

# Working with People Living with HIV: What Should Physiotherapists Know?

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There are nearly 65 000 people living with HIV (PLWHIV) in Canada with approximately 16 000 living in Ontario.<sup>1,2</sup> With such a prevalent health condition, it is likely that physiotherapists will treat someone living with HIV during their career. Here are some things you should know:

## 1. The HIV Epidemic

The first diagnosis of HIV in Canada in the early 80s signaled the beginning of an era of fear, stigma, and a scramble to develop treatments that could change the trajectory of the disease. By the mid-1990s combination antiretroviral therapy was becoming available and, slowly, HIV was transformed into a chronic health condition. Now, as the medical management of HIV is continually refined, PLWHIV are likely to have near-normal life expectancies.

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<sup>1</sup> Public Health Agency of Canada. (2018). Summary: Estimates of HIV incidence, prevalence and Canada's progress on meeting the 90-90-90 HIV targets, 2016. Retrieved from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/summary-estimates-hiv-incidence-prevalence-canadas-progress-90-90-90.html>

<sup>2</sup> Ontario HIV Epidemiology and Surveillance Initiative. HIV care cascade in Ontario by sex, age and health region: Linkage to care, in care, on antiretroviral treatment and virally suppressed, 2015. February 2018.

For those with access to treatment, HIV is now considered a chronic health condition and the first cohort of people diagnosed with HIV are living into older adulthood and experiencing the impacts of aging.<sup>3</sup> Over 30% of PLWHIV in Ontario report having at least one other health condition including diabetes, congestive heart failure, cancer or stroke.<sup>4</sup> This transition towards people aging with HIV and living with co-morbidities means that we, as physiotherapists, will likely see more PLWHIV in our practice.

Even though our services are needed, PLWHIV in Ontario and across Canada still face barriers to accessing physiotherapy. Availability to publicly-funded services have changed due to provincial health policy and PLWHIV may not have the means to pay out of pocket. As physiotherapists, we can be advocates for increased access to publicly-funded services for this aging cohort of PLWHIV.

## 2. Keep your Practice the Same

Although we may see an increasing number of PLWHIV in our practice, the treatment we provide to these patients should not differ from that provided to the HIV-negative population. PLWHIV are not defined by their diagnosis. A comprehensive physiotherapy assessment with treatment based on assessment findings should always be provided.

At all times during your practice, it is recommended that you utilize universal precautions, also known as routine practices, including hand washing and wearing appropriate personal protective equipment whenever bodily fluids are present. These guidelines are NOT only to be followed when working with PLWHIV, but for all health care interactions.

A person's HIV status is very personal. Patients and clients that you treat may not initially feel comfortable disclosing their status to you as they may have had negative experiences doing so with other healthcare providers. As the Canadian HIV/AIDS Legal Network writes, "there are currently no legislation or case law obliging patients to tell their doctors, nurses, dentists, surgeons, paramedics or any other health professionals that they are HIV-positive."<sup>5</sup> If, and when, a person feels comfortable enough to disclose their status, it is because they trust you. Do not treat them any differently than before, make assumptions, or ask questions about how they became HIV-positive. HIV is just another health condition and does not define the person.

## 3. Episodic Disability

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<sup>3</sup> Public Health Agency of Canada. (2015). Summary: Estimates of HIV incidence, prevalence and proportion undiagnosed in Canada, 2014. Retrieved from <https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/publications/diseases-conditions-maladies-affections/hiv-aids-estimates-2014-vih-sida-estimations/alt/hiv-aids-estimates-2014-vih-sida-estimations-eng.pdf>

<sup>4</sup> Kendall, C., Wong, J., Taljaard, M., Glazier, R., Hogg, W., Younger, J., & Manuel, D. (2014). A cross-sectional, population-based study measuring comorbidity among people living with HIV in Ontario. *BMC Public Health*, 14(1). <http://dx.doi.org/10.1186/1471-2458-14-161>

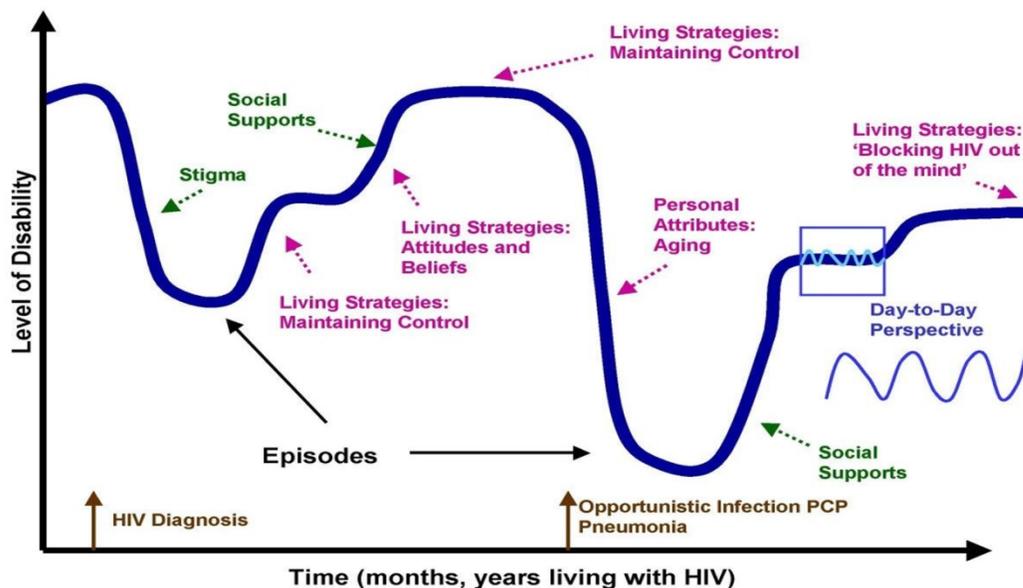
<sup>5</sup> Canadian HIV/AIDS Legal Network (2014). *Disclosure as a Patient*. Know Your Rights. Retrieved from: [http://www.aidslaw.ca/site/wp-content/uploads/2014/06/KYR\\_5\\_E\\_web.pdf](http://www.aidslaw.ca/site/wp-content/uploads/2014/06/KYR_5_E_web.pdf)

Most PLWHIV have experienced at least one impairment (>90%), activity limitation (80.4%), and/or participation restriction (93.2%).<sup>6</sup> Certain symptoms and conditions are often more prevalent among PLWHIV including pain and neuropathic pain, cancer, mental health conditions, and frailty, among others.

In early research on HIV and disability, PLWHIV felt the term disability suggested that these health impacts were permanent, whereas they reported experiencing of living with fluctuating periods of health and illness. The importance of recognizing HIV as a disability remains as this label is often required in order to access crucial social services and supports.<sup>7</sup>

The concept of episodic disability has since emerged as a more accurate framing of the variable health-related consequences experienced by PLWHIV. Episodic disability is defined as any symptoms and impairments, difficulties carrying out day-to-day activities, uncertainty, and challenges to social inclusion that may be experienced on a fluctuating basis, both daily, and over the continuum of living with HIV<sup>8</sup>

As physiotherapists, it is important to continuously evaluate the functional status and other symptoms experienced by your clients living with HIV and, if possible, determine facilitators of function and triggers for disability.



#### 4. Physical Activity

<sup>6</sup> Rusch, M., Nixon, S., Schilder, A., Braitstein, P., Chan, K., & Hogg, R. (2004). Impairments, activity limitations and participation restrictions: Prevalence and associations among persons living with HIV/AIDS in British Columbia. *Health And Quality Of Life Outcomes*, 2(1), 46. <http://dx.doi.org/10.1186/1477-7525-2-46>

<sup>7</sup> O'Brien, K., Bayoumi, A., Strike, C., Young, N., & Davis, A. (2008). Exploring disability from the perspective of adults living with HIV/AIDS: Development of a conceptual framework. *Health And Quality Of Life Outcomes*, 6(1), 76. <http://dx.doi.org/10.1186/1477-7525-6-76>

<sup>8</sup> *ibid*

There is evidence that physical activity decreases the prevalence of comorbidity, increases cardiovascular fitness, increases muscle strength, decreases fatigue, and improves quality of life in PLWHIV.<sup>9,10,11</sup> Despite the known benefits of physical activity for the population at large, less than 20% of adults in Canada participate in the recommended amounts of physical activity, and PLWHIV have been found to participate at lower rates than the general population.<sup>12,13</sup>

As a physiotherapist it is part of our role to encourage healthy living, including participation in physical activity. Activity can be bolstered through the therapeutic treatment that we provide, group programming and the provision of individualized home programs. Whenever indicated, physical activity should be a part of your treatment and recommendations for PLWHIV.

## 5. Stigma-Free Environment

Even though the HIV epidemic is more than 30 years old, healthcare provider stigma is still present in various settings which creates a barrier to accessing care for PLWHIV.<sup>14</sup> PLWHIV often face intersecting forms of discrimination when attempting to access health services, including stigma based on real or perceived HIV status, gender and/or sexual identity, race/ethnicity, engagement in sex work, homelessness/poverty, mental illness, drug use, or history of incarceration.<sup>15</sup>

Strict maintenance of provider-patient confidentiality is one way to create a safe environment for PLWHIV. If the need for consultation between health providers arises, it is important that the patient is given the opportunity to express their explicit consent prior to any disclosure of medical status.

To reduce the likelihood of stigma and discrimination, physiotherapists treating PLWHIV should:

- Allow the patient the opportunity to express their explicit consent prior to any disclosure of medical status
- Create a code of conduct that guides staff to create and maintain stigma-free services
- Ensure that at the individual level, staff are educated on what stigma is and that their fears and misconceptions related to HIV are addressed

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<sup>9</sup> Cutrono, S., Lewis, J., Perry, A., Signorile, J., Tiozzo, E., & Jacobs, K. (2015). The Effect of a Community-Based Exercise Program on Inflammation, Metabolic Risk, and Fitness Levels Among Persons Living with HIV/AIDS. *AIDS And Behavior*, 20(5), 1123-1131. doi: 10.1007/s10461-015-1245-1

<sup>10</sup> Dirajlal-Fargo, S., Webel, A., Longenecker, C., Kinley, B., Labbato, D., Sattar, A., & McComsey, G. (2015). The effect of physical activity on cardiometabolic health and inflammation in treated HIV infection. *Antiviral Therapy*, 20(3), 237-245. doi: 10.3851/imp2998

<sup>11</sup> O'Brien, K., Nixon, S., Tynan, A., & Glazier, R. (2010). Aerobic exercise interventions for adults living with HIV/AIDS. *Cochrane Database Of Systematic Reviews*. doi: 10.1002/14651858.cd001796.pub3

<sup>12</sup> Sport for Life. (2016). Durable by Design - Active for Life. Sport for Life. Retrieved from [http://sportforlife.ca/wp-content/uploads/2016/06/Durable-by-Design\\_Dec2\\_2016-.pdf](http://sportforlife.ca/wp-content/uploads/2016/06/Durable-by-Design_Dec2_2016-.pdf)

<sup>13</sup> Vancampfort, D., Mugisha, J., Richards, J., De Hert, M., Probst, M., & Stubbs, B. (2017). Physical activity correlates in people living with HIV/AIDS: a systematic review of 45 studies. *Disability And Rehabilitation*, 40(14), 1618-1629. doi: 10.1080/09638288.2017.1306587

<sup>14</sup> Wagner, A.C., McShane, K.E., Hart, T.A. & Margolese, S. (2016). A focus group qualitative study of HIV stigma in the Canadian healthcare system. *The Canadian Journal of Human Sexuality*. 25(1): 61-71. doi:10.3138/cjhs.251-A6

<sup>15</sup> Mill, J., Edwards, N., Jackson, R., Austin, W., MacLean, L., & Reintjes, F. (2009). Accessing health services while living with HIV: Intersections of stigma. *Canadian Journal of Nursing Research*, 41(3), 168-185.