

Fitness

Placing the needs of the [patient](#) above one's own needs has long been the call-of-duty badge worn by the physician. Indeed, emergent patient care needs trump immediate personal needs such as sleep, fatigue, hunger, and family commitments. However, personal health and well-being are paramount to leading long and productive careers. Balancing the demands of a busy medical career with personal [wellness](#) is a daunting but necessary skill to acquire, yet there is little education on these principles available to physicians in training. For the most part, organized [exercise](#), [diet](#), and/or personal [fitness](#) programs are entirely lacking in modern graduate medical education.

[Fitness](#) and [mobility](#) are associated with barrier [behaviors](#) (i.e. encounters and avoidances) among individuals with [tetraplegia](#), but not [paraplegia](#). Despite a greater barrier avoidance rate, persons with tetraplegia do not perceive more physical barriers than persons with paraplegia. Surprisingly, fitness and [mobility](#) were not related to perception of barriers in either group. More research is required on if barrier perception, behavior, or both influence participation, to enable [rehabilitation](#) programs to tailor interventions to enhance participation ¹⁾.

¹⁾

Callahan MK, Cowan RE. Relationship of fitness and wheelchair mobility with encounters, avoidances, and perception of environmental barriers among manual wheelchair users with Spinal Cord Injury. Arch Phys Med Rehabil. 2018 Jul 4. pii: S0003-9993(18)30439-8. doi: 10.1016/j.apmr.2018.06.013. [Epub ahead of print] PubMed PMID: 29981312.

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