

The Application of Power-walking in Phase II Cardiac Rehabilitation Program for the Post-PCI Patients

Song Jing	14364021
Liu Zefan	14364016
Yi Lingrong	14364002
Huang Mengdan	14364022

CONTENTS



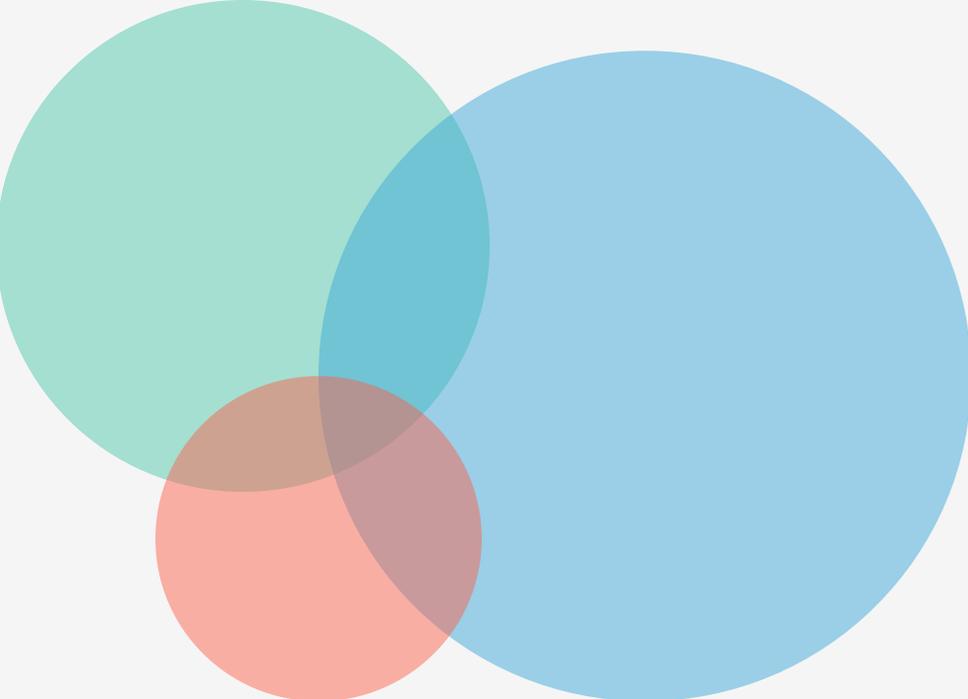
CHD & PCI



EVALUATION



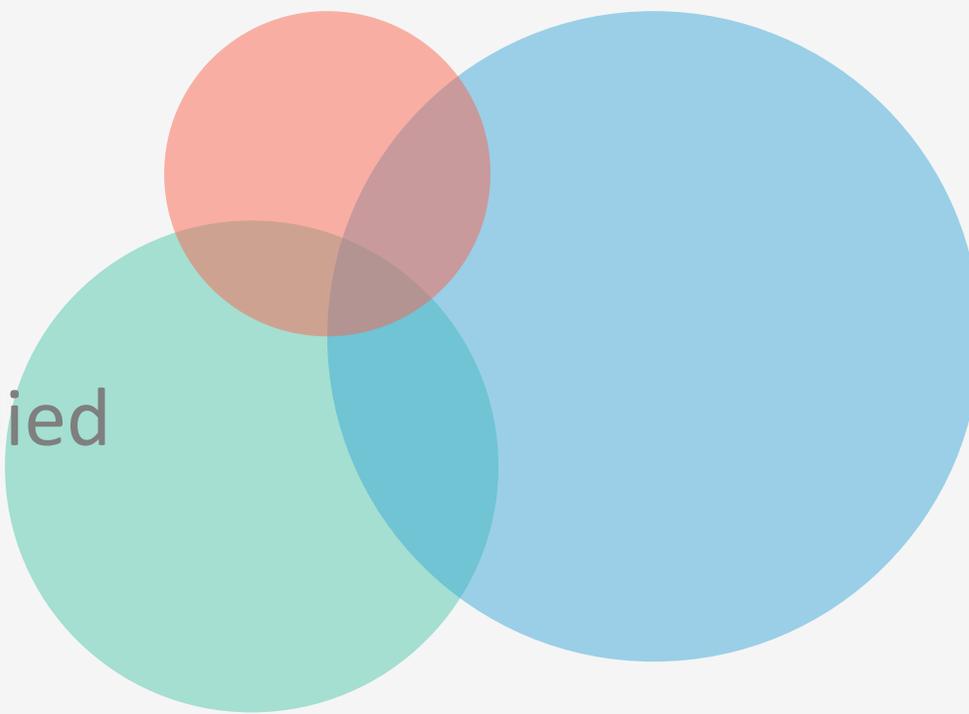
EXERCISE PROGRAM



PART ONE

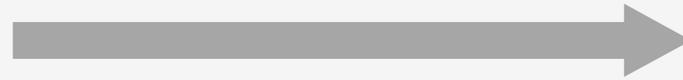
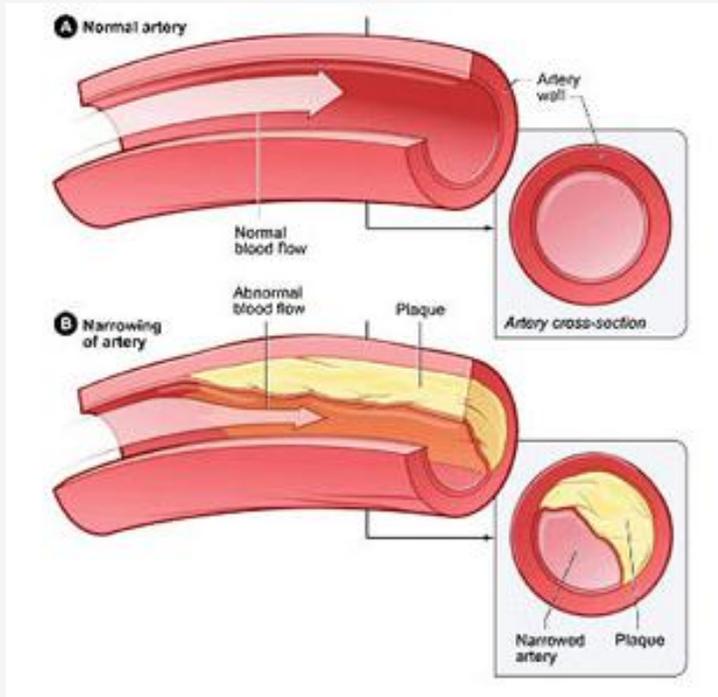
CHD & PCI

After which **POWER-WALKING** is applied



1-1

Coronary heart disease (CHD)

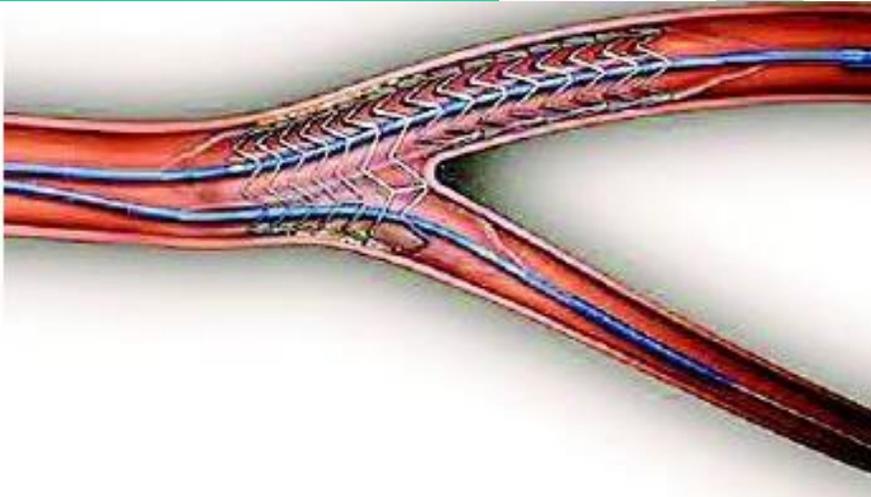


1-2

Percutaneous coronary intervention (PCI)

restore arterial
blood flow to heart
tissue

open a blocked
coronary artery



- re-establish blood flow
- prevent angina, myocardial infarctions and death

1-3

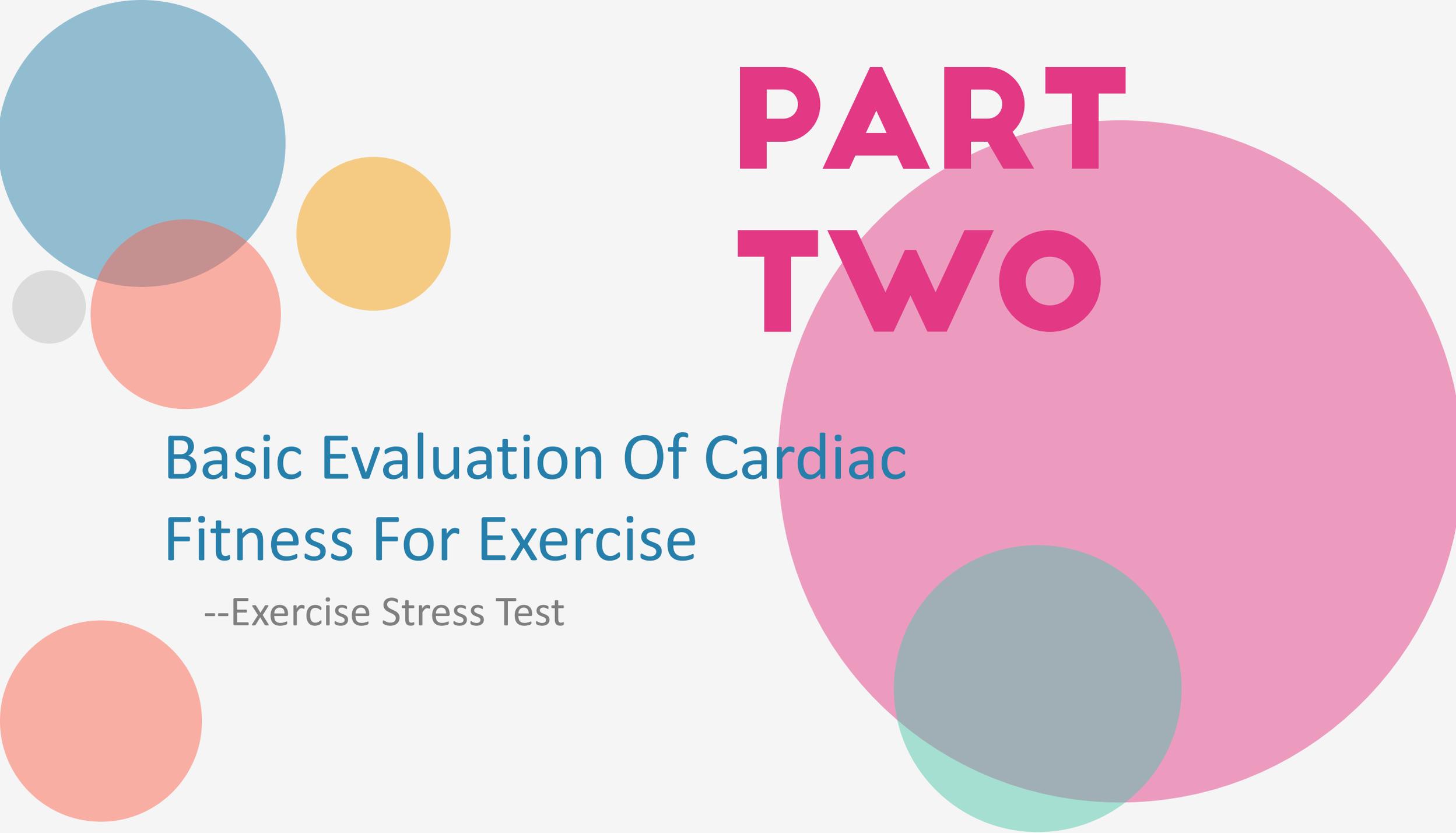
Rehabilitation program

Power-
Walking

applied to

Phase II

(Kim, C., et al., 2012)



PART TWO

Basic Evaluation Of Cardiac Fitness For Exercise

--Exercise Stress Test

2

EXERCISE STRESS TESTING



An exercise stress test is commonly conducted by health professionals to determine cardiac function of people with heart disease risk factors.

- The Bruce treadmill test , a non-invasive test
- Other similar exercise stress test protocols include Astrand, Naughton and Balke.

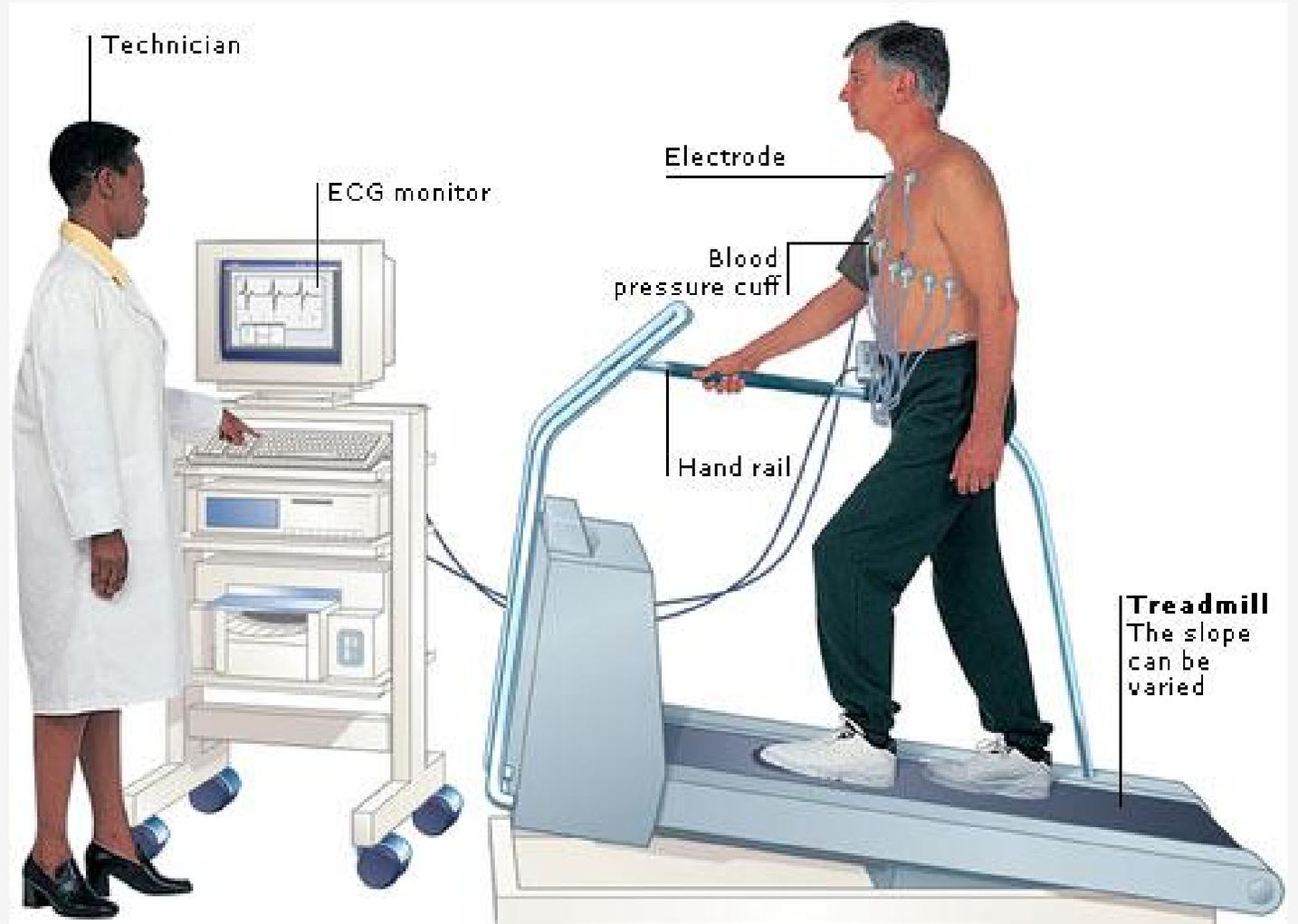


2

BRUCE PROTOCOL

- performed under the supervision of appropriately trained medical staff.
- for estimating VO_2 max.

the maximum amount of oxygen that an individual can utilize during intense or maximal exercise.



2

BRUCE PROTOCOL STRESS TEST

Stage	Speed (km/hr)	Speed (mph)	Gradient
-------	---------------	-------------	----------

Modified Bruce protocol

3minutes

Stage	Time	Speed	Grade	Mets
1	3 minutes	1.7mph	0%	1.7
2	3 minutes	1.7mph	5%	2.9
3	3 minutes	1.7 mph	10%	4.7
4	3 minutes	2.5 mph	12%	7.1
5	3 minutes	3.4 mph	14%	10.2
6	3 minutes	4.2 mph	16%	13.5
7	3 minutes	5.0mph	18%	17.3

10

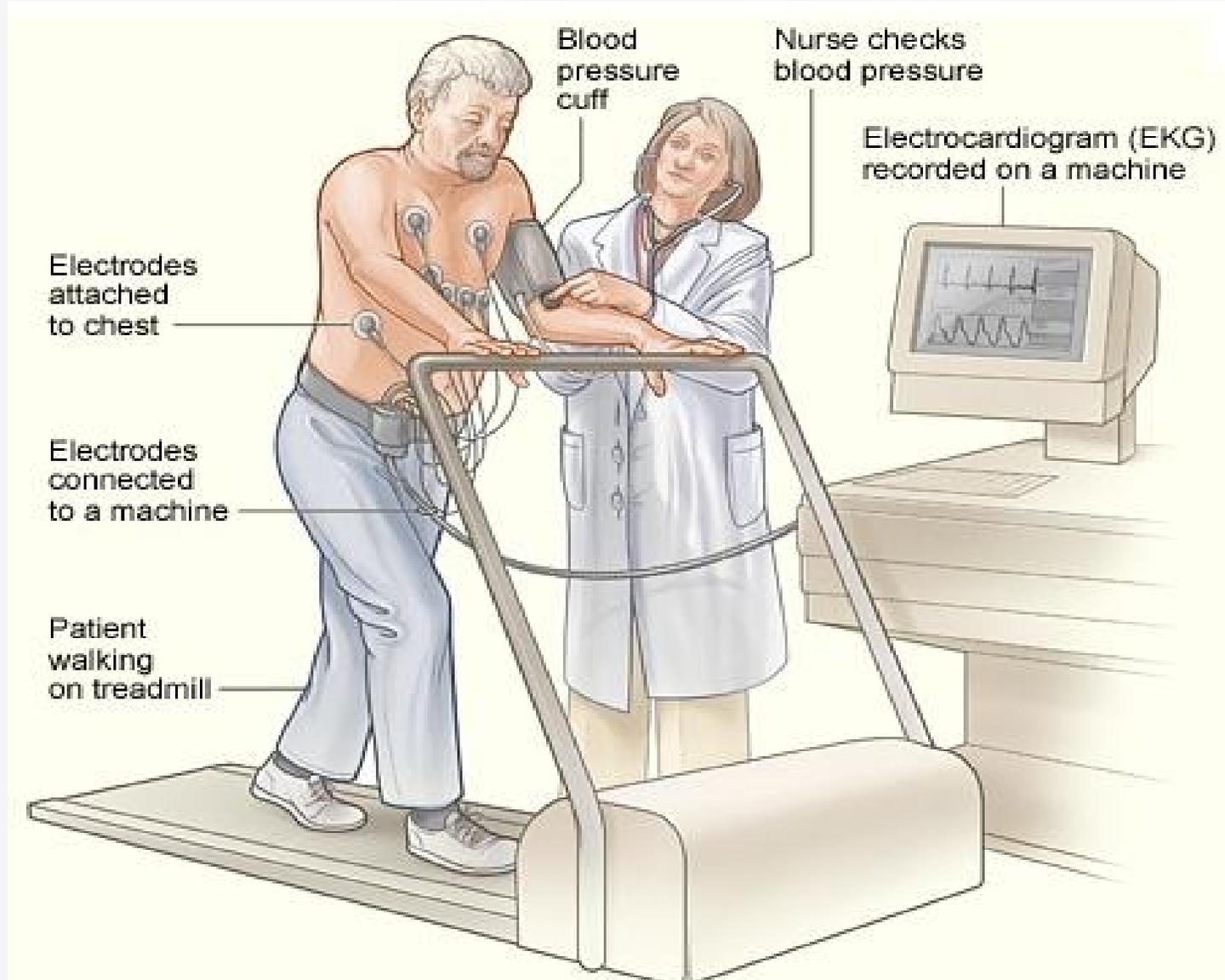


28

2

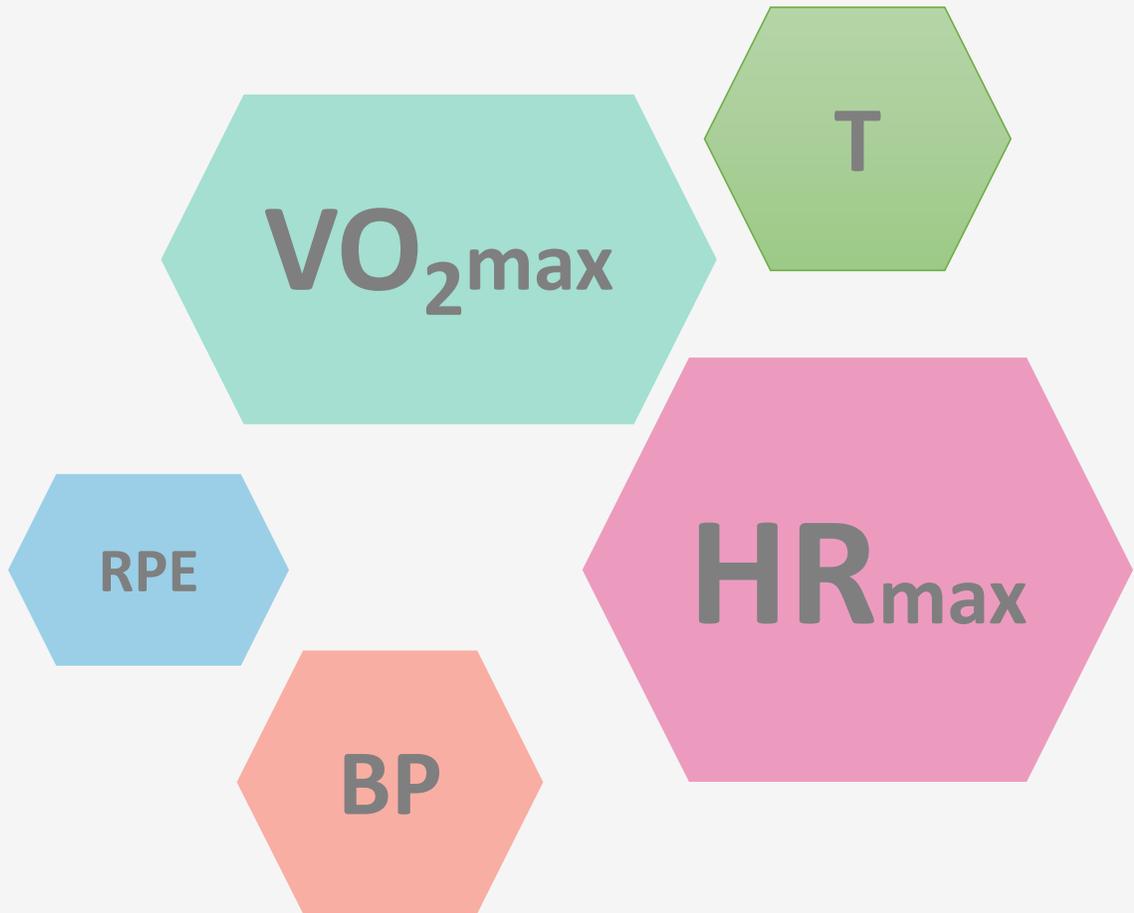
PROCEDURE OF BRUCE PROTOCOL

- the leads of the ECG are placed on the chest wall
- warm up
- the subject run for as long as possible on a treadmill.



2

RESULTS OF BRUCE PROTOCOL



The length of time "T"
Active and sedentary **men**
on the treadmill is the
 $VO_2 \text{ max} = 14.8 - (1.379 \times T) + (0.451$
 $\times T^2) - (0.012 \times T^3)$ can be

used to estimate the VO_2
Active and sedentary **women**
max value.
 $VO_2 \text{ max} = (4.38 \times T) - 3.$

(1) Foster et al. 1984
(2) Pollock et al. 1982



2

RESULTS OF BRUCE PROTOCOL

Bruce Protocol Norms for Men

VO2 Max Norms for Men - Measured in ml/kg/min						
Age	Very Poor	Poor	Fair	Good	Excellent	Superior
13-19	<35.0	35.0-38.3	38.4-45.1	45.2-50.9	51.0-55.9	>55.9
20-29	<33.0	33.0-36.4	36.5-42.4	42.5-46.4	46.5-52.4	>52.4
30-39	<31.5	31.5-35.4	35.5-40.9	41.0-44.9	45.0-49.4	>49.4
40-49	<30.2	30.2-33.5	33.6-38.9	39.0-43.7	43.8-48.0	>48.0
50-59	<26.1	26.1-30.9	31.0-35.7	35.8-40.9	41.0-45.3	>45.3
60+	<20.5	20.5-26.0	26.1-32.2	32.3-36.4	36.5-44.2	>44.2



PART THREE

EXERCISE PROGRAM

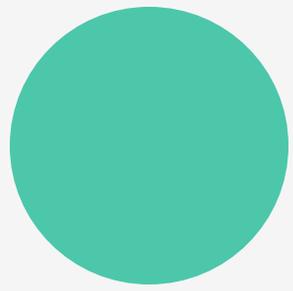
- Power waking
 - Making exercise program
 - Procedure
- 

POWER WALKING

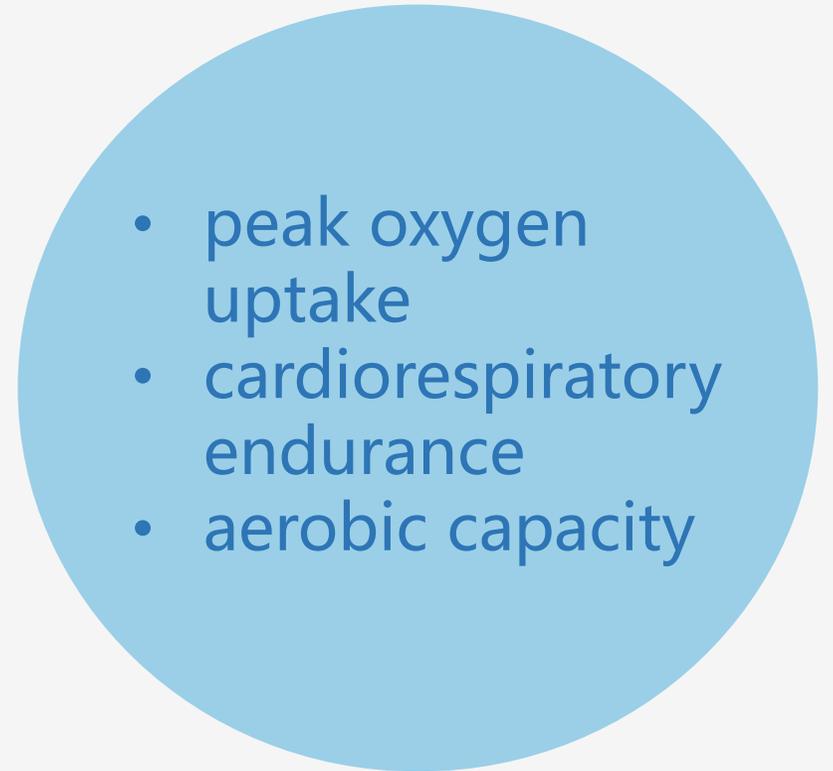
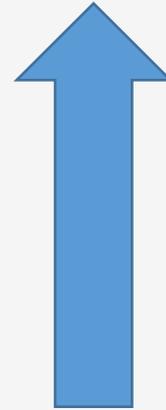
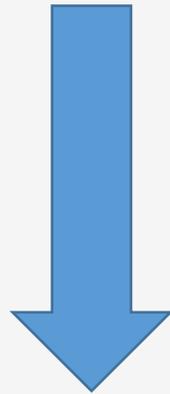
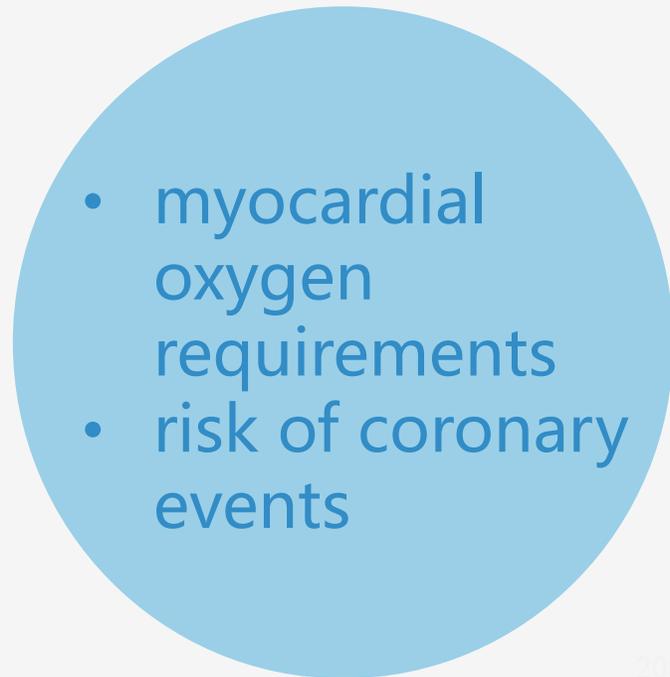
- A form of exercise where active upper body movement is added to the usual walking exercise.
- A fast walking exercise done at a speed of 6 to 8 km/h
- The elbow joints are bent 90 degrees
- At least one foot must be in contact with the ground at all times.

(Chul Kim,2012)



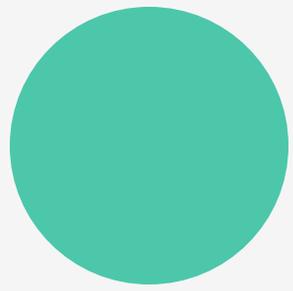


EFFECT



2011

2009



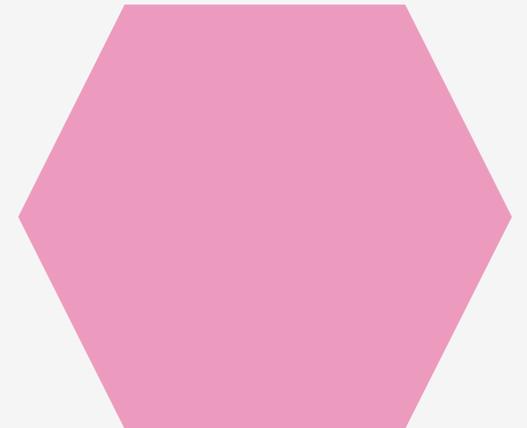
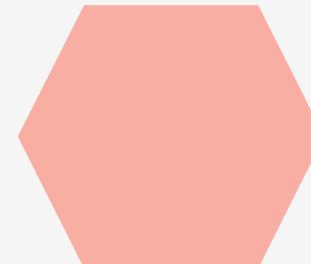
EXERCISE PROGRAM

Intensity: 60% of the target heart rate during the first 2 weeks
70% during 3rd and 4th weeks
85% during 5th and 6th weeks

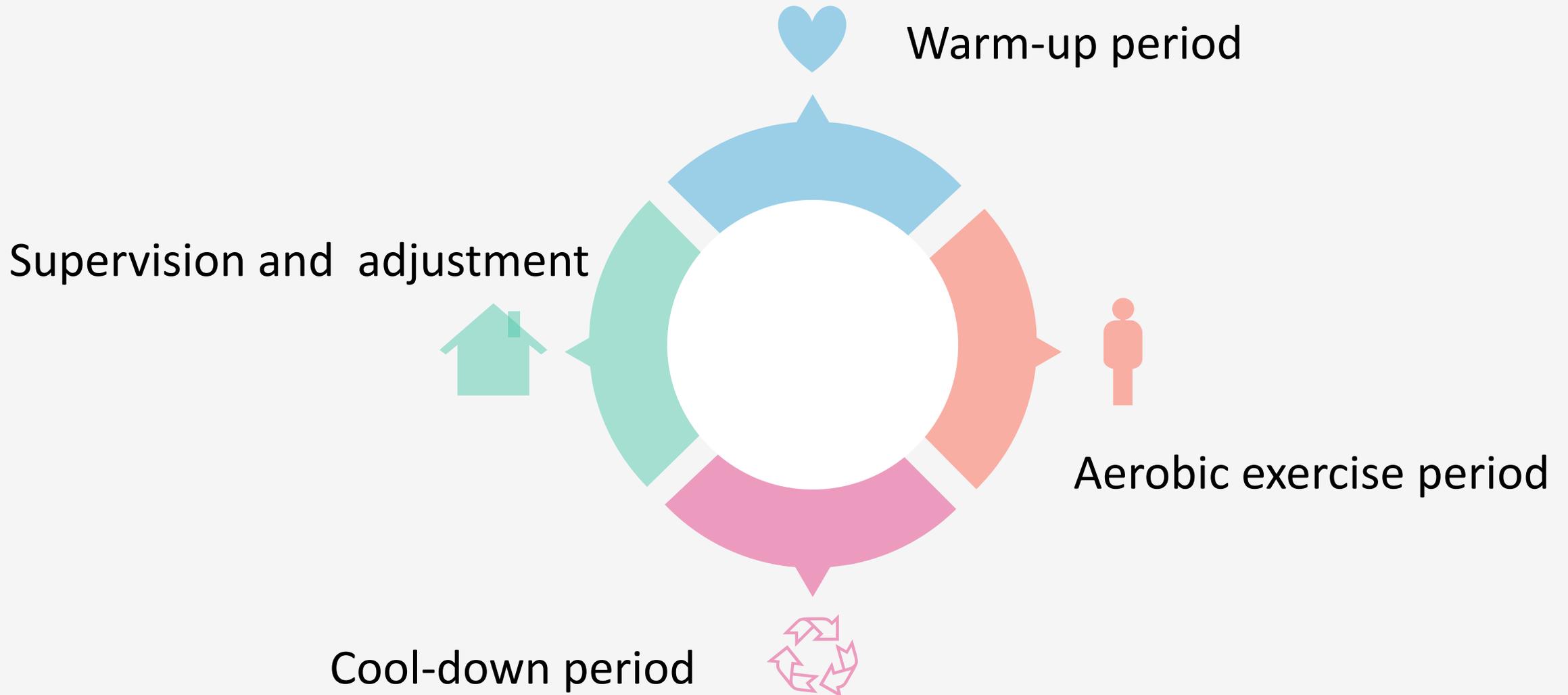
Duration: 6 weeks

Frequency: 3 times a week

The target heart rate = 60% to 80% of the maximum heart rate



Procedure





WARM-UP PERIOD

Total body movement exercises and pay attention to heart rate.

Warm up

Stroll

5 to 10 minutes



Stretch

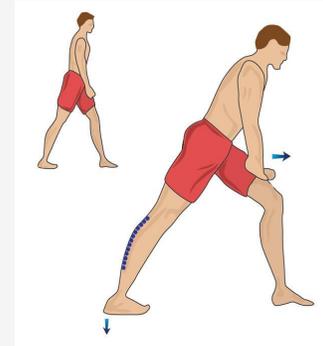


calf

hamstring

quadriceps

hip flexors





AEROBIC EXERCISE PERIOD

Step
1

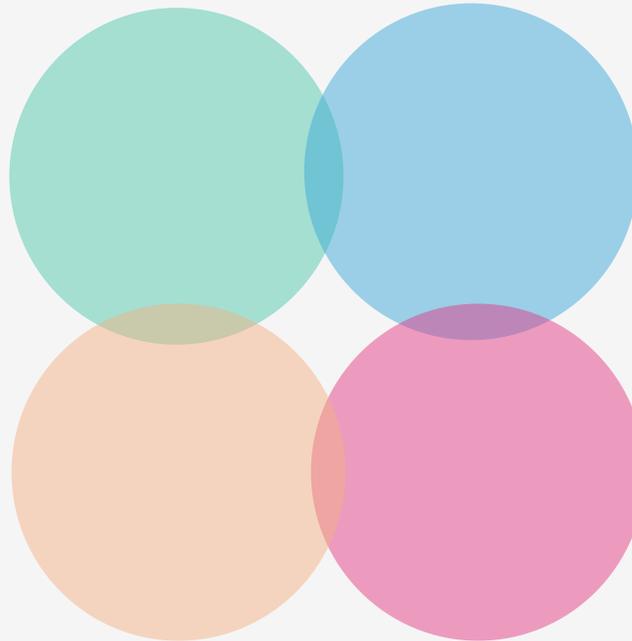
Establish a correct posture

Position your head in a neutral position and looking forward.

Open your mouth slightly.

Keep your shoulders relaxed.

Place your arms in a 90-degree angle.



Point your toes and knees forward.
Straighten your front leg.

Tighten your gluteus and abdominals.

Step
2

Move correctly



Step with your heel first and then roll your weight forward.

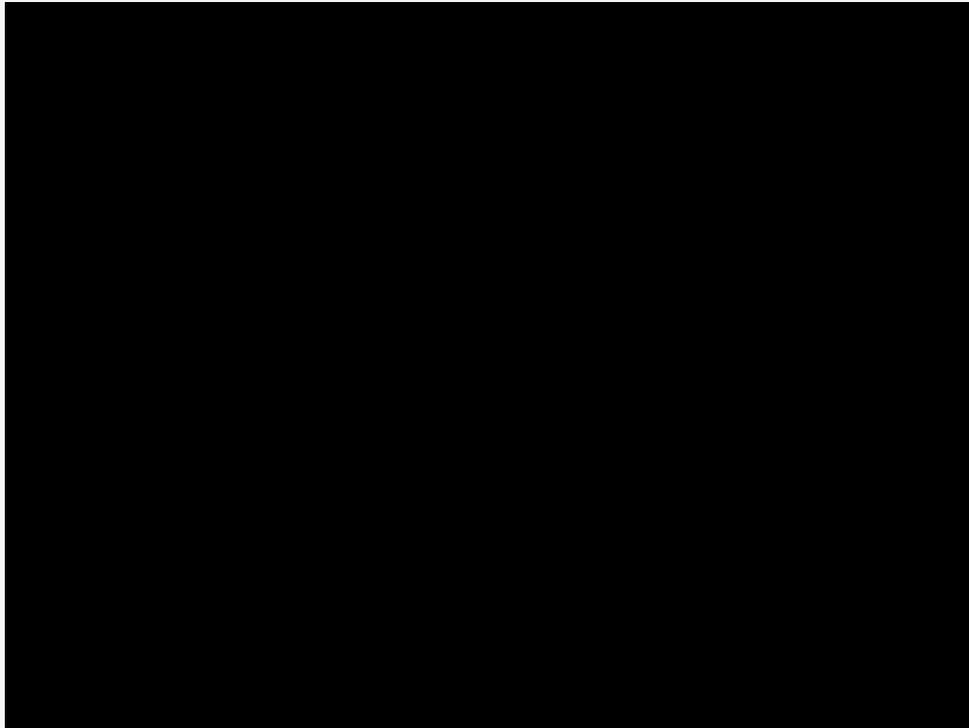
Use a natural step length.



Swing your arms back and forth actively

Pay attention to direction, wrists and elbows.

Alternate arms and legs forward to maintain walking in a straight line.





COOL-DOWN PERIOD

Cool down

Slowing your pace and dropping your arms by your sides.

Stretch

Stretch each muscle for 20 to 30 seconds.



SUPERVISION AND ADJUSTMENT

Monitor

heart rate, rhythm and blood pressure.

Adjust

according to the patients' response.

REFERENCES

- [1]. Conraads, V.M., et al., Aerobic interval training and continuous training equally improve aerobic exercise capacity in patients with coronary artery disease: The SAINTEX-CAD study. *International Journal of Cardiology*, 2015. 179: p. 203-210.
- [2]. Association of Cardiovascular and Pulmonary Rehabilitation (Subcommittee on Physical Activity), in Collaboration With the American Prevention) and the Council on Nutrition, Physical Activity, and Metabolism Clinical Cardiology (Subcommittee on Exercise, Cardiac Rehabilitation, and An American Heart Association Scientific Statement From the Council on Cardiac Rehabilitation and Secondary Prevention of Coronary Heart Disease.
- [3]. Cardiac Rehabilitation Guidelines 2013.
- [4]. Jelinek, H.F., et al., Cardiac rehabilitation outcomes following a 6-week program of PCI and CABG Patients. *Frontiers in Physiology*, 2013. 4.
- [5]. Herdy, A.H., et al., Cardiopulmonary Exercise Test: Fundamentals, Applicability and Interpretation. *Arquivos Brasileiros de Cardiologia*.
- [6]. Guazzi, M., et al., Clinical Recommendations for Cardiopulmonary Exercise Testing Data Assessment in Specific Patient Populations. *Circulation*, 2012. 126(18): p. 2261-2274.
- [7]. Warburton, D.E.R., et al., Effectiveness of High-Intensity Interval Training for the Rehabilitation of Patients With Coronary Artery Disease. *The American Journal of Cardiology*, 2005. 95(9): p. 1080-1084.
- [8]. Clinical Cardiology: New Frontiers Exercise as Cardiovascular Therapy.
- [9]. Jukić, A., et al., Impact of Percutaneous Coronary Intervention on Exercise-Induced Repolarization Changes in Patients With Stable Coronary Artery Disease. *The American Journal of Cardiology*, 2015. 116(6): p. 853-857.
- [10]. Elliott, A.D., et al., Interval Training Versus Continuous Exercise in Patients with Coronary Artery Disease: A Meta-Analysis. *Heart, Lung and Circulation*, 2015. 24(2): p. 149-157.
- [11]. Haykowsky, M.J., et al., Meta-Analysis of Aerobic Interval Training on Exercise Capacity and Systolic Function in Patients With Heart Failure and Reduced Ejection Fractions. *The American Journal of Cardiology*, 2013. 111(10): p. 1466-1469.

REFERENCES

- [12]. Conraads, V.M., et al., Aerobic interval training and continuous training equally improve aerobic exercise capacity in patients with coronary artery disease: The SAINTEX-CAD study. *International Journal of Cardiology*, 2015. 179: p. 203-210.
- [13]. Kim, C., J.E. Youn and H.E. Choi, The Effect of a Self Exercise Program in Cardiac Rehabilitation for Patients with Coronary Artery Disease. *Annals of Rehabilitation Medicine*, 2011. 35(3): p. 381.
- [14]. Tsai, S.W., Y.W. Lin and S.K. Wu, The effect of cardiac rehabilitation on recovery of heart rate over one minute after exercise in patients with coronary artery bypass graft surgery. *Clinical Rehabilitation*, 2005. 19(8): p. 843-849.
- [15]. Kim, C., et al., The Effect of Power-walking in Phase 2 Cardiac Rehabilitation Program. *Annals of Rehabilitation Medicine*, 2012. 36(1): p. 133.
- [16]. Weber classification in cardiac rehabilitation.
- [17]. Wilmore JH and Costill DL. (2005) *Physiology of Sport and Exercise: 3rd Edition*. Champaign, IL: Human Kinetics.
- [18]. Vivian H. Heyward, *Advance Fitness Assessment & Exercise Prescription, 3rd Edition*, The Cooper Institute for Aerobics Research, Dallas TX, 1998.
- [19] 陈刚等, 冠心病患者PTCA或支架术后的康复运动训练. *中国康复医学杂志*, 1998(04): 第3-5页.
- [20]. 冠心病康复与二级预防中国专家共识
- [21]. 唐海沁等, 冠心病血运重建患者运动康复疗效及安全性荟萃分析. *中华心血管病杂志*, 2014. 42(4): 第334-340页
- [22]. 崔芳等, 康复训练对冠心病患者介入治疗后的运动耐量的影响. *中华物理医学与康复杂志*, 2006(03): 第177-179页.
- [23]. 陈馨儿, 冠心病的康复锻炼方法. *中国康复医学杂志*, 1986(05): 第36-37页.
- [24]. . 谢岩与范国颖, 康复运动训练联合心理治疗对冠心病PCI术后患者的影响. *中国循证心血管医学杂志*, 2016(02): 第226-228页.
- [25]. . 韩呈武等, 有氧康复运动疗法对冠脉成形术后患者血清超氧化物歧化酶活性及泛素水平影响的临床研究. *中国康复医学杂志*, 2013(06): 第564-568页.
- [26]. 李河等, 运动疗法对冠心病经皮冠状动脉腔内成形术后患者生活质量的影响. *中国临床康复*, 2004(09): 第1601-1603页.
- [27]. 郭兰等, 运动心脏康复治疗对冠心病冠脉重建术后患者血管内皮功能的影响. *中国康复医学杂志*, 2002(01): 第29-31页.



THANKS FOR YOUR ATTENTION