

CARDIOLOGY

CARDIAC REHABILITATION – YOUR HEART’S BEST FRIEND

THE opinion of the medical community, public and political power regarding the importance and necessity of making multidimensional Cardiac Rehabilitation Programs (CRP) generally available is still very recent, even though the first guidelines were first published in 1995 by the American College of Sports Medicine.

Although the benefits are well-known and well-evidenced, CRPs remain clearly underutilised worldwide. The causes for this are various and include, among others, lack of medical referral, poor disclosure of the benefits and importance of Cardiac Rehabilitation among the medical profession and the community, including patient motivation and scarcity of resources.

Patients most commonly referred for CRP include:

myocardial infarction, stable angina following percutaneous revascularisation procedures, coronary revascularisation surgery, heart valve repair or replacement. CRP can begin either during hospitalisation or on an outpatient basis. More recently, the importance of CRP, specifically supervised physical exercise, is now recommended after heart failure and pre and post cardiac surgery – lung or even heart and lung transplants.

Classification of the cardiovascular risk involved is fundamental during the initial medical evaluation and will safely determine the feasibility of a reconditioning program, namely its intensity, the need for continuous electrocardiographic monitoring and/or the degree of medical supervision required.

Cardiac Rehabilitation Programs are normally divided into three stages, the last stage having two substages:

Stage 1 – In Hospital: a program that provides prevention and rehabilitation to hospitalised patients after an acute coronary event during the admission period, started as soon as possible, 12-24 hours after the event.

Stage 2 – After Hospital Discharge: a program that provides short-term preventive services as well as rehabilitation to patients in after hospital discharge, as soon as possible after a cardiovascular event, usually within the first 3-6 months after the event, but can be extended up to 1 year after the event, if necessary.

Stages 3 and 4 – After Hospital Discharge – Long Term Basis: This program provides long-term prevention and rehabilitation to patients in after discharge for the duration of 1 year.

CRP soon after Hospital Discharge is the stage most widely documented in reducing cardiovascular mortality risk. Referral should occur when the patient is still in hospital or as soon after discharge as possible. CRP is usually started 1-3 weeks after hospital discharge, lasting 3-6 months, and initially includes electrocardiographic monitoring.

During this stage and on a long term basis, physical activity must be maintained, without the need for direct medical supervision or



monitoring, but should nevertheless be prescribed by a physician and monitored in a systematised manner by the physiotherapist.

Cardiac Rehabilitation Programs include:

- Exercise Training
- Nutrition Counseling
- Diabetes, Hypertension, Dyslipidemia Treatment
- Smoking Cessation
- Weight Control
- Psychosocial Treatment
- Physical Activity Counseling

Exercises and training are individually created for

each patient and can only be initiated after an initial clinical evaluation and a stress test to determine the patient’s limitations where risk factors are classified and documented.

The exercises prescribed by the patient’s doctor should include aerobic and resistance training, each session divided into warm-up and cooling session and should include flexibility training, endurance (3-5 times/week) and resistance (2-3 times/week).

The objectives of exercise training are: awareness of the symptoms/alarm signals

during exercise, increased cardio respiratory fitness, flexibility and muscle strengthening, improvement of psychosocial well-being and overall reduction of cardiovascular risk.

The HPA Health Group’s Cardiac Rehabilitation Programs are monitored by our team of Cardiologists and the Rehabilitation Team.



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