

Functional Fitness: How Exercise Plays a Critical Role in Supporting Common Conditions that Affect Development and Independence

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This information is provided for general information and educational purposes only. You should not rely on this information as a substitute for, nor does it replace, professional medical advice, diagnosis, or treatment. We encourage you to consult with your health care professional.





KEY QUESTIONS TO BE ADDRESSED

How Down syndrome affects physical activity specifically?

What are methodologies to address these issues?

HEALTH CONDITIONS AFFECTING DOWN SYNDROME

Ligamentous
Laxity

Hypotonia

Reduced
Muscle
Strength

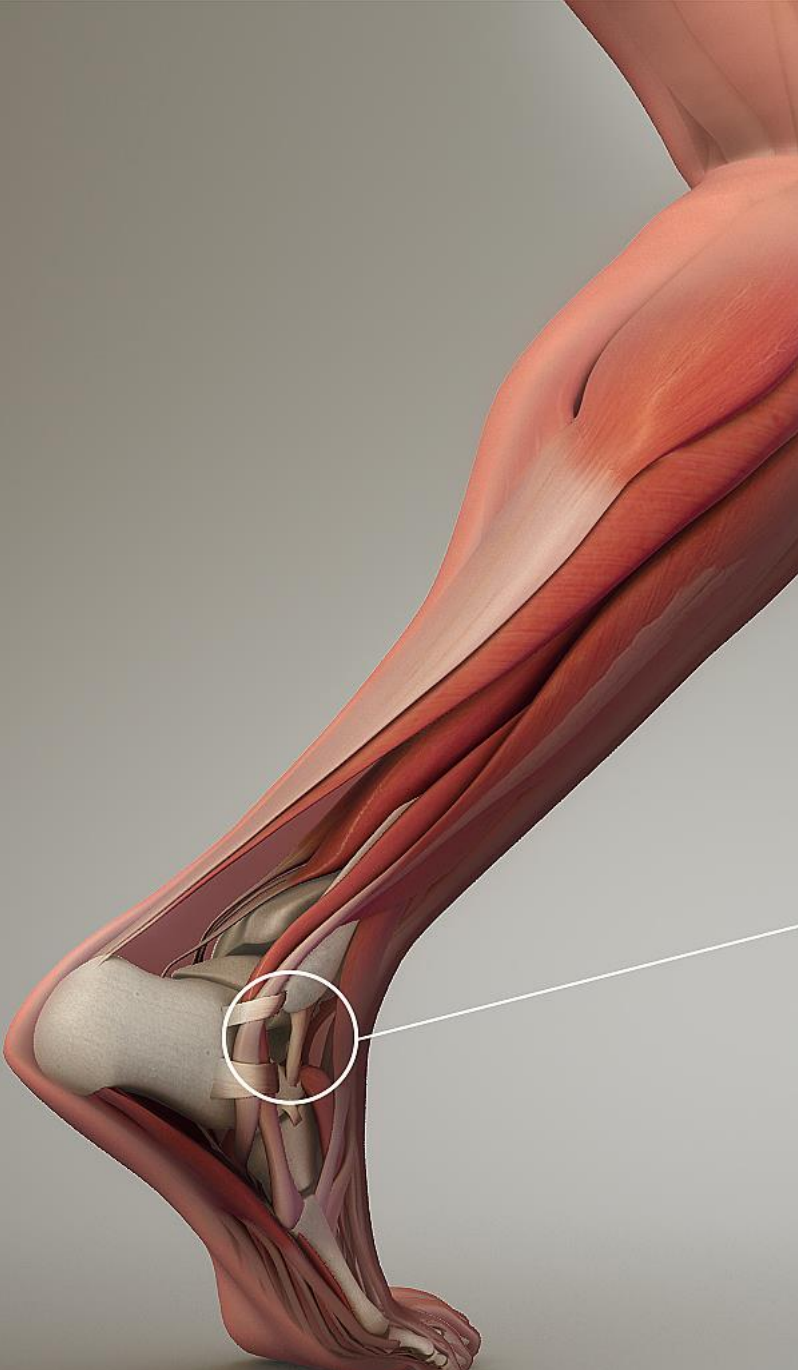
Pes Planus (Flat
feet)

Low V02 Max

Sleep Apnea

Atlantoaxial
Instability

Low Bone
Density



LIGAMENTOUS LAXITY

- Also known as hypermobility or joint laxity
 - Loose ligaments
- Kinetic chain energy leakage
- Coordination/Dislocations
- Compounds other DS issues



WITH GREAT POWER COMES GREAT RESPONSIBILITY..



With great
power (of range
of motion)
comes great
responsibility
(to control it)



HYPOTONIA (LOW MUSCLE TONE)

- Nearly universal at birth
- Muscles in relaxed state
- Muscles slow to contract
- Affects movement, reflexes, speech, digestion
- Cannot be cured but improved

REDUCED MUSCLE STRENGTH

- Muscle strength – 50% in DS
- Due in part to:
 - Low muscle tone
 - Joint laxity
 - Limb length/bone mechanics



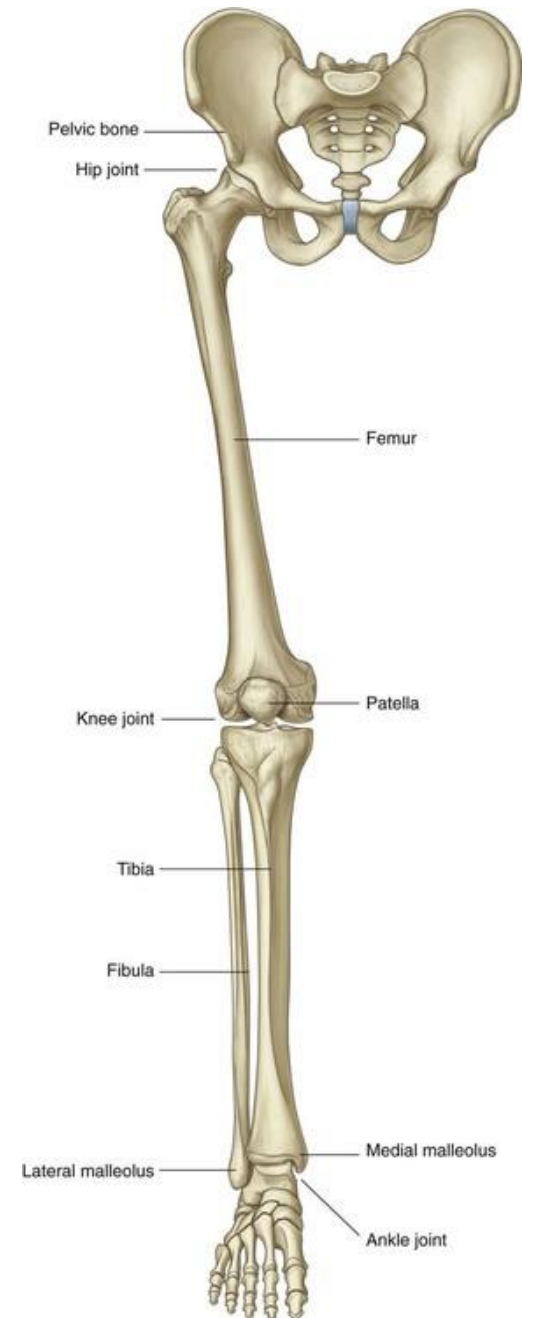
PES PLANUS (FLAT FEET)



- Found in 91% of 503 DS children
- Joint laxity factor
- Arch collapses, foot widens
- Leads to overpronation

OVERPRONATION

- Foundation of body
- Trickle up effect
- Risk of musculoskeletal injuries
- Interferes with daily life –
Balance/Walking



OVERPRONATION



Images courtesy of fittingchildrenshoes.com

OVERPRONATION



Images courtesy of fittingchildrenshoes.com

OVERPRONATION



Images courtesy of fittingchildrenshoes.com

OVERPRONATION



Straight Lasts

Images courtesy of fittingchildrenshoes.com

OVERPRONATION



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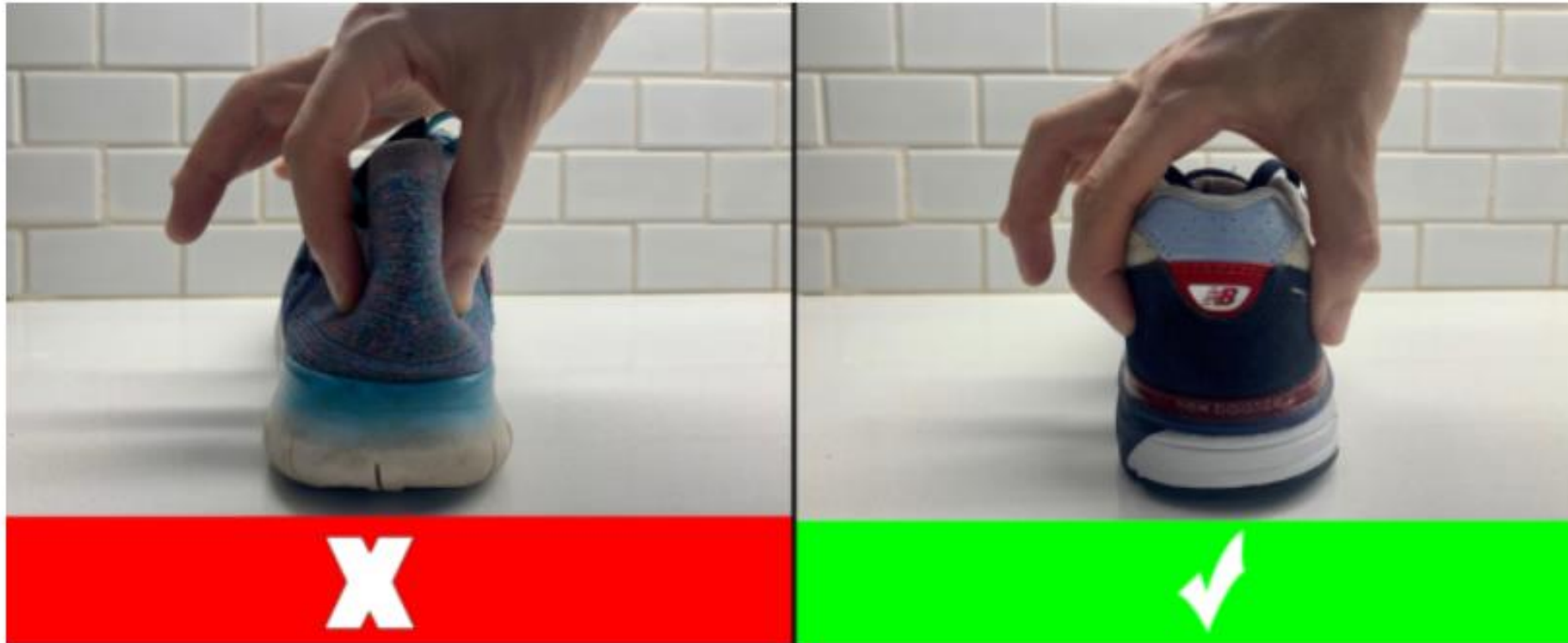


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Supportive Outsoles

Images courtesy of fittingchildrenshoes.com

OVERPRONATION



Firm Heel Counters

Images courtesy of fittingchildrenshoes.com

OVERPRONATION

- Remedies:
 - Shoes designed for overpronation
 - Shoe inserts
 - Custom orthotics
- Cost now vs later

LOW VO2 MAX

- VO2 Max = measure of maximum oxygen uptake
- Young adults with DS VO2 = 60 yr. old w/ heart disease
- Low muscle tone/Joint laxity compounds

SLEEP APNEA

- Obstructive Sleep Apnea
- Muscles relax too much during sleep
- Brief bouts of wakefulness
- Affects memory/Energy levels



ATLANTOAXIAL INSTABILITY

- Motion between cervical bone – Joint laxity
- 15% of individuals under 21 / 1-2% symptomatic
- Often incidentally found
- X-Ray not foolproof

ATLANTOAXIAL INSTABILITY

- Symptoms include:
 - Difficulties in walking
 - Abnormal gait
 - Neck pain
 - Limited neck mobility
 - Torticollis
 - Incoordination and clumsiness
 - Sensory deficits, spasticity, hyperreflexia
- Symptoms stable, rarely to critical
- Treatment options

ATLANTOAXIAL INSTABILITY

- No Special Olympics cases
- Only 41 well-documented cases, 3 from sports
- Anesthesia risks



LOW BONE DENSITY

- Lower bone density
- Decreases more rapidly
- Issue as lifespan increases
 - Risk of osteoporosis/Fractures
- Vitamin D deficiency



LOW BONE DENSITY

- PA improves bone density
 - Accelerometer research
 - Full body, esp. hips
- Strength training benefits
 - Hips/Spine/Wrists

Functional Fitness



FUNCTIONAL FITNESS

Key Concepts:

1. Fundamental Movement Patterns
2. **S**pecific **A**daptations to **I**mposed **D**emands (SAID Principle)

1. Fundamental Movement Patterns



**HIP
HINGE**





SQUAT





PUSH





PULL



LUNGE





CARRY





CORE ACTIVATION





FUNDAMENTAL MOVEMENT PATTERNS

- Time-efficient
- Compound movements
- Functional
- Realistic
 - Farmers walks
 - Increase leg strength
 - Build hip/shoulder stability
 - Improve core strength



FUNDAMENTAL MOVEMENT PATTERNS

- Functional fitness in nutshell
 - Exercise entire body through natural movement
- Concept is same – application individual

2. SAID Principle



SAID PRINCIPLE

- The body naturally adapts
 - Lifting weights/running
- You improve at exactly what you practice
 - Tennis player
 - Weightlifter



SAID PRINCIPLE

- Not all exercise needs to be specific
 - General strength/endurance increase versatility
- Purposeful exercise selection
- More specific = less application



SAID PRINCIPLE

- When is specific beneficial?
 - Exercise mirrors daily/weekly PA
- When is specific not beneficial?
 - Exercise trains for unencountered situations
- What's the why behind the exercise?



FUNCTIONAL FITNESS RECAP

- Fundamental Movement Patterns
 - Functional
 - Time Efficient
 - Engage whole body
- Well-designed programs include FMP
- Specific exercises for regular PA
- General training of FMP improves overall fitness

3 KEY ATTRIBUTES TO ADDRESS

- Muscular Strength
- Cardiovascular Endurance
- Proprioception

THREE ELEMENTS OF FITNESS



MUSCULAR STRENGTH

- Priority on core/lower body
 - Upper body of lower importance
- Large muscle group movements
 - Fundamental movements

MUSCULAR STRENGTH

- Key for employment/independent living
- Progressive resistance training
 - Variety of rep ranges
- Functional fitness guides programming

CARDIOVASCULAR ENDURANCE

- Important for independence – beneficial to all
- Health benefits include:
 - Lower blood pressure
 - Reduced risk of heart disease/diabetes
 - Improved mood
 - Increased energy level
 - Better sleep
 - Higher self-esteem

CARDIOVASCULAR ENDURANCE

- More important to DS
- Steady, low impact exercise
- Pairs with muscular strength

PROPRIOCEPTION



PROPRIOCEPTION

- Constant feedback between brain/body
- Skin/Joints/Muscles
- Poor proprioception = poor balance, uncoordinated movements, using too much force



MIDLINE
CROSSING
MOVEMENTS



IMPROVED BY
INCORPORATING
EXERCISES
THAT REQUIRE
BALANCING



STRENGTH
TRAINING



REPETITION/
MUSCLE MEMORY



BODY – BRAIN CONNECTION

- Obesity → Type 2 diabetes → Alzheimer's
- Poor cardio health = decreased life satisfaction
- Low levels of activity in DS vs typical developing youth
- Exercise early in life matters

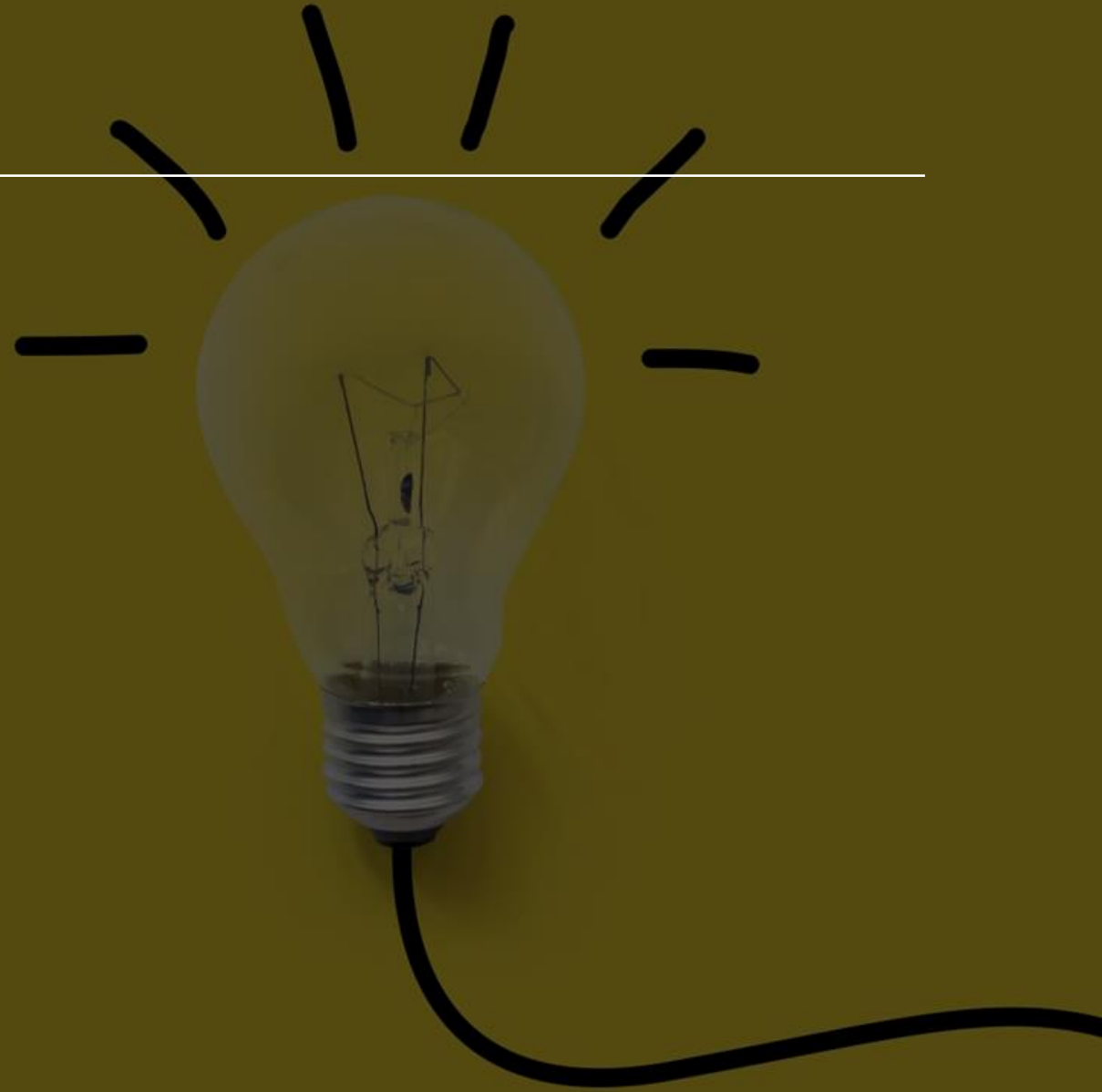


BODY – BRAIN CONNECTION

- Aging population
- Maintaining is improving
- Task complexity/Socialization
- Pioneering the field

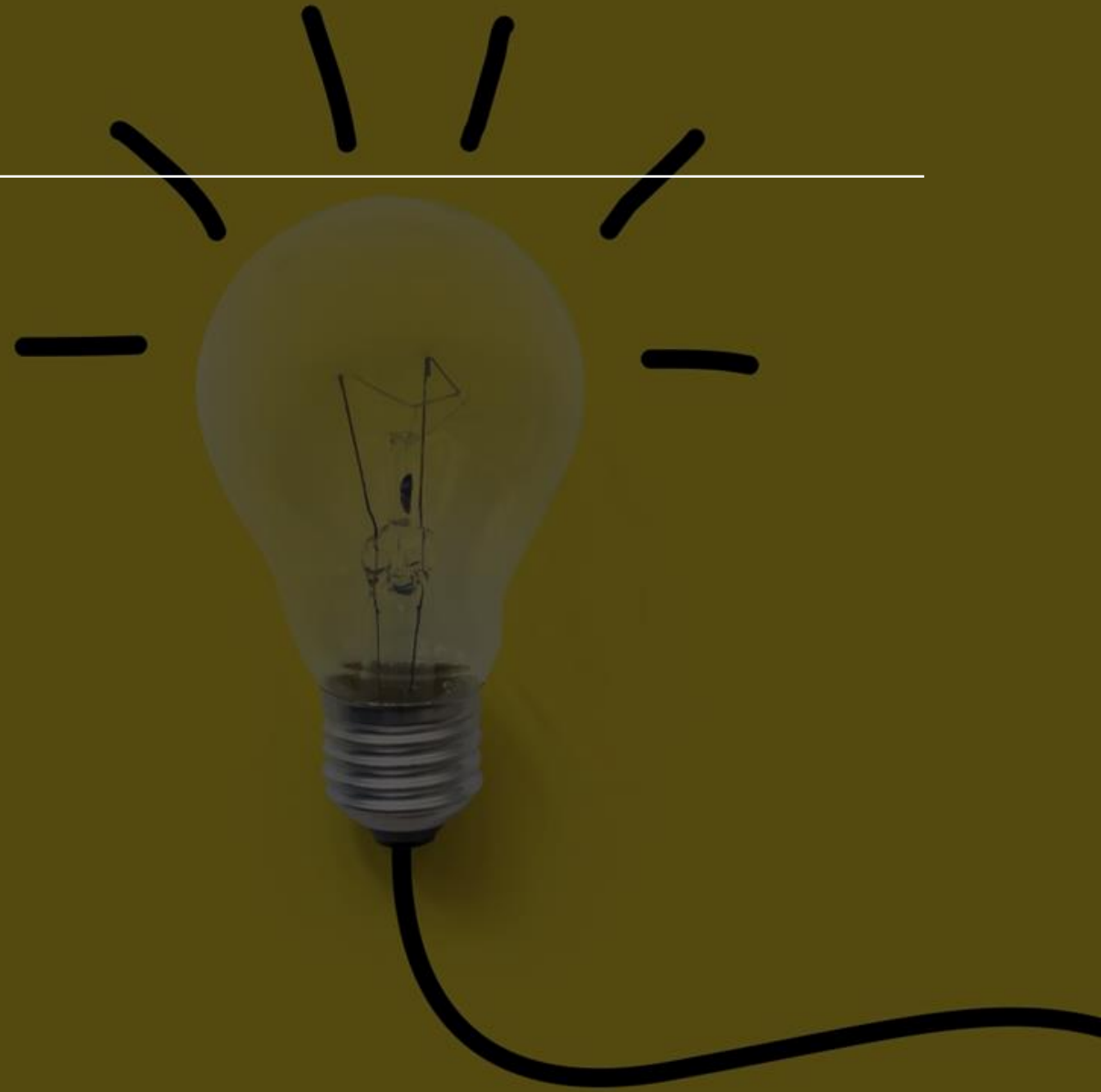
SHARING HOW

- Make it fun – overcoming barriers:
 - Physical
 - Mental
- Engaging
 - Make it a game
 - Name the exercises
- Social
 - Exercise with the family/friends



SHARING HOW

- Age Appropriate
 - Squats = Frog Jumps
 - Planks = Animal Crawls
 - Proprioception = Balance Beam
 - Cardio = Dance Party/Games
- Keep it simple
 - Equipment not necessary
- Anything is possible now



Questions?

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REFERENCES

Andrade FM, Pedrosa RP. The role of physical exercise in obstructive sleep apnea. *J Bras Pneumol.* 2016;42(6):457-464. doi:10.1590/S1806-37562016000000156

Atlantoaxial Instability & Down Syndrome. NDSS. (2017, November 8). Retrieved May 9, 2022, from [https://www.ndss.org/resources/atlantoaxial-instability-syndrome/#:~:text=%E2%80%9CThe%20neurologic%20manifestations%20of%20symptomatic,spinal%20cord\)%20signs%20and%20symptoms.](https://www.ndss.org/resources/atlantoaxial-instability-syndrome/#:~:text=%E2%80%9CThe%20neurologic%20manifestations%20of%20symptomatic,spinal%20cord)%20signs%20and%20symptoms.)

BAYNARD, TRACY1; PITETTI, KENNETH H.2; GUERRA, MYRIAM3; UNNITHAN, VISH B.4; FERNHALL, BO1 Age-Related Changes in Aerobic Capacity in Individuals with Mental Retardation, *Medicine & Science in Sports & Exercise*: November 2008 - Volume 40 - Issue 11 - p 1984-1989
doi: 10.1249/MSS.0b013e31817f19a1 .

REFERENCES

Carfi A, Liperoti R, Fusco D, Giovannini S, Brandi V, Vetrano DL, Meloni E, Mascia D, Villani ER, Manes Gravina E, Bernabei R, Onder G. Bone mineral density in adults with Down syndrome. Osteoporos Int. 2017 Oct;28(10):2929-2934. doi: 10.1007/s00198-017-4133-x. Epub 2017 Jul 6. PMID: 28685282.

Cressey EM, West CA, Tiberio DP, Kraemer WJ, Maresh CM. The effects of ten weeks of lower-body unstable surface training on markers of athletic performance. J Strength Cond Res. 2007 May;21(2):561-7. doi: 10.1519/R-19845.1. PMID: 17530966.

Dohle, S., Wansink, B. Fit in 50 years: participation in high school sports best predicts one's physical activity after Age 70. BMC Public Health 13, 1100 (2013). <https://doi.org/10.1186/1471-2458-13-1100>.

Fiatarone MA, Marks EC, Ryan ND, Meredith CN, Lipsitz LA, Evans WJ. High-intensity strength training in nonagenarians. Effects on skeletal muscle. JAMA. 1990 Jun 13;263(22):3029-34. PMID: 2342214.

REFERENCES

Foley C, Killeen OG. Musculoskeletal anomalies in children with Down syndrome: an observational study *Archives of Disease in Childhood* 2019;104:482-487.

Heller D, Watson D, Hies R. The role of person versus situation in life satisfaction: a critical examination. *Psychol Bull.* 2004 Jul;130(4):574-600. doi: 10.1037/0033-2909.130.4.574. PMID: 15250814.

Koon L, Brustad R, Stellino MB. Social Engagement and Task Complexity: Physical Activity Characteristics and Executive Function Among Older Adults. *OBM Integrative and Complementary Medicine* 2019;4(4):18; doi:10.21926/obm.icm.1904064.

Matute-Llorente, Á., González-Agüero, A., Gómez-Cabello, A. *et al.* Decreased levels of physical activity in adolescents with down syndrome are related with low bone mineral density: a cross-sectional study. *BMC Endocr Disord* 13, 22 (2013). <https://doi.org/10.1186/1472-6823-13-22>.

Shields, N., Taylor, N.F. & Fernhall, B. A study protocol of a randomised controlled trial to investigate if a community-based strength training programme improves work task performance in young adults with Down syndrome. *BMC Pediatr* 10, 17 (2010). <https://doi.org/10.1186/1471-2431-10-17>.