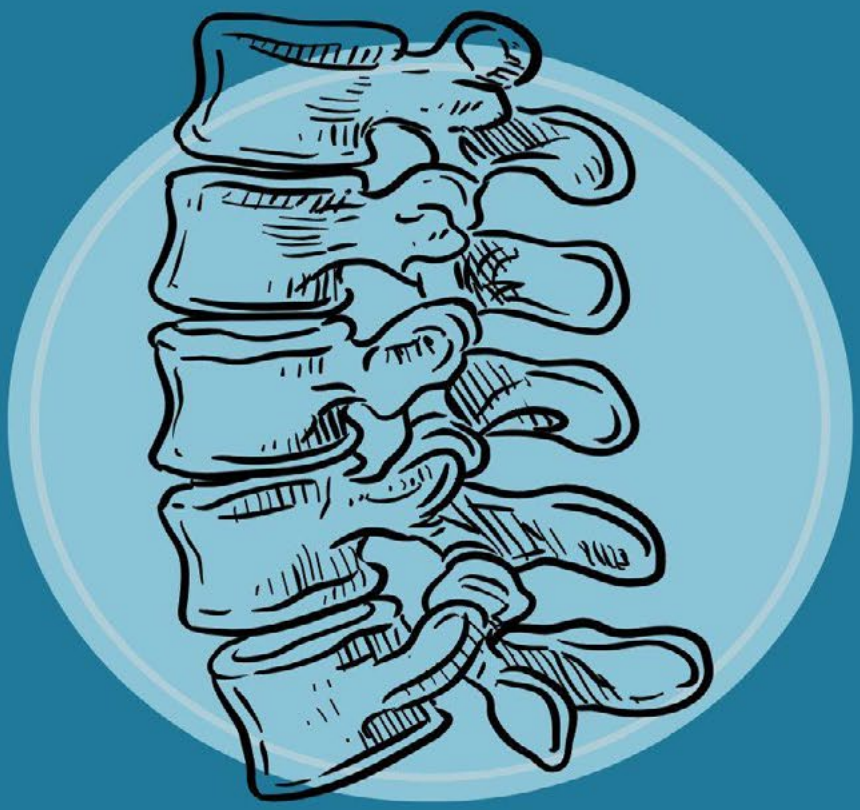
MATEJ BEL UNIVERSITY
IN BANSKÁ BYSTRICA

InterRehab



Rehabilitation Conference

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2025

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Content

Dear colleagues, participants

It is a great honor and personal pleasure to welcome you to the publication of the proceedings of the international scientific and professional conference InterRehab. As the main guarantor of this event, I am truly proud of what our academic and clinical community has achieved through this collaborative platform “The InterRehab”. Conference brings together professionals across disciplines, but also serves as a vital space for reflection, innovation, and progress in rehabilitation sciences.

The topics presented in this year’s proceedings reflect the dynamic development of rehabilitation in both theory and clinical practice. As we navigate the post-pandemic landscape, face the growing burden of non-communicable diseases, and work to modernize healthcare systems, one thing remains clear: rehabilitation is no longer an auxiliary or optional service—it is a central component of patient-centered care. From prevention and early intervention to long-term management and reintegration, the scope of rehabilitation is expanding, and so must our thinking.

This year's proceedings are testament to the diversity and depth of contemporary rehabilitation approaches. We are pleased to feature expert contributions on a wide array of topics, including cardiac rehabilitation, liver disease recovery, anorectal physiotherapy, respiratory care in children, long COVID syndromes, the development of standardized diagnostic tools, and critical reflections on movement myths. These themes go beyond medical diagnosis—they touch on the psychosocial, behavioral, and environmental dimensions of health.

Rehabilitation today is more than therapy. It is a mindset that integrates evidence-based practice, technological innovation, and the lived experiences of patients. It draws from physiology and biomechanics, but also from psychology, pedagogy, sociology, and digital health. What unites these diverse fields is a common mission: to restore, maintain, and promote the highest possible level of functioning for individuals across their lifespan.

In this spirit, the InterRehab. conference emphasizes the power of interdisciplinary cooperation. As rehabilitation professionals, we are strongest when we work in teams—when physiotherapists, physicians, psychologists, nurses, nutritionists, educators, and researchers coordinate their expertise for the benefit of the person behind the diagnosis. This synergy must extend beyond clinical walls to academic institutions, research networks, and policy-making bodies, if we are to build truly inclusive and sustainable rehabilitation systems.

I am deeply grateful to all who have contributed to this event and the proceedings—authors, reviewers, editors, organizers, and volunteers. Your dedication to advancing rehabilitation science and education is what makes this community thrive. I am also thankful to our international partners, whose collaboration gives this conference a valuable cross-border perspective and affirms our shared responsibility for the health and dignity of people everywhere.

Let this publication not be the final word, but rather an invitation—to read, to discuss, to question, and to apply. May it inspire further research, better practices, and new partnerships. I believe that the future of rehabilitation lies not only in technological progress, but in the human capacity to adapt, to support, and to care.

With sincere respect and warm wishes for your continued work,

Dr. Dávid Líška, PhD.

Main Conference Guarantor

Invited presentation

Rehabilitation of liver diseases

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Abstract

The liver is a central organ responsible for a wide array of metabolic, synthetic, and detoxifying functions. As such, its dysfunction has far-reaching systemic consequences that can compromise cardiovascular, renal, immune, and neurological systems. Liver diseases, whether acute or chronic, represent a growing public health concern, with their global burden increasing in tandem with changing lifestyle patterns. Factors such as poor dietary habits, sedentary behaviour, excessive alcohol consumption, rising rates of obesity and metabolic syndrome, viral hepatitis (particularly hepatitis B and C), and exposure to hepatotoxic substances have contributed to this worrying trend.

While pharmacological therapy remains the cornerstone of medical management, the role of rehabilitation is increasingly recognized as an indispensable component of comprehensive liver care. Unfortunately, rehabilitation is still often underutilized in clinical practice, despite evidence supporting its benefits in improving functional outcomes, quality of life, and even survival in patients with liver disease.

Rehabilitation strategies for hepatic conditions encompass a multidimensional approach that integrates physical, nutritional, psychological, and educational interventions. Physical activity, tailored to individual capacity, has been shown to enhance insulin sensitivity, reduce intrahepatic and visceral fat accumulation, and improve cardiorespiratory fitness—all of which are particularly beneficial in metabolic associated steatotic liver disease (MASLD, formerly known as NAFLD) and nonalcoholic steatohepatitis (NASH). Structured exercise regimens, whether aerobic, resistance-based, or a combination of both, can lead to improvements in liver enzyme profiles, reduce hepatic inflammation, and slow fibrosis progression.

Electromyostimulation presents an alternative or adjunctive method for patients with advanced disease or significant physical deconditioning, offering a means to preserve muscle mass and improve metabolic function. In parallel, nutritional therapy must be personalized to address the individual's metabolic needs and disease stage.

Psychosocial support is a critical yet often neglected pillar of liver disease management. Patients with alcohol-related liver disease, autoimmune liver conditions, or advanced cirrhosis frequently experience significant psychological distress, including anxiety, depression, and social isolation. In these populations, targeted counseling, behavioral therapy, and support group participation can reduce relapse risk, foster treatment adherence, and enhance overall well-being.

This lecture will provide a comprehensive overview of current rehabilitation strategies applicable to the spectrum of liver disorders - from simple steatosis and NASH to decompensated cirrhosis and post-transplant recovery. Emphasis will also be placed on the critical role of interdisciplinary collaboration involving hepatologists, physiotherapists, dietitians, psychologists, and social workers. Through case-based examples, the lecture will illustrate how personalized rehabilitation plans can significantly influence both clinical outcomes and patients' long-term quality of life.

Keywords: physical activity, rehabilitation, liver disease

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Invited presentation

New trends in cardiac rehabilitation

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Abstract

cardiovascular diseases are among the most common causes of death worldwide. Cardiovascular rehabilitation is one of the fundamental elements in the treatment of cardiovascular conditions. While some principles have remained valid for a long time, others have needed adjustments or complete changes in light of scientific research and technological advancements. New trends continue to emerge depending on this progress, and further development is likely in the future.

It is a multidisciplinary and complex process. The core components of cardiovascular rehabilitation include patient assessment, nutritional counseling, weight reduction, optimization of blood pressure and lipid levels, diabetes mellitus management, smoking cessation, psychological intervention, physical activity counseling, aerobic and resistance training. Cardiovascular rehabilitation is a lifelong process with several phases. The first phase is the inpatient phase, where the primary goal is to prevent deconditioning and thromboembolic complications. The second phase is the early post-hospital phase, which plays a crucial role in lifestyle modification and implementing secondary prevention strategies. This includes structured outpatient training, home-based training, spa treatment, and combinations thereof. The third (stabilization) and fourth (maintenance) phases have recently merged and now follow the same principles as the second phase but with less direct supervision from specialists.

The training intensity in the second phase is ideally set based on the results of an exercise stress test. One suitable indicator is the training heart rate determined as a percentage of heart rate reserve. It is calculated using the formula: THR = (HRmax – HR rest) × (0.7 – 0.8) + HR rest, where THR is the training heart rate, HRmax is the maximum heart rate, and HR rest is the resting heart rate. If the maximum heart rate from a stress test is not available, it can be estimated with the formula: HRmax = 206.7 – (0.67 × age). Current trends in cardiac rehabilitation include tele-rehabilitation, high-intensity training, adjunctive respiratory physiotherapy, and multidisciplinary collaboration.

Within tele-rehabilitation, tools such as telemonitoring, e-learning, and tele coaching may be used. Tele-rehabilitation is a suitable method to expand access to cardiac rehabilitation, with outcomes comparable to traditional approaches. Despite its clear benefits, it also presents

limitations, such as more complex clinical implementation, occasional lack of quality internet access, and the reliability of some electronic devices. Smart technologies are increasingly used today. There are general rehabilitation apps, apps for monitoring selected parameters (e.g., hemodynamic parameters), and apps offering comprehensive cardiac rehab solutions.

High-intensity training, once used only in sports and considered contraindicated in cardiac rehab, is now recognized—under certain conditions—as beneficial for selected patients. Proper patient selection and supervised training are critical. Interval training at an intensity >85% of VO_2 peak is used. Common protocols include 4 × 4-minute intervals with 3-minute rest periods, or 10 × 1-minute high-intensity intervals with 1-minute rests.

Adjunctive respiratory physiotherapy provides improvements in ventilatory parameters, prevents pulmonary complications, supports the autonomic nervous system (especially parasympathetic activity), and enhances the effectiveness of cardiac rehabilitation.

Future trends may focus more on movement quality, proper movement patterns, neural-network-based tools and apps, and greater use of artificial intelligence. There is also potential for significant progress in the area of prevention. While the enormous importance of prevention is well known, it still isn't treated as a true priority in practice. Currently and in the future, the foundation must be a multidisciplinary team—though paradoxically, individual members of such teams often represent the greatest limitation in practice.

Keywords: rehabilitation, cardiovascular rehabilitation, physical activity

Anorectal physiotherapy in selected diagnoses

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Abstract

Anorectal dysfunctions, such as fecal incontinence, functional constipation, defecation dyssynergia or rectal hernia, significantly affect the patient's quality of life and represent a significant health problem, often underdiagnosed due to patients' shame to talk about these difficulties. The incidence of anorectal dysfunction increases with age, after childbirth, after certain surgical procedures and with sedentary lifestyle. Physiotherapy has an important but often underused role in their treatment and prevention. This paper focuses on anorectal physiotherapy according to the concept of the Palaszczak Pelvic Approach (PPA), and presents functional diagnosis and physiotherapy of anorectal disorders. Special attention is paid to individual functional examination and functional training of pelvic floor muscles and external rectal sphincter. The aim of anorectal physiotherapy is to normalize the function of the pelvic floor muscles and the external rectal sphincter, to improve coordination during defecation, to use active relaxation of the pelvic floor muscles and the external rectal sphincter, to use biofeedback, which allows the patient to perceive and actively influence the function of the anorectum. Emphasis is placed on an individual approach, interdisciplinary cooperation (physiotherapist, gastroenterologist, gynaecologist, proctologist, psychologist) and long-term patient education, which increases the effect of therapy, leads to a reduction of symptoms and improvement of the patient's quality of life.

Keywords: anorectal physiotherapy, PPA concept, pelvic floor muscles, external rectal sphincter, functional diagnostics

Multifactorial approach to pain management

Mgr. et Mgr. Obžera

FyzioCentrum s.r.o

Abstract:

Pain is a complex phenomenon that extends beyond purely physiological explanations and requires a multidimensional approach to treatment. This presentation explores a multifactorial perspective on pain management, taking into account biological, psychological, and social factors that influence the perception and experience of pain.

Attention is given to the differences between acute and chronic pain, as well as the need for individualized diagnosis and therapy. The presentation introduces the possibilities of combined treatment, including pharmacotherapy, physiotherapy, psychological interventions, and patient education. It also emphasizes the importance of interdisciplinary collaboration among professionals to achieve optimal therapeutic outcomes.

The aim of this contribution is to underline that effective pain treatment cannot be achieved without considering the broader context in which the patient operates, and that long-term success requires a comprehensive, empathetic, and proactive approach.

Keywords: pain, biopsychosocial model, chronic pain, interdisciplinary treatment, pain psychology

Back pain myths

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Abstract

Low back pain has ranked for decades as the leading cause of years lived with disability (YLD). According to the latest data from the Global Burden of Disease Study 2021, the number of people affected is projected to increase even further by 2050. While growing knowledge in healthcare might be expected to lead to better outcomes, the opposite is often true—numerous myths about back pain persist in society, the media, and even clinical practice. These myths contribute to pain chronicity, fear of movement, and unnecessary medical interventions.

In our presentation, we will highlight some of the most common myths about spinal pain and contrast them with evidence-based facts. As our guide through the world of back pain myths, we have chosen Professor Peter O'Sullivan, who has undergone a remarkable professional and personal transformation - from promoting core stability exercises to championing a biopsychosocial approach. Today, he is one of the most prominent voices in the global discussion on back pain. The conceptual foundation of our presentation will be the *Back Facts*, published in 2019.

We will also briefly compare each myth with the perspective of Mechanical Diagnosis and Therapy (MDT), the method developed by Robin McKenzie, which has a long-standing presence in clinical practice and is supported by research evidence. Our aim is to demonstrate that different approaches can share common ground—especially when they are evidence-based and patient-centered.

Finally, we will focus on the practical implications of understanding these myths for physiotherapists in everyday clinical work: how to communicate with patients and how to avoid reinforcing false beliefs.

Keywords: back pain myths, biopsychosocial model, low back pain

Possible persistent complications after infectious diseases

Dobrodenková S.

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Abstract

post-acute infection syndromes constitute complex conditions that persist following viral or non-viral pathogen exposure. Their hallmark feature is exercise intolerance – primarily post-exertional malaise (PEM) - often accompanied by dysautonomia. Historically dismissed as primarily psychological due to absence of specific biomarkers, extensive research has now revealed several pathogenic mechanisms underlying these conditions, including pathogen or antigen persistence, immune dysregulation, pro-inflammatory microthrombi formation, endotheliopathy, dysbiosis, and mitochondrial dysfunction.

Studies of Long COVID patients have demonstrated significant physiological changes following PEM induction, including metabolic and immunological alterations, muscle morphology changes, necrosis, and amyloid deposits. These findings emphasize the importance of recognizing PEM in rehabilitation protocols for post-viral conditions. PEM screening can be effectively conducted using hand grip testing, validated questionnaires, and cardiopulmonary exercise testing (CPET). Patient history alone often provides sufficient accuracy in PEM identification. Once confirmed, pacing becomes the cornerstone of therapy, with graded exercise therapy (GET) strictly contraindicated. This approach represents the first-line intervention for symptom management and stabilization. Additionally, emotional pacing deserves equal attention alongside physical pacing strategies.

Post-viral syndromes are primarily neurological disorders with demonstrable somatic causes, despite our incomplete understanding of their pathophysiology. It is imperative that we integrate consensus knowledge into clinical practice to provide appropriate care for affected individuals.

Keywords: COVID-19, post-exertional malaise, pacing, myopathy

Prehabilitation of patients with colorectal cancer

Mrázová B.

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Abstract:

Colorectal cancer is among the most prevalent oncological diseases worldwide, representing a significant public health burden due to its high incidence and associated morbidity and mortality. The standard treatment protocol typically involves a multimodal approach, combining surgical resection with adjuvant or neoadjuvant chemotherapy and, in selected cases, radiotherapy. While advancements in these treatment modalities have improved survival rates, they are often associated with considerable physiological stress and psychological strain for patients. In recent years, increasing attention has been paid to the concept of prehabilitation—a proactive and targeted preparation of patients in the pre-treatment phase. Prehabilitation aims to optimize the patient's physical, nutritional, and psychological status prior to the initiation of oncological therapy, thereby enhancing their resilience and improving overall treatment outcomes. This presentation underscores the critical role of comprehensive prehabilitation programs, which typically encompass four interrelated pillars: structured physical activity (including aerobic and resistance training), individualized nutritional support to address malnutrition or sarcopenia, psychological counseling to reduce anxiety and enhance mental readiness, and thorough patient education to foster engagement and adherence to treatment. . Emerging evidence from clinical trials and observational studies demonstrates that prehabilitation can lead to a range of tangible benefits, including improved cardiorespiratory fitness, reduced rates of postoperative complications, shorter hospital stays, faster return to baseline functional capacity, and better tolerance to adjuvant therapies. Importantly, these improvements contribute to a higher quality of life for patients throughout the cancer care continuum. The aim of this contribution is to highlight not only the clinical and functional benefits of prehabilitation, but also its practical feasibility and relevance in routine clinical practice. By shifting the focus from reactive to proactive care, prehabilitation represents a promising approach to enhancing patient outcomes, fostering autonomy, and improving the overall experience of individuals undergoing treatment for colorectal cancer.

Keywords: prehabilitation, colorectal cancer, oncology, surgery, nutrition, psychological support

Scheuermann's disease and idiopathic scoliosis: early treatment minimizing consequences

Řáha T.

Scheuermann's fund

Abstract:

Scheuermann's disease and idiopathic scoliosis are among the most common spinal deformities in adolescents. Both conditions have a significant impact on quality of life and functional capacity, and if left untreated, can lead to progressive deformity, pain, and reduced mobility. The aim of this presentation is to highlight the importance of early diagnosis and comprehensive therapeutic intervention, which can significantly reduce the long-term consequences of these disorders.

The presentation focuses on a summary of current knowledge on the pathophysiology and clinical manifestations of both conditions, emphasizing differences in their etiology and treatment approaches. Modern therapeutic strategies will be presented, including physiotherapy, bracing, and patient education, along with the importance of a multidisciplinary approach in preventing symptom chronicity.

Through case studies, the presentation will illustrate how early intervention can effectively slow or stop the progression of spinal deformities, thereby significantly reducing the need for surgical treatment in the future. This contribution underscores the importance of awareness, early detection, and individualized care in achieving optimal outcomes for patients with spinal deformities.

Keywords: Scheuermann's disease, idiopathic scoliosis, adolescents, early intervention, physiotherapy, prevention

Development of standardized diagnostic assessments for patients

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Abstract

The development of standardized diagnostic assessment tools is grounded in the increasing number of multicultural and multinational comparative studies. Standardized diagnostic assessments are directly linked to the category of patient-reported outcomes (PROs), commonly utilized in healthcare research (McKown et al., 2020). This type of research necessitates high-quality measurement instruments, as only a well-constructed questionnaire can yield relevant and reliable data. Accordingly, an adequate diagnostic tool must measure the same variable consistently across the target population, regardless of nationality.

In this context, the development of standardized diagnostic tools involves not only linguistic translation but, more critically, cultural or cross-cultural adaptation. This process ensures sensitivity to the socio-political context of the target country/language into which the questionnaire is being translated. The purpose of translation is to convey the functional equivalence of meaning across languages. This functional equivalence is a prerequisite for a systematic methodological approach, as any semantic misinterpretation may result in biased or invalid outcomes.

The scientific community increasingly emphasizes the necessity of a systematic approach in the development of measurement instruments. Comparative Survey Research (CSR), a subfield of survey methodology, focuses on creating robust translation frameworks. Several authors, including Beaton, McKown et al., Valdez et al., and Behr, have proposed such guidelines. A close examination of these recommendations highlights the importance of team-based or committee-based translation frameworks. These multidisciplinary teams typically include linguists, professional translators, clinicians, project managers, and native-speaking experts from the relevant clinical field. The team collaboratively reviews the questionnaire to identify culturally sensitive items and domain-specific terminology requiring adaptation.

Such rigorous processes are mandated by major institutions, such as the European Social Survey, national censuses, and the International Society for Pharmacoeconomics and Outcomes Research. The finalized diagnostic instrument must reflect consensus among all parties involved, with all disputed items resolved and harmonized. Following cultural adaptation, the instrument undergoes validation procedures before it can be implemented in research.

Beaton's guidelines are currently endorsed by organizations such as the American Association of Orthopaedic Surgeons and the International Society for Quality-of-Life Assessment (IQOLA).

Keywords: translation frameworks, standardized questionnaires, patient-reported outcomes

Respiratory physiotherapy in children

Kolcunová P.

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Abstract

Currently, Respiratory Physiotherapy is one of the leading procedures in the treatment of respiratory disorders at any age. Children in early development are at risk of a change in breathing pattern even with a small restriction of the airway passage, which, if it persists for a longer period, becomes fixed and affects postural development. The opposite is also true, that a change in posture also occurs when there is a change in breathing. Respiratory physiotherapy procedures are symptomatic and will vary depending on the findings of the assessment and the underlying pathology. Respiratory pathology can change this process in various ways. They focus mainly on the areas of cough management, airway patency, prevention of muscle fatigue, sleep disorders and maintaining functional lung capacity in chest wall deformities. Tracheobronchial secretions may increase, change consistency or the normal process of mucociliary clearance may be disrupted due to direct damage to the cilia. In these circumstances, various physiotherapeutic techniques of respiratory hygiene can be used to improve tracheobronchial clearance. To increase efficiency, feedback and adherence, respiratory instrumental devices are used, which are variable in their resistance and frequency, cadence. Chest physiotherapy includes a group of manual procedures and techniques based on the correct interpretation of clinical findings, which contribute to the adequate management of respiratory diseases. Therapeutic intervention takes into account the characteristics according to the age of the child in order to achieve improved functional capacity. Respiratory physiotherapy can be classified as manual or instrumental. There are many devices to improve pulmonary hygiene that have been developed recently. Respiratory physiotherapy, by changing the rhythm, frequency and depth of breathing, can improve oxygenation, help maintain lung volume and improve exercise tolerance in chronic respiratory diseases, reduce the number of exacerbations, hospitalizations and thus have a positive effect on the quality of life.

Keywords: Respiratory physiotherapy, children, respiratory hygiene

1.InterRehab

REHABILITAČNÁ KONFERENCIA

23. 5. 2025

AULA SZU, Bernolaková 8
Banská Bystrica

9:00 Začiatok konferencie

9:15–9:45 PhDr. Líška, PhD. – Rehabilitácia pečeňových ochorení

9:45–10:05 Mgr. Fasselová – Anorektální fyzioterapie u vybraných diagnóz

10:05-10:35 Mgr. et Mgr. Obžera – Multifaktoriálny prístup k liečbe bolesti

10:35-11:20 PhDr. Kotrbancová, Mgr. Ing. Šóš – Mýty v oblasti bolesti chrbtice

12:00–13:00 Obedná prestávka

13:00-13:20 Doc. MUDr. Dobrodenková, PhD. – Možné perzistujúce komplikácie po prekonaní infekčných ochorení

13:20-13:50 PhDr. Gurín, PhD. MPH – Nové trendy v kardiorehabilitácii

13:50-14:10 Bc. et. Bc. Řáha - Morbus Scheuermann a idiopatická skolióza včasná liečba minimalizujúca následky

14:10-14:40 Prestávka

14:40-15:00 MUDr. Mrázová – Prehabilitácia pacientov s kolorektálnym karcinómom

15:00-15:20 Mgr. Snitková, PhD. – Štandardizovaná tvorba nových vyšetrení pre pacientov

15:20-16:10 Mgr. Kolcunová – Respiračná fyzioterapia u detí

International conference InterRehab

Collection of abstracts

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