Standards of Physiotherapy Care for Persons with Bleeding Disorders

2018
These Standards replace “Standards of Physiotherapy Care and Assessment” published in 1999.

They were developed using the best available evidence by a working group consisting of:

- Kathy Mulder, Winnipeg
- Elia Fong, Edmonton
- Erin McCabe, Edmonton
- Julia Brooks, Calgary
- Karen Strike, Hamilton
- Pam Hilliard, Toronto
- Sandra Squire, Vancouver
- Marie-Eve Toussaint, Montreal
- Anne Ducharme, Montreal

For more detailed Clinical Information please refer to the companion document: CLINICAL GUIDELINES for Physiotherapists working with persons with Bleeding Disorders (2018)
Standard 1: **The Physiotherapist is a Core Team Member**

Each Canadian comprehensive bleeding disorders care team includes a physiotherapist with protected time dedicated specifically to the Bleeding Disorders program (1, 2).

- A physiotherapist is involved in the care of the PWBD from the time of diagnosis and will participate in the **Assessment, Treatment, and Education** throughout the person’s lifespan (1,2,3).
- The employer will support the physiotherapist in participating in continuing education activities that will develop necessary knowledge and skills that are unique to this area.
- A physiotherapist with training in bleeding disorders will be identified to provide service in the absence of the regular team therapist.

See Appendix: CLINICAL GUIDELINES for more detailed description of **Assessment, Treatment and Education**.

**References:**


Standard 2: Assessment of acute bleeds
The Physiotherapist, as musculoskeletal expert member of the core team (1), participates in the assessment of acute musculoskeletal bleeds.

- The physiotherapist will be notified of any suspected muscle or joint bleeds by the initial contact health care team member or directly by the patient themselves.
  - If the physiotherapist is the first point of contact he/she is responsible for notifying the other care team members.(3)
- People with acute muscle or joint bleeds who are admitted to hospital will be referred to physiotherapy and ideally will be seen within 24-48 hours.
- The Physiotherapist will communicate the assessment findings and treatment plan to the other team members.

See Appendix: CLINICAL GUIDELINES for more detailed description of Assessment

References:


Standard 3: Physiotherapy Treatment after Acute Bleeds or Surgery

3A: Acute bleeds:
The Physiotherapist will become involved as soon as possible after acute bleeds to assist the individual to regain pre-bleed status while preventing new injury or re-bleeding (1, 2).

- Initial involvement may consist of assessment, monitoring and/or education.
- Active physiotherapy (e.g. exercise) should begin once the Physiotherapist and the team agree that the bleeding is controlled (1,2).
- Physiotherapy goals and treatment plans are determined by the therapist and the patient in consultation with the bleeding disorders team.
- The physiotherapist is familiar with contraindications and safety precautions applicable to treating PWBD (3).
- The therapy plan is documented on the medical record and discussed with the care team, especially if changes to clotting factor regime are being recommended.

See Appendix: CLINICAL GUIDELINES for more detailed description of Treatment.

3B: Surgical procedures

- All members of the core HTC team should participate in discussions around need for surgical interventions and optimal timing. (4)
- Prior to considering any surgical intervention, the HTC team members should ensure that all available non-invasive treatment options have been utilized, especially for people with Inhibitors.
- Once it has been determined that surgery will proceed, the HTC physiotherapist and the physiotherapist from the surgical team should be in regular communication both pre-operatively and post-operatively.

Pre-operatively:
- The HTC therapist will advise the surgical team regarding the patient’s overall status, especially the condition of adjacent joints.
- The HTC therapist will facilitate education of the surgical team therapist regarding issues related to bleeding and its management.
- The surgical team therapist will educate the HTC team regarding the anticipated post-operative course and therapy requirements so that appropriate clotting factor coverage can be arranged.

Post-operatively:
- The surgical team therapist will become involved as soon as possible after the surgery. (3, 5, 6)
• The HTC therapist will be available as a resource to discuss response to physiotherapy treatment, and to facilitate communication with the other team members if necessary for bleed management.

See Appendix: CLINICAL GUIDELINES for more details.

References:
Standard 4: Annual Assessment

A complete musculoskeletal assessment will be done annually on each patient regardless of the severity of the bleeding disorder (1, 2)

- The Physiotherapist will review each patient’s bleeding history to look for bleeding patterns (3).
- The Physiotherapist will assess impairment, pain, function and participation using standardized, validated and reliable tools.
- The Physiotherapist will document the assessment findings on the medical record and discuss findings with the care team, summarizing any significant changes from the previous assessment.
- The Physiotherapist and the PWBD (and family) will determine goals, treatment plans and follow-up.

See Appendix: CLINICAL GUIDELINES for more detailed description of Annual Assessment.

References:


Standard 5: Treatment of Musculoskeletal Complications of Bleeding Disorders. The physiotherapist, as musculoskeletal expert member of the core team (1), will provide (or will arrange for the provision of) treatment programs to address the impairments, pain, and limitations of function and participation associated with bleeding disorders.

- The physiotherapist will identify impairments that are present or are developing and suggest intervention to prevent further problems/progression.
- The individual/family may identify issues with function or participation that require intervention.
- Treatment goals and treatment plan are determined by the individual, family and the physiotherapist.
- In order to meet treatment goals, the physiotherapist will recommend and/or arrange referral to other disciplines as indicated, such as Occupational Therapy, Orthotics, Diagnostic Imaging, Pain Management Specialist, or Orthopedics.
- The plan for treatment and follow-up will be documented on the medical record and discussed with the care team, especially if changes to clotting factor regime are being recommended.

See Appendix: CLINICAL GUIDELINES for more detailed description of Treatment of Musculoskeletal Complications

References:
Standard 6: Consultation with other care providers
Due to local circumstances, some PWBD may be seen by physiotherapists who are not affiliated with the comprehensive treatment centers. In these circumstances the therapist from the comprehensive clinic team will be available for consultation, and to facilitate communication with the rest of the team.

See Appendix: CLINICAL GUIDELINES for more detailed description of Consultation.

Reference:
**Standard 7: Education and health promotion** The Physiotherapist will provide education to patients and families regarding healthy living throughout the lifespan, including:

- Encouraging an active healthy lifestyle to promote cardiovascular fitness, healthy body weight, psychological well-being, and ability to maintain independence (2,4,5).
- Working with the patient and families in selecting sports and activities which take into account personal preferences and enjoyment, risks of the activity and the vulnerability of the individual to injury (1-5)

See Appendix: CLINICAL GUIDELINES for more detailed description of Education and Health Promotion.

**References:**


**Standard 8: Continuing Competence**
The comprehensive care clinic physiotherapist will maintain clinical competence.

Participation in Hemophilia specific conferences, webinars, and/or activities of the Canadian Physiotherapists in Hemophilia Care, as well as familiarity with current relevant literature, is strongly encouraged.

See Appendix: CLINICAL GUIDELINES for more detailed description of activities to maintain Clinical Competence.

**References:**
   (accessed March 14, 2018)
