



Functional Outcome of Patients on Cardiac Rehabilitation

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Editorial Note

Under the non-communicable disease spectrum, Cardiovascular disease (CVD) is the major cause for global mortality and morbidity. Coronary artery disease (CAD) is the most frequently encountered cardiovascular disease showing a huge decline in quality of life. In the aim of management of CAD Revascularization procedures such as Percutaneous Coronary Intervention (PCI) and Coronary Artery Bypass Graft (CABG) surgery and are followed [1]. In order to improve Health Related Quality of Life (HRQoL) after a period of 5 years CABG surgery has been implemented to positively influence physical and mental health. A meta-analysis of HRQoL scores showed similar improvement in quality of life with minute differences between PCI and CABG patients and a retrospective cohort showed a decline in HRQoL presenting a strong association between preoperative and postoperative scores under the physical and mental domains [2,3].

In an attempt to overcome the adverse cardiac event cardiac rehabilitation is the widely executing multidisciplinary approach which aids in patient's activities of daily living. The goal of CR is to optimise a patient's functional status and aerobic capacity. The main aim of CR is to maintain a balance between patient's functional status and aerobic capacity during pre and post cardiac surgery [4].

4 phases of Cardiac Rehabilitation

Acute phase of CR

The rehab program begins with an interview by one of our physical therapists, questions about what lead up to your heart attack and how you feel now and perform the following tests:

Blood pressure, EKG monitoring to test how your body reacts while at rest and while performing different functions, functional mobility, walking ability and performance during manual self-care tasks, Heart rate, Oxygen saturation, Upper and lower extremity function, which includes measurement of your range of motion and general strength.

Outpatient rehabilitation program

Phase II, which is the subacute phase, immediately after discharge from hospital. Here a member of the care team monitor the way your body responds to exercise. You will learn more about how to exercise properly and monitor your own heart rate while doing so, and improves towards maintaining intense and independent physical activity. Specific exercises you need to perform during this phase include:

Six-minute walk test

Timed up and go test (rising from a chair, walking short distance and sitting back down)

Biking

Rowing

Walking on a treadmill

Exercises to increase flexibility, upper body strength, and lower body strength

Phase III CR lasts three to four weeks where the patient should become independent enough with exercise to move to the last phase of your recovery program.

Independent ongoing maintenance

After following the complete recommendations by the care team and working hard in 3 phases the patient should independently proceed with few months. A physical therapist will assist you in achieving challenges and overcome new ways to challenge yourself with physical activity [5].

Conclusion

We understand that a heart attack, open heart surgery, or another heart-related health issue is frightening and life-changing CR makes you to provide better quality of life after during and after your hospitalization. Functional outcomes and adoption of secondary preventive measures improves after coronary revascularization.

References

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