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BED REST AND PHYSICAL ACTIVITY IN PREGNANCY ARE NOT MUTUALLY EXCLUSIVE SAYS PHYSICAL THERAPISTS

PTs Can Assist With Physical and Psychological Effects of Prolonged Bed Rest Says APTA

Based on best possible estimates, approximately 700,000 pregnant women, including virtually all expectant mothers of higher order multiples (triplets and above), are put on bed rest each year to offset the effects of several conditions which places an expectant mom in a high risk pregnancy category, such as pre-term labor. The incapacitating effects of total bed rest are often not being addressed, and expectant mothers are ill-prepared for the physical and psychological rigors of pre- and post-partum life, says the American Physical Therapy Association (APTA).

"Physical therapy encompasses so much more than just exercise, and physical therapists are educated to provide support in many aspects of rehabilitation for women put on bed rest during pregnancy," says APTA member Jean Irion, PT, EdD, SCS, ATC. A professor of physical therapy at the University of South Alabama in Mobile and owner of Triple C Physical Therapy Services in Daphne, Alabama, Irion teaches physical therapists nationwide how to create safe physical activity programs for pregnant women on bed rest. Irion, who knows first-hand about the ill effects of total bed rest during pregnancy when she was pregnant with triplets 12 years ago, says that being seen by a physical therapist during bed rest is crucial for both the physical and psychological well-being of the mother.

"Physical therapy is often equated with exercise, and many physicians equate exercise to a strong potential for exacerbating a given high-risk condition, so they don't suggest pregnant women restricted to bed rest see a physical therapist. This is a huge mistake," Irion says.

"As a result of prolonged bed rest, pregnant women experience an array of symptoms, ranging from cardiovascular deconditioning, musculoskeletal discomforts, stressful postures and positions, skin breakdown, muscle weakness, as well as psychological issues such as guilt, stress, and depression, observes Irion.

What physical therapists work toward, notes Irion, is to minimize loss of muscle tone and strength and to make the women as comfortable as possible. "We're not training these women to compete in a triathlon following delivery," she says. "Our aim is for these women to maintain some strength, flexibility and range of motion in the upper and lower extremities, so they'll be prepared for the demands of lifting, carrying, and holding their babies."

Physical therapists recommend simple exercises such as using soup cans for arm lifts or a thick rubber band attached to the bed to provide low resistance exercise for shoulders and arms. Lower body exercises are equally important, says Irion, as the danger of developing blood clots in the legs is always present. With their obstetrician's approval, she recommends women do frequent circular motions with their ankles to keep circulation flowing.

Irion points out that physical therapists assist with bed mobility and bed positioning, as well as with proper posture and body mechanics while confined to bed or a seated position to minimize stress to the baby and the mother-to-be. Put simply, she says, physical therapists show patients how to safely

position themselves to perform routine self care and eating, and other leisure activities such as reading, needle work and even work on their computer without discomfort by arranging postural pillows or by demonstrating postural exercises.

For those women who are instructed to lie on their left side (to increase blood flow to the placenta), physical therapists can demonstrate how to do even the simplest tasks safely and more comfortably, to exercise in a side lying position, and to decrease the amount of stress on their lower back and uterus, which may cause contractions to start.

Physical therapists can also offer psycho-social support to expectant moms, ranging from relaxation techniques, patient and family education (particularly for the husband or caregiver), and recommendations of support organizations and mental health care providers.

From her own experience, Irion believes that she could have minimized the shoulder tendonitis and tennis elbow she developed following her delivery if she did some form of physical activity during her two months of bed rest. "At the very minimum, physicians should suggest that mothers post bed rest receive specific rehabilitation during the postpartum period by physical therapists so that the mothers' deconditioning, strength loss, and painful orthopedic conditions may be addressed." she says. "How can anyone expect a woman to properly care for one or more newborn babies following prolonged bed rest and no physical activity?" she asks. "This is a vital component of their recovery."

The trend to automatically prescribe bed rest when it is suspected that women might experience a high-risk pregnancy varies from one physician to the next and from one region of the country to another. Irion observes that the trend to prescribe routine bed rest or restricted activity is now reserved for mothers carrying triplets or more. "Mothers-to-be of twins are now being encouraged to stay active during their pregnancy, as long as they are not experiencing complications. That's a step in the right direction," concludes Irion.

Physical therapists (PTs) are health care professionals who diagnose and treat individuals of all ages, from newborns to the elderly, who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives. PTs examine each individual and develop a plan of care using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability.

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