

No Tolerance for Exercise Intolerance: Prescribing Exercise After Sport Related Concussion

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Mild Traumatic Brain Injury Symposium

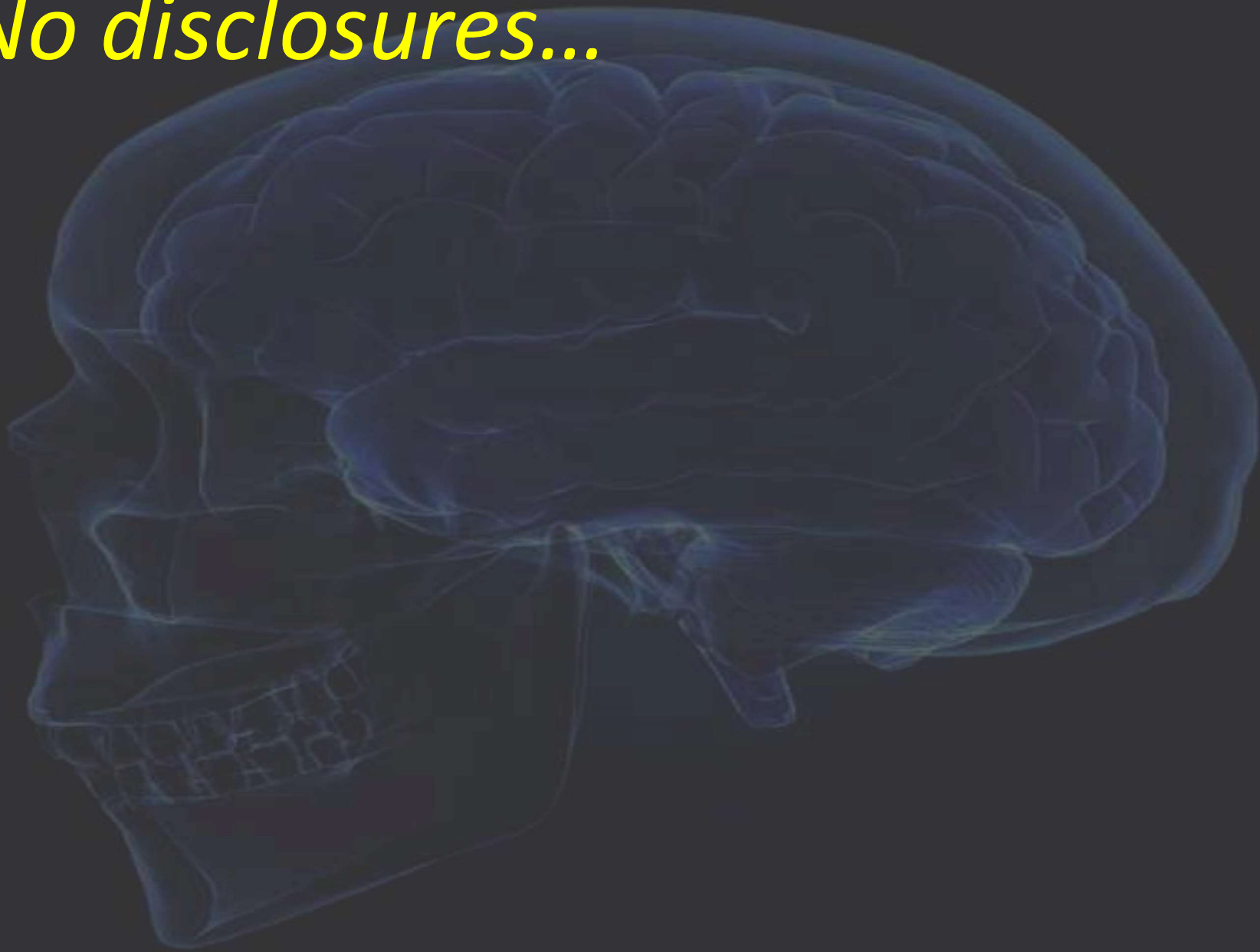
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No disclosures...



Objectives



- **Define** exercise Intolerance
- **Review** the rationale & recommendations for inclusion of exercise in the management of concussion
- **Examine** the existing research on frequency, intensity, time, type, and timing of exercise
- **Demonstrate** how existing evidence can be translated into clinical practice

A Paradigm Shift...



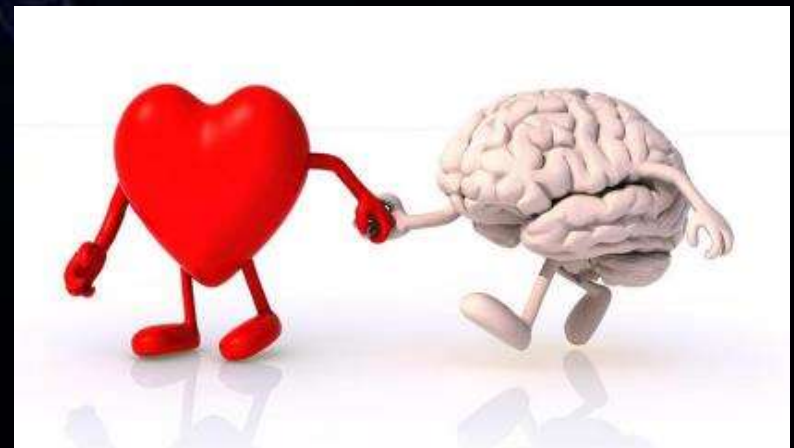
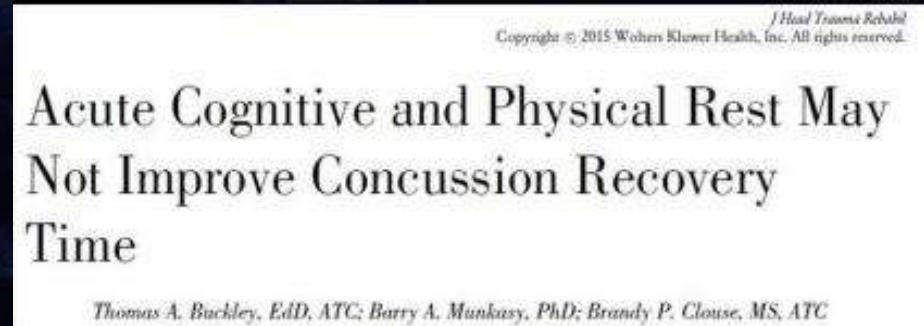
<http://www.enaturalawakenings.com/Health-Briefs-Archive/Silence-De-Stresses-the-Brain/>



<https://maymassage.info/thong-tin-can-biet-ve-xe-dap-tap-the-duc-reebok-z7-re1-11710/>

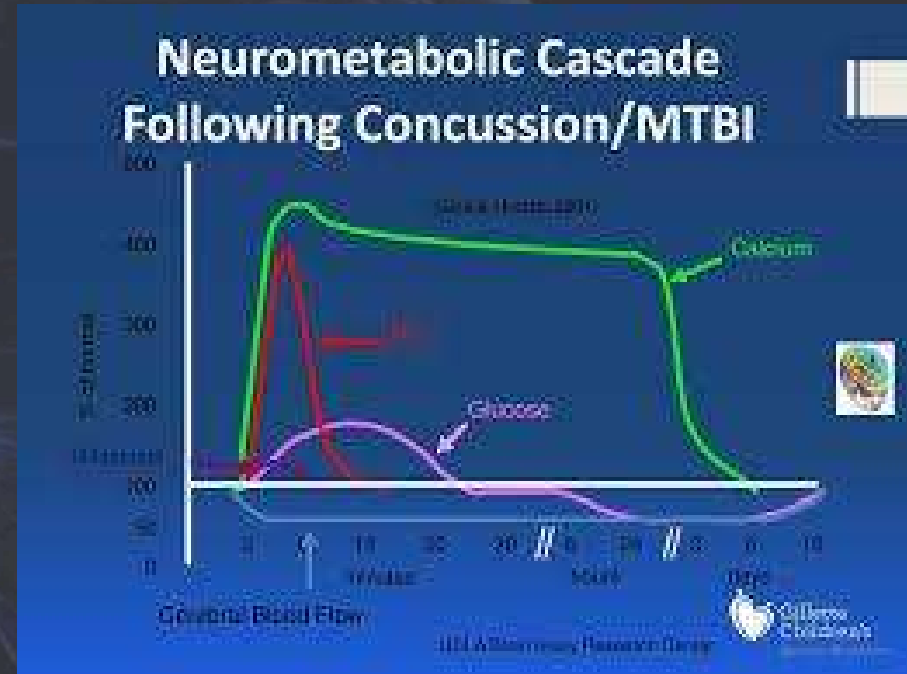
How did this happen?/Why the change?

- Little to no evidence that rest was beneficial to recovery
- Improved understanding of the physiological nature of concussion & its affect on the Autonomic Nervous System (ANS)



The Pathophysiological Rationale (abbreviated)

- Altered ANS function (*Leddy & Willer, 2013*)
- Disruption or dysregulation of CBF = metabolic disequilibrium & energy crisis (*Giza & Hovda, 2001; Leddy & Willer, 2013*)
- And how exercise...
- Aides in restoration of CBF regulation (*Clausen et al., 2016; Leddy et al., 2013*)
- Assists with neuronal repair through increasing BDNF (*Griesbach et al., 2012*)
- Assists with “retraining” the ANS (*Kozlowski, 2014*)





Exercise Intolerance

- Definition: Reduced ability to be physically active/exercise at the expected level according to age and physical condition due to exacerbation of symptoms (Valaas et al., 2023)
- Results from damage to the ANS interfering with CBF
- Physiological biomarker of SRC
- Can be assessed through testing (BCTT & BCBT)



Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport—Amsterdam, October 2022

Jon S Patricios ¹, Kathryn J Schneider ², Jiri Dvorak ³,
Osman Hassan Ahmed ^{4,5}, Cheri Blauwet ^{6,7}, Robert C Cantu^{8,9},
Gavin A Davis ^{10,11}, Ruben J Echemendia ^{12,13}, Michael Makdissi^{14,15},
Michael McNamee^{16,17}, Steven Broglio ¹⁸, Carolyn A Emery ²,
Nina Feddermann-Demont^{19,20}, Gordon Ward Fuller ²¹, Christopher C Giza^{22,23},
Kevin M Guskiewicz²⁴, Brian Hainline ²⁵, Grant L Iverson ^{26,27},
Jeffrey S Kutcher²⁸, John J Leddy ²⁹, David Maddocks³⁰, Geoff Manley ³¹,
Michael McCrea ³², Laura K Purcell³³, Margot Putukian ³⁴, Haruhiko Sato ³⁵,
Markku P Tuominen³⁶, Michael Turner ^{37,38}, Keith Owen Yeates ³⁹,
Stanley A Herring^{40,41}, Willem Meeuwisse⁴²

- “After a brief period of initial rest (24–48 hours), symptom-limited activity can be begun while staying below a cognitive and physical exacerbation threshold.” (McCrory *et al.*, 2017)



“HCPs with access to exercise testing can safely prescribe subsymptom threshold aerobic exercise treatment within 2–10 days after SRC...” (Patricios *et al.*, 2023)

The FITT Principle



*Frequency

*Intensity

*Time

*Type

*Timing

(Lawrence et al., 2018)

Timing-when should patients begin exercising after injury?

- 24-48 hours of rest recommended
- Determine **status** of the patient-how are they doing?
- Early studies investigated exercise intervention with **mostly PCS** patients & demonstrated it to be safe (Gagnon et al., 2009; Leddy et al., 2010, Baker et al., 2012)
- More recent studies have been moving the timeline back **closer to the date of injury**
- **2-10 days** (Patricios et al., 2023)

| Author (year) | Time following injury |
|-------------------------|------------------------|
| Gagnon et al., 2009 | 4-18 weeks |
| Leddy et al., 2010 | 6-40 weeks |
| Baker et al., 2012 | 8-40 weeks |
| Maerlender et al., 2015 | “recently concussed” |
| Lawrence et al., 2018 | 1-10 days |
| Micay et al., 2018 | 6 days |
| Leddy et al., 2019 | <10 days (mean 5 days) |
| Popovich et al., 2019 | <16 days vs >16 days |

Mode—what type of exercise should they perform?

- **Aerobic**
- Relatively universal using either a **stationary bike or treadmill**
- Popovich et al., (2019) include med balls, **agility drills, & sport specific exercises**
- Resistance exercise (weight lifting) **not recommended** (Worts et al., 2019)

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REVIEW ARTICLE



A Physiologically Based Approach to Prescribing Exercise Following a Sport-Related Concussion

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<https://maymassage.info/thong-tin-can-biet-ve-xe-dap-tap-the-duc-ree-bok-z7-re1-11710/>

Intensity-At what intensity level should patients exercise?

| Intensity | Authors |
|--|--|
| Stationary bike; elliptical; running; med balls, agility drills, & sport specific exercises (HR & RPE) | Popovich et al., (2019) |
| Perceived exertion of “mild” to “moderate” on Borg scale | Maerlender et al., (2015) |
| Borg RPE of 11 for 2-5 minutes; increase RPE 1 every 5 min | Kurowski et al., (2016) |
| 15 min @ 100-120 bpm; 30 min @ 100-120 bpm; 30 min @ 140; 1 min max sprint every 5 min for 30 min | Lawrence et al., (2018) |
| 60% APMHR | Dobney et al., (2018) |
| 80% of HR achieved on a sub-maximal treadmill test (Buffalo Protocol) | Leddy et al., (2010); Baker et al., (2012); Clausen et al., (2015); Polak et al., (2015); Cordingly et al., (2016); Leddy et al., (2019) |

Borg's Rating of Perceived Exertion (RPE) Scale

| Perceived Exertion Rating | Description of Exertion |
|---------------------------|--------------------------------|
| 6 | No exertion. Sitting & resting |
| 7 | Extremely light |
| 8 | |
| 9 | Very light |
| 10 | |
| 11 | Light |
| 12 | |
| 13 | Somewhat hard |
| 14 | |
| 15 | Hard |
| 16 | |
| 17 | Very hard |
| 18 | |
| 19 | Extremely hard |
| 20 | Maximal exertion |

Duration & Frequency-How long should patients exercise...and how often?

- Most studies use **20-30 minutes**
- Same duration as achieved on the **treadmill test** (Leddy et al., 2010; Grabowski et al., 2017)
- **15 min; 30 min**; sprints for 30 min (Lawrence et al., 2018)
- Individualized/symptom limited **4-50 min** (Popovich et al., 2019)
- **Frequency 5-7 days per week**



<https://www.rawpixel.com/image/378309/premium-photo-image-stopwatch-african-african-descent>

To summarize:

- **Frequency:** Most studies used daily exercise with at least one rest day per week
- **Intensity:** Most studies used heart rate & prescribed “sub-symptom threshold”; some used Rate of Perceived Exertion (RPE)
- **Type:** Most studies used aerobic exercise—most utilizing an exercise bike
- **Time:** Most studies recommended 20-30 minutes
- **Timing:** Early studies were with subjects with prolonged symptomology (PCS); more recent research (including the most recent Consensus Statement) recommend starting 2-10 days post-injury



CONCUSSION IN SPORT



- Strict rest until the complete resolution of concussion-related symptoms is **not beneficial** for SRC
- **Relative (not strict) rest**, including ADLs and reduced screen time, is indicated immediately & for up to 2 days post injury
- Individuals can **return to light-intensity PA** that does not more than mildly exacerbate symptoms, during the initial 24-48 hours (avoid risk of contact or falling)
- Individuals can systematically **advance their exercise intensity** based on the degree of symptom exacerbation experienced during the prior bout of exercise
- Mild symptom increase during PA or exercise **does not delay recovery.**
- **Prescribed early aerobic exercise within 2-10 days of SRC is effective for reducing incidence of PPCS**

What's in Your Tool Box?



- Consensus Statement on Concussion in Sport (2023)
- Evidence-based approach to prescribing exercise for your concussion patients
- Remember the FITT(T) Principle
- Use Heart Rate (HR), Rate of Perceived Exertion (RPE), and/or your best clinical judgement
- Learn to use the Buffalo Concussion Treadmill Test (BCTT) or the Buffalo Concussion Bike Test (BCBT)
- Remember that Exercise is Medicine

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Thank You!!

