

ACTIVE
LIFE your fitness
support guide

FOR HAEMOPHILIA PATIENTS



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Use these pages to plan your activities and track your progress

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Endorsed by:



THE
HAEMOPHILIA
SOCIETY



INTRO- DUCTION

WHY? HAVE I BEEN GIVEN THIS BOOKLET

This booklet contains information about the benefits of keeping active and will give you useful tips to help you approach exercise as someone with haemophilia.

There is a folder in the back for you to store materials provided by your healthcare team and blank pages that you and your physiotherapist can use to set short- and long-term goals, write down exercise and stretching routines and take notes to track your progress.

WHY SHOULD I EXERCISE ?

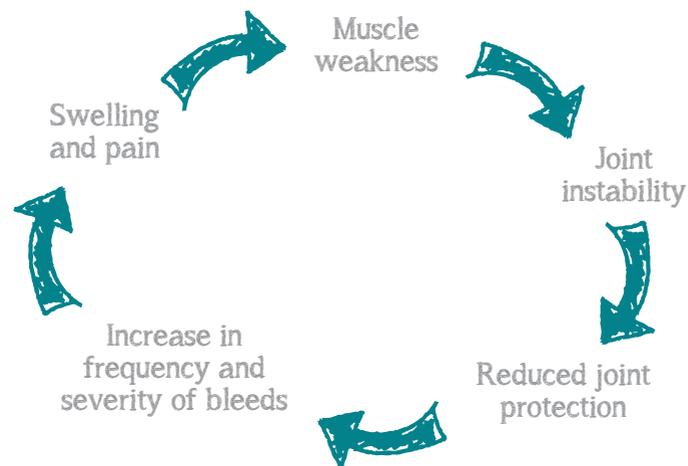
Physical exercise brings many general health benefits. It improves your fitness, boosts your self-esteem and reduces the risk of cardiovascular disease, diabetes, osteoporosis and some cancers.¹

Regular physiotherapy, physical activity and exercise can be particularly beneficial for patients with haemophilia because it increases muscle strength and improves joint stability which can reduce your risk of injury, bleeds and joint damage.^{2,3}



HOW DOES EXERCISE HELP MY JOINTS³ ?

The joints in your body, like your knees, hips and ankles, are supported by different types of muscles. Reduced strength in these muscles can increase the risk of frequent joint bleeds, which can lead to chronic swelling and pain. This can result in a cycle of deterioration that continues with every bleed:



Exercise can protect your joints from deterioration by strengthening those muscles, improving your coordination and increasing your flexibility. It can also help you maintain a healthy weight, which minimises the stress on your joints. Together, this can reduce the frequency and severity of joint bleeds.

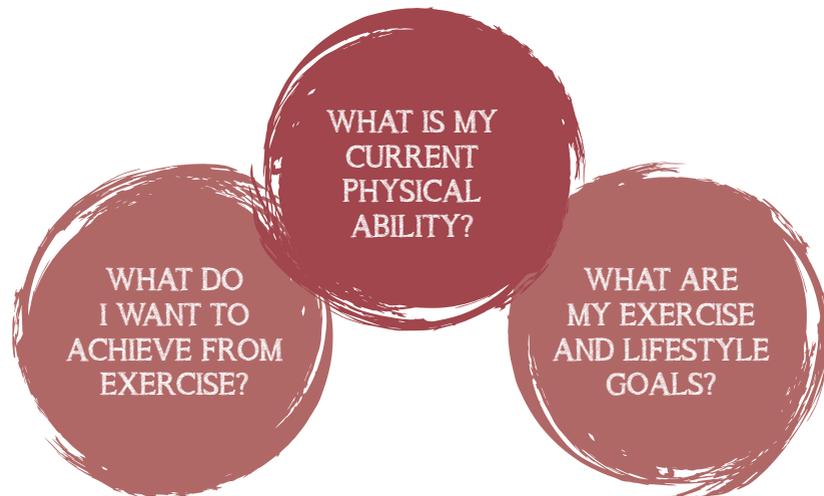
HOW SHOULD I EXERCISE



While exercise can help to prevent bleeds, it can also cause bleeds if the appropriate steps aren't taken. Please find some tips below to help you get started!

BEFORE YOU BEGIN²

It is important to approach exercise properly so that you gain the most from it. Before you start, there are a few factors to consider. What are your goals? What are your needs? These could be physical or emotional, or both. Here are some examples of the types of questions you might want to ask yourself:



Once you have given your needs and goals some thought, have a discussion with your physiotherapist. They can use this information to help you develop an exercise plan that is appropriate for you.

Together, you can:

- Assess any potential risks associated with different types of sports and exercise routines
- Consider strategies to help you manage those risks
- Create a plan that will help you achieve your goals both physically and mentally

CHOOSING AN ACTIVITY^{2,4}

As someone with haemophilia, you are advised to avoid participating in sports that may increase your risk of injury. These are generally classed as 'high-contact' sports, like rugby and football. Instead, it is better to try other non-contact sports, which will still give you a good workout and can be just as fun and competitive (if that's what you look for in a sport).

Some of these include swimming, golf, badminton, archery, cycling, rowing, sailing, table tennis and walking. With the help of your physiotherapist, you can choose the activities that are right for you.



PLAN INFUSIONS ACCORDINGLY²

When planning an exercise routine, it is preferable to time your infusions accordingly. Try to plan to do your more active exercises when your factor levels are high to maximise your protection. Your haemophilia team will help you coordinate your infusion and exercise schedules in a way that is right for you.

WARMING UP & COOLING DOWN²

When starting exercise, it can be tempting to jump straight into the activity without warming up. However, not preparing your body properly can increase your risk of injury. Instead of starting at 100%, ease into your workout with a warm up routine that incorporates gentle exercise and different stretches to help you improve your flexibility and prepare your body for exertion.

Cooling down after exercise is also important. It helps your muscles recover and prevents them from getting stiff. Starting and ending your activity in this way will reduce the likelihood of developing an injury that could slow down your progress.

Your physiotherapist will be able to tell you which stretches and other gentle warm up and cool down exercises are best for you!



DEVELOP A ROUTINE²

An exercise routine should incorporate activities that help to maintain and enhance your endurance and cardiovascular fitness, as well as your coordination, muscle strength, flexibility and balance. It is beneficial to exercise for approximately 30 minutes at regular intervals throughout the week. However, your physiotherapist will be able to advise what would be most suitable for you.

Take it slow...

Don't do too much too soon. Overworking yourself can result in injury and may increase your risk of bleeds. Ease into your exercise routine and build up as the weeks progress.

Stop!

It is important to stop what you are doing at any time if you experience any pain. If you suspect that you are bleeding during exercise, then contact your care team. Do not push yourself to finish the workout.



WHEN CAN I RESTART EXERCISE AFTER AN INJURY?

Your physiotherapist and care team will be able to evaluate the severity of your injury and guide you through any rehabilitation that might be needed. Generally, joint sprains, bleeds and muscle strains require approximately 4-6 weeks to heal.² All activities should be reintroduced gradually following a joint bleed.⁴

WHERE DO I GO FOR FURTHER SUPPORT?²

Regular follow-ups with your physiotherapist and the rest of your care team are important. These appointments allow those managing your care to assess how both your joints and body as a whole are responding to physical exercise and whether any changes to your routine need to be made.

References

1. Wittmeier K and Mulder K. Haemophilia 2007;13(2):31-37.
2. Negrier C, et al. Haemophilia 2013;19:487-498.
3. Tiktinsky R, et al. Haemophilia 2002;8:22-27.
4. World Federation of Hemophilia. Guidelines for the management of haemophilia. 2nd edition. 2012.

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