

- Who uses app
 - Coaches, Physical therapists, doctors
- Used for resistance exercise and aerobic exercise
- Can substitute heavy weight exercise with light weights and BFR, has same effect
- Generally one cuff on a limb, or two cuffs on arms or legs (not both at the same time)
- Could increase risk of
 - Blood clots
 - Cardiovascular events
 - Muscle damage
- To utilize bfr safely
 - Screen people who may be at high risk
 - Implement in a way that minimizes risk
- AOP -Arterial Occlusion pressure - minimum pressure needed to completely restrict arterial blood flow
 - In the exercise, use a percent of AOP
 - Use doppler ultrasound at artery to locate pulse and inflate until no pulse to get AOP
 - Start low, and increase until blood flow stops, then deflate from there
 - AOP can fluctuate day to day, want to do ultrasound procedure every time
 - Cuff size and circumference of limb
 - Systems
 - Automatic autoregulated - calculates AOP and maintains pressure with movement
 - Automatic - measures AOP
 - Manual - doesn't measure AOP
 - AOP Estimation - uses blood pressure and circumference of limb
 - $AOP = \text{systolic blood pressure} + \text{thigh circumference} - \text{specific to cuff}$
 - Developed through linear prediction analysis
 - Knee wraps/ elastic bands
 - Difficult to individualize pressure
 - Relies on perceived tightness
 - $AOP = LOP$
- The app
 - Steps
 - Medical Screening - should bfr be used?
 - Selecting technology - what's safest based on medical background, based on assessed risk
 - Moderate risk - automated system
 - Link to system pages
 - Low risk - manual pneumatic cuff
 - Pressure to use in cuff w/ prediction equations
 - Very low risk - elastic wraps
 - instructions

- Setting pressure
 - 80% AOP is highest recommended for exercise
 - Better to start low
 - Max time typically 20 minutes
- Exercise prescription - extra feature