

ANPT 2021 President's Message: Moving Forward

"...studies focused on locomotor recovery following neurologic injury suggest the amount and intensity of task-specific practice are key determinants of gains in walking function." ¹

Changing how we treat our patients is not easy! Especially when we have to do things differently from what we learned or have done in the past...how do we do that?

Reframing how we think about measuring intensity and structuring task-specific interventions can be accomplished through simple substitutions/changes in your practice which can help us all in our efforts in "Moving Forward". The Moving Forward Taskforce has compiled these suggestions that are quick, easy changes to make in your practice.

Try This ...

- Calculating your patient's max HR and ACSM HR training zones with the ANPT tools found on the Locomotor CPG KT clinician resources page.²
- Monitoring your patient's heart rate and RPE to ensure target intensity is being met for an objective measurement.
- Providing a rest break only when your patient asks for it.
- Designating a short, specific, objective rest period for breaks.
 - Example: Set a timer for 2 minutes.
- Using active recoveries. Examples:
 - Standing to recover.
 - Using lower intensity activities (e.g., intervals).

Instead of ...

- Only assessing vitals before and after a PT session or activity.
- Relying on vitals taken previously.
 - Example: Vitals taken by nursing that morning or in prior PT sessions.
- Clinician driven determination of when to rest.
- Offering rest breaks based on environment and routines.
 - Example: The PT gym has a 200-foot loop typically used for walking, resting after each 200-foot bout.
- Using untimed or unstructured rest breaks.
 - Using seated rest breaks.

¹Scheets PL, Hornby TG, Perry SB, et al. Moving Forward. J Neurol Phys Ther. 2021;45(1):46-49.

²ANPT website. https://neuropt.org/practice-resources/anpt-clinical-practice-guidelines/locomotor/clincian resources