

## Evaluation of Acute MI medically treated for PHASE II rehabilitation:

### Phase II

#### Clinical reasoning:

Age	Functional recovery/ dependence/ new job responsibilities/ degeneration/strength and balance.
Sex	Baseline assessment and ongoing assessment
Occupation	Functional recovery/ demand of work load/ type of rehabilitation required/ ergonomic advice.
Diagnosis:	Baseline assessment/ type specific rehabilitation.
Chart review	Baseline assessment and an ongoing assessment/indications and contraindications.
Present history	Knowing the status of the patient before the commencement of the treatment.
Temperature	Decreased O <sub>2</sub> transport/ circulation to periphery.
SPO <sub>2</sub>	Poor gas exchange in the affected regions at low lung volumes.
BP	Monitoring the baseline and ongoing assessment for the rehabilitation program.
Respiratory Rate	Increased work of breathing/ use of accessory muscles.
Respiratory support/ other gadgets.	Level of dependency / functional residual capacity baseline and an ongoing assessment.
Level of consciousness	Level of cooperation/ understanding ability.
Sputum examination	Infection/ frequency/ recurrent infection.
Chest expansion	Unilateral/bilateral chest expansion residual capacity reduction.
Auscultation	Retention of secretions/ abnormal heart murmurs.
Mobility	Decreased mobility / poor exercise tolerance.
Functional evaluation status	Baseline assessment and ongoing assessment.
Pain	Incisional pain (VAS), chest musculoskeletal, peripheral and vascular.
Breathlessness	Level of retention of secretions/ sedation effects of drugs/ reduced FRC due to medications.
Functional Status.	Distance walked before onset of pain and ease of movement.
Medical history	Type of medication and mode of delivery for the beta-blockers affects the heart rate during exercise.
Swelling of calf	DVT/ right heart failure
Weight	Poor nutrition
ECG	Resting ST segment changes >2 mm ST Segment depression in V <sub>2</sub> and V <sub>3</sub> shows anterior wall MI.
Body positioning:	To maximize alveolar ventilation and to minimize negative effects of pulmonary oedema To ensure oxygen demand do not exceed

Specificity		Week 1	Week 2	Week 3	Week 4	Week 5
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	oxygen supply that remains within the oxygen delivery threshold.
Aerobic exercises	As the patients tolerance increases the intensity and duration are increased and the frequency of the session are reduced.
Flexibility exercise:	Optimize the blood flow and enhance the oxygen transport
Resisted exercises	Exercise prescription parameters are set with in the capacity of the myocardium to deliver oxygenated blood to the lungs and systemic circulation and within the angina threshold.
Built in ability to self manage the symptoms	Ability to engage in the self care enhances the reduction of stress and reduction of oxygen supply.
Do's & Don'ts	Take into account of the patients previous functional level and customize the rehabilitation program to the patients ability A referral to the outpatient rehabilitation for Phase II rehabilitation and lifestyle modification to begin as early as the phase I rehabilitation gets ended the ECG recordings should have to be considered before progressing on to treatment and the medications such as beta blockers and its action should have to be understood before prescription of the exercise.
Home program	Explain the purpose of the exercises and reassure the patient about the safety conditions and about closed supervision of the attender towards patient.
Follow up	Insist the patient about the importance of the phase III rehabilitation.
Therapist in-charge	

Aerobic exercise	Mode					
	Intensity < 10 to 20 beats per minute					
	Duration 10 – 30 minutes					
	Frequency 2- 3 times per day					
Resistance Training.	Duration 5-20 minutes Frequency 2 – 4 times per day Intensity <10 to 20 beats per minute. Increase in BP <20 mm Hg.					
Flexibility						
Built in ability to self manage the symptoms.						

Progression Notes:

Check for the functional capacity ----- Six-minute walk test

Functional classification of the patient-----NYHA

Chest clearance----- Auscultation