active assisted range of motion exercises

Active Assisted Range of Motion Exercises: A Comprehensive Guide

Author: Dr. Emily Carter, PT, DPT, OCS (Doctor of Physical Therapy, Board Certified Orthopedic Clinical Specialist)

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Editor: Dr. Michael Davies, PhD, PT (Doctor of Philosophy in Rehabilitation Science, Doctor of Physical Therapy)

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1. Understanding Active Assisted Range of Motion Exercises (AAROM)

Active assisted range of motion exercises (AAROM exercises) represent a crucial element in physiotherapy and rehabilitation programs. Unlike passive range of motion (PROM) exercises, where a therapist or device moves the joint through its range of motion, and active range of motion (AROM) exercises where the patient moves the joint independently, AAROM exercises involve the patient actively participating in the movement, assisted by a therapist or assistive device. This assistance can

range from minimal support to significant help, depending on the individual's needs and the specific joint being exercised.

The significance of AAROM exercises lies in their ability to bridge the gap between passive and active movements. They are particularly valuable in situations where a patient lacks the strength or coordination to perform full AROM exercises independently, but still possesses some active muscle control. By providing carefully calibrated assistance, AAROM exercises help to improve joint mobility, increase muscle strength and endurance, and enhance proprioception (awareness of body position in space). This, in turn, contributes to faster recovery, reduced pain, and improved functional outcomes.

2. When Are Active Assisted Range of Motion Exercises Used?

AAROM exercises are employed across a wide range of clinical scenarios. Some common applications include:

Post-surgical rehabilitation: Following joint replacement surgeries, fractures, or other orthopedic procedures, AAROM exercises help to gradually restore joint mobility and muscle function without overstressing the healing tissues.

Stroke rehabilitation: In patients experiencing hemiparesis (weakness on one side of the body) following a stroke, AAROM exercises are essential for regaining motor control and improving functional independence.

Arthritis management: AAROM exercises can help maintain joint mobility and reduce stiffness in individuals with various types of arthritis, particularly in situations where full AROM exercises may be painful or contraindicated.

Injury recovery: After injuries such as sprains, strains, or tendonitis, AAROM exercises facilitate a gradual return to full range of motion and muscle strength.

Neurological conditions: Patients with multiple sclerosis, cerebral palsy, or other neurological conditions

often benefit from AAROM exercises to improve muscle strength, coordination, and functional mobility.

3. Techniques and Principles of Active Assisted Range of Motion Exercises

The successful implementation of AAROM exercises depends on several key principles:

Proper assessment: A thorough assessment is crucial to determine the patient's current range of motion, muscle strength, pain levels, and overall functional capacity. This assessment guides the selection of appropriate exercises and the level of assistance needed.

Pain management: Pain should always be managed effectively before and during AAROM exercises. This may involve the use of analgesics, ice, or other pain-relieving modalities. Exercises should never cause sharp or intense pain.

Gradual progression: The intensity and duration of AAROM exercises should be gradually increased as the patient's strength and tolerance improve. Starting with smaller ranges of motion and fewer repetitions, and gradually increasing them, is key to preventing injury and promoting progress.

Correct technique: Proper exercise technique is essential to avoid strain and ensure effective results. A physical therapist can provide instruction and guidance on the correct posture, movement patterns, and breathing techniques.

Patient education: Patients should be educated about the purpose of AAROM exercises, the correct techniques, and the expected progression. This empowers them to actively participate in their recovery and rehabilitation.

4. Common Types of Active Assisted Range of Motion Exercises

AAROM exercises can be tailored to target specific joints and muscle groups. Some examples include:

Shoulder AAROM: Assisted flexion, extension, abduction, adduction, internal and external rotation.

Elbow AAROM: Assisted flexion and extension.

Wrist and hand AAROM: Assisted flexion, extension, radial and ulnar deviation.

Hip AAROM: Assisted flexion, extension, abduction, adduction, internal and external rotation.

Knee AAROM: Assisted flexion and extension.

Ankle and foot AAROM: Assisted plantar flexion, dorsiflexion, inversion, and eversion.

5. Benefits of Active Assisted Range of Motion Exercises

Incorporating active assisted range of motion exercises into rehabilitation programs offers numerous benefits:

Improved joint mobility: AAROM exercises help to maintain or improve the range of motion in affected joints, preventing stiffness and contractures.

Increased muscle strength: Active participation in the exercises stimulates muscle contraction and contributes to increased muscle strength and endurance.

Enhanced proprioception: AAROM exercises improve the patient's awareness of their body position in space, enhancing coordination and balance.

Reduced pain: By gradually increasing range of motion and muscle strength, AAROM exercises can help to reduce pain and discomfort.

Improved functional capacity: Improved joint mobility, muscle strength, and proprioception translate into improved functional capacity, allowing patients to perform daily activities more easily.

Faster recovery: AAROM exercises can contribute to a faster recovery from injury or surgery compared to passive range of motion exercises alone.

Increased patient motivation: Active involvement in their own recovery can increase patient motivation and adherence to the rehabilitation program.

6. Considerations and Precautions for Active Assisted Range of Motion Exercises

While AAROM exercises are generally safe and effective, certain precautions must be observed:

Pain: Exercises should never cause sharp or intense pain. If pain occurs, the exercise should be stopped and the therapist consulted.

Inflammation: In the presence of significant inflammation, AAROM exercises may need to be modified or temporarily discontinued.

Fractures: AAROM exercises should be carefully monitored in patients with recent fractures to prevent further injury.

Post-surgical considerations: The type and intensity of AAROM exercises following surgery will depend on the specific surgical procedure and the healing process.

7. Using Assistive Devices for Active Assisted Range of Motion Exercises

Various assistive devices can facilitate AAROM exercises, including:

Therapist assistance: Manual assistance provided by a physical therapist is often the most effective

form of assistance.

Pulley systems: Pulley systems can provide a controlled and consistent level of assistance, particularly for larger joints like the shoulder or hip.

Weights: Light weights can be used to provide resistance and increase muscle strength during AAROM exercises.

Exercise bands: Exercise bands offer adjustable resistance and can be used to assist or resist movement depending on the patient's needs.

8. Integrating Active Assisted Range of Motion Exercises into a Comprehensive Rehabilitation Program

AAROM exercises should be integrated into a comprehensive rehabilitation program that addresses all aspects of recovery. This may include:

Other forms of exercise: AAROM exercises should be combined with other exercises, such as AROM, PROM, strengthening exercises, and functional training.

Modalities: Therapeutic modalities, such as heat, ice, ultrasound, or electrical stimulation, may be used to manage pain and inflammation.

Patient education: Comprehensive patient education on proper exercise techniques, home exercise programs, and self-management strategies is essential for successful rehabilitation.

Conclusion

Active assisted range of motion exercises are a valuable and versatile tool in physiotherapy and rehabilitation. By combining active patient participation with carefully calibrated assistance, AAROM

exercises effectively improve joint mobility, muscle strength, and functional capacity. Their application across a wide range of clinical scenarios underscores their significance in promoting faster recovery, reducing pain, and enhancing the quality of life for patients recovering from injury or surgery. However, appropriate assessment, careful progression, and attention to individual patient needs are crucial for safe and effective implementation.

FAQs

1. What is the difference between AROM, PROM, and AAROM exercises? AROM is active range of motion, where the patient moves the joint independently. PROM is passive range of motion, where the therapist moves the joint. AAROM is active assisted range of motion, where the patient participates actively but receives assistance.

1. How often should I perform AAROM exercises? The frequency depends on the individual and the specific condition. Your physical therapist will provide a personalized exercise program.

1. How long should I perform AAROM exercises for each session? The duration of each session will vary based on individual tolerance. Start with shorter sessions and gradually increase the time as tolerated.

1. Can I perform AAROM exercises at home? Some AAROM exercises can be performed at home, but it is crucial to receive proper instruction from a physical therapist to ensure correct technique and prevent injury.

1. What should I do if I experience pain during AAROM exercises? Stop the exercise immediately and consult your physical therapist. Pain is a warning sign and should not be ignored.

1. Are there any risks associated with AAROM exercises? Risks are minimal if the exercises are performed correctly under the guidance of a qualified professional. Improper technique can lead to strain or injury.

1. How long does it typically take to see results from AAROM exercises? The time it takes to see results varies depending on individual factors, the nature and severity of the condition, and adherence to the exercise program.

1. Can AAROM exercises help prevent future injuries? Yes, by improving joint mobility, muscle strength, and proprioception, AAROM exercises can help to improve overall joint health and reduce the risk of future injuries.

1. What are some common mistakes to avoid during AAROM exercises? Common mistakes include using excessive force, performing exercises too quickly, and ignoring pain signals.

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provide up-to-date information on the topics integral for proper documentation. What's Inside: Overview of documentation Types of documentation Guidelines for documenting Overview of the PTA's role in patient/client management, from the patient's point of entry to discharge How to write progress notes How to use the PT's initial examinations, evaluations, and plan of care when writing progress notes Legal matters related to documentation Reimbursement basics and documentation requirements The text also contains a section titled SOAP Notes Across the Curriculum, or SNAC. This section provides sample scenarios and practice opportunities for PTA students that can be used in a variety of courses throughout a PTA program. These include: Goniometry Range of motion exercises Wound care Stroke Spinal cord injury Amputation Enter the physical therapy profession confidently with Documentation Basics: A Guide for the Physical Therapist Assistant by your side.

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