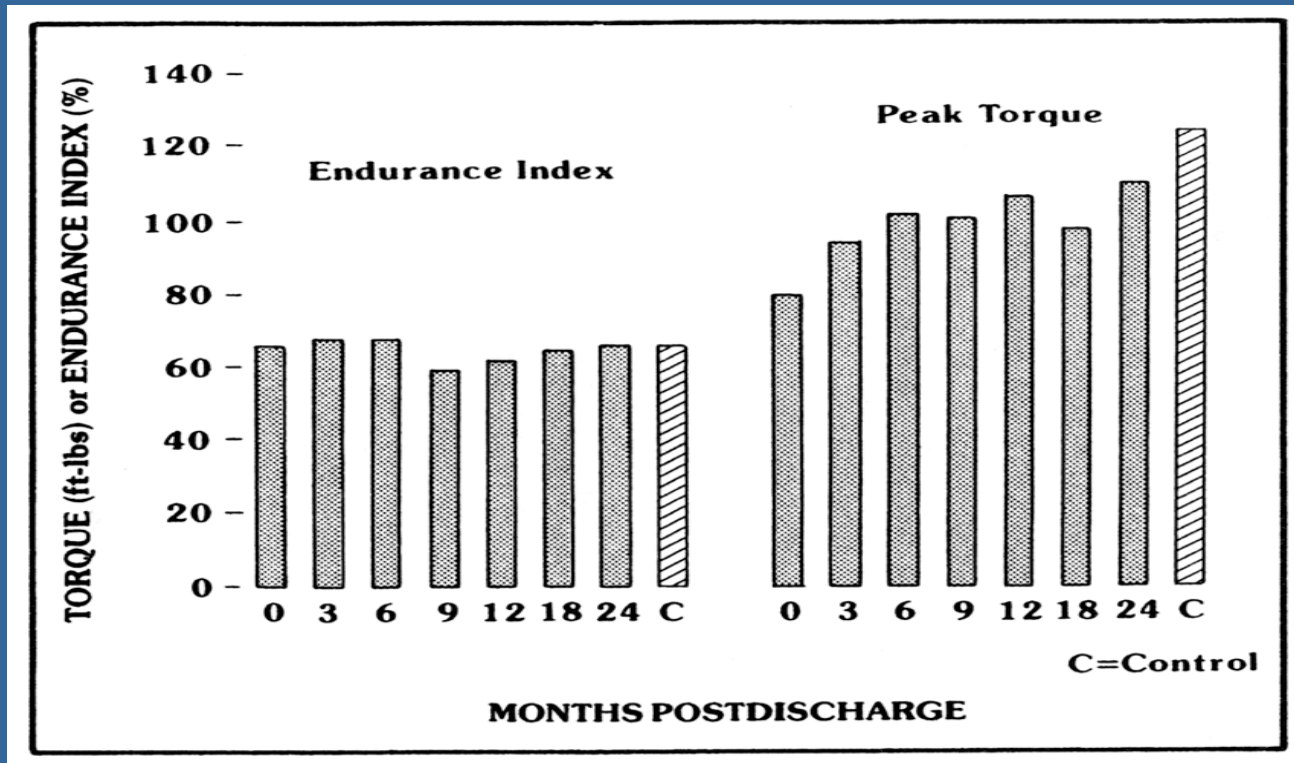


Figure 1. Endurance indices (left) and peak torque (right) of left quadriceps of male burn patients at discharge and at 3, 6, 9, 12, 18, and 24 months post-discharge.

3) BEST TIMING FOR EXERCISE INTERVENTION?

IMMEDIATELY POST DISCHARGE?

WHILE STILL HOSPITALIZED?

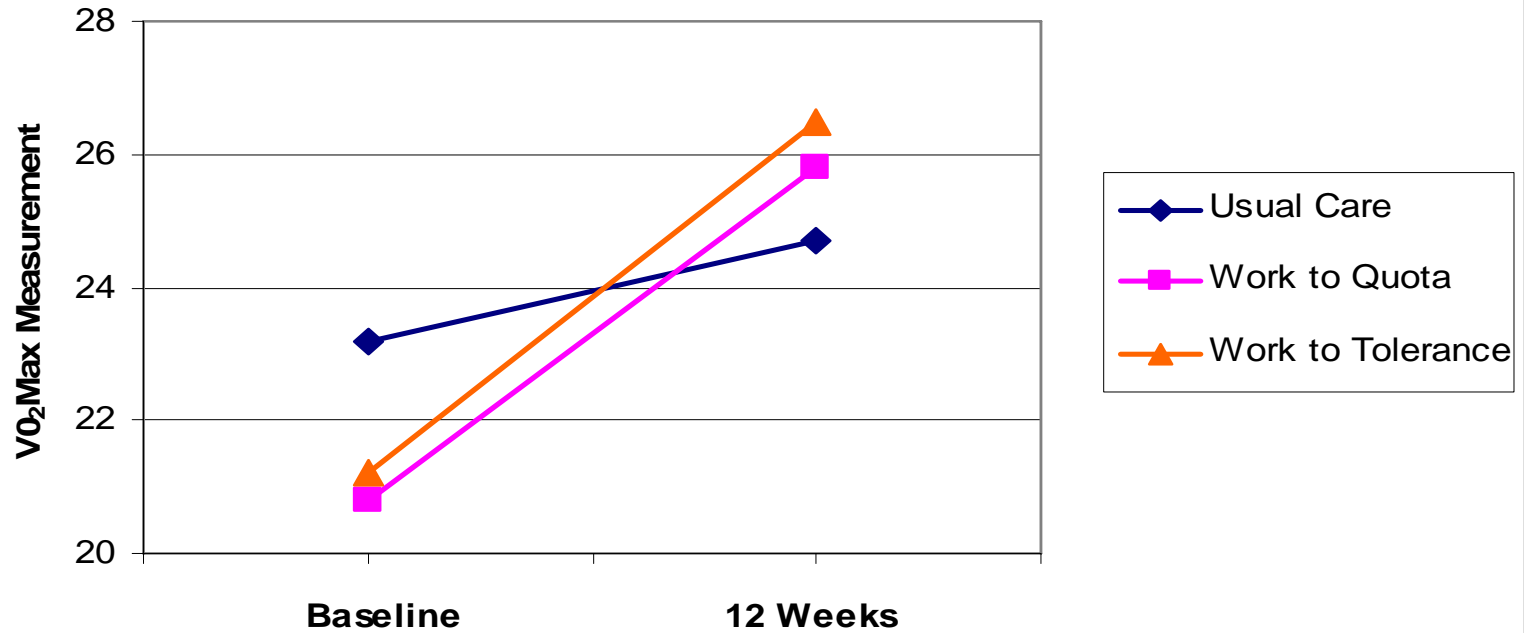
4) WHAT IS THE OPTIMAL DURATION OF AN EXERCISE STUDY?

16 WEEKS?

12 WEEKS?

10 WEEKS ?

Measure of Aerobic Capacity (VO₂Max) Over Time



5) HOW LONG DO EFFECTS
PERSIST?

WEEKS?

MONTHS?

6) HOW TO “MOTIVATE”
PATIENTS TO CONTINUE TO
EXERCISE POST STUDY?

7) INTERACTION OF EXERCISE
WITH MEDICATIONS SUCH AS
PROPRANOLOL?
ANABOLIC STEROIDS?

8) EFFECTS OF AEROBIC
CAPACITY AND THE
STRENGTH TO WEIGHT RATIO
OF (OVER) FEEDING DURING
THE ACUTE HOSPITAL STAY