

# Feasibility of implementing physical function tests in pediatric HSCT units: preliminary results of the HENKO study

## Authors

Garrido-Rodríguez, Eva<sup>1</sup>, Higes-Núñez, Elena<sup>1</sup>, Llorente-deSantiago, Rocío<sup>2</sup>, Puente-Gómez, Belén<sup>2</sup>, SC Ramos, Eva<sup>1,3</sup>, Yagüe-Peñuelas, Rodrigo<sup>1,3</sup>, Yanguas-Casás, Natalia<sup>1</sup>, Santana-Sosa, Elena<sup>1,3</sup>, González-Saiz, Laura<sup>1</sup>, Higes-Núñez, Félix<sup>1</sup>, Lucía, Alejandro<sup>1,3</sup> and Fiuza-Luces, Carmen<sup>1</sup>.

## Affiliations

<sup>1</sup> Instituto de Investigación Sanitaria, Hospital Universitario 12 de Octubre, 'Imas12' (Madrid, Spain)  
<sup>2</sup> Fundación Unoentrecienmil (Madrid, Spain)  
<sup>3</sup> Universidad Europea de Madrid, Faculty of Sport Sciences (Madrid, Spain)

## Background

- Pediatric HSCT leads to functional decline
- Physical function assessments are not routinely integrated into care
- Implementation into routine clinical practice is needed

## Objective

To evaluate the feasibility of implementing physical function assessments in pediatric HSCT units

## Methods

Prospective, non-controlled implementation study

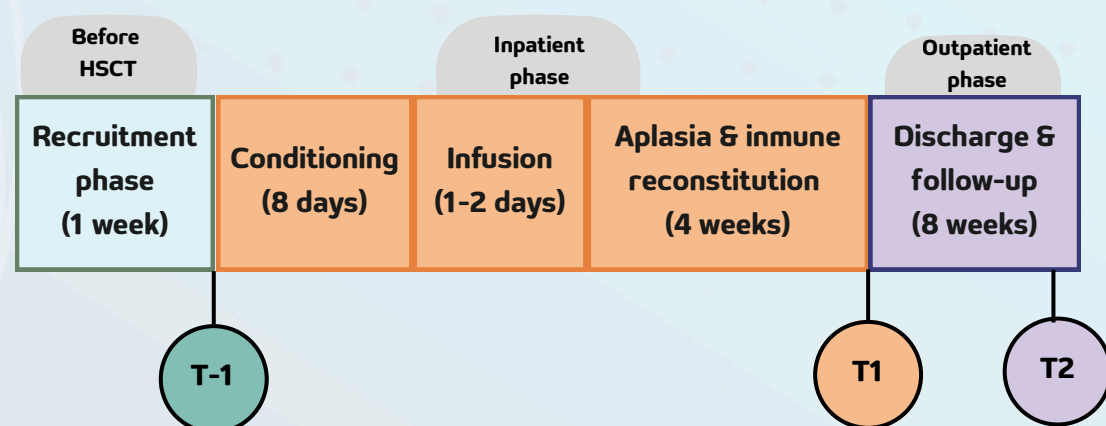
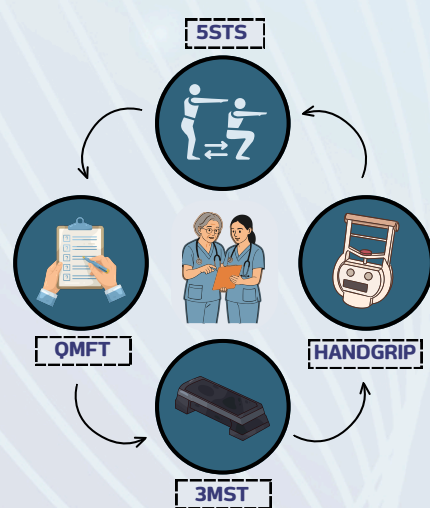


Figure 1. Study timeline and assessment battery

## Results

Table 1. Participants and clinical staff characteristics

Patients (n=43)	Clinical staff (n=85)
47% female	84% female
11 ± 4 years	37 ± 12 years
81.4% leukemia	52% nurses
7.0% lymphoma	23% physicians
7.0% retinoblastoma	21 clinicians actively involved

Note: Patient and clinical staff characteristics are presented as mean ± SD or percentages.

Legend for Figure 2:  
 ● % assessments performed by clinical staff (T-1)  
 ● % assessments performed by clinical staff (T1)  
 ● % assessments performed by clinical staff (T2)  
 ● % completed assessments T-1  
 ● % completed assessments T1  
 ● % completed assessments T2

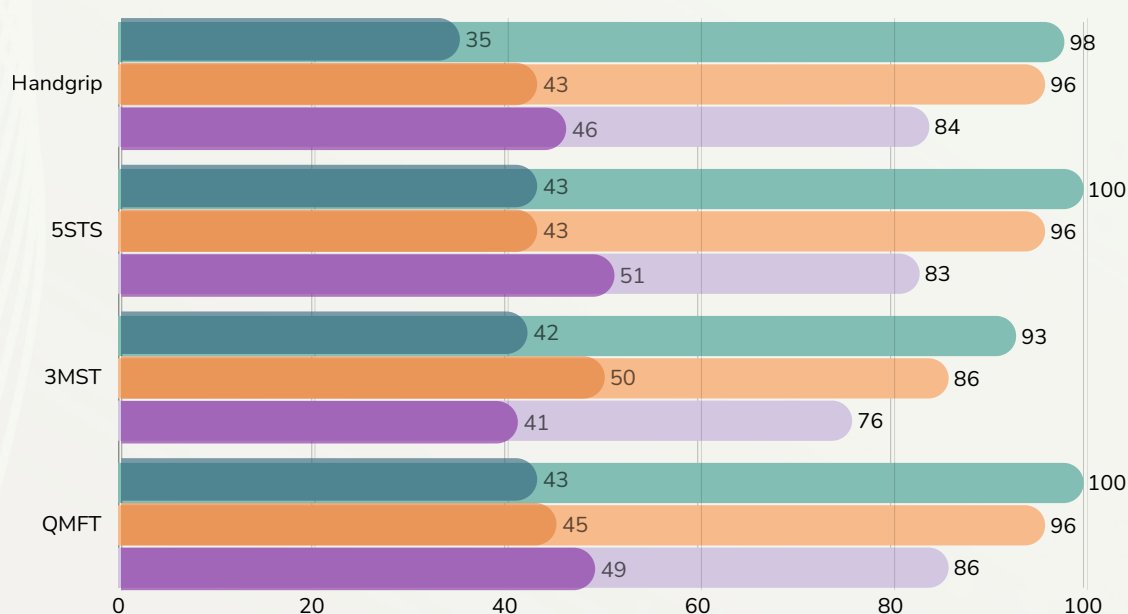


Figure 2. Test completion and clinical staff involvement across timepoints

Note: Data are presented as percentages. Feasibility was defined as the proportion of planned assessments completed at each timepoint, whereas adoption was operationalized as the proportion of completed assessments performed by clinical staff.

T-1: baseline; T1: discharge; T2: 8-9 weeks post-discharge.

## Conclusions

- Physical function assessments appear feasible in pediatric HSCT units.
- These findings support the integration of exercise into routine clinical care.
- A collaborative model involving clinical staff and exercise specialists may improve feasibility and assessment quality.

This research is funded by Instituto de Salud Carlos III and co-funded by the European Union through the projects PI23/00396 and FORT23/00023

Cofinanciado por la Unión Europea

