

Evaluation form for Coronary artery Bypass Grafting and patient done 1
Angioplasty

Clinical Reasoning:

Age	Functional recovery/ dependence/ new job responsibilities
Sex	Baseline assessment and ongoing assessment
Occupation	Functional recovery/ demand of work load/ type of rehabilitation required.
Diagnosis:	Baseline assessment/ type specific rehabilitation.
Chart review	Baseline assessment and an ongoing assessment./indications and contraindications.
Surgery details:	Type of incision/ level of healing
Respiratory support/ other gadgets.	Level of dependency / functional residual capacity baseline and an ongoing assessment.
Level of consciousness	Level of co operation/ understanding ability.
Breathing pattern	Incisional pain/ in-drawing of ribs
Cough effort	Incisional pain/ muscle guarding/ reduced functional residual capacity
Sputum examination	Infection/ frequency
Chest expansion	Unilateral/bilateral chest expansion residual capacity reduction.
Auscultation	Retention of secretions/ abnormal heart murmurs.
Posture	Kyphosis posture/ shoulder roundedness
Range of motion	Shoulder and spine
Functional evaluation status	Baseline assessment and ongoing assessment.
Pain	Incisional pain (VAS)
Breathlessness	Level of retention of secretions/ sedation effects of drugs/ reduced FRC due to general anesthesia.
Cough productive and unproductive	Sternotomy/ dry cough/ psychological adaptation that the sutures will break
Ankle swelling	Fluid retention/ lymph node obstruction/
Fever	The physiotherapy is contraindicated for patient having the pyrexia
ABG	To measure a baseline and an ongoing assessment and measure a treatment response.
SPo2	Ongoing monitoring of the hemodynamic status is essential during physical therapy treatments.
Vitals HR	Ongoing monitoring of the hemodynamic status is essential during physical therapy treatments HR, BP, temperature and fatigue.
RR	
BP	
Temp	
ECG	To know the baseline measure and an ongoing measure of the physiotherapeutic intervention.
Bed mobility	To facilitate oxygen transport through out the body to promote alveolar ventilation and provide lung compliance and decrease airway resistance.
Sputum weight and volume	To provide a basis for defining treatment

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	goals and criteria for discontinuing the treatment.
Sternal care	To encourage patient to perform pain control strategies and request medication to provide pain control
Intervention	Rationale
Breathing control	To exploit the acute effects of mobilization on cardiopulmonary function and oxygen transport (i.e., increase arousal, optimize alveolar volume, functional residual capacity, the distributions of ventilation, perfusion, and ventilation and perfusion matching; increased surfactant production and distribution; gas exchange; three-dimensional chest wall movement, efficient and coordinated thoraco-abdominal movement, mucociliary transport, decrease secretion accumulation, lung movement, and lymphatic drainage, and reduce the work of breathing and the work of the heart)
Range of motion exercises	To exploit the cardiopulmonary effects of range-of-motion exercises primarily; secondarily their effects on joint range, muscle length, and stiffness
Warm-up exercises: deep breathing, relaxation, and gentle circulatory exercises ankle movements	To maximize the effect of physical measures to control thrombosis
Practice transferring in and out of the chair	To optimize breathing pattern, chest wall excursion, and distribution of ventilation; minimize compression atelectasis and suboptimal alveolar filling, gas mixing, and gas exchange To relieve musculoskeletal rigidity and long-term cardiopulmonary sequel of impaired postural alignment To enhance breathing and movement efficiency and movement economy metabolically
Deep breathing exercises	To improve breathing efficiency during the physical activity. To reduce respiratory distress and work of breathing and its energy costs.
Follow sternal precautions Refrain from using the arms for lifting	The acute stages of healing sternal support is a mandate to be followed The sternum takes 6 to 8 weeks to heal. Avoid lifting objects greater

	than 10 lbs or any activity that causes clicking of the sternum. Occasional clicking is normal.
Cough with support	Use a pillow to splint the sternum during cough or sneeze for sternal support and it also enhances the psychological support of the patient by providing a moderate support.

JSSCPT

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	Day 1	Day 2	Day 3	Day 4
Breathing control 3- 5 seconds				
Follow sternal precautions				
Refrain from using the arms for lifting				
Practice transferring in and out of the chair				
Perform deep breathing exercises				
Cough with a pillow to support the sternum, and up for meals.				
Warm-up exercises: deep breathing, relaxation, and gentle circulatory exercises ankle movements				
Core exercise program: neck, shoulder girdle, bilateral upper extremity exercise, trunk, and lower extremity ROM exercises				
Exercises done on a chair				
Allow patients to achieve ROM that they can tolerate (ie, without undue discomfort and clicking of the sternum). Pain (0-10) scale and 3-5 among the scale. Duration 20 -60 minutes Frequency several to 1 time daily. Monitor the SaO2:>90%				