



# TWIN CITIES ORTHOPEDICS

## **MATA LEARNING LAB**

**BLOOD FLOW RESTRICTION IN SPORTS  
MEDICINE**

# Blood Flow Restriction in Sports Medicine



**Braidy Solie, DPT,SCS, CSCS**

# Today's Agenda



## Part 1: BFR Overview Lecture

- Braidy Solie, DPT

## Part 2: BFR Learning Lab

- Braidy Solie, DPT
- Chee Vang, DPT

# Part 1: BFR Overview Lecture

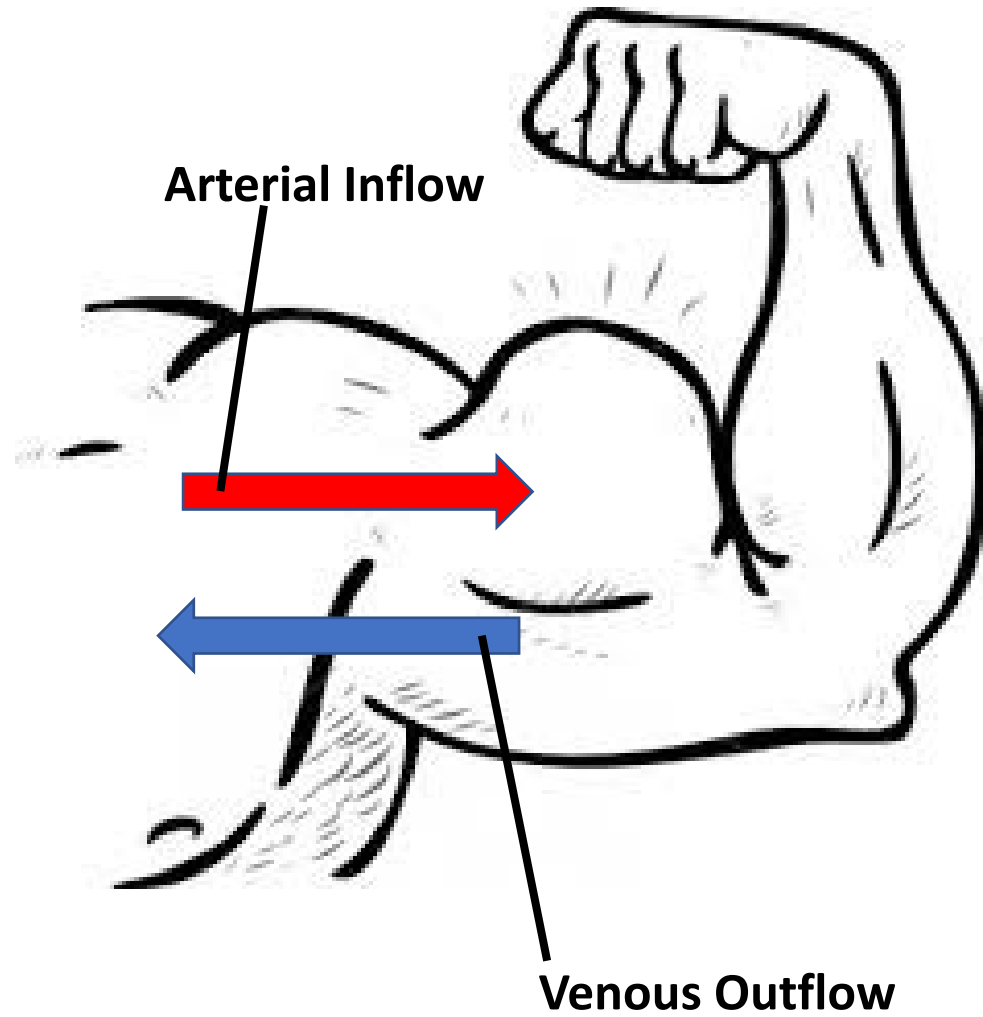


# Provider Disclaimer

- **I have no conflicts of interest, commercial support, or financial disclosure**
- **I am in compliance with continuing education requirements**
- **Use discretion when interpreting the views and information within these slides**

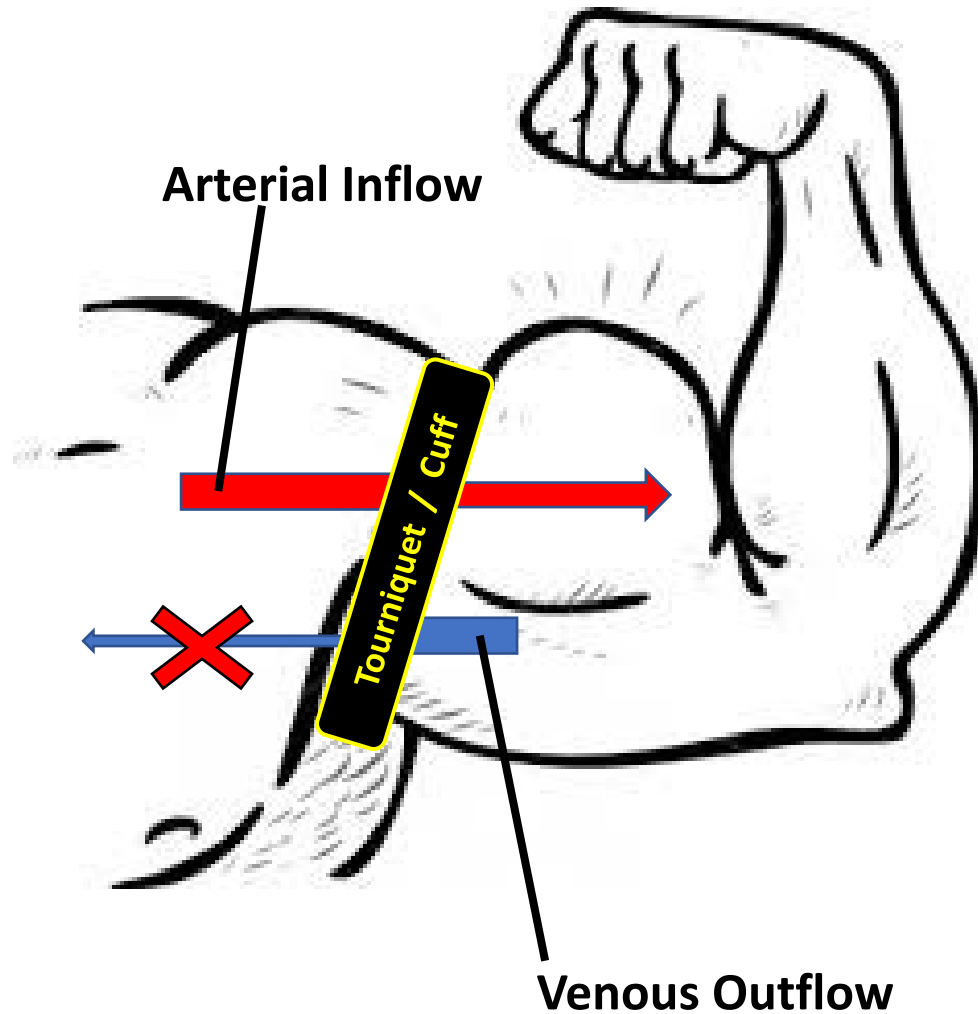


# Exercise with Blood Flow Restriction



**“Normal” Exercise**

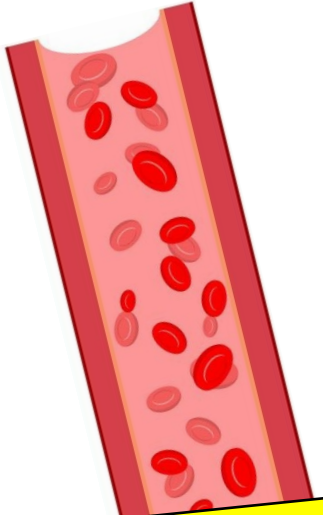
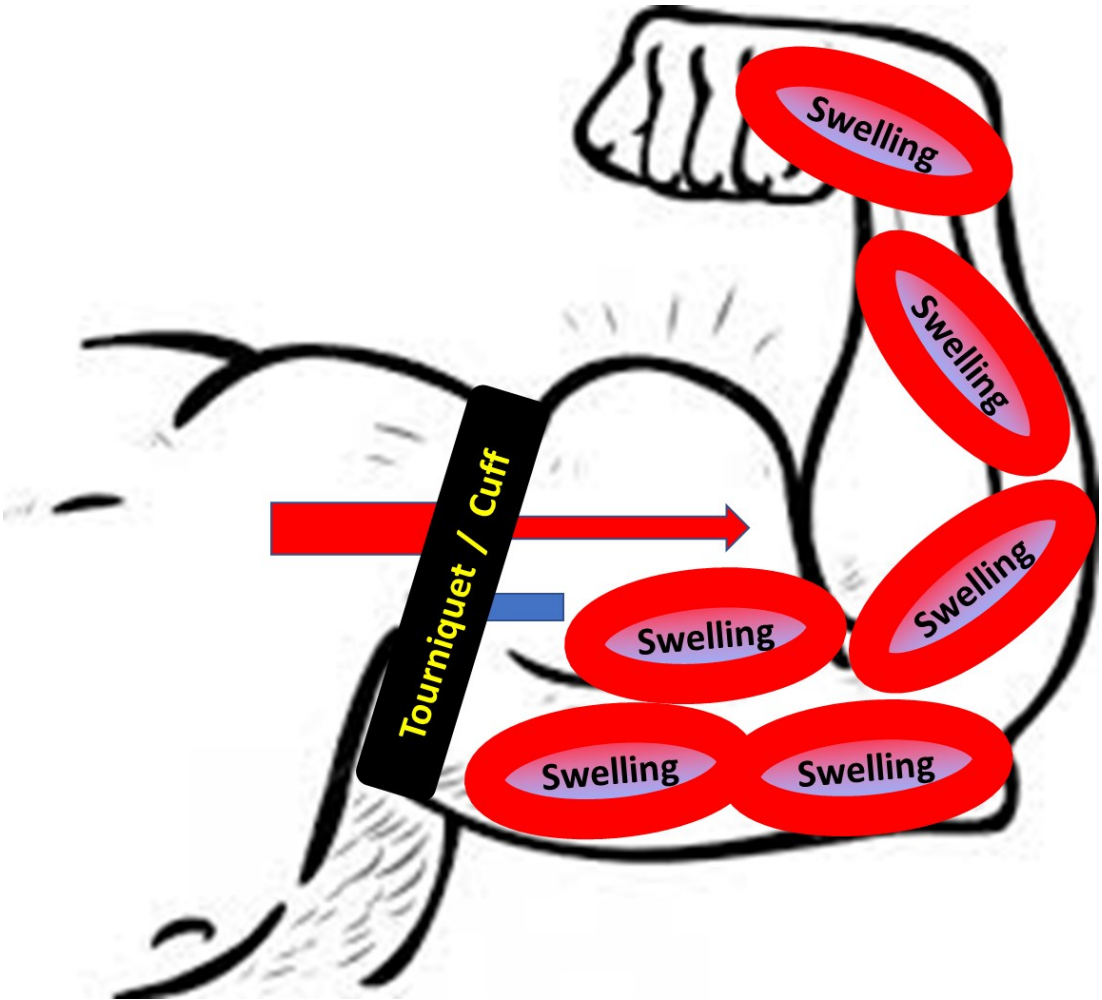
# Blood Flow Restriction (BFR)



30-80% Arterial Occlusion Pressure



# Venous Backup



# Blood Flow Restriction



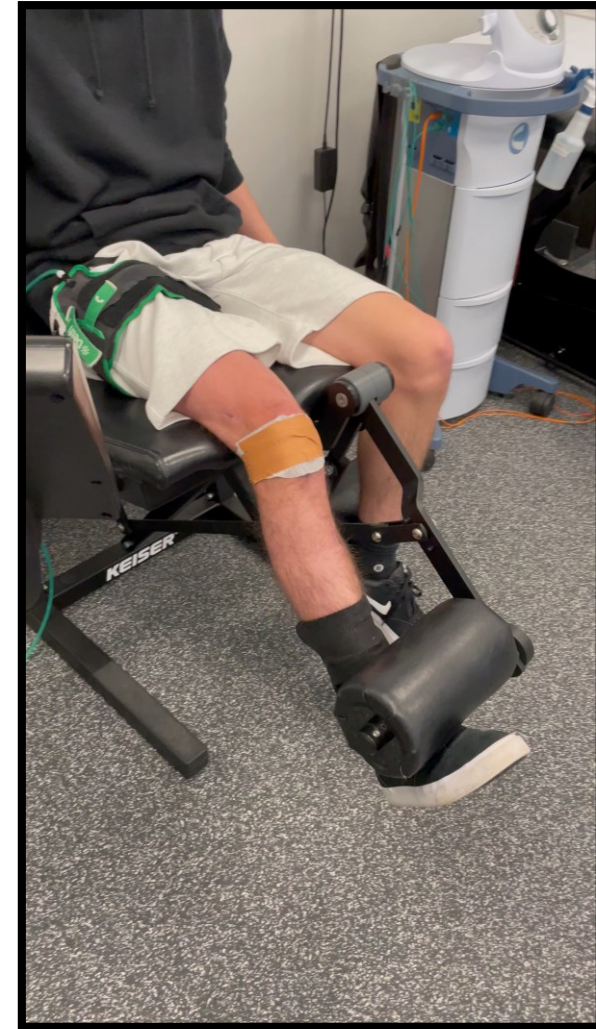
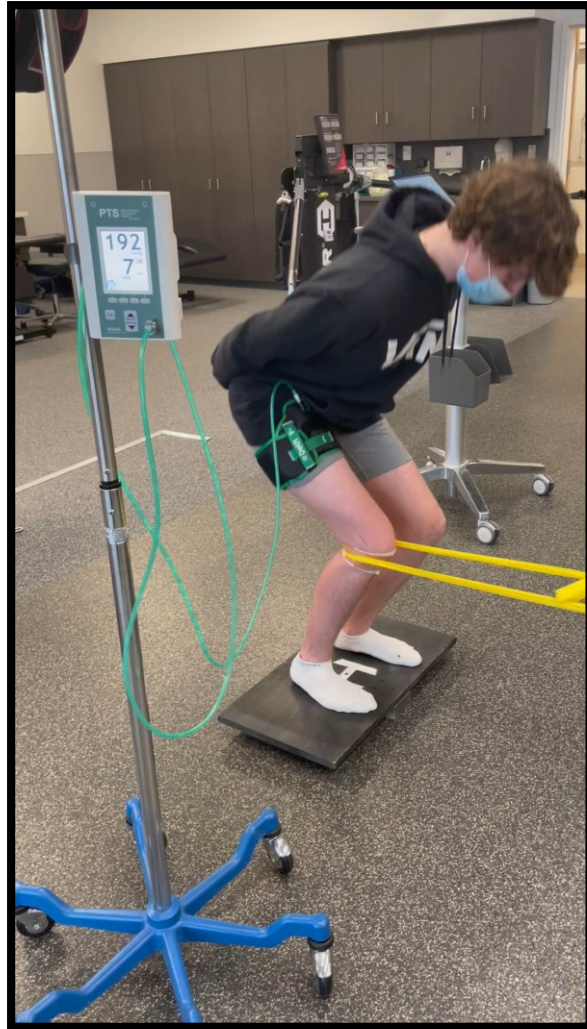
Normal

100% LOP

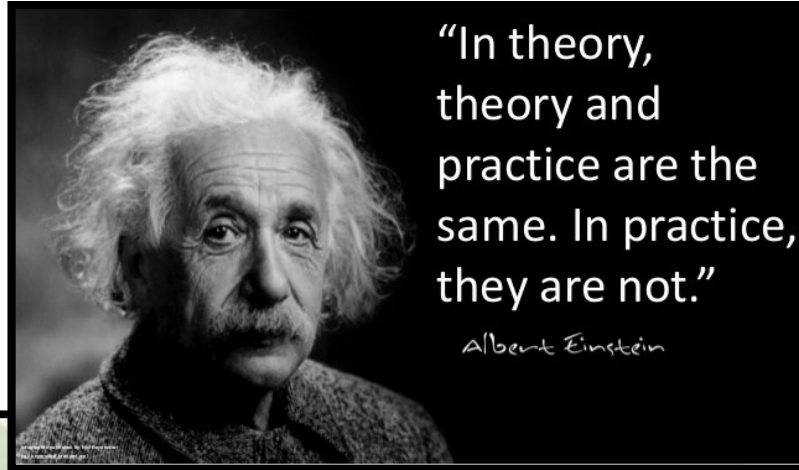
50% LOP



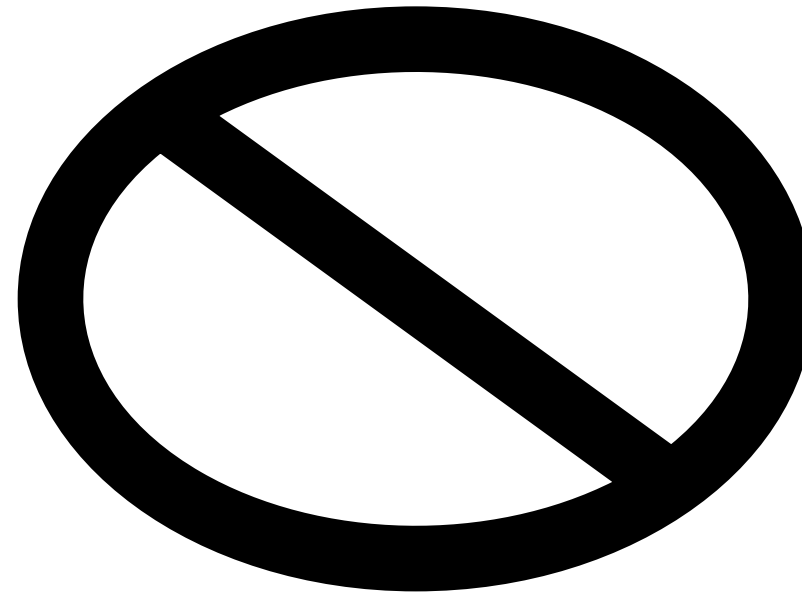
# BFR after ACLR



# Evidence-~~Based~~ Practice Informed







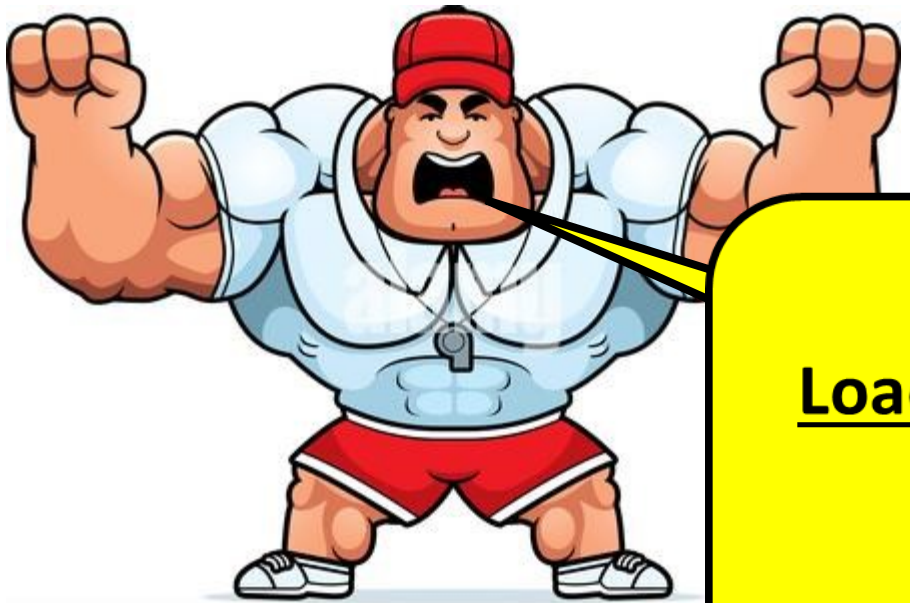


## Prescribing in Practice

Load: “**Irritability**/Tolerance/Patient”

Cuff Pressure: “Is **Perfect Pressure** a Must?”

Sets/Reps: “What is **Most Efficient**?”



## Prescribing in Practice

Load: "Irritability/Tolerance/Patient"

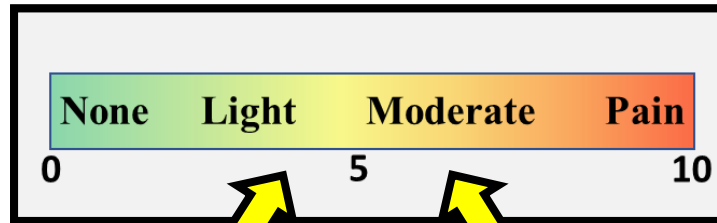


# Prescribing in Practice

Load: "Irritability/Tolerance/Patient"



## Pain Monitoring



Stage of Tissue Healing

Rate of Perceived Exertion (RPE) Scale







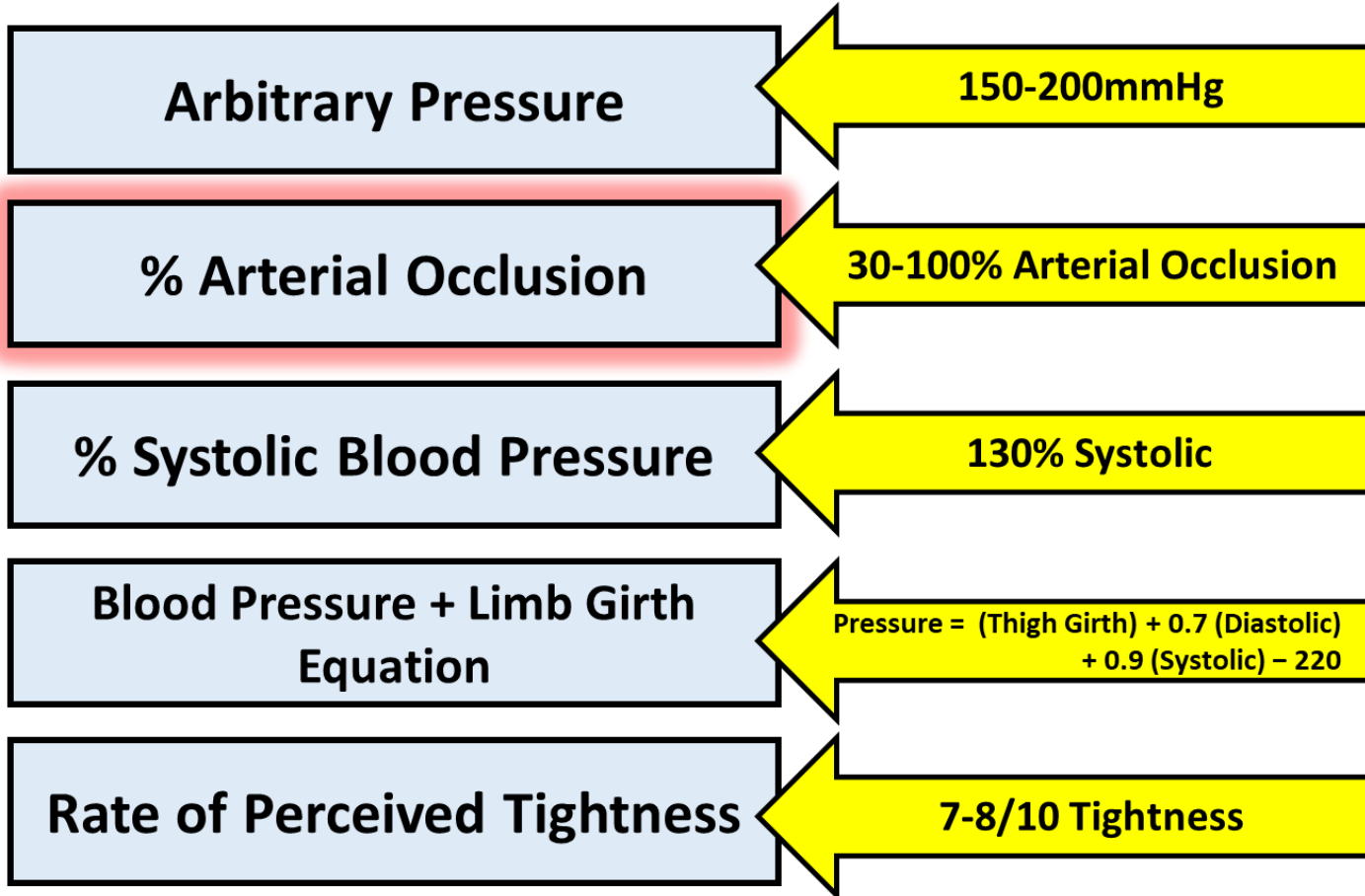
You must be **at 80% LOP**  
or it doesn't work!

## Prescribing in Practice

Load: "~~irritability~~/Tolerance/Patient"

Cuff Pressure: "Is **Perfect Pressure** a Must?"

# Administering BFR



Lorenz et al. *JAT* (2021)

# Perfect Pressure?



Valenzuela et al<sup>30</sup>

Reis et al<sup>32</sup>

Patrick et al<sup>33</sup>

Montgomery et al<sup>34</sup>

Ilett et al<sup>17</sup>

Hughes et al<sup>66</sup>

Chulvi-Medrano et al<sup>35</sup>

Centner et al<sup>52</sup>

Jessee et al<sup>67</sup>

Kilgas et al<sup>36</sup>

Dankel et al<sup>68</sup>

Thomas et al<sup>37</sup>

Stavres et al<sup>53</sup>

Soligon et al<sup>54</sup>

Scott et al<sup>60</sup>

Pinto et al<sup>61</sup>

Picón et al<sup>55</sup>

May et al<sup>38</sup>

Letieri et al<sup>62</sup>

Ladlow et al<sup>56</sup>

Jessee et al<sup>69</sup>

Jessee et al<sup>39</sup>

Jessee et al<sup>70</sup>

Hughes et al<sup>71</sup>

Curty et al<sup>57</sup>

Buckner et al<sup>72</sup>

Bell et al<sup>73</sup>

Tennent et al<sup>74</sup>

Neto et al<sup>40</sup>

Mouser et al<sup>31</sup>

# 52 BFR Studies

Mattocks et al<sup>20</sup>

Kim et al<sup>41</sup>

Ferreira et al<sup>42</sup>

Dankel et al<sup>75</sup>

Clarkson et al<sup>8</sup>

Buckner et al<sup>19</sup>

Poton and Polito<sup>58</sup>

Pinto and Polito<sup>63</sup>

Neto et al<sup>24</sup>

Fatela et al<sup>43</sup>

Counts et al<sup>44</sup>

Barnett et al<sup>45</sup>

Staunton et al<sup>46</sup>

Poton and Polito<sup>47</sup>

Moriggi Jr et al<sup>25</sup>

Lixandrão et al<sup>48</sup>

Araújo et al<sup>64</sup>

Araújo et al<sup>65</sup>

Santos et al<sup>59</sup>

Araújo et al<sup>49</sup>

Laurentino et al<sup>50</sup>

Laurentino et al<sup>51</sup>

## Is there rationale for the cuff pressures prescribed for blood flow restriction exercise? A systematic review

Matthew J. Clarkson  | Anthony K. May | Stuart A. Warmington

Clarkson et al. SJMSS (2020)



Valenzuela et al<sup>30</sup>

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Clarkson et al. SJMSS (2020)

applied within the literature. Even more problematic is the absence of any clear justification for the selected BFR pressures in the vast majority of BFR exercise studies. Given the inconsistencies in methodology, populations examined, and

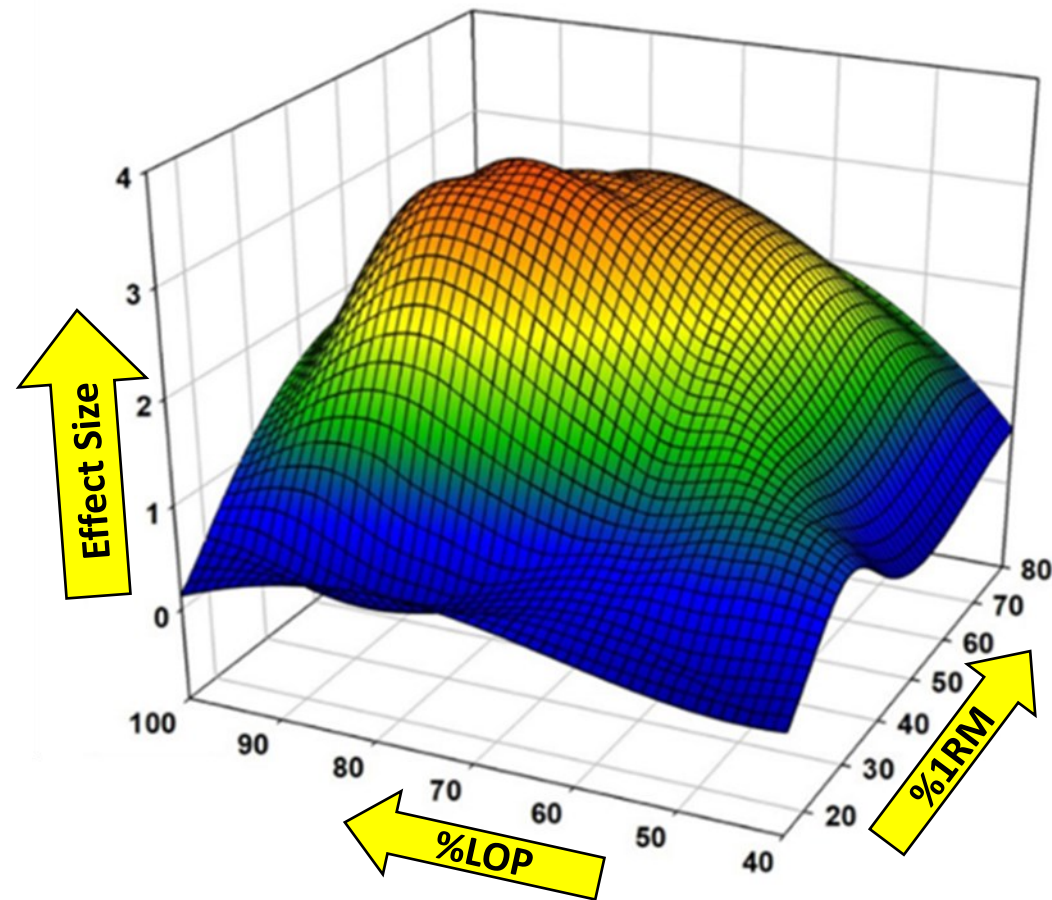
No science for exact cuff pressures.....

# Perfect Pressure?..

**Is There a Minimum Effective Dose for Vascular Occlusion During Blood Flow Restriction Training?**

*Arpan Das\* and Bruce Patons\**

Das, Arpan, and Bruce Paton. *Frontiers in physiology* (2022)

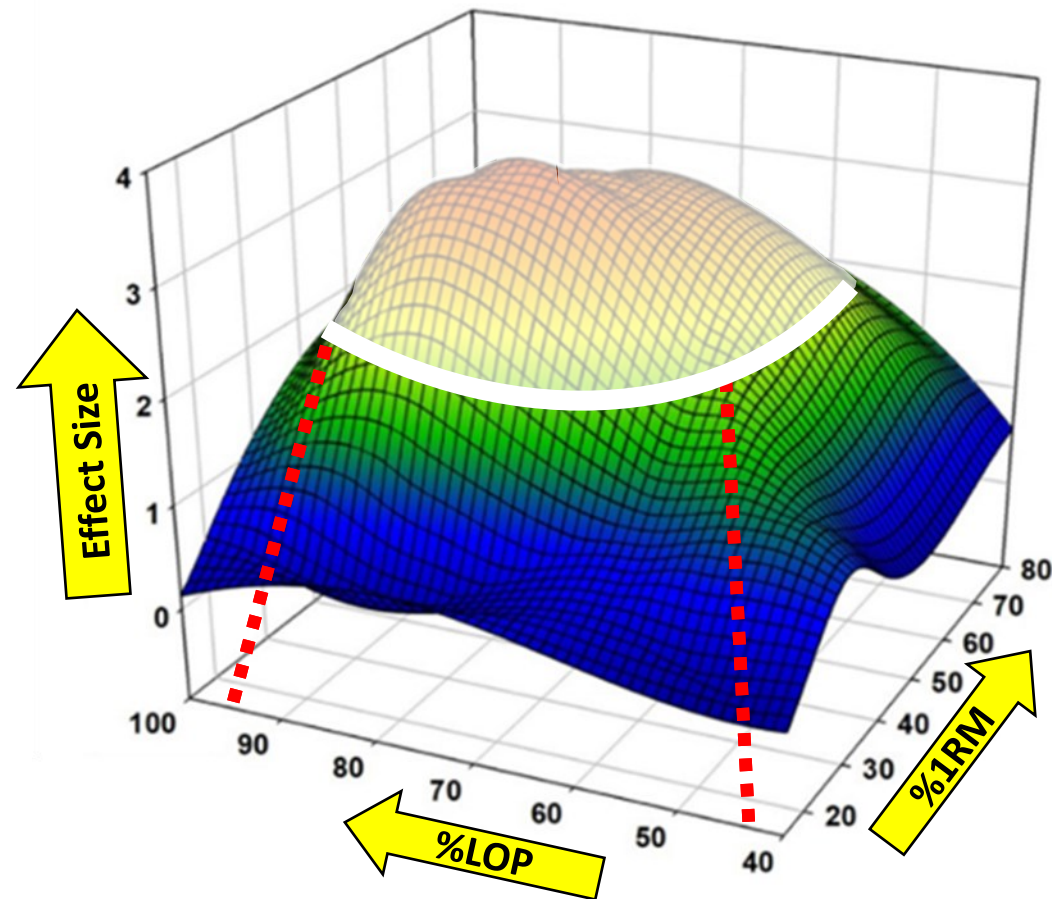


# Perfect Pressure?.. **Not Really**

Is There a Minimum Effective Dose for Vascular Occlusion During Blood Flow Restriction Training?

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**Large Therapeutic Window**

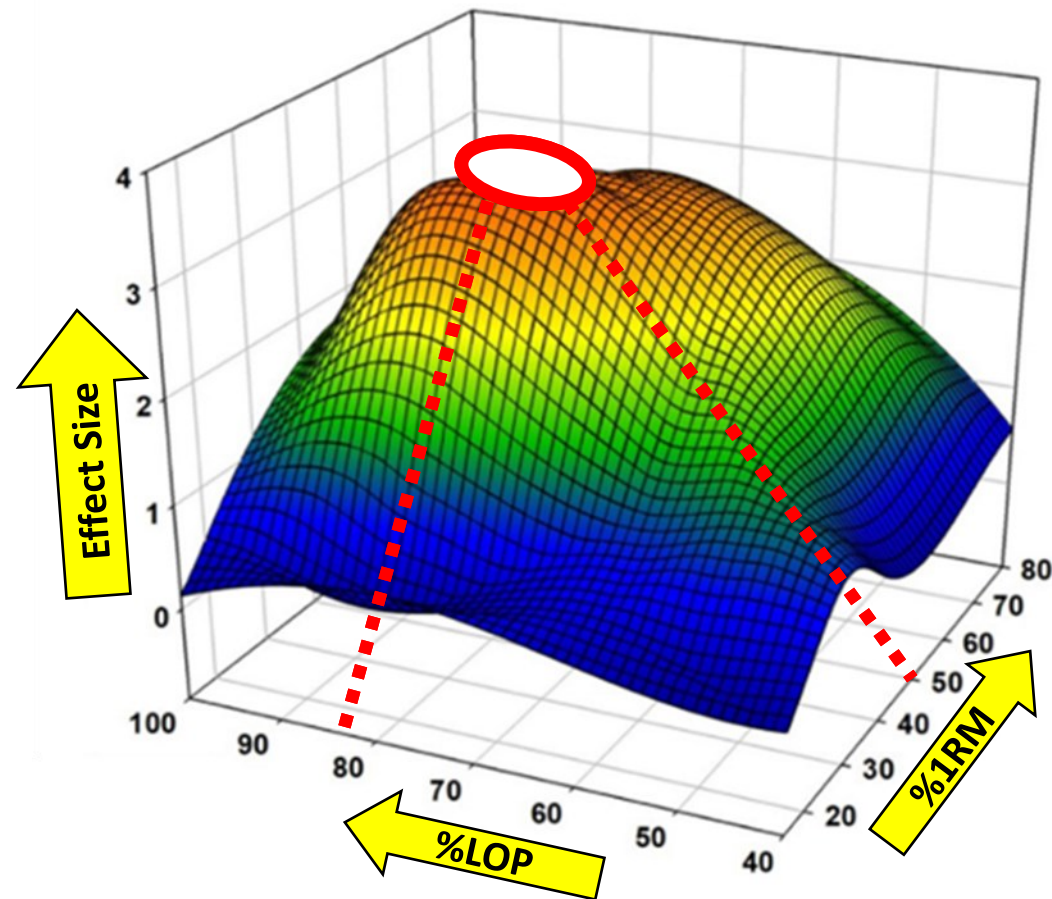
**<40% - 100% LOP**

# Perfect Pressure?.. **Not Really**

Is There a Minimum Effective Dose for Vascular Occlusion During Blood Flow Restriction Training?

Arpan Das\* and Bruce Patons\*

Das, Arpan, and Bruce Paton. *Frontiers in physiology* (2022)



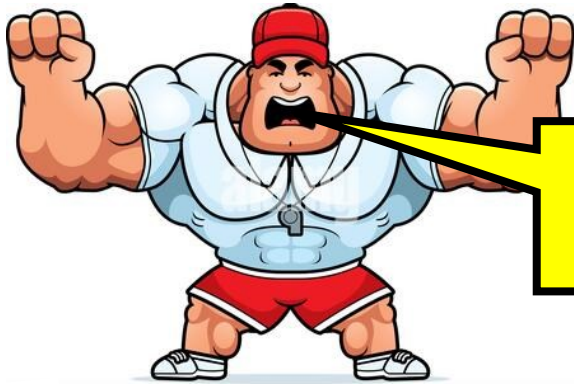
## Largest Effect

%LOP: **70-95%**

%1RM: **40-70%**



# Perfect Pressure?.. **Not Really**



**Load** is **more important** than pressure!

**Is There a Minimum Effective Dose for Vascular Occlusion During Blood Flow Restriction Training?**

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Das, Arpan, and Bruce Paton. *Frontiers in physiology* (2022)

%1RM

**Largest Effect**

%1RM: **40-70%**

%1RM

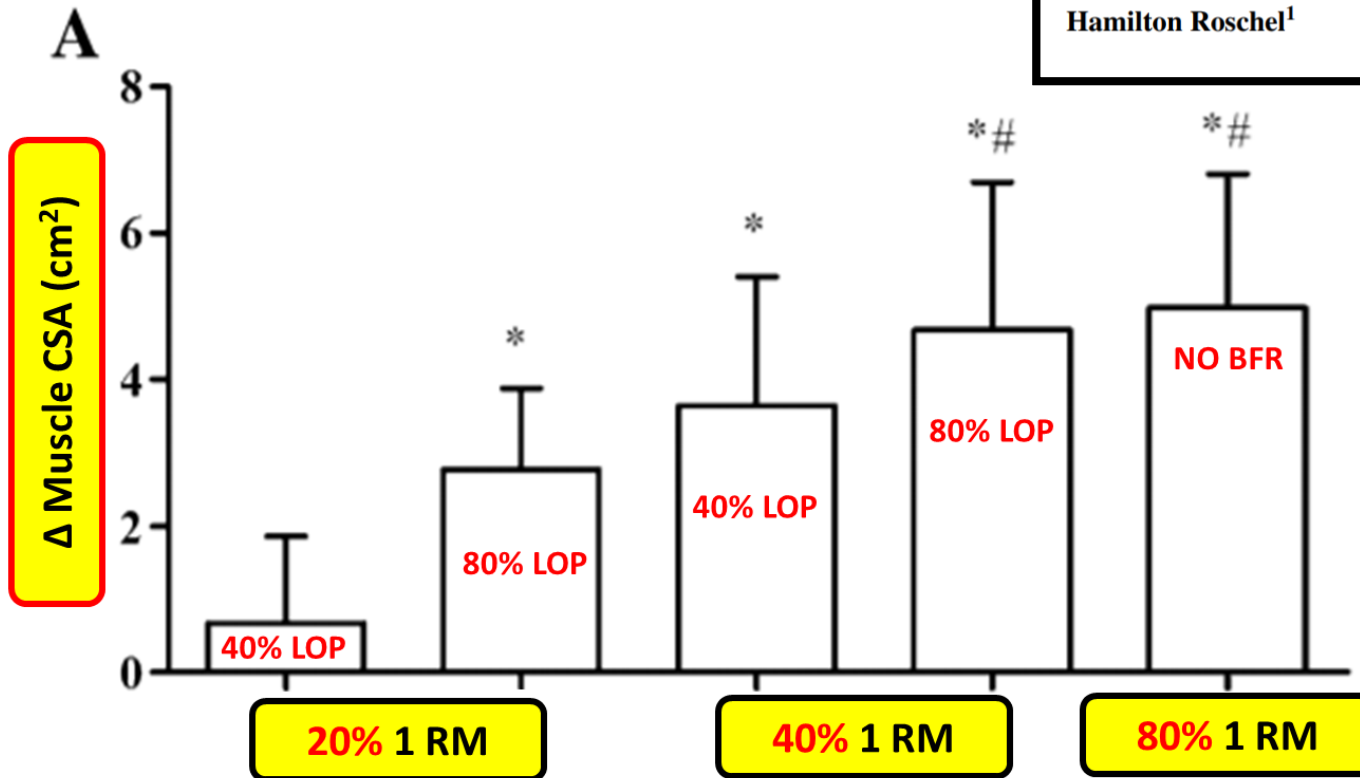
23

# Pressure-Load Interaction

Effects of exercise intensity and occlusion pressure after 12 weeks of resistance training with blood-flow restriction

Manoel E. Lixandrão<sup>1</sup> · Carlos Ugrinowitsch<sup>1</sup> · Gilberto Laurentino<sup>1</sup> ·  
Cleiton A. Libardi<sup>2</sup> · André Y. Aihara<sup>3</sup> · Fabiano N. Cardoso<sup>3</sup> · Valmor Tricoli<sup>1</sup> ·  
Hamilton Roschel<sup>1</sup>

Lixandrão et al. Euro J App Physiol (2015)

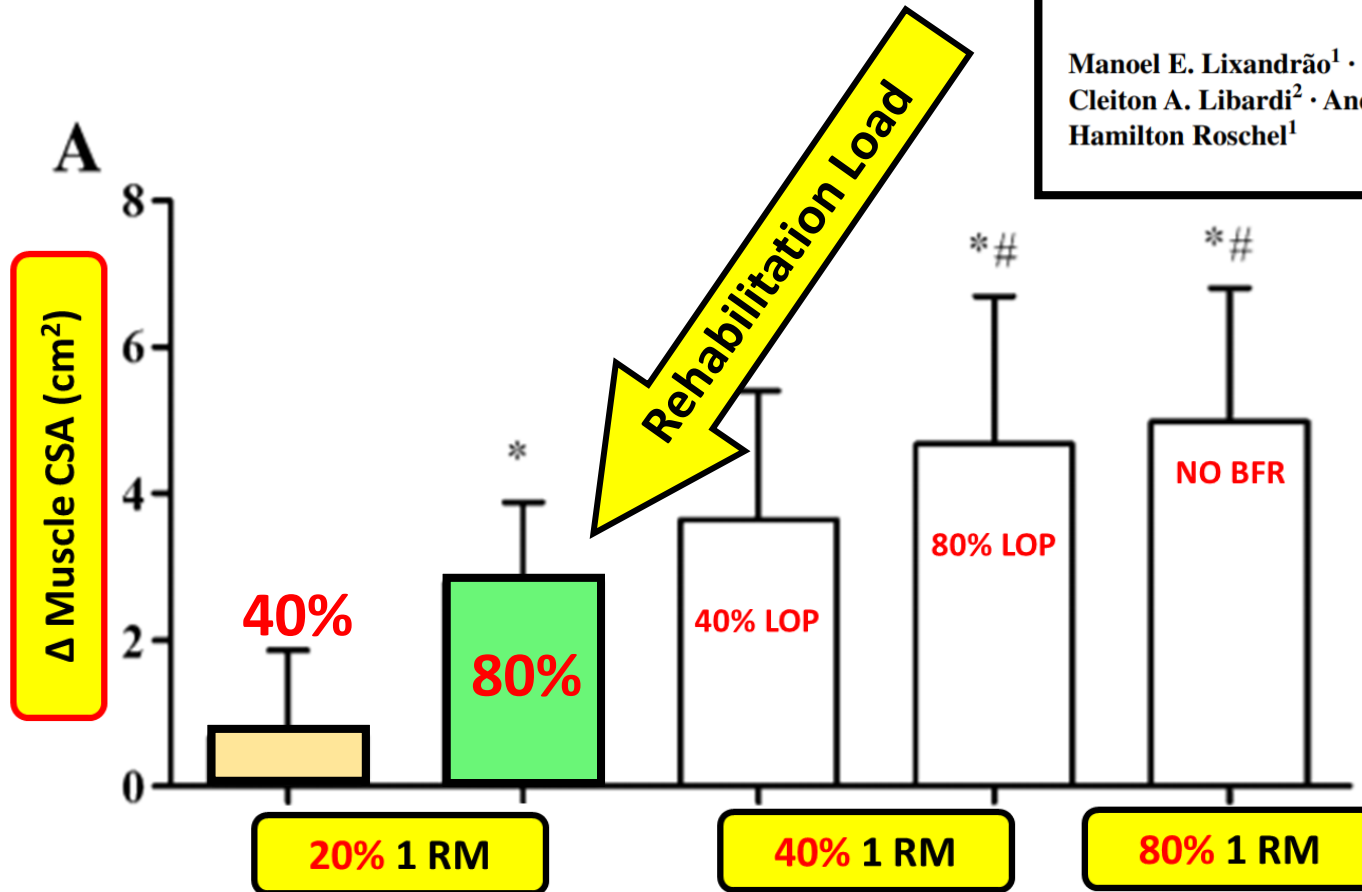


# Pressure-Load Interaction

Effects of exercise intensity and occlusion pressure after 12 weeks of resistance training with blood-flow restriction

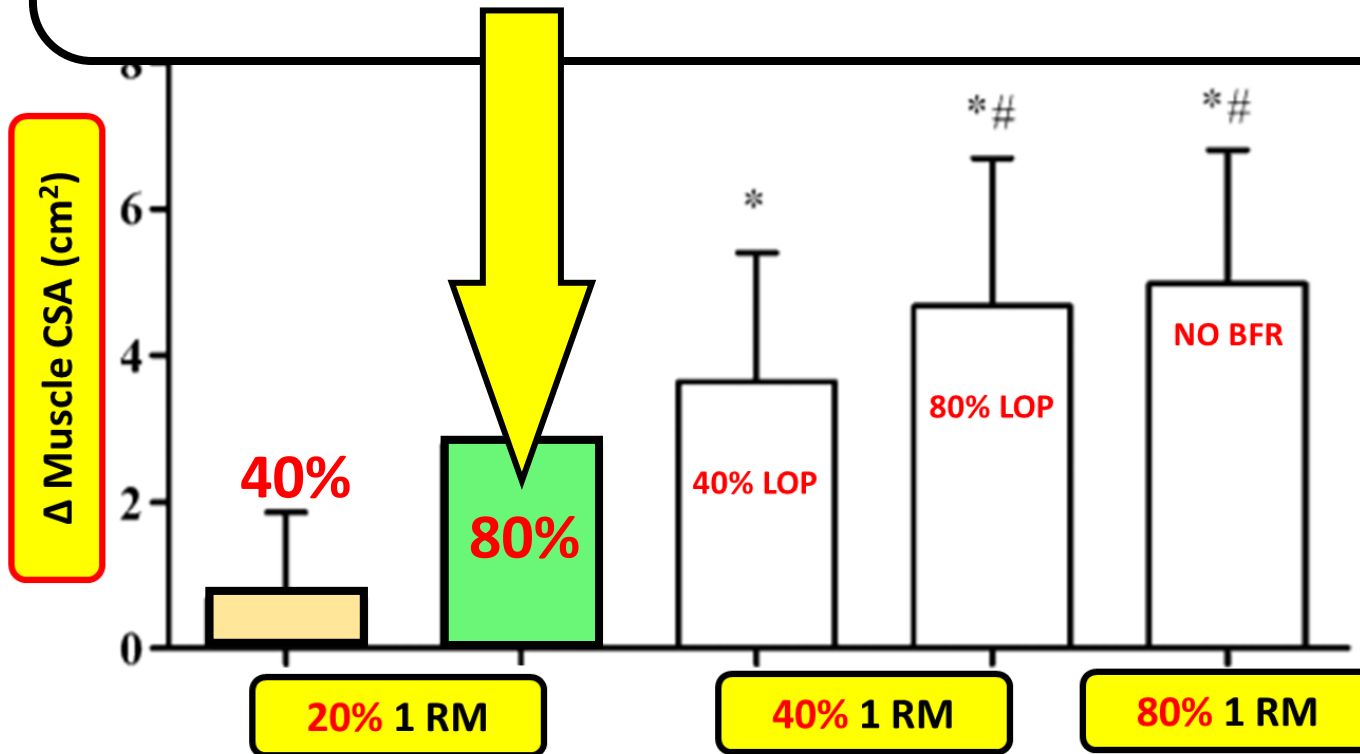
Manoel E. Lixandrão<sup>1</sup> · Carlos Ugrinowitsch<sup>1</sup> · Gilberto Laurentino<sup>1</sup> ·  
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Lixandrão et al. Euro J App Physiol (2015)



# Pressure-Load Interaction

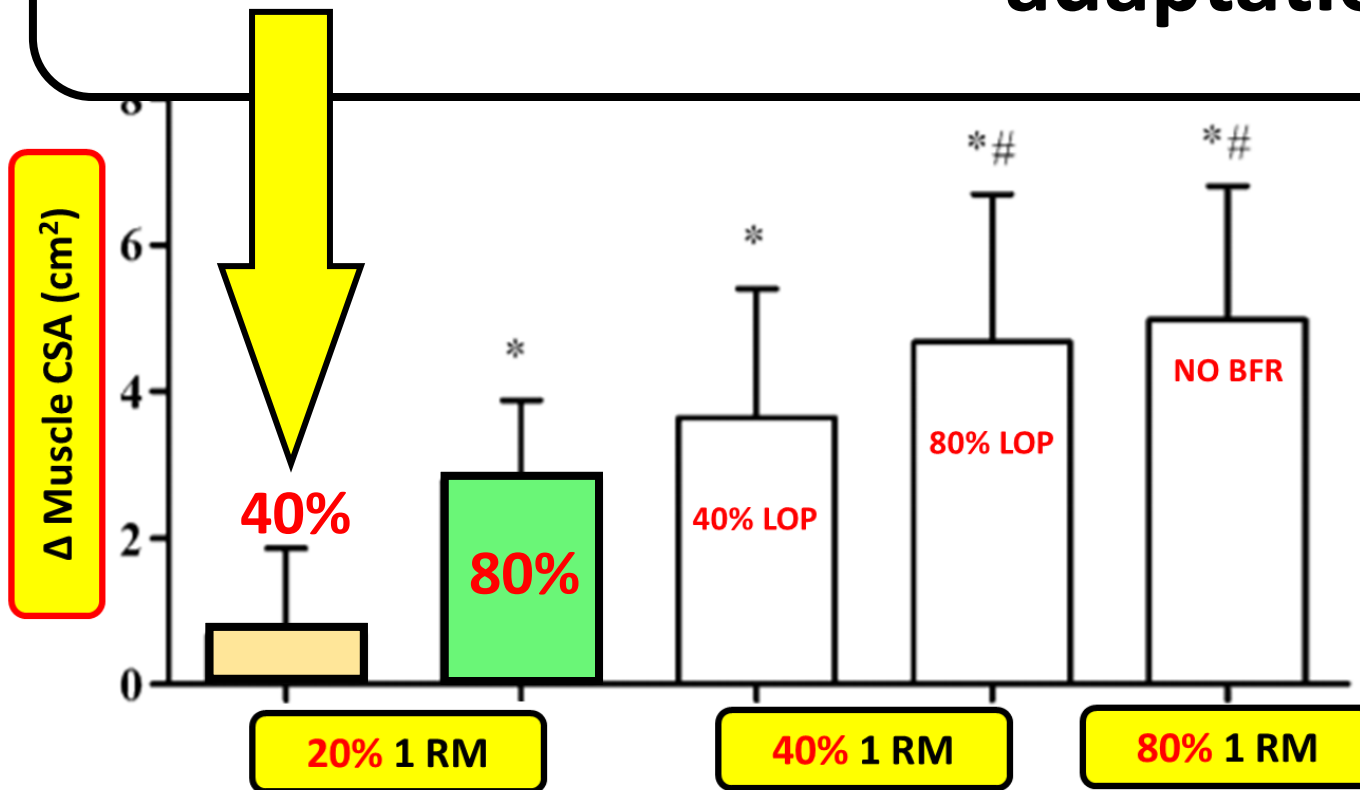
**Higher occlusion pressures** are beneficial with **low intensity exercise**.



Lixandrão et al. Euro J App Physiol (2015)

# Pressure-Load Interaction

**Low Pressures** will still produce some beneficial adaptation.



Lixandrão et al. Euro J App Physiol (2015)

## Prescribing in Practice

Load: ~~“Irritability/Tolerance/Patient”~~

Cuff Pressure: ~~“Is Perfect Pressure a Must?”~~

Sets/Reps: “What is **Most Efficient?**”

# BFR Dosing

## Blood Flow Restriction Exercise: Considerations of Methodology, Application, and Safety

*Stephen D. Patterson<sup>1\*</sup>, Luke Hughes<sup>1</sup>, Stuart Warmington<sup>2</sup>, Jamie Burr<sup>3</sup>,  
Brendan R. Scott<sup>4</sup>, Johnny Owens<sup>5</sup>, Takashi Abe<sup>6</sup>, Jakob L. Nielsen<sup>7</sup>,  
Cleiton Augusto Libardi<sup>8</sup>, Gilberto Laurentino<sup>9</sup>, Gabriel Rodrigues Neto<sup>10</sup>,  
Christopher Brandner<sup>11</sup>, Juan Martin-Hernandez<sup>12</sup> and Jeremy Loenneke<sup>6</sup>*

Patterson et al. Front Physiol (2019)

**Research Protocol**

**2-4 Exercises/Muscle Group**

**4 Sets of 30, 15, 15, 15**  
(30 seconds rest between sets)

# BFR Dosing

## Blood Flow Restriction Exercise: Considerations of Methodology, Application, and Safety

*Stephen D. Patterson<sup>1\*</sup>, Luke Hughes<sup>1</sup>, Stuart Warmington<sup>2</sup>, Jamie Burr<sup>3</sup>,  
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Patterson et al. Front Physiol (2019)



**4 Sets of 30, 15, 15, 15**  
(30 seconds rest between sets)



# Hypertrophy Rep Range Myth

Grgic. JSSH (2021) | Morton. Cur Op Physio (2019)  
Leonneke. ACSM (2019) | Dankel. Sport Med (2017)

**Training to Fatigue: The Answer for Standardization When Assessing Muscle Hypertrophy?**

Scott J. Dankel<sup>1</sup> · Matthew B. Jessee<sup>1</sup> · Kevin T. M...  
Brittany R. Counts<sup>1</sup> · Samuel J. D...

ELSEVIER  
**Training for strength and hypertrophy: an evidence-based approach**

Robert W Morton<sup>1</sup>, Lauren Colenso-Semple<sup>2</sup> and Stuart M Phillips<sup>1</sup>

Original article  
Effects of resistance training performed to repetition failure or non-failure on muscular strength and hypertrophy: A systematic review and meta-analysis

Jozo Grgic<sup>a</sup>, Brad J. Schoenfeld<sup>b,\*</sup>, John Orazem<sup>c</sup>, Filip Sabol<sup>d,e</sup>  
<sup>a</sup> Institute for Health and Sport (IHES), Victoria University, Melbourne 3011, Australia  
<sup>b</sup> Department of Health Sciences, Lehman College, Bronx, New York 10468, USA

**Myth - Fake News - Myth - Not True - Myth - Outdated**

50 Reps

20 Reps

12 Reps

8 Reps

# Hypertrophy Rep Range

Grgic. JSSH (2021) | Morton. Cur Op Physio (2019)  
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<sup>b</sup> Department of Health Sciences, Lehman College, Bronx, New York 10468, USA



50 Reps



20 Reps



12 Reps



8 Reps

# Hypertrophy = Close to **Failure**

Grgic. JSSH (2021) | Morton. Cur Op Physio (2019)  
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**50 Reps**

**How Heavy?** Preference  
**How many Sets?** 3-4 sets to **Failure**  
**Number of Days?** 2-3 Days/Week

**20 Reps**

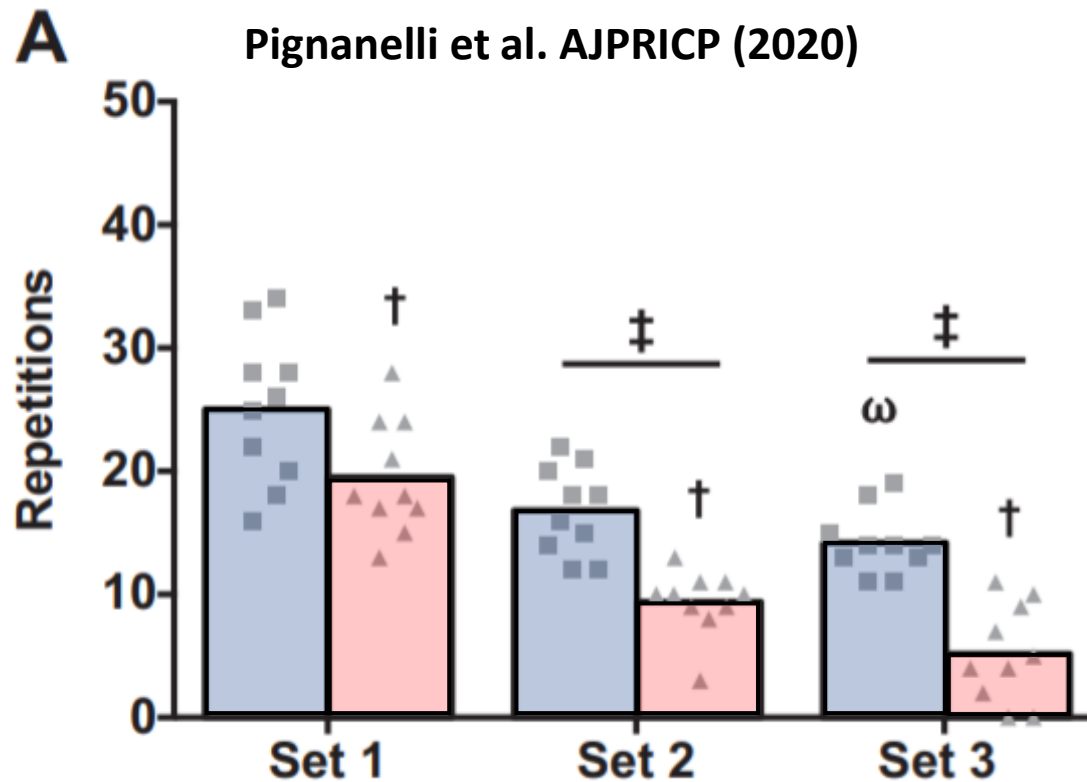
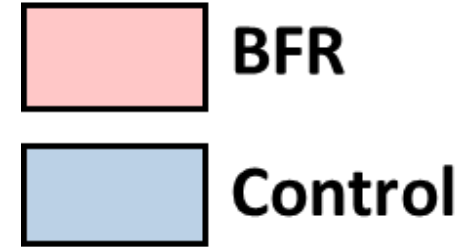
**12 Reps**

**8 Reps**

# Training to **Failure** with/without BFR

RESEARCH ARTICLE | *Physical Activity and Inactivity*

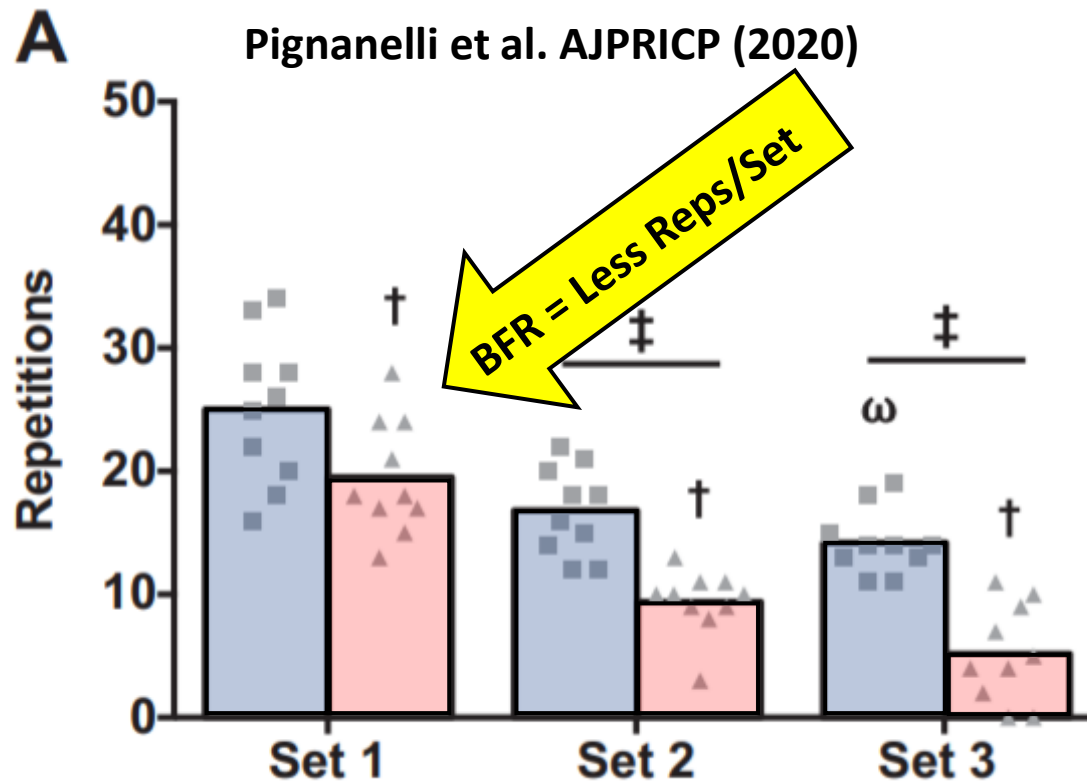
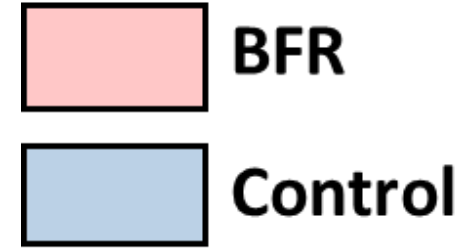
Low-load resistance training to task failure with and without blood flow restriction: muscular functional and structural adaptations



# Training to **Failure** with/without BFR

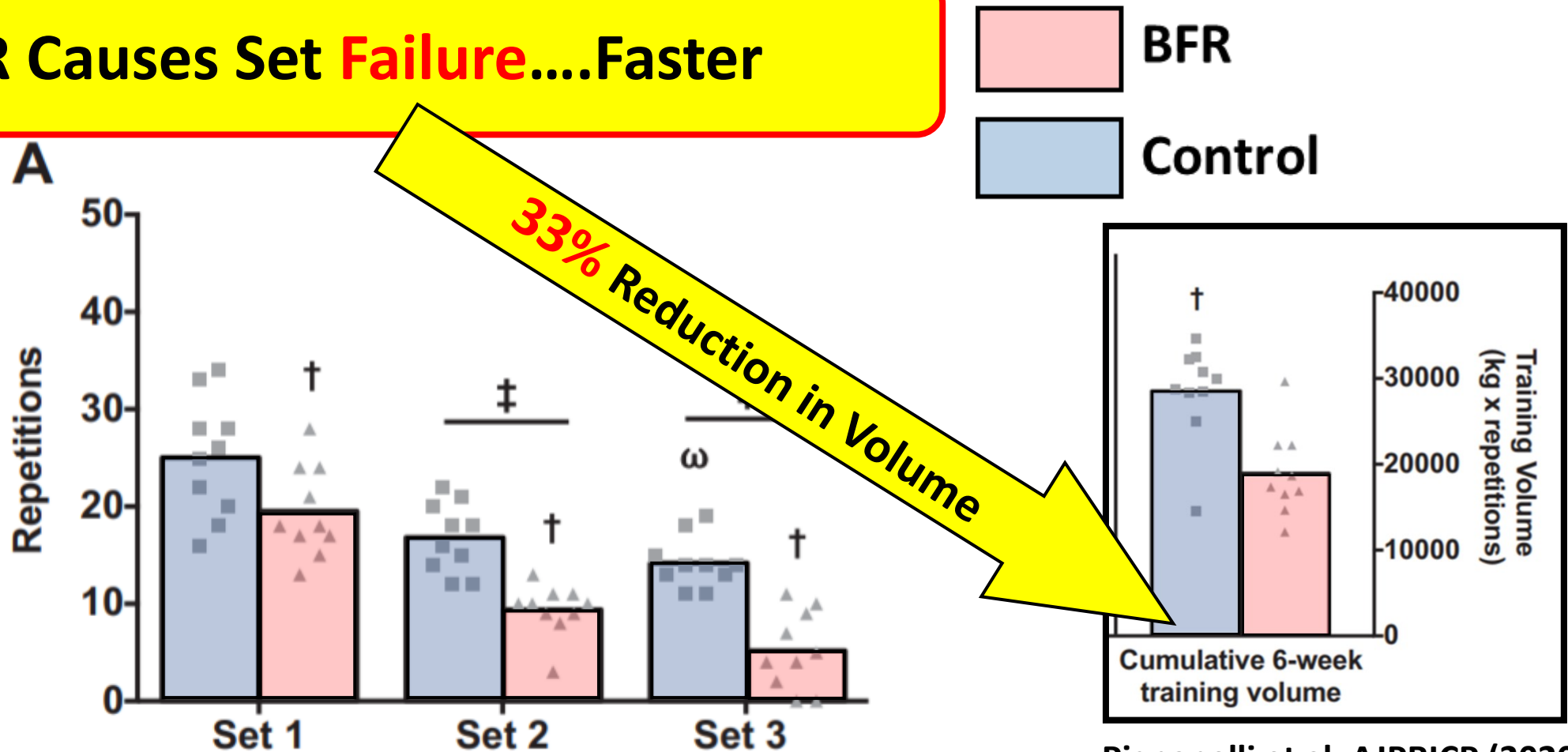
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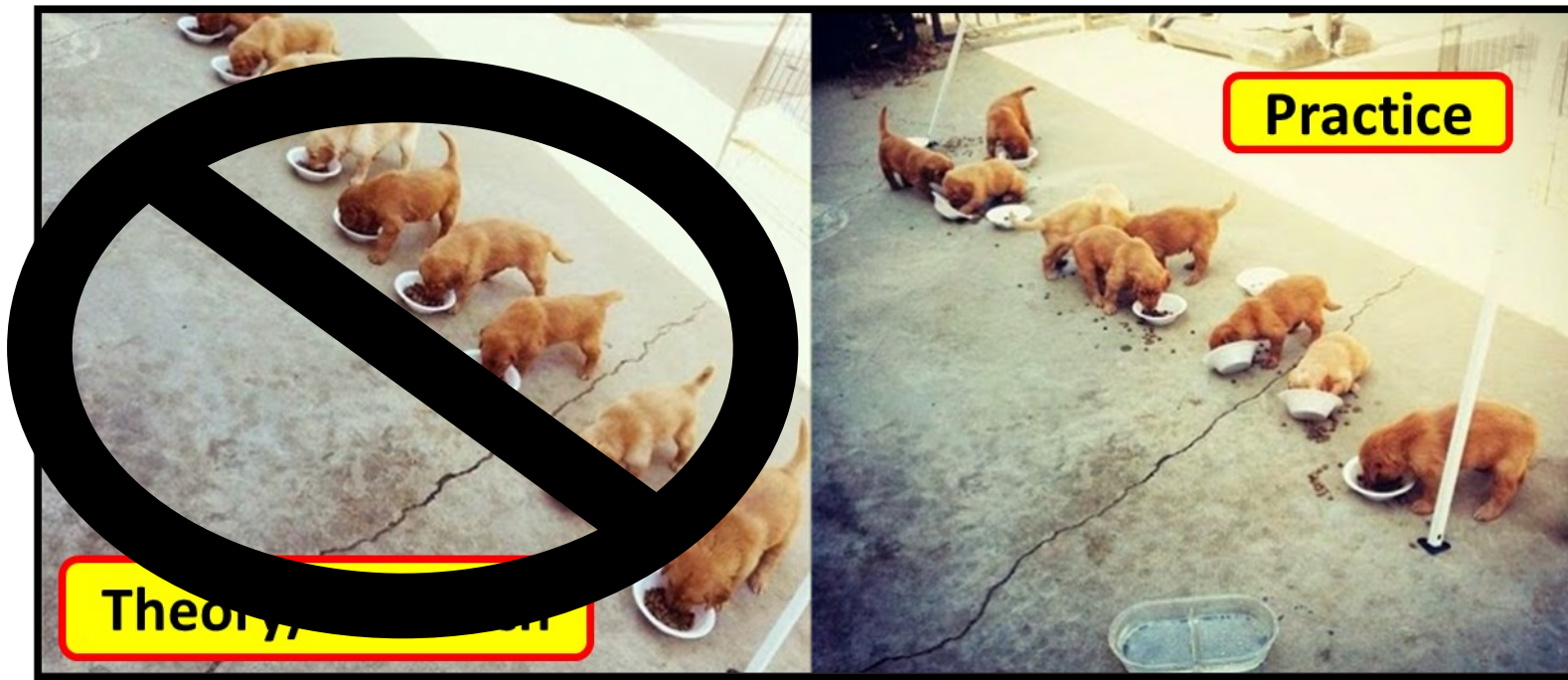
# Training to **Failure** with/without BFR

BFR Causes Set **Failure**....Faster



Pignanelli et al. AJPRICP (2020)





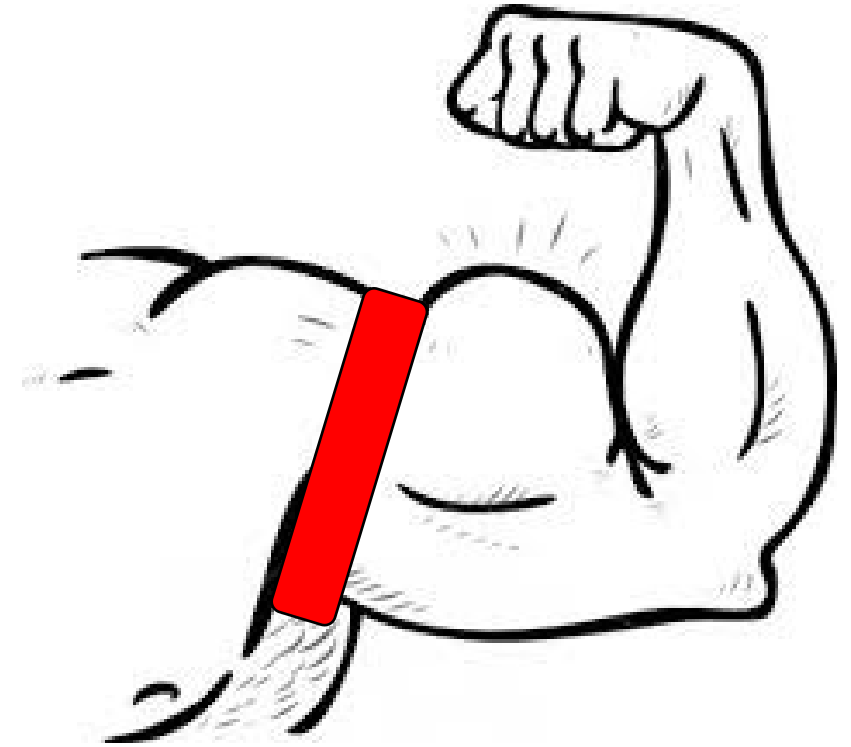
## Prescribing in Practice

Load: ~~"Irritability/Tolerance/Patient"~~

Cuff Pressure: ~~"Is Perfect Pressure a Must?"~~

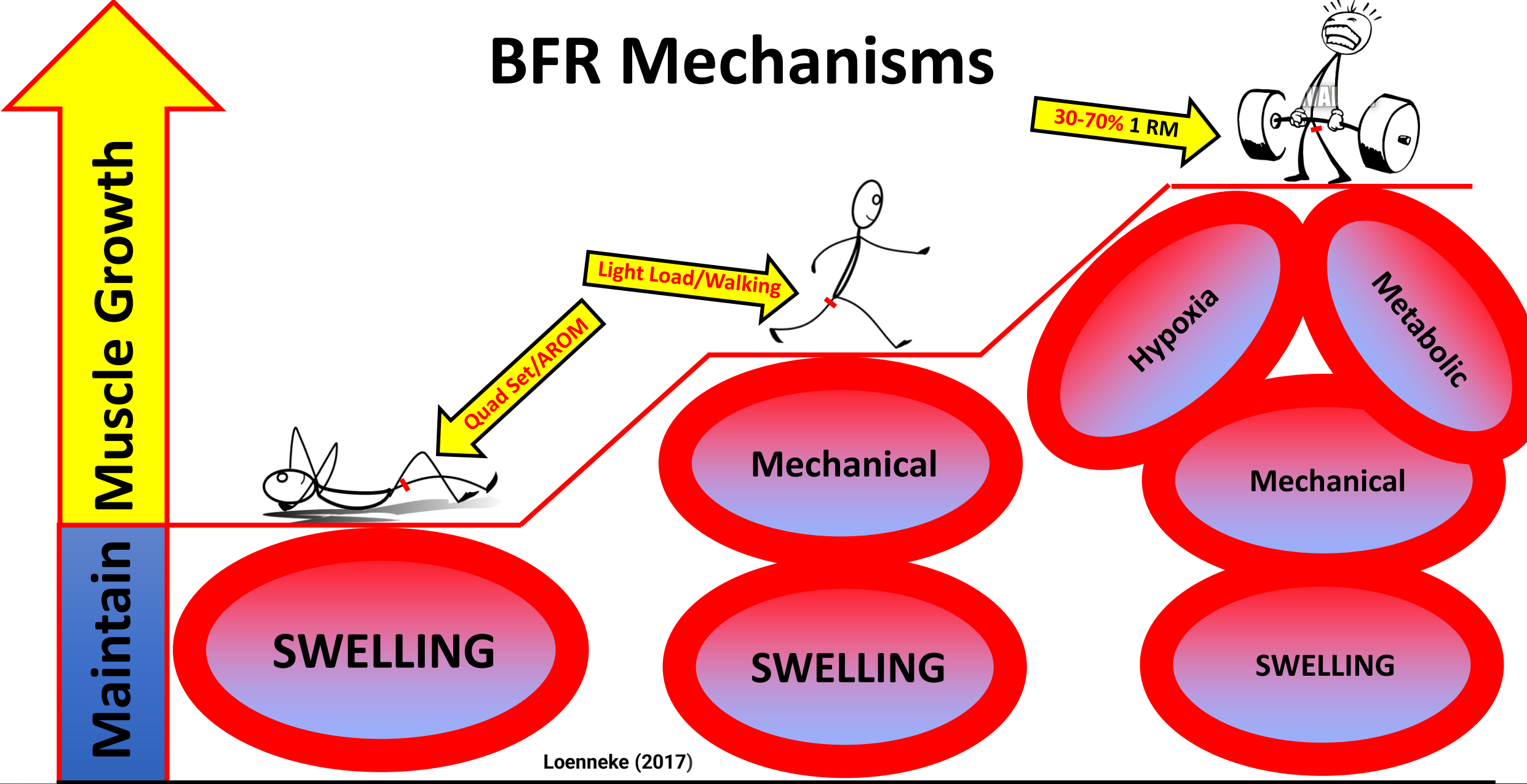
Sets/Reps: ~~"What is Most Efficient?"~~

# Prescribing in Practice





# BFR Mechanisms



Loenneke (2017)

# Cell Swelling Mechanism

Connor C. L. ACL | Dr. Larson | Lacrosse

MedBridge Code: 72VK6PMC

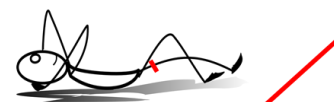
Activity	Sets/Reps	Exercise Recommendations and Details to Focus On
<b>Symptom management</b>		
Icing	20-30 min on   30 min off	Do not over ice your skin
Incrediwear Sleeve		<b>At all times as tolerated</b> (do ankle pumps often)
Resting Position	Pillow under <b>calf NOT knee</b>	Do ankle pumps in this position to keep the ba
<b>Knee Extension Series</b>		
Retlooping ( <b>FLEX QUADS</b> )	2x20 Big head nods	1) Toes up 2) <b>Max</b> reach forward 3) Chin to Chest Nods
<b>Belt Stretching into Extension</b>	<b>2x3 reps with 10 second Stretch</b>	Pillow under thigh, use belt to stretch off <b>ball</b> of foot
Quad Set   Quad set to <b>Leg Raise Hold</b>	2x45 seconds	<b>"3 Ingredients"</b>   squeeze down into pillow and perform
<b>Blood Flow Restriction Sets   Wrap at 7/10 Tightness   Exercise to 8/10 Fatigue then perform Isometric Hold   3-4 sets total</b>		
BFR: Crutch Quad Sets ( <b>Black BAND</b> )	2-3 x 8/10 fatigue then Quad plank HOLD	<b>45 second quad planks</b>
BFR: Sitting Knee Extension	2-3 x 8/10 fatigue then Quad Plank HOLD	<b>45 second quad planks</b>
BFR: Stomach Hamstring Curl	2xfatigue	
<b>Sidelying Hip Lift HOLD</b>	3x45-60 seconds	¼ turn toward stomach   Feel in "high, back, butt muscle

**FITT-VP Prescription**

**Frequency:** 2x/day  
**Intensity:** 60-100% LOP  
**Type:** OKC/CKC/Thera-band Exercises  
**Time:** 15-25 minutes  
**Volume:** 4-6 sets at 3-8 minutes  
**Progression:** External load as tolerated

**Muscle Growth**

**Maintain**



Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>6-8AM (Before Class)</b>	Knee Extension Blood Flow Restriction Sets	Knee Extension Blood Flow Restriction Sets	Knee Extension Blood Flow Restriction Sets	Knee Extension Blood Flow Restriction Sets	Knee Extension Blood Flow Restriction Sets	Knee Extension Blood Flow Restriction Sets
<b>3-5PM (After Class)</b>	Knee Extension Blood Flow Restriction Sets	Knee Extension Blood Flow Restriction Sets	Knee Extension Blood Flow Restriction Sets	Knee Extension Blood Flow Restriction Sets	Knee Extension Blood Flow Restriction Sets	Knee Extension Blood Flow Restriction Sets

# Cell Swelling Mechanism

## FITT-VP Prescription

**Frequency:** 2x/day

**Intensity:** 60-100% LOP

**Type:** OKC/CKC/Thera-band Exercises

**Time:** 15-25 minutes

**Volume:** 4-6 sets at 3-8 minutes

**Progression:** External load as tolerated

Muscle Growth

Maintain



SWELLING





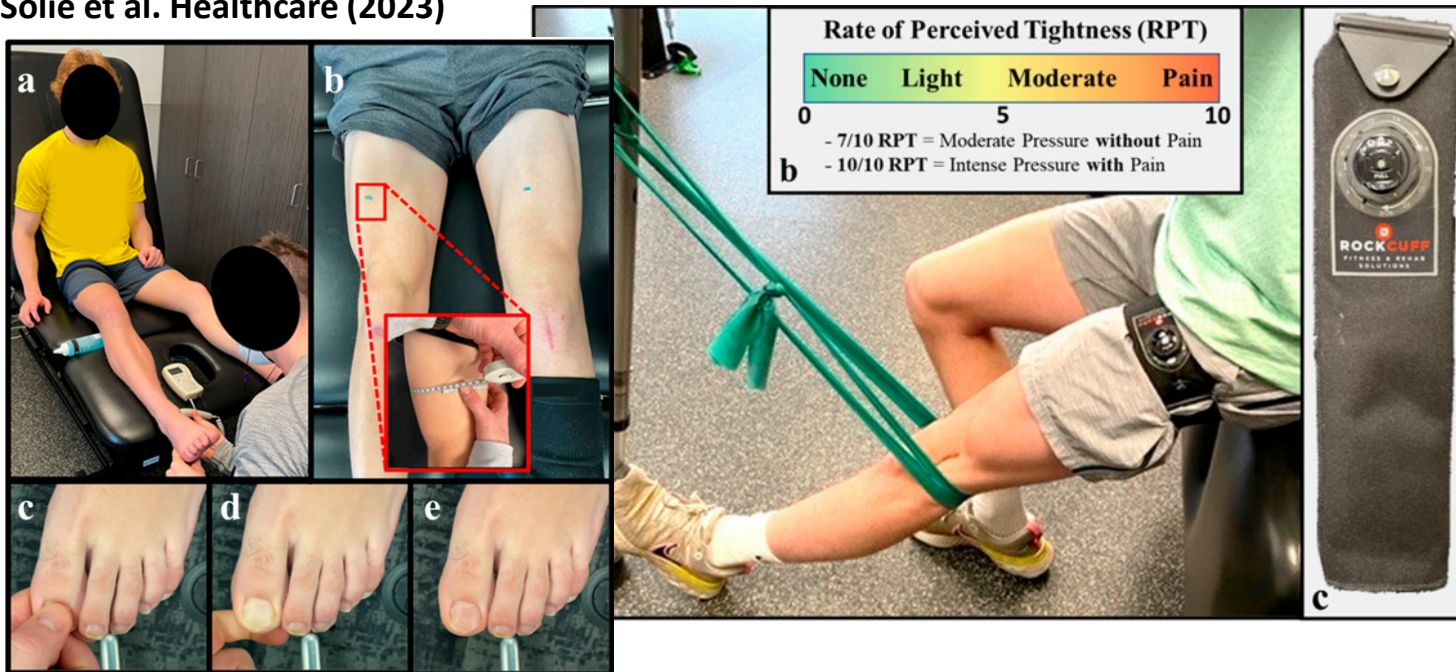
# Clinic + Home BFR

Case Report

## Clinic and Home-Based Exercise with Blood Flow Restriction Resolves Thigh Muscle Atrophy after Anterior Cruciate Ligament Reconstruction with the Bone-Patellar Tendon-Bone Autograft: A Case Report

Braidy S. Solie <sup>1,\*</sup>, Garrett G. Eggleston <sup>1</sup>, Nicole A. Schwery <sup>1</sup>, Christopher P. Doney <sup>1</sup>, Michael T. Kiely <sup>1</sup> and Christopher M. Larson <sup>2</sup>

Solie et al. Healthcare (2023)



## Blood Flow Restriction Training

Daniel S. Lorenz, DPT, PT, ATC, CSCS\*; Lane Bailey, PhD†; Kevin E. Wilk, DPT, PT‡; Robert E. Mangine, MEd, PT, ATC§; Paul Head, MSc, MCSP, HCPC||; Terry L. Grindstaff, PhD, PT, ATC, SCS¶; Scot Morrison, DPT#



Does Acute Blood Flow Restriction with Pneumatic and Non-Pneumatic Non-Elastic Cuffs Promote Similar Responses in Blood Lactate, Growth Hormone, and Peptide Hormone?

Lorenz et al. JAT (2021)

Oliveira, Jorge, et al. JHK (2020)

# Mechanical + Hypoxia/Metabolic

## FITT-VP Prescription

**Frequency:** 2-5x/week

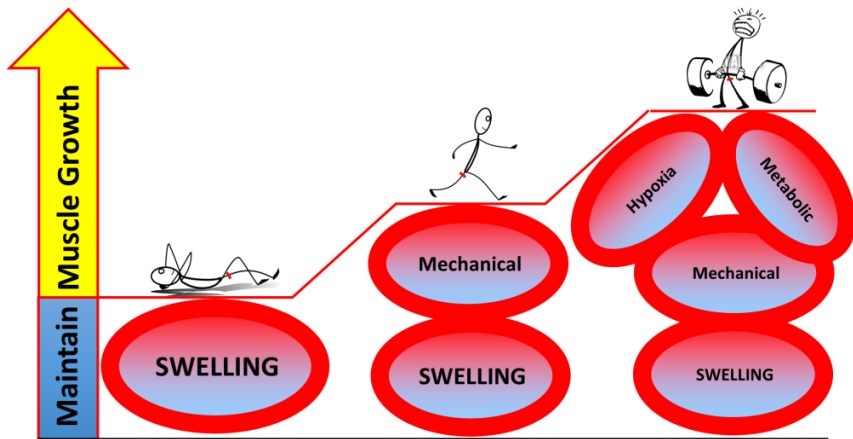
**Intensity:** 60-100% LOP | 15-50 RM

**Type:** OKC/CKC/Body Weight/Machines

**Time:** 1-2 minutes/set

**Volume:** 3-4 sets per muscle group

**Progression:** External load as tolerated



Activity	Sets/Reps	Exercise Recommendations and Details to Focus On
<b>Blood Flow Restriction Exercises</b>		
BFR: Crutch Quad Sets	2 x 8/10 fatigue then Quad plank HOLD	
BFR: Stomach Hamstring Curl	2xfatigue	TOES UP toward shin THE WHOLE TIME Hands VERY close to knee when grabbing belt   Bicep curl as you hamstring curl
<b>Dynamic Exercises</b>		
Hamstring SuperSet: Alternating Sliders (Butt Down), Hamstring Bridge   2x30 seconds each Glute Series: Wide band waddles (legs straight), Side-Side step (squat positions), 2-step (squat position)   2x 10 yards each with 30 sec on side-side step		
<b>Blood Flow Restriction Exercises</b>		
BFR: Single Leg press	3xfatigue with 45 second ISO	2 Bands
BFR: Wobble board squats	3xfatigue	GOOD LOCKOUT
BFR: Single Leg Knee Extension Machine	3xfatigue	WEIGHT   10 PSI 1-6-4-3-2 METRONOME

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6-8AM (Before Class)	OPEN PT	OFF	OFF	Blood Flow Restriction Sets	OPEN PT	Blood Flow Restriction Sets
3-5PM (After Class)	Blood Flow Restriction Sets	Physical Therapy	OFF	Physical Therapy	OFF	Blood Flow Restriction Sets

# Mechanical + Hypoxia/Metabolic

## FITT-VP Prescription

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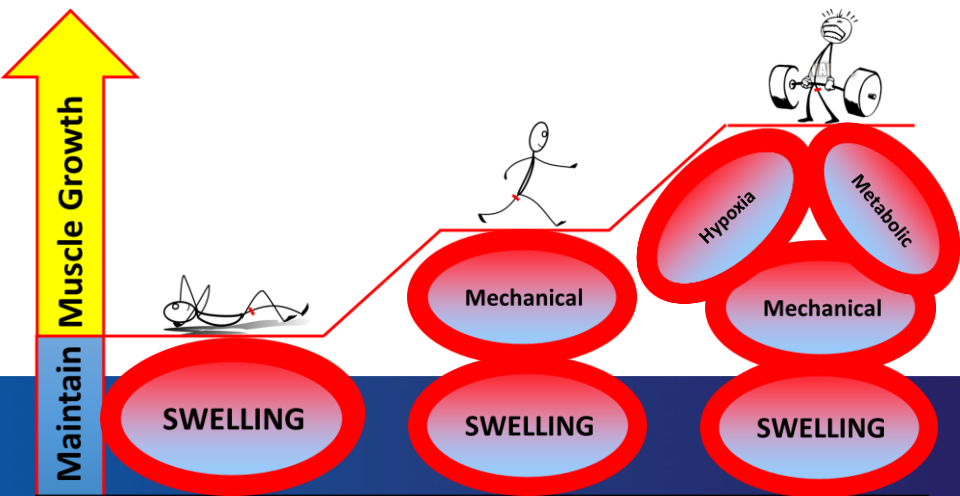
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# Mechanical + Hypoxia/Metabolic

## FITT-VP Prescription

**Frequency:** 2-3x/week

**Intensity:** 60-100% LOP | 12-20 RM

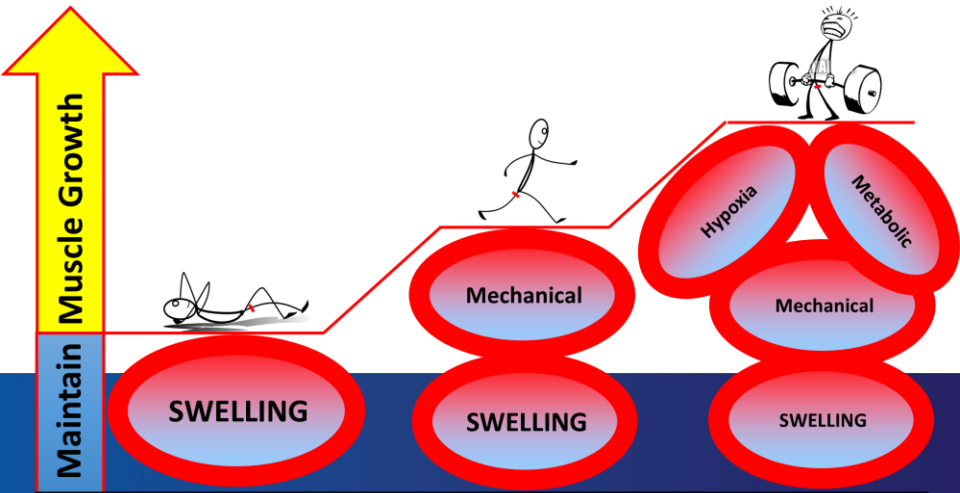
**Type:** OKC/CKC/Body Weight/Machines

**Time:** <1 minute/set

**Volume:** 3-4 sets per muscle group

**Progression:** External load as tolerated

ACL Surgery   Return to Soccer Rehab Card		
Activity	Sets/Reps	Exercise Recommendations and Details to Focus On
Bik x 10 min		
<b>Dynamic Warmup Exercises:</b>		
Leg warmup <b>Triset:</b> Alternating Sliders, Hamstring Bridge (2 out: 1 in sliders), Mountain climbers   2x30 seconds each		
<b>BFR:</b> Single leg Press 1xfatigue   4-5 bands		
Glute Series: Wide band waddles (legs straight), Side-Side step, 2-step (squat position), Repeated Side-stepping   x 20 yards each with 30 sec on side-side step		
<b>BFR:</b> Single leg Press 1xfatigue   4-5 bands		
Chop Series: Inside knee, Outside knee, Power rotation over front leg first (hands at chest at center position)   x10 yards each		
<b>BFR:</b> Single leg Press 1xfatigue   4-5 bands		
Single Leg Series: Single leg squat x6 each leg, Puddle Steps x 20 yards, Single Leg Squat to lateral step x6 each way   2 rounds		
Plyometric Series 1: Stiff/Stiff, Soft/Soft, Rainbow Hops, Push to base   x20 yard each		
Running Card		
<b>Circuit</b>		
BFR: Single leg Knee Extensions	3xfatigue	20-30   1-6-4-2
Suitcase Lunge (30# DB)	3x10 yard each way (Smooth)	
Adductor Holds	3x30 seconds each side	Leg Support: MID CALF?
Wobble Board	3x10 reps	WEIGHT   15# DBs
Double-leg dumbbell Curl to POWER Push		Focus on Rate of force development



Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
3-5PM (After Class)	SMALL GROUP	Physical Therapy	OFF	OPEN Physical Therapy	SMALL GROUP	HOME Workout 1



# Mechanical + Hypoxia/Metabolic

## FITT-VP Prescription

**Frequency:** 2-3x/week

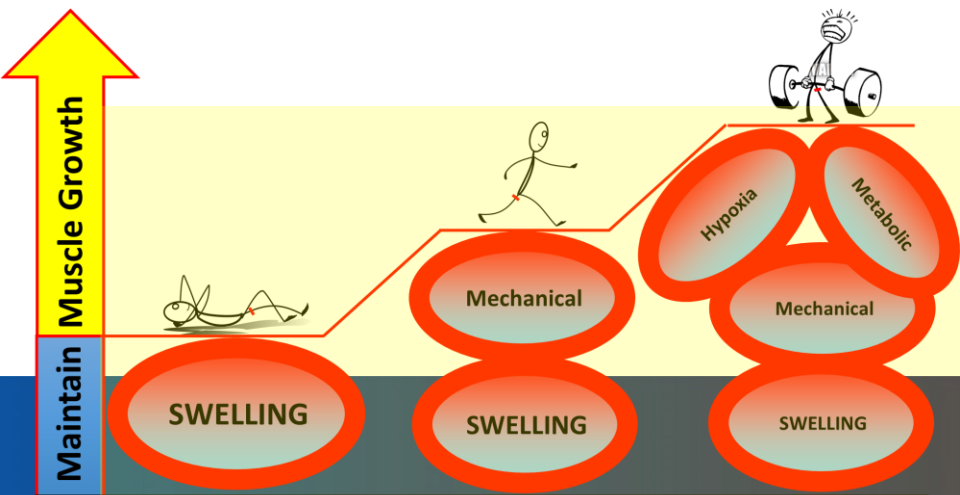
**Intensity:** 60-100% LOP | 12-20 RM

**Type:** OKC/CKC/Body Weight/Machines

**Time:** <1 minute/set

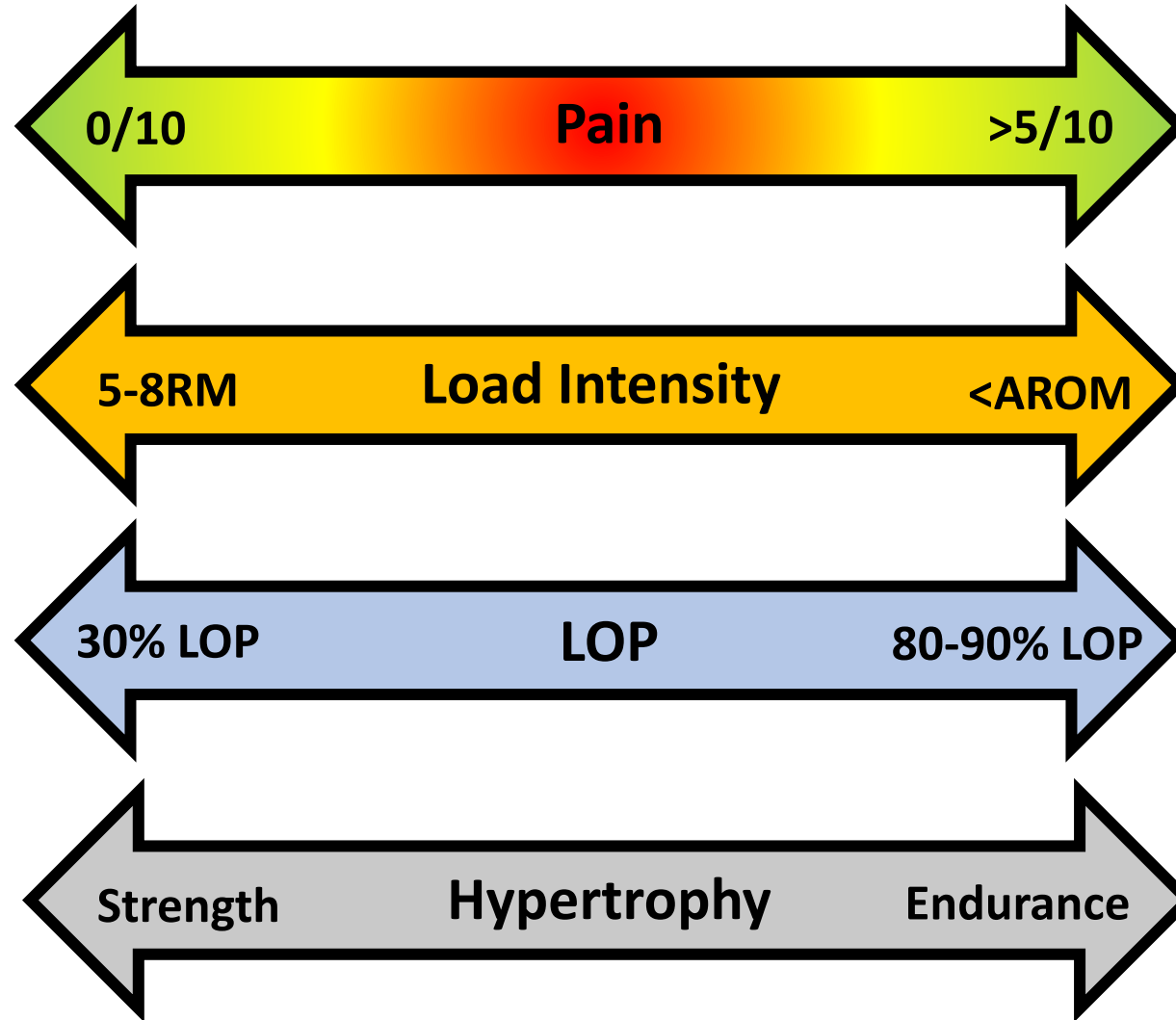
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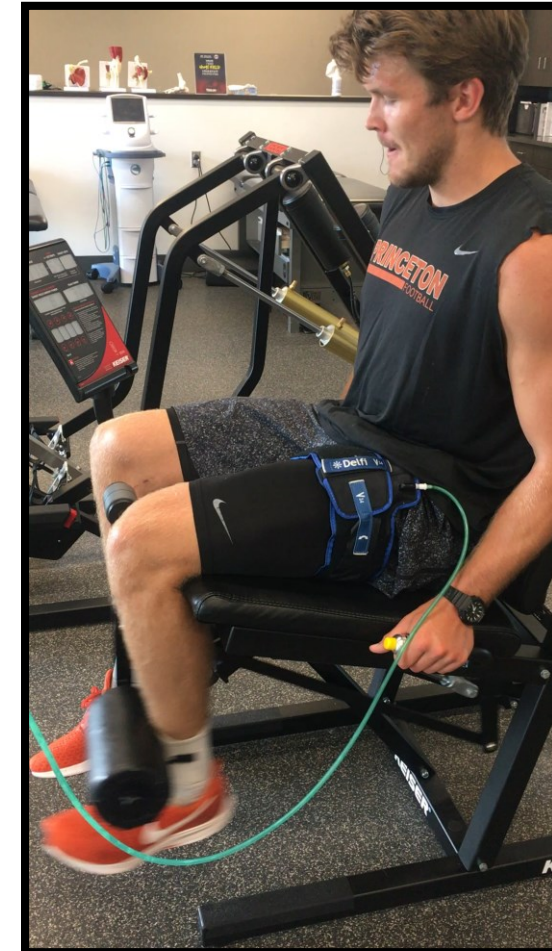
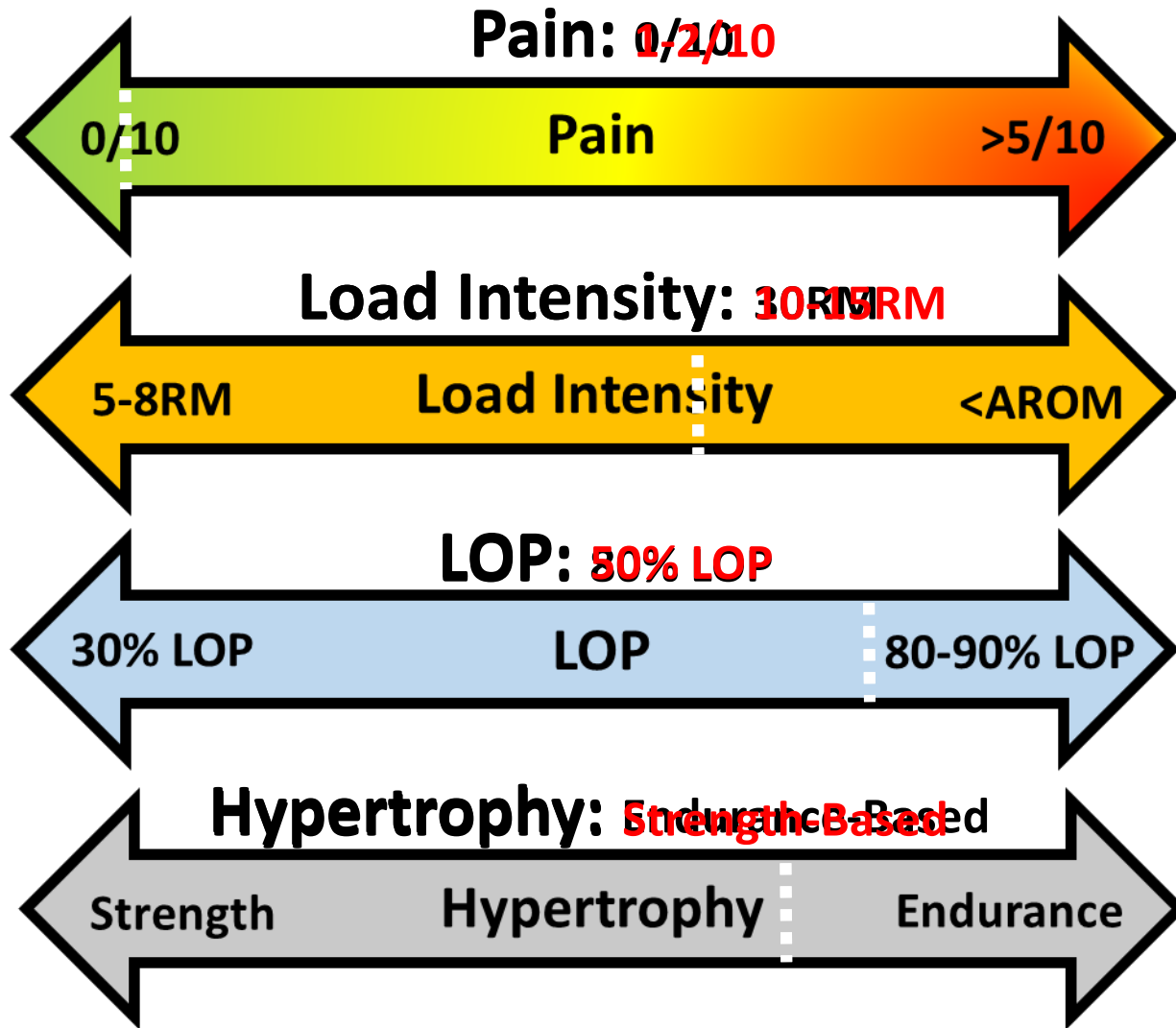




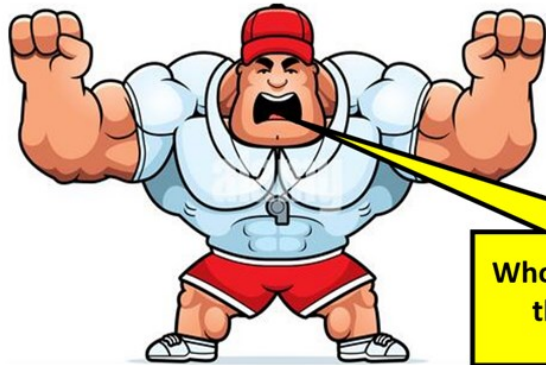
# BFR Clinical Continuum



# Clinical Continuum Example



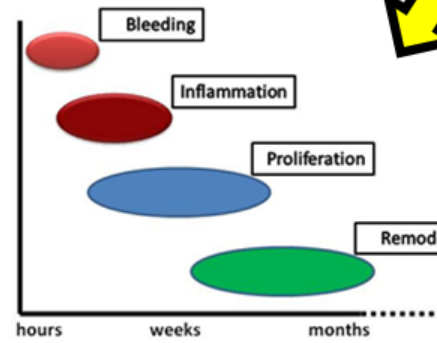
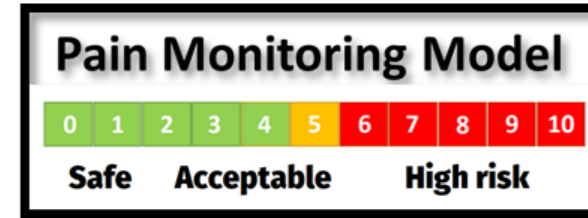
# Summary



Who is Ready to Test 1RM on the Straight Leg Raise!!



The BFR Prescription **must be** tailored for rehabilitation



Stages of Tissue Healing

**RPE Scale**

Rating	Descriptor
0	Rest
1	Very easy
2	Easy
3	Moderate
4	Somewhat hard
5	Hard
6	
7	Very hard
8	
9	
10	Maximal

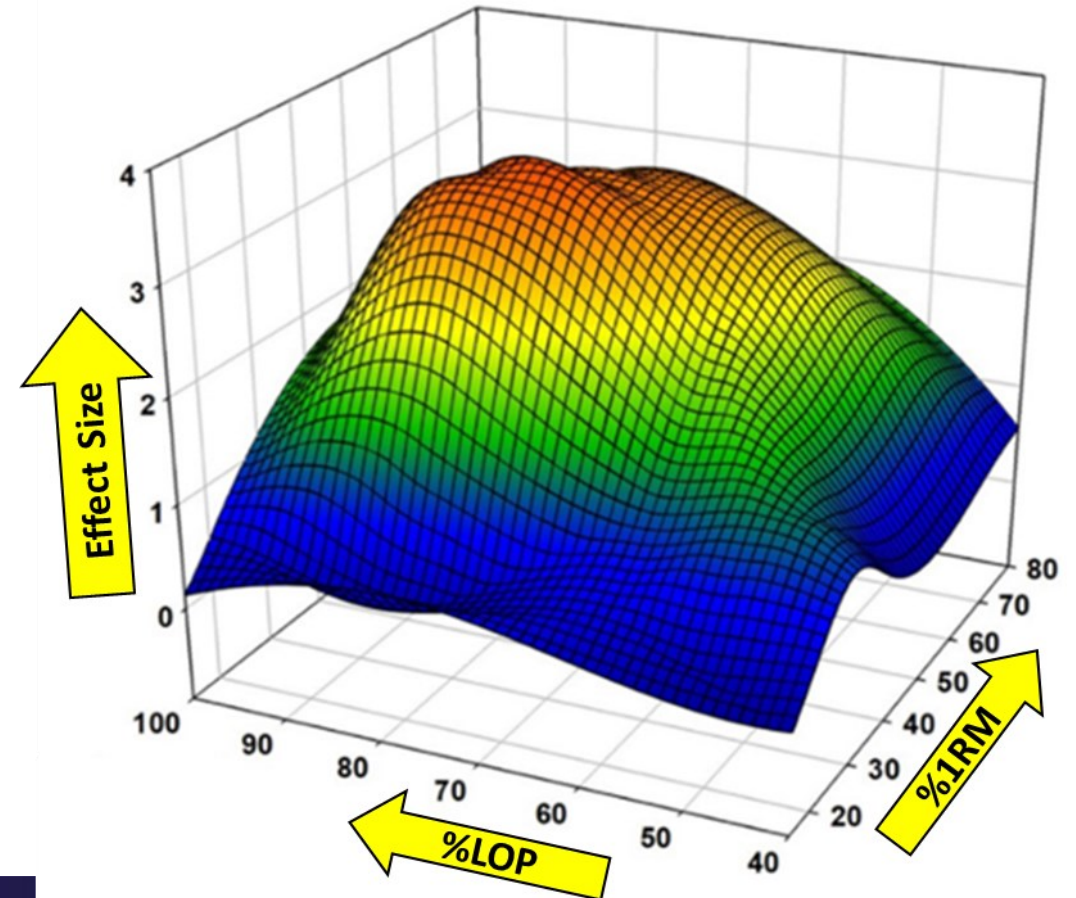
# Summary

There is a **large occlusion pressure therapeutic window**...

Valenzuela et al <sup>30</sup>	<b>52 BFR Studies</b>
Reis et al <sup>32</sup>	
Petrick et al <sup>33</sup>	
Montgomery et al <sup>34</sup>	
Ilett et al <sup>17</sup>	
Hughes et al <sup>66</sup>	
Chulvi-Medrano et al <sup>35</sup>	
Centner et al <sup>52</sup>	
Jessee et al <sup>67</sup>	
Kilgas et al <sup>36</sup>	
Dankel et al <sup>68</sup>	
Thomas et al <sup>37</sup>	
Stavres et al <sup>53</sup>	
Soligon et al <sup>54</sup>	
Scott et al <sup>60</sup>	
Pinto et al <sup>61</sup>	
Picón et al <sup>55</sup>	
May et al <sup>38</sup>	
Letieri et al <sup>62</sup>	
Ladlow et al <sup>56</sup>	
Jessee et al <sup>69</sup>	
Jessee et al <sup>39</sup>	
Jessee et al <sup>70</sup>	
Hughes et al <sup>71</sup>	
Curry et al <sup>57</sup>	
Buckner et al <sup>72</sup>	
Bell et al <sup>73</sup>	
Tennent et al <sup>74</sup>	
Neto et al <sup>40</sup>	
Mouser et al <sup>31</sup>	
Mattocks et al <sup>20</sup>	
Kim et al <sup>41</sup>	
Ferreira et al <sup>42</sup>	
Dankel et al <sup>75</sup>	
Clarkson et al <sup>8</sup>	
Buckner et al <sup>19</sup>	
Poton and Polito <sup>58</sup>	
Pinto and Polito <sup>63</sup>	
Neto et al <sup>24</sup>	
Fatela et al <sup>43</sup>	
Counts et al <sup>44</sup>	
Barnett et al <sup>45</sup>	
Staunton et al <sup>46</sup>	
Poton and Polito <sup>47</sup>	
Moriggi Jr et al <sup>25</sup>	
Lixandrão et al <sup>48</sup>	
Araújo et al <sup>64</sup>	
Araújo et al <sup>65</sup>	
Santos et al <sup>59</sup>	
Araújo et al <sup>49</sup>	
Laurentino et al <sup>50</sup>	
Laurentino et al <sup>51</sup>	



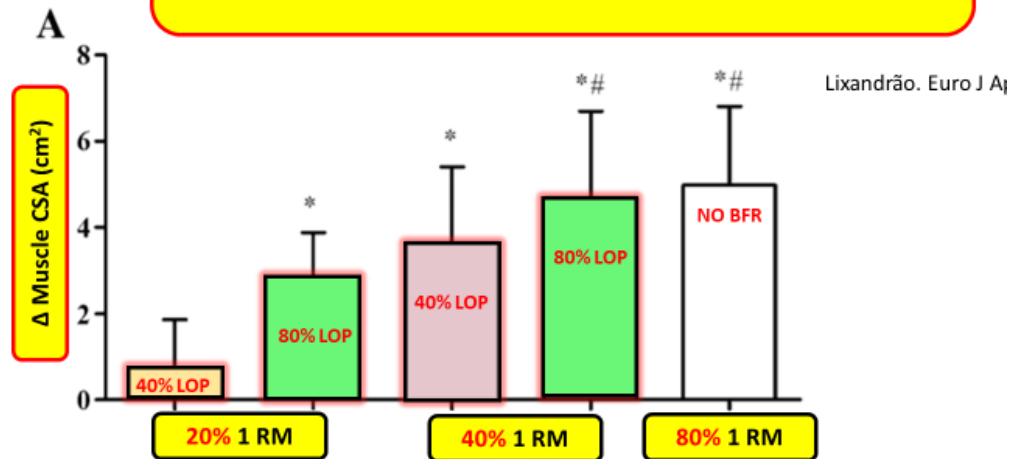
**Blood Flow Restriction (BFR)**  
**30-100%**  
**Limb Occlusion Pressure**



# Summary

Rehabilitation exercises that are **low load** will benefit from **Higher Occlusion Pressures..**

Higher occlusion pressures are beneficial with low intensity exercise.

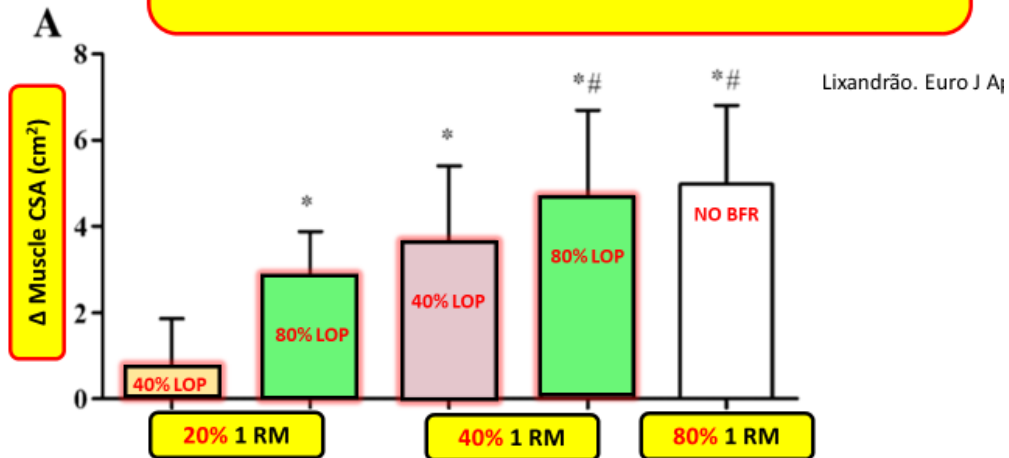




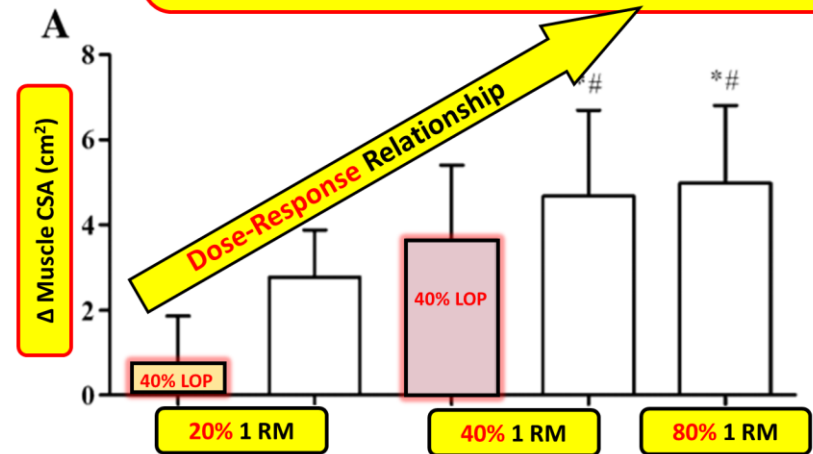
# Summary

Rehabilitation exercises that are **low load** will benefit from **Higher Occlusion Pressures**..

Higher occlusion pressures are beneficial with **low intensity exercise**.



Low Pressures will still produce some beneficial adaptation.

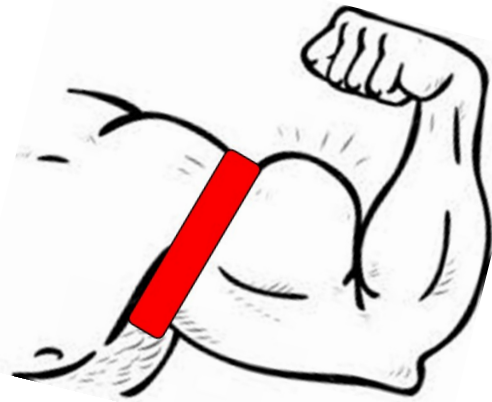


..but **Under-Occluding** will still give you something...



# Summary

Sets to **Failure** may be a more clinic friendly way of **Dosing BFR...**



2-4 Exercises/Muscle Group

2-4 sets to Fatigue/Failure  
(3-7 minutes between sets)

Clinician Friendly

### Hypertrophy Dosing = "Failure"

**Training to Fatigue: The Answer for Standardization When Assessing Muscle Hypertrophy?**  
Scott J. Dankel<sup>1</sup>, Matthew B. Jessee<sup>1</sup>, Kevin T. M...  
Brittany R. Counts<sup>1</sup>, Samuel L. ...

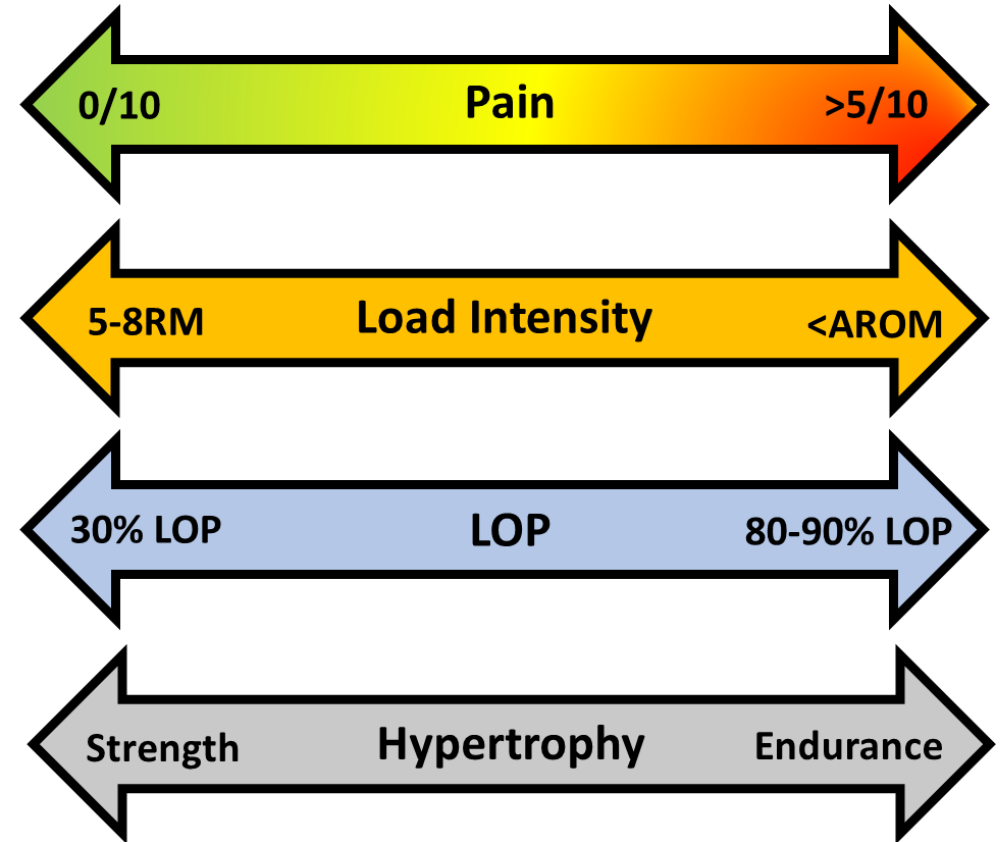
**Effects of resistance training performed to repetition failure or non-failure on muscular strength and hypertrophy: A systematic review and meta-analysis**  
Jozo Gregic<sup>1</sup>, Brad J. Schoenfeld<sup>1,2\*</sup>, John Orazem<sup>1</sup>, Filip Sabol<sup>1,2\*</sup>  
\* Institute for Health and Sport (IHES), Victoria University, Melbourne, 3122, Australia  
<sup>1</sup> Department of Health Sciences, Eastern College, Boston, New York 01884, USA

**Training for strength and hypertrophy: an evidence-based approach**  
Robert W Morton<sup>1</sup>, Lauren Colenso-Semple<sup>2</sup> and Stuart M Phillips<sup>1</sup>

50 Reps      20 Reps      12 Reps      8 Reps

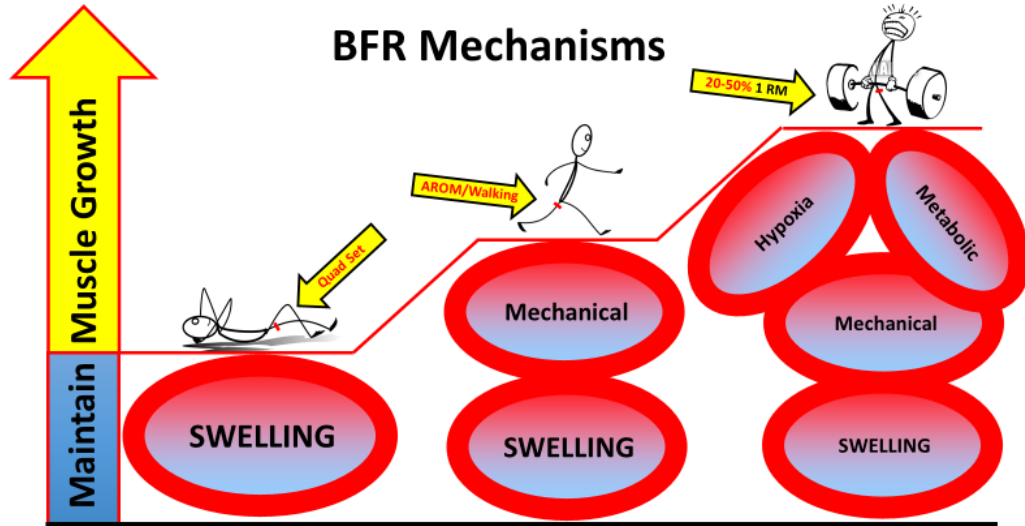
# Summary

Understand how to manipulate **Pain, Load, and Occlusion Pressure** within the BFR Exercise Prescription...



# Summary

Organization and consistency is key!..



### FITT-VP Prescription

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Exercise Recommendations and Details to Focus On

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Running Card

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Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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# Thank You!



**Braidy Solie, DPT, SCS, CSCS**

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# Part 2: BFR Learning Lab



## Group 1: Chee Vang, DPT

-Upper Body BFR

-Hip and Ankle BFR

## Group 2: Braidy Solie, DPT

-Quad and Hamstring BFR

-Practical/Home BFR Setup



# References

- **Lorenz**, Daniel, Lane Bailey, Kevin Wilk, Bob Mangine, Paul Head, Terry L. Grindstaff, and Scot Morrison. "Current Clinical Concepts: Blood Flow Restriction Training." *Journal of Athletic Training* (2021).
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- **Wilson**, Jacob M., Ryan P. Lowery, Jordan M. Joy, Jeremy P. Loenneke, and Marshall A. Naimo. "Practical blood flow restriction training increases acute determinants of hypertrophy without increasing indices of muscle damage." *The Journal of Strength & Conditioning Research* 27, no. 11 (2013): 3068-3075.