

PHYSIOTHERAPY AND HAEMOPHILIA

Jesús Guodemar Pérez.

Licensed physiotherapist. Human nutrition and dietetics graduate.

Professor in General Physiotherapy practices. University Alfonso X "El Sabio".

Member of the Writing Committee of the Ilustre Colegio de Fisioterapeutas of Madrid.

Many health professionals are still unfamiliar with the important role of physiotherapy in the treatment of haemophilia. The musculoskeletal problems that cause the repetitive haemorrhages can be relieved within our action field. A correct rehabilitating treatment can restore the patient's independence and functional capacity and, consequently, increase his life quality.

Haemophilia is a haemorrhagic, hereditary, monogenic, recessive and sex-linked illness. It is caused by the deficiency of the blood clotting factors VII or IX. This deficiency causes haemorrhages that can be either cerebral – which are the worst – and/or musculoskeletal, which has more aftereffects. It's in these cases of musculoskeletal injuries that a rehabilitation treatment can offer considerable solutions. In 1962 already, Biggs and Mcfarlane published a series of works in which they proposed a new treatment focus, highlighting the value of the orthopedic field. Haemophilia, as all illnesses, can be treated better when looked at from a multi-disciplinary point of view and physiotherapy forms an essential part of the team whenever its combined with the convenient haematologic treatment.

The most common musculoskeletal injuries caused by haemophilia are haemarthrosis, synovitis and muscular haematomas. The patient ends up suffering haemophilic arthropathy and consequently, all the functional troubles and invalidity this brings along. Haemarthrosis (presence of intraarticular blood) is frequent in elbows, ankles and knees. Its etiology can be traumatologic or spontaneous (without an apparent cause) and its seriousness usually depends on the intensity of the traumatism. This accumulation of intraarticular blood causes a hypertrophy of the sinovial which tends to lead to a new haemorrhage. In the large majority of the cases this haemorrhagic episode causes a haemophilic synovitis. The repetitive haemorrhages deposit iron and haemosiderin in the articulations, which generates an inflammation of the sinovial causing physiological changes in the latter. Consequence: an alteration of the nutrition of the cartilage and the possibility of new haemorrhages. Another common injury are the muscular haematomas. The haemorrhages they suffer continue until the intramuscular pressure equals the intravascular pressure of the injured vessels. If the amount of blood exceeds the absorbing capacity of the phagocytes, the blood encapsulates and forms a cyst. This cyst can evolve and become a haemophilic pseudotumour which can invade and damage nearby tissues or turn into an abscess.

There are many things physiotherapy can achieve in a patient: relieve his pain and his sensitive troubles, stimulating the haemorrhagic reabsorption and intervening in the inflammatory process, obtain an appropriate physical condition, improve his life quality and prevent and treat the injuries and their possible consequences. A wide range of techniques can be applied, including physical exercise for patients without injuries, techniques of kinesitherapy, thermotherapy, electrotherapy, magnetotherapy, lasertherapy, hydrotherapy and ultrasound therapy, techniques we all use in our daily activities. Each of these techniques has its own specific purpose, ranging from the elimination of the haematoma to the improvement of the mobility. It is important to know that each articulation has its own peculiarities when performing a treatment as well as its own orthosis, specific for each articulation.

Haemophilia is not a common pathology in the rehabilitation service, but one should not forget it does exist. As many other illnesses it passes by unnoticed in the wide range of pathologies we get to treat, but that does not mean it should be left untreated. We physiotherapists have the professional and ethical obligation to keep on learning new things for the rest of our life. We must investigate the unknown, study what's forgotten and never forget there always exists a treatment, be it alone a treatment of consolation.

For further information: F, Almendáriz A, López C, Rodríguez-Merchán E, Aznar J, Altisent C, Villar A. Guía de rehabilitación en hemofilia. Barcelona: Ediciones Mayo, S.A.

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