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2-2018

#### Blood Flow Restriction Training for Chronic Quadriceps Weakness and Atrophy: A Case Report

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#### **Recommended Citation**

Baldwin, Tobi and Baldwin, Fred, "Blood Flow Restriction Training for Chronic Quadriceps Weakness and Atrophy: A Case Report" (2018). *Physical Therapy Collection*. 23. https://soar.usa.edu/pt/23

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#### BACKGROUND

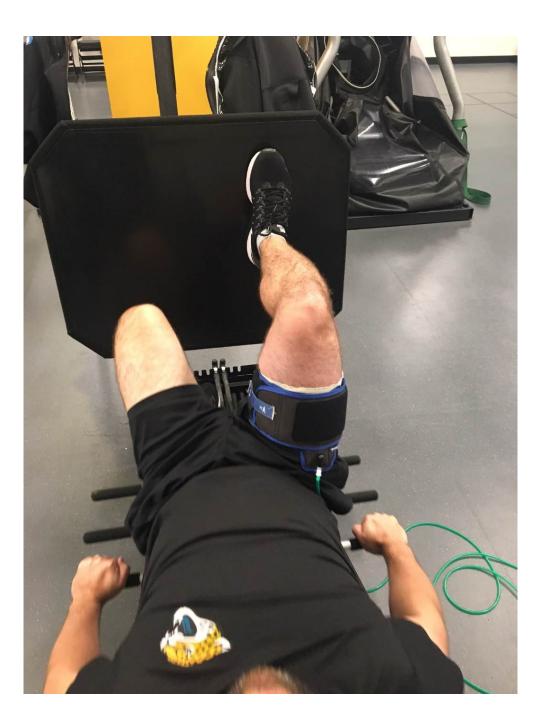
- Traditional strength training involves high load and high intensity to increase strength and hypertrophy
- Blood flow restriction (BFR) training has been used when these parameters are not appropriate for certain patient populations such as geriatric, post operative, and acute orthopedic injury.
- What if traditional strength training is tolerated and appropriate for a healthy individual with chronic weakness and atrophy but has not been effective, could BFR be used to increase strength and hypertrophy for this patient population?

## PURPOSE

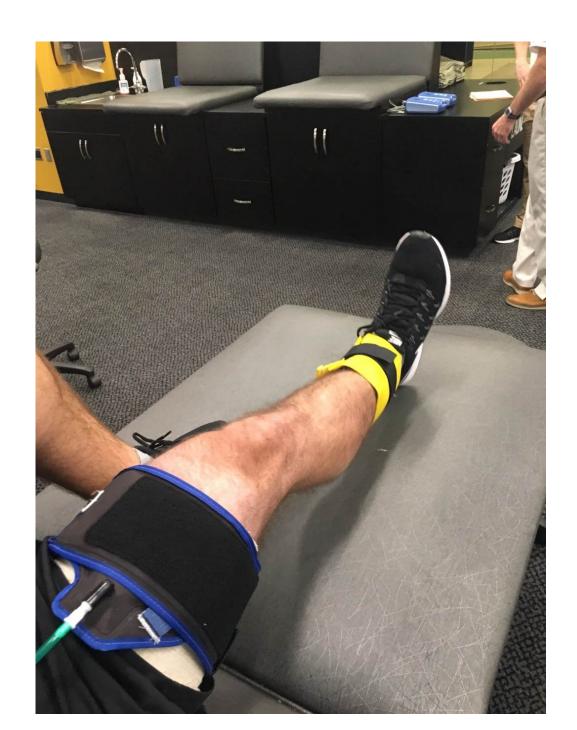
The purpose of this case report is to describe the use of blood flow restriction training in a recreationally active male who was fully functional but continued to demonstrate chronic unilateral quadriceps weakness and atrophy despite participation in traditional strength training programs.

## **CASE DESCRIPTION**

- 37 year old male
- 25 years post well healed right femur fracture
- Recreationally active in weight lifting, high intensity interval training and played college football
- Girth and strength deficits at initial evaluation
- Performed light isotonic, single leg quadriceps strengthening with BFR
- BFR unit set according to manufacturer instructions
- 80% occlusion maintained throughout the exercise
- Exercises performed 2x/week for 6 weeks



Single leg press on shuttle with BFR unit

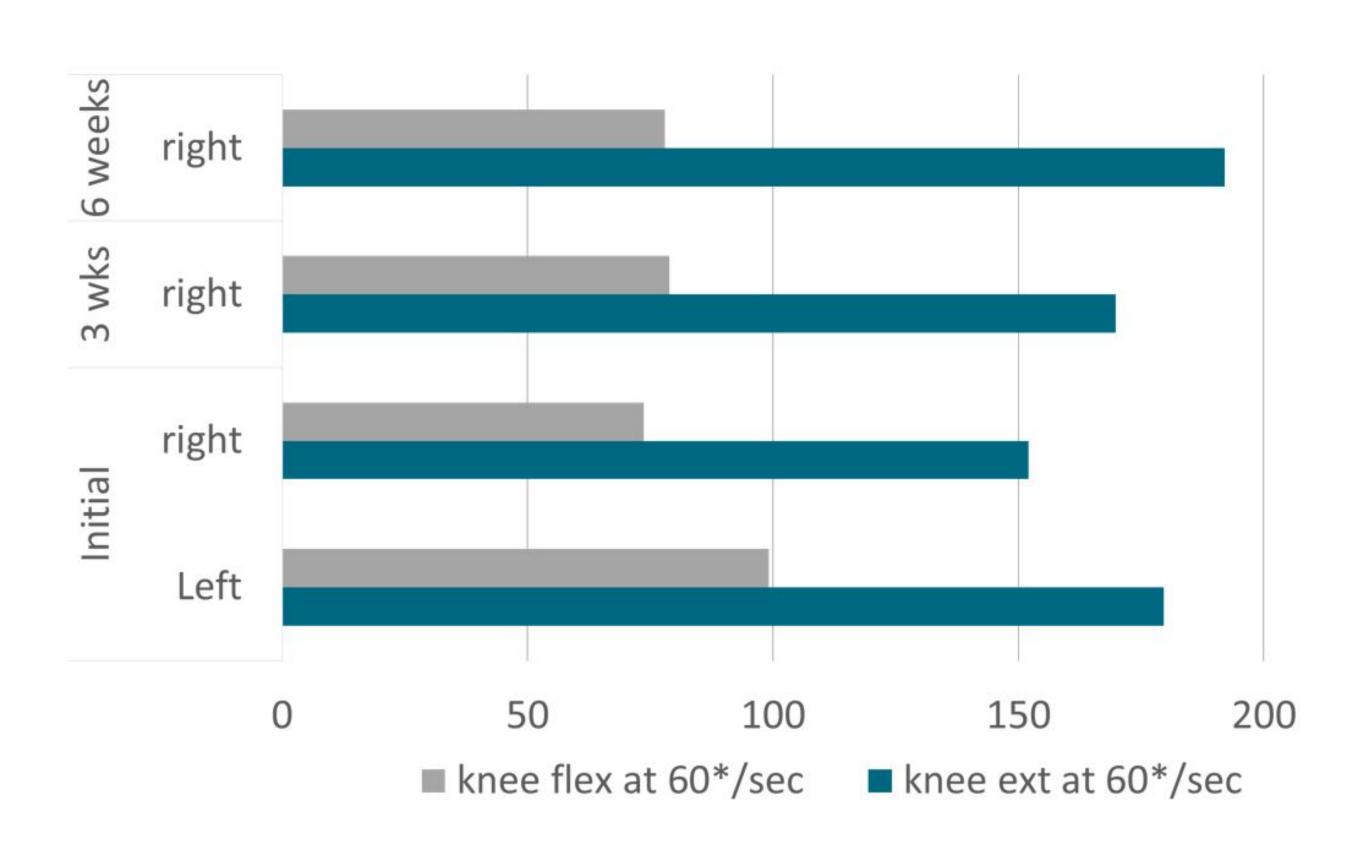


Straight leg raise with light weight with **BFR** unit

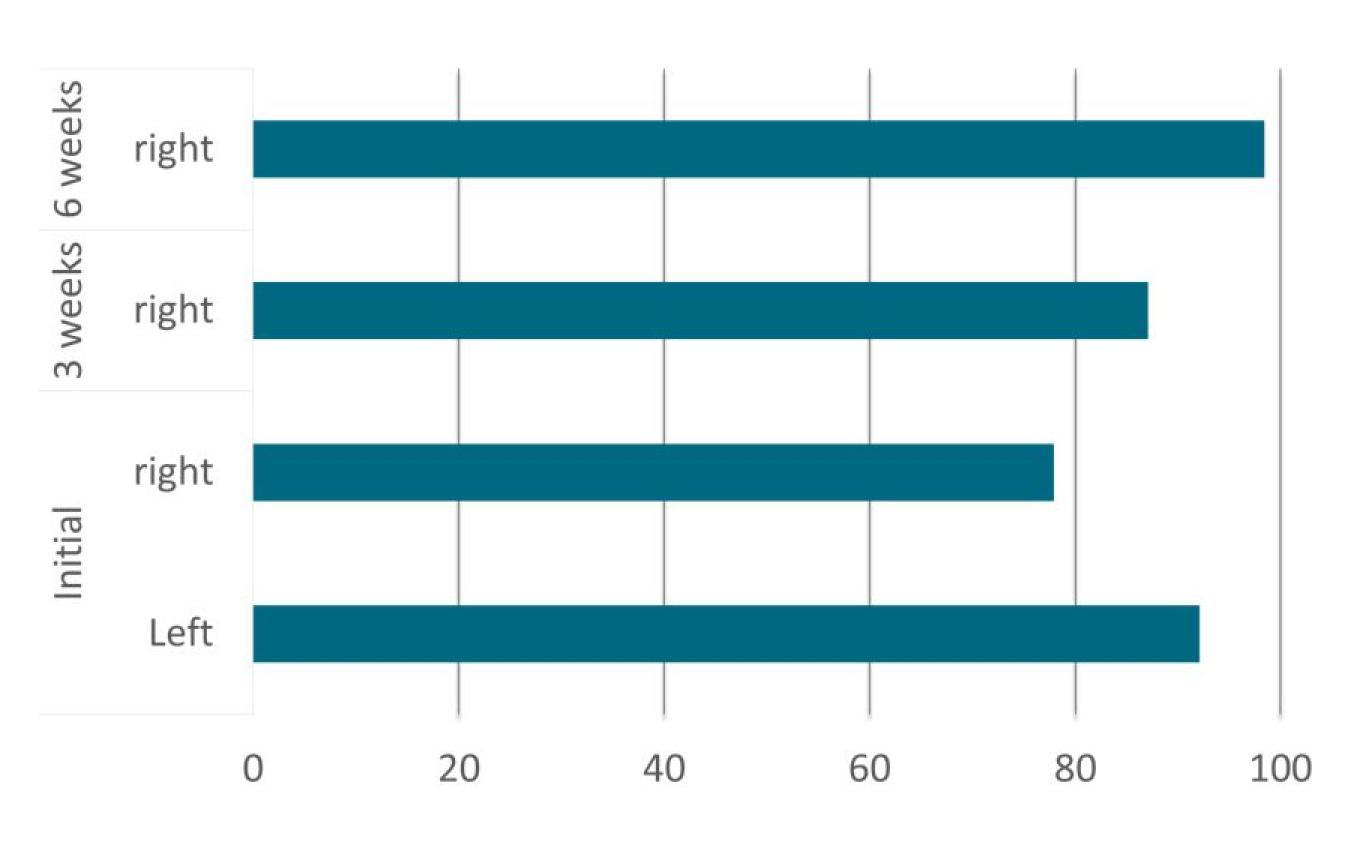
# Blood Flow Restriction Training for Chronic Quadriceps Weakness and Atrophy: A Case Report

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## **Peak Torque in Foot Pounds**



#### **Knee Extension to % Body Weight**



#### Girth Measurements in centimeters

	Initial		3 weeks	6 weeks	Change
	Left	Right	Right	Right	Right
15 cm	57	55	56	56.5	+1.5
proximal					
10 cm	50	47	48	49	+2
proximal					
Mid	37	37	37	37	0
patella					
15 cm	43.5	41	42	42	+1
distal					

- athletes.
- resistances.



- Sport. 2013; 16:337-342.



#### RESULTS

• Isokinetic testing at initial evaluation, 3 weeks into the training program and upon completion at 6 weeks.

• 15% deficit in peak torque improved to an 8% advantage over the uninvolved leg

• Total percentage change of 27% for peak torque

• Knee extension to % body weight increased

• Girth measurement increased by 1.5 to 2.0 centimeters.

#### DISCUSSION

• Blood flow restriction training has been used to improve quadriceps strength and muscle size.

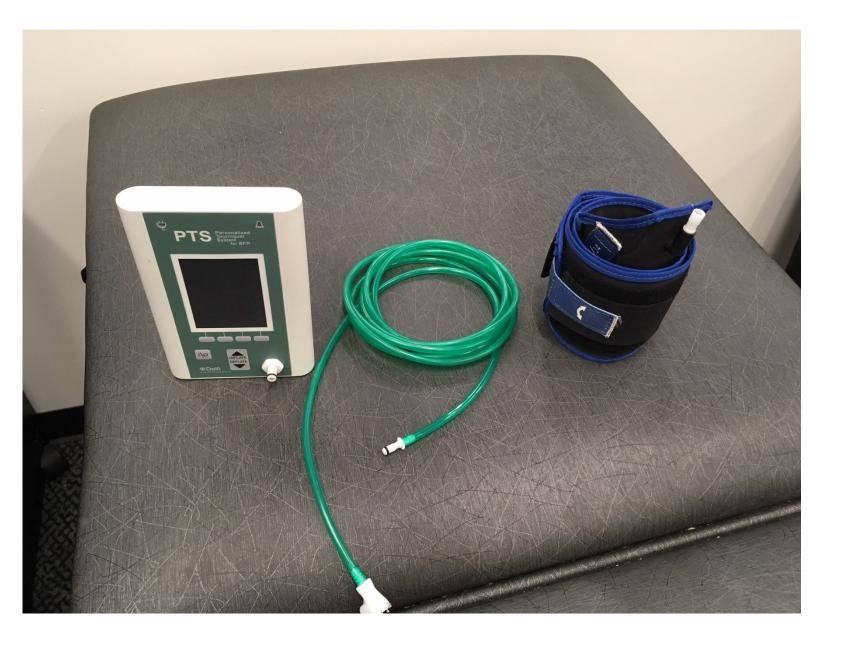
• It has been used to augment traditional strength training in

• Upon completion of 6 weeks of blood flow restricted training, hypertrophy and improved strength were noted

• These changes were not able to be achieved in the past with traditional strength training at higher intensities and

• BFR may be beneficial for chronic atrophy and strength deficits when traditional strength training is ineffective

BFR unit placed on proximal right thigh



**BFR** unit

## REFERENCES

• Cook CJ, Kilduff LP, Beaven CM. Improving strength and power in trained athletes with 3 weeks of occlusion training. Int J Sports Physiol Perform. 2014; 9:166-172. • Loenneke JP, Wilson JM, Marin PJ, Zourdos MC, Bemben MG. Low intensity blood flow restriction training: a meta-

analysis. Eur J Appl Physiol. 2012; 112:1849-1859. • Manimmanakorn A, Hamlin MJ, Ross JJ, Taylor R, Manimmanakorn N. Effects of low-load resistance training combined with blood flow restriction or hypoxia on muscle function and performance in netball athletes. J Sci Med

• Pearson SJ, Hussain SR. A review on the mechanisms of blood-flow restriction resistance training induced muscle hypertrophy. *Sports Med.* 2015; 45:187-200. • Scott BR, Loenneke JP, Slattery KM, Dascombe BJ. Exercise with blood flow restriction: an updated evidence-based

approach for enhanced muscular development. Sports Med. 2015; 45:313-325. • Tennent DJ, Hylden CM, Johnson AE, Burns TC, Wilken JM, Owens JG. Blood flow restriction training after knee arthroscopy: a randomized controlled pilot study. *Clin J Sport Med.* 2017; 27(3):245-252.

• Yamanaka T, Farley RS, Caputo JL. Occlusion training increases muscular strength in division IA football players. J Strength Cond Res. 2012; 26(9): 2523-2529.