

**HAPPY
1/2 HOUR**

with an expert in haemophilia care!

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“Physiotherapy for people with inhibitors”

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ACUTE & CHRONIC SITUATIONS

International Classification of Functioning (ICF)

The best start of the conversation about people who have haemophilia with inhibitors and the value of physiotherapy for them, is a brief introduction to the **International Classification of Functioning (ICF)**. Understanding of the ICF makes it easier to understand the things I do as a physiotherapist, in all situations, but for me especially in haemophilia care.

The ICF makes it possible to describe any disease or disorder independent of the disorder itself. I always use the same example: for me as a physiotherapist is not important to know whether a person has haemophilia A or B. It is very important for the (parents of a) patient, or a medical doctor, but not necessarily for a physiotherapist. **Because we are interested in the pure physical aspects of those persons, whether they are able to walk, run, go to school, or to work.**

If an inhibitor is present, we are looking frequently at acute situations, reflected at a body level. **In any acute situation you automatically look at e.g. a knee joint which is swollen, warm and painful.** At that moment you do not ask, whether the person is able to walk or run, to work or go to school, you are mainly concerned about the knee or the ankle itself.

In case of chronic conditions, e.g. haemophilic arthropathy, we are more interested in the individual. What activities is a person able to do, when two knees are painful or a knee and an ankle? **Are those persons able to fulfill their role in the society with these complaints?** This implies that we are looking at physical problems from the perspective of society; but also that it is a much slower process to enable the person to be able to maintain their role in society.

Acute situations in haemophilia are mostly seen during bleeds or post-operative. If your child has a minor bleed and there is full recovery within 24 or 48 hours, then automatically we shift to the individual and society level, and the next goals of physiotherapy are participation oriented, but only if the child is able to participate, run, do sports etc.

Those levels are influenced by contextual factors: individual (personal) and environmental factors.

The most presented personal factor is the patient's ability to cope with the disease. For me, working for a long time in haemophilia care I know many brothers with haemophilia and often they are completely different in their physical capabilities, but also in the way they cope with the disease.

The environmental factors are more external and influence the person and their condition. **The most important environmental factor in haemophilia is access to clotting factor concentrates.** Another environmental factor is the size of the country. For example, the Netherlands is a small country and from any place in the country you can reach the haemophilia treatment center (HTC) within an hour. But in countries like Indonesia, for example, it can take more than one-day! That is a totally different situation and with minor bleeds it is often not worth going to the HTC. Because travelling during an entire day without access to clotting factor and travelling back home, things can get only worse.

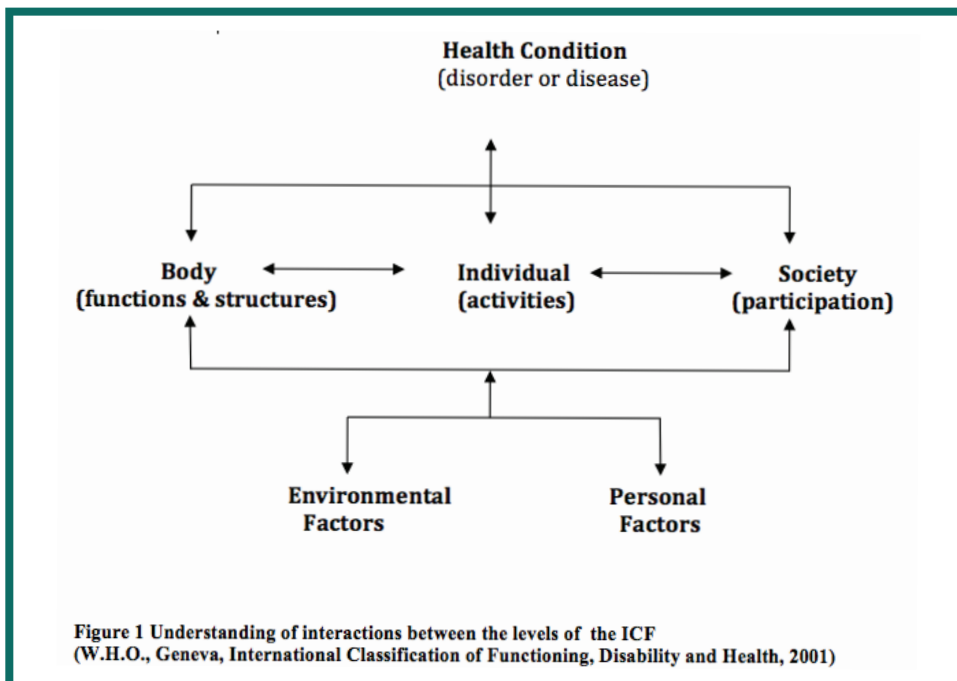


Figure 1 Understanding of interactions between the levels of the ICF
(W.H.O., Geneva, International Classification of Functioning, Disability and Health, 2001)