The Definitive Aquatic Precautions & Contraindications List

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Aquatic Therapy University, Director of Programming
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• Editor-in-Chief, Journal
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After viewing this webinar, attendees will be able to:

1. Explain the importance of maintaining a very short contraindications list (and a very long precautions list) in the aquatic therapy setting.

2. Describe the conditions under which it is important to seek additional orders from the referring provider.

3. Create a definitive precautions and contraindications list which all therapy pools should consider prior to allowing a patient into the water.

4. Cite the expert opinion and scientific literature which supports aquatic treatment choices and allows clinicians to weigh the risks:benefits ratio of treating clients in the water.

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#1. Explain the importance of maintaining a very short contraindications list (and a very long precautions list) in the aquatic therapy setting.

There are as many different lists as there are therapy pools.
Aquatic Therapy University 2013 webinar

Labeling a condition a precaution allows the therapist the discretion to treat or not.

contraindications takes the discretion out of the provider’s hands.

So…..Which is Which?

**Precautions**
- Fecal incontinence (on stool program; firm stool)
- Stage II CHF
- On aspiration precautions

**Contraindications**
- Diarrhea
- Decompensated CHF
- Poor cough reflex; nothing by mouth orders; on thickened liquids
#2.
Describe the conditions under which it is important to seek additional orders from the referring provider.

Self-Reflection...
What are the TOP 5 reasons you stop, think, and seek additional authorization before using pool?

Osteogenesis Imperfecta?
- Low T-cell count?
- Open trach?
- Post-operative period?
- Suprapubic catheter?
- New heart attack (post MI)?
- Non-weight bearing status?
Create a **definitive precautions & contraindications** list which all therapy pools should consider.

#3. **PRECAUTIONS & contraindications**

Aspiration risk
Open wound or maceration

Chlorine Sensitivity

Environmental Infection
DIARRHEA
Is like a storm raging inside you.

Infectious disease
TB/ MRSA/ Crypto

Cardiac disease
Myth. Aquatic exercise has been shown to produce dangerous stressors on the cardiac system and should not be prescribed for any cardiac compromised client.

1. Swimming & vertical exercise produce completely different hemodynamic effects on the body.

2. There is a big difference between immersion to the chest and immersion to the neck.
3. Decompensated heart failure is an absolute contraindication for water therapy.

4. Caution is “prudent” when working with individuals with severe valvular insufficiency.

5. Subjective impressions are no guarantee that the left ventricle is tolerating the increased volume caused by immersion.
6. Water exercises allowed for patients with Q-wave myocardial infarctions > 6 wks old and/or mild & moderate CHF provided.

7. Recent studies indicate that immersion may be very useful for patient with mild to moderate CHF.

8. Immersion in water temperatures from 88-100 F (31-38 C) are generally considered safe for hypertensives.
Myth. Aquatic exercise has been shown to produce dangerous stressors on the pulmonary system and should not be prescribed for the pulmonary compromised client.

Myth vs Reality.
1. Despite the mildly negative effects of immersion on lung function, HOI appears to be safe for COPD patients.

2. The effects of the ambient air and water temperature and humidity is unknown.

3. When working with the pulmonary patient, medications such as rescue inhalers should be brought poolside.
4. There is a lack of conclusive evidence about whether water-based exercise is MORE effective for COPD.

5. Aquatic exercise may be growing option for COPD patients who are unable to exercise on land.

6. Keep in mind that poorly ventilated pools are not just hazardous to patients with respiratory compromise...
Immuno-compromise

Instability of ligament capsule or bone

Poor thermoregulation
Angina

Autonomic Dysreflexia

Acute Joint Inflammation (Flare-up)
Dehydrated or Feverous

On chemotherapy or radiation

On dialysis. Taking diuretics
Wearing transdermal patch... especially “pain patch”

Spinal stenosis

Osteoporosis
Radicular symptoms

Excessive pain reactions

Staples or other fixators
Amputated limb... especially with macerated or healing skin

Deep vein thrombosis (DVT) without medical clearance

On restrictions to motion
Recreational Water Illness

Contact Dermatitis & Rashes

<table>
<thead>
<tr>
<th>Reaction caused by a chemical reaction</th>
<th>Reaction caused by a bacterial infection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time to first symptoms</strong></td>
<td><strong>Duration of symptoms</strong></td>
</tr>
<tr>
<td>&lt;24 hours, can be &lt;10 minutes</td>
<td>&lt;10 hours, often &gt;1 day, occasionally up to 11 days</td>
</tr>
<tr>
<td><strong>Duration of symptoms</strong></td>
<td><strong>Typical appearance</strong></td>
</tr>
<tr>
<td>Days to weeks</td>
<td>Red rash (like bug bites if small or poison ivy if severe)</td>
</tr>
<tr>
<td><strong>Typical appearance</strong></td>
<td><strong>Reaction on re-exposure</strong></td>
</tr>
<tr>
<td>Red itchy rash</td>
<td>Progressive worse</td>
</tr>
<tr>
<td><strong>Reaction on re-exposure</strong></td>
<td><strong>Medical treatment</strong></td>
</tr>
<tr>
<td>Progressive worse</td>
<td>Not usually required</td>
</tr>
<tr>
<td><strong>Medical treatment</strong></td>
<td>Not usually required</td>
</tr>
</tbody>
</table>

Occupational Asthma

Chlorination produces a variety of disinfection byproducts (DBPs) which are regulated carcinogenic DBPs in drinking water.

These have been detected in the blood and breath of swimmers and of nonswimmers at indoor pools.
Dehydration

Burn-out

#4. Cite the expert opinion and scientific literature which supports aquatic treatment choices.
Online access:

- Links to evidence cited
- Links to download detailed descriptions of each precaution
- Link to order “Aquatic Therapy Boot Camp” manual

What next?

Next up:
Webinar: Don’t Get Sunk, Just Use the Trunk: Innovative Aquatic Pediatric Strategies

Dates: November 14, 2013
Time: 12 noon Eastern/ 9AM Pacific
Location: Webinar (your computer)
Credits: 1 contact hour
Instructor: Carrie Ciaverelli, PT, MPT, CYT

Thanks for attending, Andrea

QUICK LINKS:
Email: asalzman@aquaticnet.com
Phone: (800) 680-8624
Downloads: www.swimatu.com/Prec13

Post-test: Email asalzman@aquaticnet.com to get your post-test invite