Clinical Considerations for Prescribers

Use of Exercise Pedals

To ensure safe and appropriate use of exercise pedals and in recognition of their limitations and potential risk to clients, informed decision making around their clinical use must occur. Clinicians are encouraged to refer to these considerations to reduce risks associated with their use.

# Overview

Exercise pedals are suitable exercise modalities for a variety of clinical pictures. They may be useful for aerobic cardiovascular exercise, cardiorespiratory rehabilitation, local muscle endurance training or lower limb strength training and they avoid the requirement for standing balance which may be a limiting factor for similar exercise activities in some clients.

Exercise pedals are not suitable for fast, high resistance, extended time use due to possibility of excess heat production, which could pose a risk to the client. Significant heat in the pedal arm has been detected after 10 minutes of moderate exercise. Clinicians should consider the use of an exercise bike if such use is indicated.

# Considerations

## Intrinsic/medical considerations to inform clinical decision include (but are not limited to):

* Client and carer cognitive status
* Client sensory and vascular impairment
* Skin integrity (especially of lower limb/feet/ankles for lower limb use, or hands/fingers/arms for upper limb use)
* Transfer/mobility safety and agility to correctly position body appropriately, and
* Client communication

Usual screening of medical status including cardiovascular, endocrine, cardiorespiratory health, cognition and need for medical clearance must be considered prior to exercise program commencement.

## Extrinsic/environmental considerations include:

* Environment - room and furniture
* Available space for use and storage
* Supervision
* Footwear and clothing
* Carer availability and supervision requirements

## Safe Use

Recommended footwear is non-slip shoes and socks to reduce skin tears and burns which potentially could occur from direct contact with moving parts/pedal arm. The ankle and lower leg should be covered e.g. with socks in order to prevent direct contact with the pedal arm for lower limb use.

# Documentation

Verbal consent and client/carer/PMA agreement to adhere to guidelines for use should be documented. Client positioning, clothing and footwear, intensity and duration should be communicated. A statement that client/ carer/PMA is informed of risks of pedal use; that pedals can heat up causing significant risk to client if used outside recommended parameters, should be documented (warn 🗸).

On closure of the therapy episode, if ongoing hire is indicated, therapist must document (warn 🗸) that client is informed that they should continue pedal use in the manner prescribed, and that they have been asked to seek further information from health professionals if their medical or mobility status changes in the future, e.g. via MAC.