



PHYSICAL THERAPY FOR SEVERE EATING DISORDERS & MALNUTRITION

Malnutrition, whether caused by an eating disorder or another condition, **can reduce mobility and make daily activities more challenging**. Patients may have difficulty with tasks like using stairs, lifting objects and enjoying their favorite pastimes. Often, weakness and loss of mobility motivate patients to seek treatment.



WHY IS PHYSICAL THERAPY IMPORTANT?

- **REVERSES MUSCLE WASTING**
Physical therapy can help rebuild muscle mass lost from malnutrition. Using strength training and functional exercises, in tandem with nutritional rehabilitation, helps reverse muscle atrophy and restore strength.
- **IMPROVES MOBILITY & BALANCE**
Loss of muscle mass and weakness caused by malnutrition increase the risk of falls and injuries. Physical therapy can improve coordination and balance, helping patients feel more independent and confident in performing daily activities.
- **SUPPORTS CARDIOPULMONARY HEALTH**
Malnutrition impacts both the heart and lungs, making daily activities more tiring. Adding physical therapy to treatment can improve cardiovascular endurance, activity tolerance and lung function.

RETHINKING EXERCISE: FOSTERING HEALTHY MOVEMENT

Up to 80% of people with anorexia nervosa and up to 55% of those with bulimia nervosa engage in compulsive or excessive exercise,¹ which can significantly impact treatment outcomes. Excessive exercise predicts poor outcomes, relapse and longer inpatient stays.^{2,3} Under the guidance of a physical therapist, patients learn how to improve their relationship with movement and incorporate the appropriate amount and types of exercise in their recovery.

FOR MANY PATIENTS, HEALTHY MOVEMENT CAN AID IN THEIR RECOVERY^{4,5,6}



HELPING PATIENTS FROM ADMISSION TO DISCHARGE

ASSESSMENT

Upon admission, a dedicated physical therapist will meet with the patient to review health history, assess functional mobility, assess fall risk, discuss pain and set treatment goals. The physical therapist may also conduct various additional assessments to help address the patient's unique impairments.

EDUCATION

Patients benefit from education about body mechanics, posture, strength and movement, especially regarding how malnutrition can contribute to injury, low bone mineral density and muscle atrophy. Physical therapists can also help patients appropriately reintroduce movement into their recovery in a way that aligns with their long-term treatment goals.

SKILLED INTERVENTIONS

Our physical therapists personalize each patient's plan based on their individual needs and goals. ACUTE's physical therapists will use a variety of interventions to improve range of motion, manage pain and enhance overall function including:

- Strength training
- Stretches and range of motion exercises
- Balance training
- Neuromuscular reeducation
- Gait training
- Stair navigation
- Pain management
- Manual therapy
- Dry needling
- Pet therapy sessions

¹Davis, C., Katzman, D. K., Kaptein, S., Kirsh, C., Brewer, H., Kalmbach, K., Olmsted, M. F., Woodside, D., & Kaplan, A. S. (1997b). The prevalence of high-level exercise in the eating disorders: Etiological implications. *Comprehensive Psychiatry*, 38(6), 321–326. [https://doi.org/10.1016/s0010-440x\(97\)90927-5](https://doi.org/10.1016/s0010-440x(97)90927-5) | ²Noetel, M., Miskovic-Wheatley, J., Crosby, R. D., Hay, P., Madden, S., & Touyz, S. (2016). A clinical profile of compulsive exercise in adolescent inpatients with anorexia nervosa. *Journal of Eating Disorders*, 4(1). <https://doi.org/10.1186/s40337-016-0090-6> | ³Solenberger, S. E. (2001). Exercise and eating disorders. *Eating Behaviors*, 2(2), 151–168. [https://doi.org/10.1016/s1471-0153\(01\)00026-5](https://doi.org/10.1016/s1471-0153(01)00026-5) | ⁴Hausenblas, H. A., & Fallon, E. A. (2006). Exercise and body image: A meta-analysis. *Psychology & Health*, 21(1), 33–47. <https://doi.org/10.1080/14768320500105270> | ⁵Vanderlinden, J., Buis, H., Pieters, G., & Probst, M. (2006b). Which elements in the treatment of eating disorders are necessary 'ingredients' in the recovery process?—A comparison between the patient's and therapist's view. *European Eating Disorders Review*, 15(5), 357–365. <https://doi.org/10.1002/erv.768> | ⁶Vancampfort, D., Vanderlinden, J., De Hert, M., Soundy, A., Adámkova, M., Skjaerven, L. H., Catalán-Matamoros, D., Gyllensten, A. L., Gómez-Conesa, A., & Probst, M. (2013). A systematic review of physical therapy interventions for patients with anorexia and bulimia nervosa. *Disability and Rehabilitation*, 36(8), 628–634. <https://doi.org/10.3109/09638288.2013.808271>

When patients are critically ill, expertise becomes crucial. The ACUTE Center for Eating Disorders & Severe Malnutrition treats the highest number of patients with severe eating disorders and malnutrition.

ACUTE accepts patients 15 years and older of all gender expressions with a BMI <14.5 or those experiencing severe medical complications from an eating disorder or severe malnutrition. View our full admission criteria [here](#).

Call 877-228-8348 to speak with
a member of the acute admissions team.



ACUTE
CENTER FOR EATING DISORDERS
& SEVERE MALNUTRITION
BY DENVER HEALTH
A CENTER OF EXCELLENCE