

# Physiotherapy Eating Disorder Professional Network

## Physiotherapy in Eating Disorder Assessment Guidance

Physiotherapy has a unique role to play in the treatment of eating disorders, as the one member of the multidisciplinary team to use physical interventions and education to help patients overcome their symptoms and to accept their changing body shape as they gain weight. The Physiotherapy role within this field encompasses specialist assessment, advice, education, treatment and management of the various physical and psychological components of an eating disorder, and plays a vital role in the management of compulsive exercise, osteoporosis and altered body image.

Carrying out an assessment of an individual with an eating disorder can be complex, given the interplay between physical and psychological health, alongside the need to identify risk factors associated with their eating disorder, reduced bone health and often severely low body weight. The following assessment has therefore been developed as guidance for completing a Physiotherapy assessment with individuals with an eating disorder, alongside other generic Physiotherapy assessments tools, such as mobility and functional assessment.

It is acknowledged that each individual eating disorder inpatient unit or community service will have their own system for patient record documentation and therefore this form can be used to guide practise, with relevant sections being selected as appropriate.

It is also acknowledged that Physiotherapy input with individuals with an eating disorder can be very complex and not all clinicians will be trained or experienced in areas such as body image or compulsive exercise, and therefore the intention is that this assessment document can guide practise where the clinician can use specific sections of the form relevant to their current practise and clinical need. The role of the Physiotherapist in each of these areas may also vary and certain aspects of care may be led by other members of the multidisciplinary team, for example not all Physiotherapists will be required to provide interventions directly for body image, and may focus more on management of compulsive exercise. This guidance document can therefore be used flexibly to support individual roles.

Physiotherapists working in non-eating disorder units, such as a medical inpatient unit, may find the guidance document useful as a tool to identify key risk factors to be aware of and an understanding of where Physiotherapy input will be helpful for that individual. For example, Physiotherapy input on a gastroenterology inpatient unit may focus on safety with mobility and transfers whilst balancing a patient's urge to be active due to their compulsive exercising behaviour. Therefore a clear understanding of compulsive exercise history and current exercise behaviours is essential.

This document can also be used in conjunction with Physiotherapy in Eating Disorders (2017, Physiotherapy Eating Disorder Professional Network), an information leaflet on the role of Physiotherapy within eating disorders. This, and other documents, including useful resources for patients and colleagues, can be found on the Physiotherapy Eating Disorders Network website [www.cpmh.csp.org.uk/eatingdisorders-network](http://www.cpmh.csp.org.uk/eatingdisorders-network)

Date of admission	Height	Weight on admission	BMI on admission
<p><b>Eating Disorder history</b></p> <p><i>Background information on ED – type/ duration</i>  <i>Previous admission(s)</i>  <i>Treatments and outcomes</i></p>			
<p><b>Exercise History</b></p> <p><i>Attitudes to exercise throughout childhood</i>  <i>Sports/ activities at school/extra curricular</i>  <i>Family activities and influences</i>  <i>Transition ages – primary to secondary/university/college/work</i>  <i>How has exercise changed over the years for the patients?</i>  <i>Can they identify a time when exercise became highly valued over other aspects of life?</i></p> <p><i>Any changes in last 6 months running up to admission?</i></p>			
0-12 years			
12-18 years			
18+ years			
<p><b>Changes noted in last 6 months</b></p>			
<p><b>Pre-admission (inpatient)/ current (community) activity</b></p>			

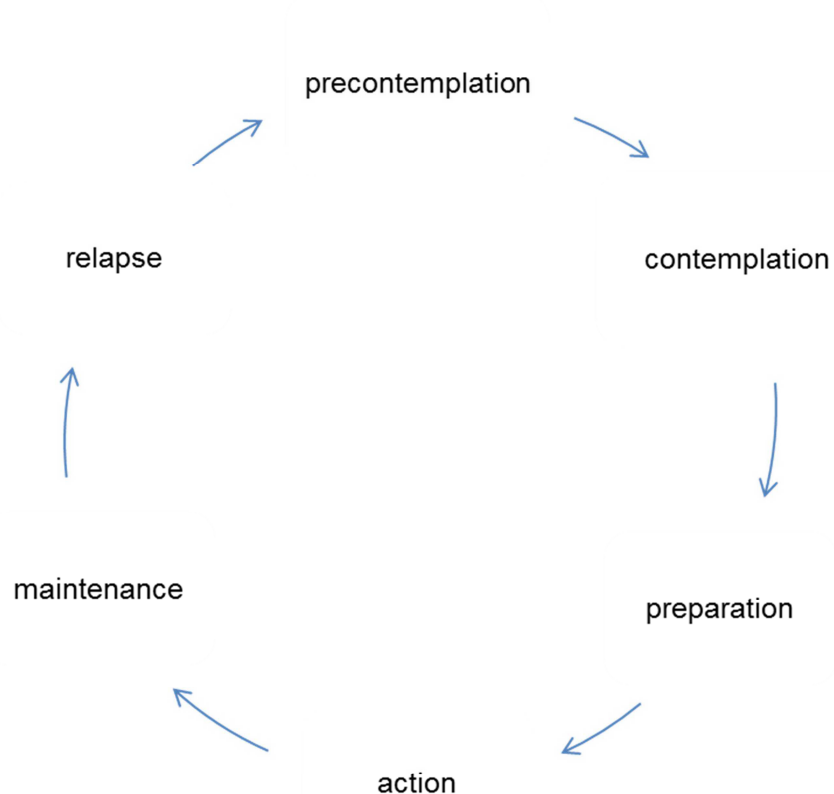
<b>Contrived/ Incidental activity (housework/ gardening etc)</b>				
<i>Do they recognise this as exercise?</i>				
<b>Current (inpatient) activity</b>				
<i>Pacing?</i>				
<i>Incidental activity?</i>				
<i>Purposeful movement?</i>				
<i>Secretive exercises in bedroom/bathroom?</i>				
<b>Pacing</b> <i>Reasons for this</i>	<b>Twitching</b> <i>Are they aware they are doing this/ reasons for behaviour?</i>	<b>Shaking</b> <i>Are they aware they are doing this/ reasons for behaviour?</i>	<b>Standing</b> <i>A reluctance to sit down/rest? Perception of laziness?</i>	<b>Restless hyperactivity</b>
<b>Average weekly scheduled exercise</b>		<b>Motivation to exercise</b>		
		Weight/ Shape		
		Debting Behaviour ( <i>to feel able/worthy to eat or to compensate for eating</i> )		
Anaerobic		Health/ Fitness		
Aerobic		Compulsion		
Solitary		To manage mood/anxiety ( <i>do they have other coping strategies?</i> )		
Group (what type)		Enjoyment		
		Sense of self worth		
		Sense of Achievement		
<b>Musculo-Skeletal (MSK) system</b>	<i>Consider awareness of low body weight and impact on MSK system</i> <i>Postural changes/muscle imbalance, including psychological impact on positioning and posture</i> <i>Consider psychological effects on MSK system</i> <i>Unexplained injury or overuse injuries associated with compulsive exercise</i>			
<b>Osteoporosis/ Bone Scan</b>	<i>DXA scan results and date – are they due a review?</i> <i>Do they know and understand the results?</i> <i>Are they on bone protection medication?</i>			

<b>Menstrual History</b>	<i>Menarche Regularity of periods Amenorrhoea Are they on hormone replacement medication?</i>
<b>Cardiovascular health</b>	<i>Hypotension Dizziness/syncope/Fainting Bradycardia Arrhythmias Heart Failure Circulation Oedema</i>
<b>Electrolyte Disturbances/ Blood Tests/ Vomiting</b>	<i>Electrolyte imbalance due to: vomiting, laxative or diuretic abuse; water loading or dehydration  Hypokalaemia? Hyponatremia?  Refeeding syndrome?</i>
<b>Current Medication</b>	
<b>Additional Past Medical and Psychiatric History</b>  <i>Any noted physical health problems/symptoms Neurological changes associated with low body weight/poor nutrition? Is patient being physically monitored?  Mood disorder, sleep concerns, anxiety, Obsessive Compulsive disorder Self harming behaviours, Suicide risk / risk to others Personality, Avoidance/Withdrawal, Drug or Alcohol Use</i>	
<b>Social and Family History</b>  <i>Family and social relationships and interplay with eating disorder symptoms, such as compulsive exercise  Any external influencing factors</i>	
<b>Observations/ Specific test</b>  <i>Appearance, Engagement - verbal and non verbal communication, Mood  Any other physical or mental health assessment outcomes or observations which might influence physiotherapy treatment</i>	

Body Image	Helpful questions
	<ul style="list-style-type: none"> <li>• Tell me about your relationship with your body?</li> <li>• How would you like things to be different?</li> <li>• If you had to use 3 words to describe your body, what would they be?</li> <li>• What concerns you most about your body image?</li> <li>• If treatment were successful how would your life be different?</li> <li>• What do you think may have to change for that to happen?</li> <li>• When did you first begin to focus on your weight and shape?</li> <li>• When did you first begin to judge yourself by weight and shape?</li> </ul>

### Readiness to change

*Can be used to identify the individual's motivation to engage in physiotherapy treatment*



*(Refer to **Stages of Change Model**, Prochaska & DiClemente, 1983)*

<b>Importance</b> (circle relevant number)	
Not at all 0 1 2 3 4 5 6 7 8 9 10 Very	
<b>Confidence</b> (circle relevant number)	
Not at all 0 1 2 3 4 5 6 7 8 9 10 Very	
<b>Assessment Tools / Outcome Measures</b>	
Compulsive Exercise Test (CET)	<p>24-item self-report measure designed to assess the core features of excessive exercise in the eating disorders;</p> <p><b>compulsivity</b> (e.g. continuing to exercise despite illness or injury, lack of exercise enjoyment, the experience of extreme guilt when unable to exercise, making up for missed exercise sessions),</p> <p><b>affect regulation</b> (e.g. the positive and negative reinforcement properties of exercise),</p> <p><b>weight and shape driven exercise</b> (e.g. exercising solely to burn calories, compensatory exercise such as debting),</p> <p><b>exercise rigidity</b> (rigid adherence to a strict and repetitive exercise routine).</p> <p>The CET uses a 6-point Likert scale anchored by 0 (never true) and 5 (always true) with higher scores indicative of greater pathology</p> <p><b>CET Scoring Criteria:</b></p> <ul style="list-style-type: none"> <li>• Items 8 and 12 are reverse scored.</li> <li>• Subscale scores are obtained by summing the scores for all items in the subscale and dividing by the number of items (mean score).</li> <li>• CET total score is calculated by summing the mean scores for all subscales.</li> </ul> <p>Subscale Items</p> <p>Avoidance and rule-driven behaviour 9, 10, 11, 15, 16, 20, 22, 23</p> <p>Weight control exercise 2, 6, 8, 13, 18</p> <p>Mood improvement 1, 4, 14, 17, 24</p> <p>Lack of exercise enjoyment 5, 12, 21</p>
Body Attitude Test (BAT)	<p>designed for the assessment of <u>eating disorders</u> in women. The BAT measures an individual's <u>subjective</u> body experience and attitudes towards one's own body it differentiates between clinical and non-clinical subjects and between anorectics and bulimics. It is composed of 20 items which yield four factors:</p> <ol style="list-style-type: none"> <li>1. Negative appreciation of body size</li> <li>2. Lack of familiarity with one's own body</li> <li>3. General body dissatisfaction</li> <li>4. A rest factor</li> </ol>
Patient Specific Functional Tool	<p>It is a good way of relating recovery in terms of improved physical and mental function.</p> <p>Good to have as an optional measure.</p>

Tragus Test	<i>Helpful in measuring postural changes associated with reduced bone health</i>
Symptom Questionnaire	
Becks Anxiety Inventory (BAI)	<i>The BAI is useful if assessing anxiety or doing anxiety management work</i>
Body Checking and Avoidance Questionnaire (BCAQ)	<i>BCAQ can be used as a first line outcome measure of if doing specific body image work</i>
Body Image Continuum scale	<i>Body Image Continuum scale, useful if assessing body image acceptance of if doing body image work.</i>
Body image – satisfaction/dissatisfaction	

**Summary**

**Plan**

*Kate Brown, Advanced Specialist Physiotherapist and  
Sandra Philip-Rafferty, Advanced Specialist Physiotherapist*  
**Physiotherapy Eating Disorder Professional Network**  
**January 2018**