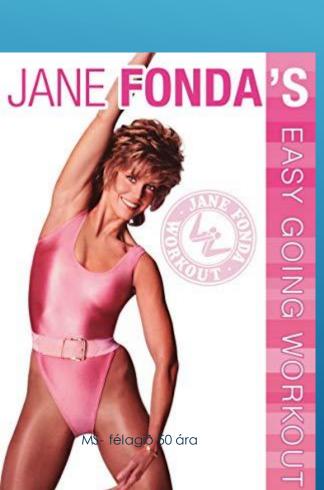
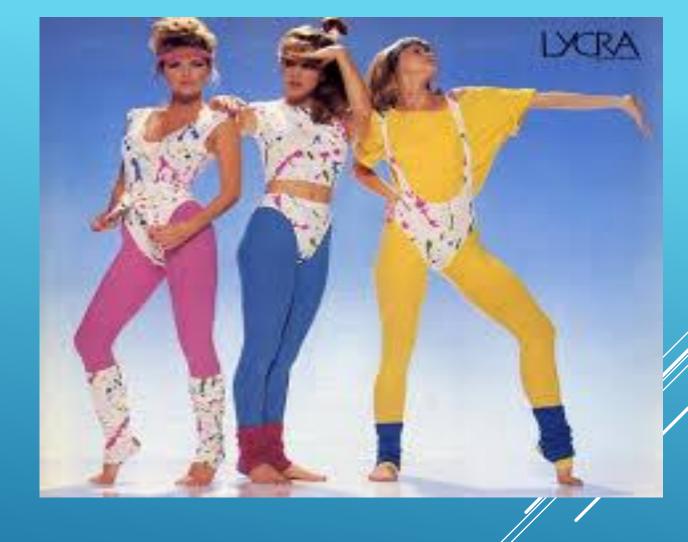
# HÁMARKSÁRANGUR AF MS-ÞJÁLFUN

Belinda Chenery, Sjúkraþjálfari Sjúkraþjálfun Styrkur







Á 50 ÁRUM!



- † Færni & þátttöku
- † Hjarta og æðakerfið
- † Vöðvastyrkur
- † Þvag- og hægðastjórnun
- ↑ Andleg líðan
- ↓ Þreyta
- ↓ Stirðleiki

# Exercises for people with MS

Regular, moderate exercise is now recognised as an important element in maintaining general health and well being for people with multiple sclerosis.





Contents lists available at ScienceDirect

#### Journal of the Neurological Sciences

journal homepage: www.elsevier.com/locate/jns



#### Review article

#### The safety of exercise training in multiple sclerosis: A systematic review



Lara A. Pilutti a,\*, Matthew E. Platta a, Robert W. Motl a, Amy E. Latimer-Cheung b

#### ARTICLE INFO

Article history: Received 23 December 2013 Received in revised form 7 April 2014 Accepted 7 May 2014 Available online 15 May 2014

Keywords: Exercise training Safety Systematic review Relapse Adverse event Dropout

#### ABSTRACT

There are many reviews documenting the benefits of exercise training among persons with multiple sclerosis (MS). To date, we are unaware of a review that summarizes the risks of relapse and other adverse events (AEs) associated with exercise training, yet this is critical for informing decisions and recommendations regarding the safety of this behavior. We conducted a systematic review of relapse and other AEs reported in randomized controlled trials (RCTs) of exercise training in MS. We searched electronic databases for RCTs of exercise training in MS. We calculated the rate of relapse and AEs, and the relative risk of relapse and AEs for exercise training versus control. Twenty-six studies were reviewed that included 1295 participants. We determined that the rate of relapse was 6.3% and 4.6% for control and exercise, respectively. The rate of AEs was 1.2% and 2.0% for control and exercise, respectively. The relative risk of relapse for exercise training was 0.73, whereas the relative risk of AE for exercise training was 1.67. Exercise training was not associated with an increased risk of relapse, and risk of AEs was not higher than in healthy populations. This evidence should alleviate uncertainty regarding the safety of exercise training in MS.

© 2014 Elsevier B.V. All rights reserved.

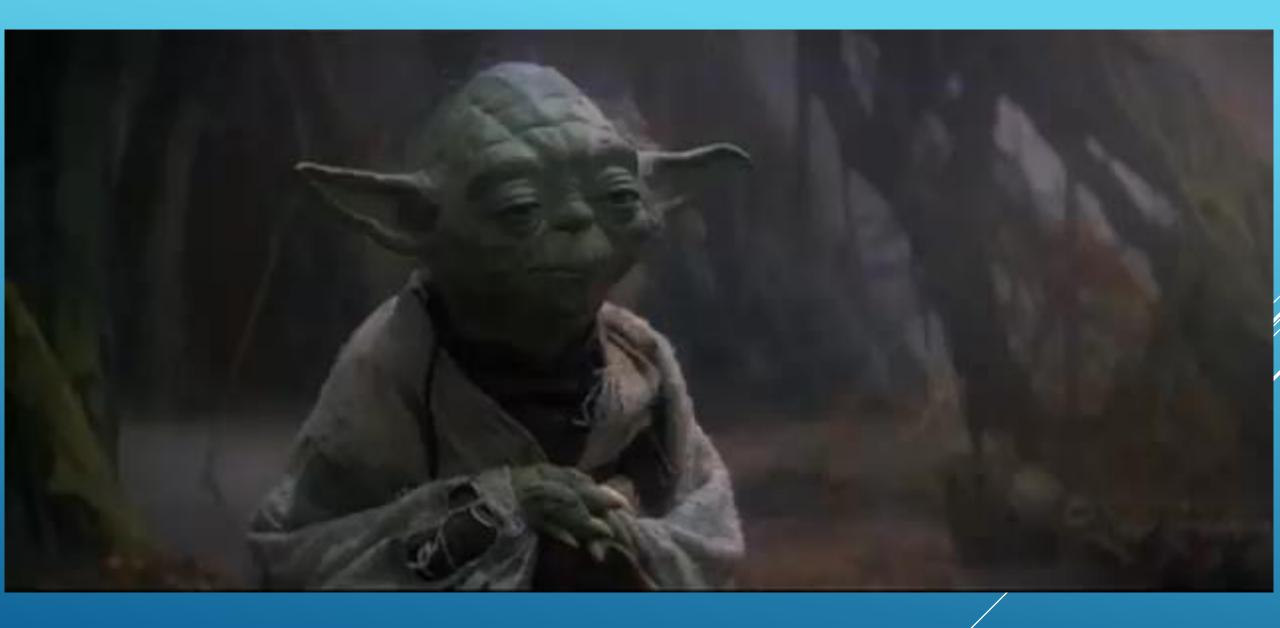
Department of Kinesiology and Community Health, University of Illinois at Urbana-Champaign, Urbana, USA

b School of Kinesiology and Health Studies, Queen's University, Kingston, Canada

### 1. HVERNIG ER HÁMARKSÁRANGRI NÁÐ ?

2. HVAÐ BER AÐ HAFA Í HUGA VIÐ ÞJÁLFUN?





### VERA SVALUR!

- ▶ Klæðnaður
- ▶ Opna glugga
- ▶ Drekka kalt
- **▶** Paratabs
- ▶ Útivera
- ► Kælivesti
- ▶ Köld laug
- ▶ Skorpuþjálfun





## **ÞOLÞJÁLFUN**

- † Lífsgæði
- J Þreyta
- J Stignun sjúkdóms
- J Rýrnun á heila
- J Kvíði, þunglyndi
- J Líkamsþyngd

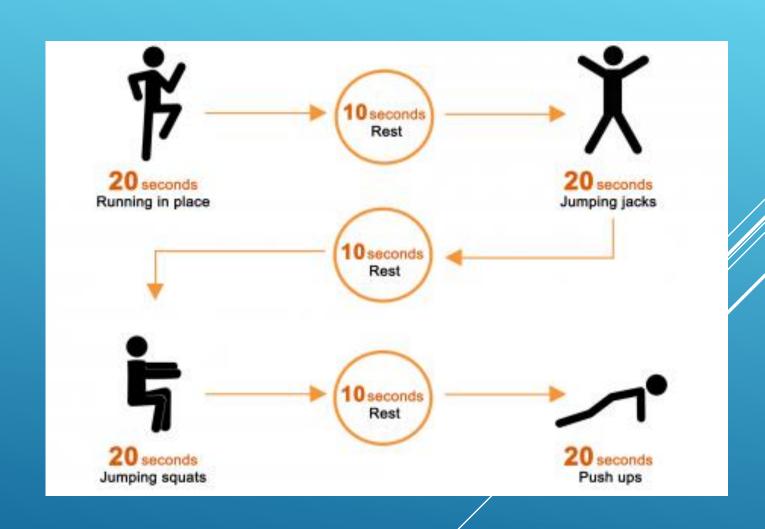
### ÁKEFÐ Í ÞOLÞJÁLFUN

- Lá → miðlungs ákefð
- Hámarkspúls = 220 aldur
- 30 mín /senn
- Tvisvar í viku
- EDSS < 7



### HIIT = HIGH INTENSITY INTERVAL TRAINING

- Margar stuttar lotur
- Hámarksáreynsla
- 70-85% Þjálfunarpúls
- 1-4 mín hlé á milli lota
- T.d. Tabata
- Hentar ekki öllum!



► Tækjasalur, lóð, teygjur, eigin líkami

► Tvisvar í viku – einn hvíldardagur á milli

▶ 1 lota = 10 -15 endurtekningar

▶ 2 lotur



# STYRKTARÞJÁLFUN

### HAFA Í HUGA VIÐ STYRKTARÞJÁLFUN

- Var áður talin hættuleg en ekki lengur
- Skipta reglulega um vöðvahópa
- Þjálfa öðrum megin í einu
- Þjófstarta með verri hliðinni

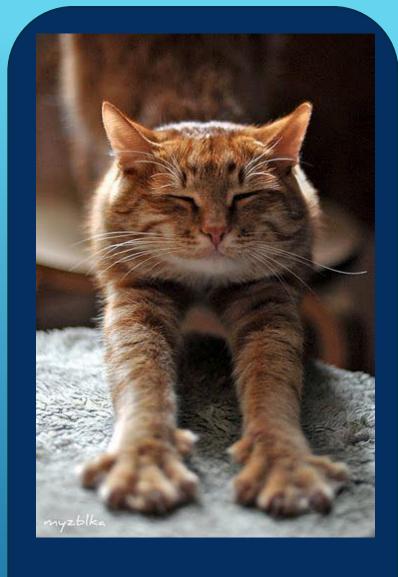




Jafnvægisþjálfun



Færniþjálfun



Liðkandi þjálfun

- 1. AÐ GERA
- 2. AÐ ÖGRA SÉR
- 3. AÐ NJÓTA
- 4. AÐ SKEMMTA SÉR