

Investigating the Clinical Effects of Performance-Focused Swimming Training for People with Cerebral Palsy: a Proof of Concept Study

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Supported by the Queensland Academy of Sport



Background: Cerebral Palsy and Physical Activity

- People with CP have physical impairments → ↓ ADLs
→ ↓ Participation
- Low levels of physical activity → ↓ Health status
- Recent research focus on moderate doses of physical activity
- Generally, it is recognised that moderate doses of physical activity can elicit favourable clinical outcomes

Cerebral Palsy and Performance-Focused Sports Training

- What about the clinical effect of physical activity which is designed to improve sports performance?
- ‘Performance-Focused’ training is typically associated with greater doses
- Paralympic athletes anecdotally attribute excellent clinical outcomes to their training



‘Hard training means 9 sessions per week, 2 hours per session of intense training. I haven’t always been able to do that – it took me years to reach that level...if I didn’t have swimming I’d probably be in a wheelchair, overweight and very fragile’.
Jaqueline Freney, 2014

Therapeutic Value of Sport?

- Can these stories be substantiated with scientific evidence?
- Can training loads associated with sports training positively affect health and the impairments themselves?
- Aim:
Evaluate the relationship between performance-focused swimming training and the clinical outcomes of Health-Related QoL and Gross Motor Function

Study Design

- Single Subject Research Design
- 1 Participant
- 3 Phases
 - A^1 = Baseline (15 weeks)
 - B = Training (30 weeks)
 - A^2 = Off-season (15 weeks)

Intervention

A ¹		B		A ²
Baseline	Intervention (Introductory training)		Intervention (Performance- focused training)	Off-season
15 weeks	15 weeks		15 weeks	15 weeks

- First Part of B Phase – introduction to sport
 - Low-moderate dose
 - Aerobic, Strength, Flexibility, Neuromotor Training
- Second Part of B Phase aims to optimise swimming performance
 - Higher dose (frequency, intensity, duration)
 - Intentional reduction leading into competition

Participant

- 21 years old
- Ataxic Cerebral Palsy
- GMFCS II, S7
- Insufficiently active for health
- Water safe
- Medically, intellectually able to train

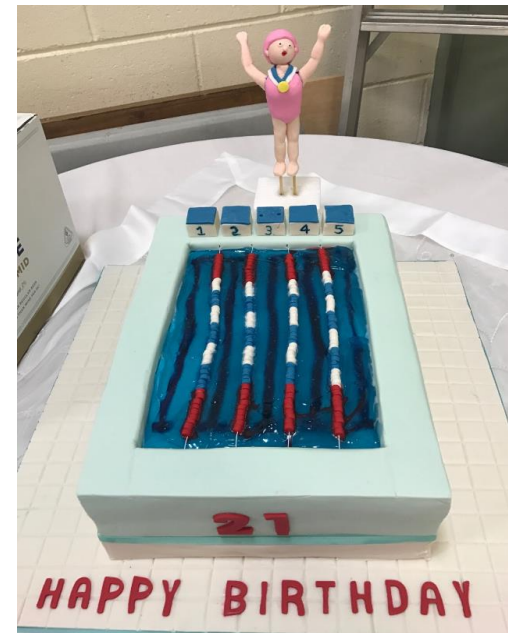


Outcome Measures

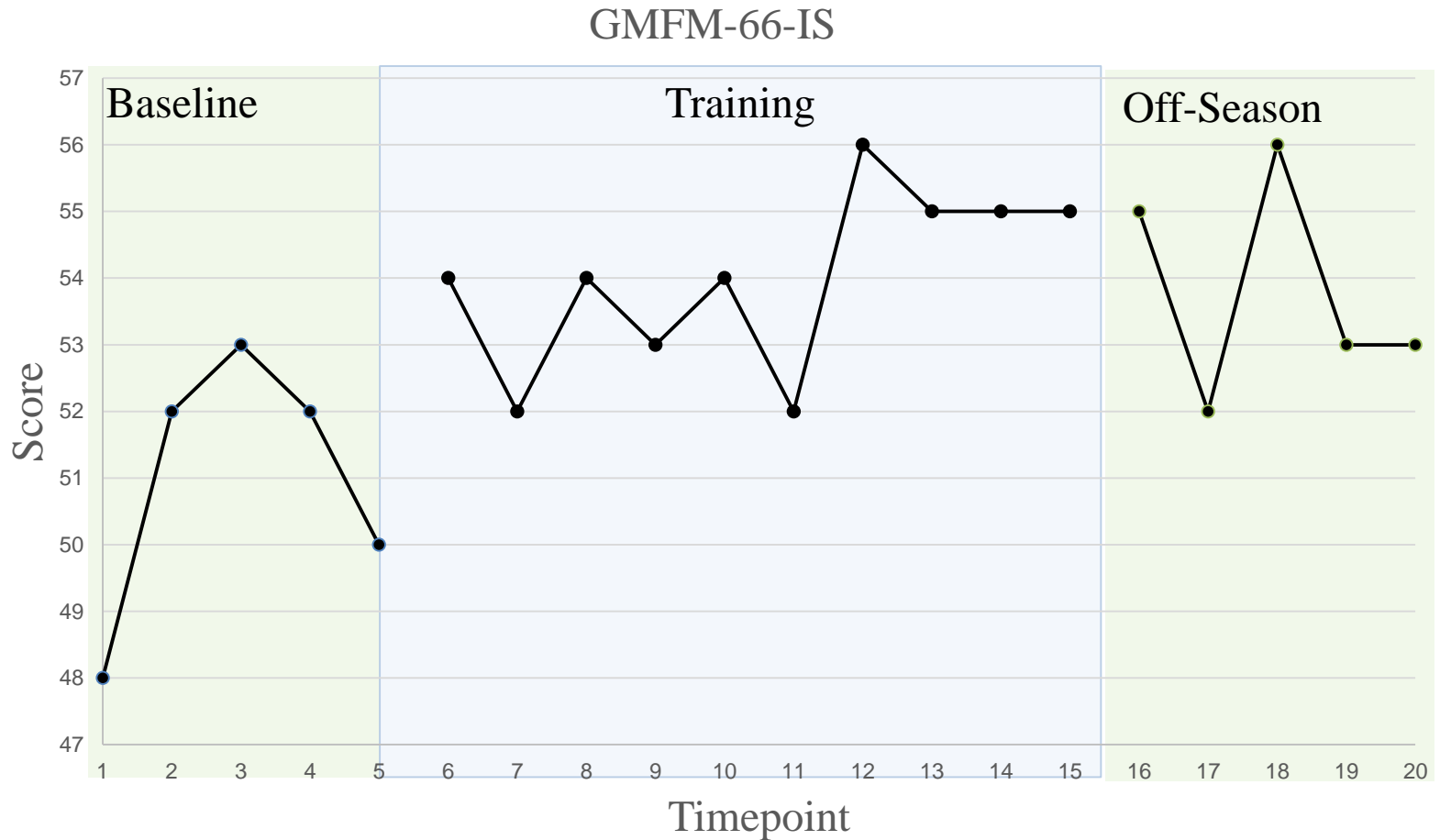
- Health-Related QoL
 - SF-36 Physical Function Subscale
- Gross Motor Function Measure-66-Item Set
 - GMFM-66-IS
- Repeated measures: 5 data points in baseline, 10 in training, 5 in off-season
- Analysis: Data is plotted, visual analysis of central tendency and percentage non-overlapping data (Parker et al. 2007)

Results

- Training load well tolerated
- Positive changes in swim performance seen: 25m freestyle swim time reduced from 82s to 49s.
- Full description in presentation this afternoon: Angelo Macaro



Results: Gross Motor Function



Median

52

54

53

PND

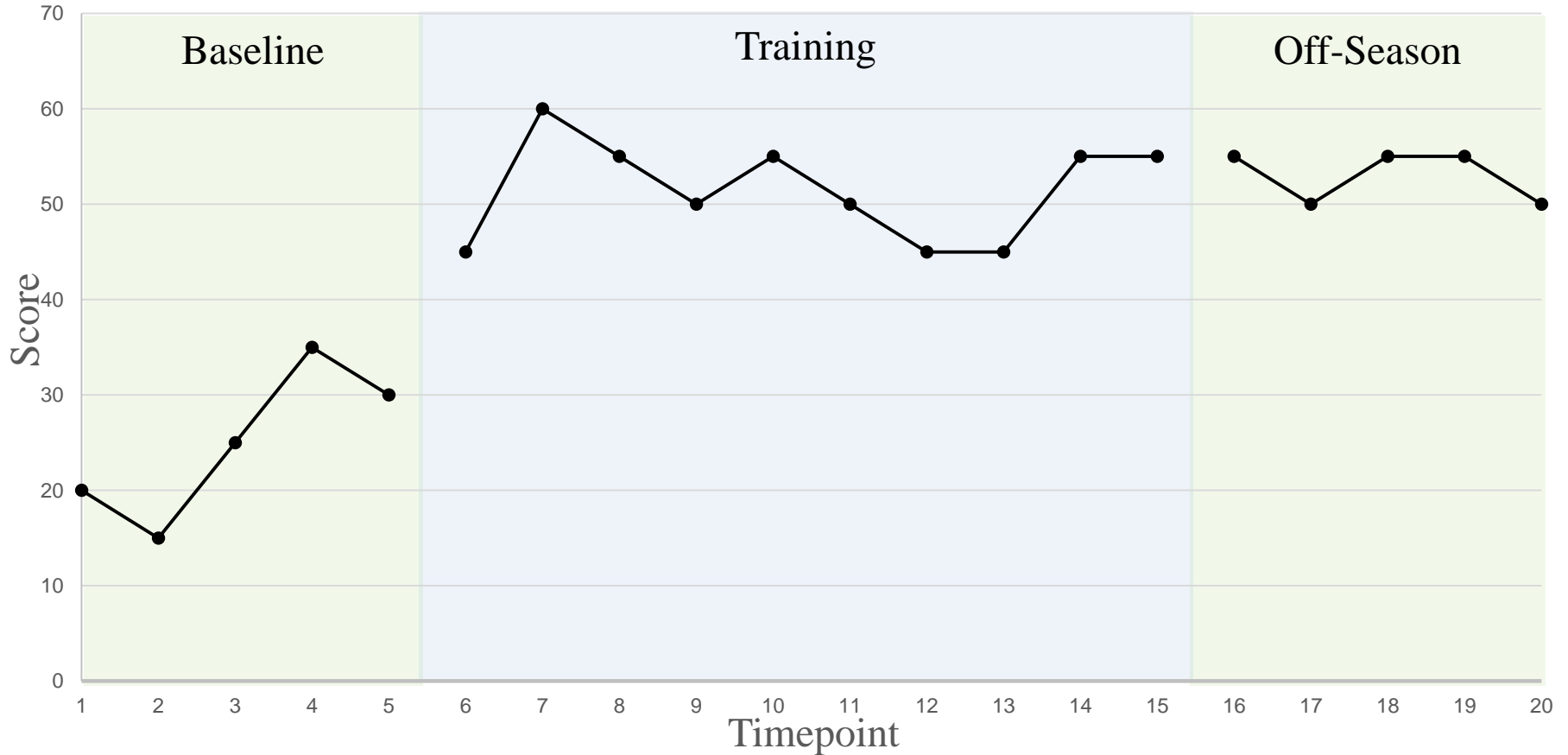
N/A

70% = moderate effect

0%

Results: SF-36 Physical Functioning Subscale

SF-36: Physical Functioning Subscale



Med	25	52.5	55
PND	N/A	100% = very high effect	0%

Conclusions

- A promising start at a proof-of-concept level: acceptable study design, outcome measures and intervention structure
- Functional relationship may exist
- Future research is required – continue longitudinal monitoring, multiple baseline design across 3 participants
- Implications for Neurological Rehab – sport as a therapy

Acknowledgements

- Queensland Academy of Sport
 - Swimming Australia
 - Australian Paralympic Committee
 - International Paralympic Committee
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- Advisory Team
 - Dr Sean Tweedy
 - Dr Mark Connick
 - Dr Emma Beckman
 - Dr Leanne Johnston