

Industry Profile:

Wayne Dite - Exercise Physiologist



Wayne has been working with amputees for 22 years. As part of his Masters by Research he developed a clinical measurement of balance and mobility, that looked at how people safely and efficiently change direction and turn around while walking. These measurements were published in 2002 in the American Journal of Physical Medicine and Rehabilitation and Archives of Physical Medicine and Rehabilitation. From 2003 to 2006 he conducted a study on fall risk following amputation with Helen Connor from Royal Talbot and Heather Curtis from Caulfield, this paper was published in 2007.

Dite W, Connor HJ, Curtis HC. "Clinical identification of multiple fall risk early after unilateral transtibial amputation". *Archives of Physical Medicine and Rehabilitation*. 2007;88:109-14.

What does your profession involve?

Exercise physiology is the study of the body's metabolic response to physical activity. Exercise physiologists use exercise as a management strategy in physical rehabilitation, prevention and treatment of disease, and physical conditioning. At the Royal Talbot Rehabilitation Centre (RTRC) this position is part of the physiotherapy department, although at some hospitals Exercise Physiology will be a separate department.

What is your involvement with patients who have had an amputation?

Sessions with the Exercise Physiologist at RTRC could include participating in a gymnasium program, hydrotherapy, balance classes or individual skill development for return to active leisure pursuits such as cycling, golf, bowls, tennis, etc.

What are the rewarding aspects of your profession?

The majority of clients presenting for rehabilitation at RTRC are motivated to improve their functional abilities, get out of hospital and get on with life. This means we see a lot of improvement in a very short time frame. It is also very rewarding when clients who have not exercised for many, many years discover during their rehabilitation that they really enjoy getting back into physical activities.

What are some ways amputees can stay active in the community once they have left rehabilitation?

If you have been inactive for a long time it is important to set realistic and achievable ways of increasing your activity. This might be simply doing an extra 15 minutes of activity each day. This could be gardening, housework, going to the corner shop or to the park, each week try to increase an activity by 5 minutes. For some people keeping a diary of these activities is a good way to keep track of your progress and provides motivation to keep going.

The principles for maintaining physical activity throughout life are not specific to amputees. It is an individual's attitude not their physical abilities (or disabilities) that determine most of our life choices. People can eat inappropriate amounts and types of food, smoke cigarettes and / or lead a sedentary lifestyle; ultimately these choices will impact negatively on their health and quality of life.

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