E-Poster

EP-651

The Role of Physical Medicine in the Management of a Patient With Anticoagulant-Related Hemorrhagic Complications

Topic: Exercise

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BACKGROUND

Physical medicine and rehabilitation are essential in managing patients with anticoagulant-related musculoskeletal hemorrhages. Such complications can lead to severe functional impairment, requiring early and structured rehabilitation interventions.

CASE DESCRIPTION

A 54-year-old female patient was admitted to the cardiology department for the management of an anticoagulation-related accident, presenting with gastrointestinal bleeding (melena) and lower limb hemorrhage. The patient reported a history of lower limb trauma. On clinical examination, she was conscious and hemodynamically and respiratory stable. The musculoskeletal assessment revealed a complete functional impairment of the right knee, without signs of local inflammation. Passive and active mobilization was extremely painful, with an EVA (Échelle Visuelle Analogique) pain score of 9/10. A hematoma was observed on both the anterior and posterior aspects of the knee. There were no clinical signs of deep vein thrombosis.

Ultrasound examination revealed two well-defined collections: a subcutaneous and deep sub-aponeurotic hematoma containing calcifications, adjacent to the cortical bone. Physical medicine evaluation confirmed the diagnosis and guided the rehabilitation strategy.

The treatment focused on pain control with cryotherapy, muscle strengthening, and progressive mobilization. Preventive measures were also implemented to avoid complications related to prolonged immobilization.

Early rehabilitation significantly contributed to functional recovery. The patient regained full mobility without assistance, and the hematoma and pain completely resolved

DISCUSSION

The rehabilitation management of lower limb hematomas in anticoagulated patients remains a critical challenge. Studies have shown that physical therapy interventions focusing on early mobilization, pain management, and range-of-motion exercises can significantly improve functional outcomes.

CONCLUSION

The role of physical medicine in the management of hemorrhagic complications in anticoagulated patients is vital for restoring mobility and preventing long-term disability. Early rehabilitation, including isometric strengthening and gentle mobilization, enhances recovery and promotes independence.

Statement of Disclosures

None

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Doi: 10.5606/archisprm.2026.EP-651