Advancing physical activity knowledge and participation
among Canadians living with spinal cord injury.

More daily wheeling and transferring is related to lower cholesterol in people with SCI

Purpose

To determine if doing everyday tasks (i.e., wheeling & transferring) is related to lower heart disease risk in people with SCI.

Summary

- People who do more wheeling and transfers daily tended to also have lower cholesterol.

Possible Applications

- It may be possible that doing more wheeling and transferring daily can help lower cholesterol.

Research Abstract

Increased Participation in Activities of Daily Living Is Associated With Lower Cholesterol Levels in People With Spinal Cord Injury

Objective: To evaluate the relationships between activities of daily living (ADLs) participation and coronary heart disease (CHD) risk factors in people with spinal cord injury.
Participants: Participants (N=75) from the Study of Health and Activity in People With Spinal Cord Injury study (61 men, 14 women).
Main Outcome Measures: Physical Activity Recall Assessment for People With Spinal Cord Injury and CHD risk factor assessment including waist circumference, total cholesterol, low-density lipoprotein cholesterol (LDL), high-density lipoprotein cholesterol, and triglycerides.
Results: Using generalized linear models, and controlling for leisure time physical activity and covariates, increased Mobility ADLs (transferring and wheeling) were associated with lower plasma total cholesterol and LDL. No other significant relationships emerged.
Conclusions: Mobility ADLs were associated with lower total cholesterol and LDL. However, neither Total ADLs nor Domestic ADLs were associated with CHD risk. Further investigation is needed to determine causality between Mobility ADLs and CHD risk.

Hetz SP, Latimer AE, Buchholz AC, Martin Ginis KA; The SHAPE-SCI Research Group (2009). Increased participation in activities of daily living is associated with lower cholesterol levels in people with spinal cord injury. *Archives of Physical Medicine & Rehabilitation,* 90, 1755-1759.