PM&R knowledge NOW®

A resource on Physical Medicine and Rehabilitation (PM&R) topics developed by the American Academy of Physical Medicine and Rehabilitation (AAPM&R)

Cardiac Rehabilitation

Condition: Cardiac rehabilitation is a program that seeks to restore and improve function after a cardiac event, and it uses both education on heart disease and a progressive exercise program to limit disability, minimize heart disease risk factors and optimize the cardiac condition. The physical medicine and rehabilitation (PM&R) physician, also known as a physiatrist, uses a comprehensive approach to assess this population, incorporating both medical and functional knowledge on the assessment and plan of care.

Background: Heart disease is the leading cause of mortality in the United States, independent of the race or ethnicity. Costs associated to heart disease are not limited to health care expenses but to loss of productivity and associated disability. Even when early cardiac rehabilitation is known to decrease total mortality and major adverse cardiac events, only up to 20% of eligible patients participate from the program each year.

Risk Factors: There are risk factors that cannot be modified like age, male gender, previous history of vascular disease, family history and race. Modifiable risk factors include diabetes and glucose level control, hypertension, hypercholesterolemia, abdominal obesity, smoking, activity level, stress management and diet. There are social components that may interfere with limited access to services or program outcomes, and these may include patient transportation, social support, family support, lack of employment and air quality, among some.

History and Symptoms: The patient's history will talk about an acute cardiac event that may have impaired functional independence; risk factors must be explored in the history of the patient. After the event, the patient may remain with symptoms that interfere with activities of daily living like shortness of breath, fatigue, heart palpitations, chest pain, dizziness, leg pain or edema.

Physical Exam: The exam will determine the status of heart and lungs, including pulse and systemic blood pressure. In addition, it will explore other musculoskeletal factors that may interfere with function like leg swelling, motion of joints, muscle strength, ability to stand and walk, among some.

Diagnostic Process: Most patients with heart disease already have a confirmed diagnosis and a competed workup, but there are other studies that the PM&R physician may use to assess the functional ability before starting an exercise routine. This may include an exercise tolerance test which results will be used to plan a graduated exercise program when training.

Rehab Management: The program divides in 3 phases and will be occur 2-3 per week up to 8 weeks in the subacute stage. The rehabilitation goals will be focused on improving functional independence and quality of life. Early stages of the program require close supervision and cardiac monitoring; there will be gradual progression of activities and intensity as the patient demonstrates tolerance. Interventions done include early mobility, aerobic exercises, and progressive resistive training. Care is coordinated with other healthcare professionals that promote enhanced medical health, independence in activities of daily living and healthy lifestyles.

Other Resources for Patients and Families: Patients who feel lonely or are clinically depressed have a worst outcome. Family integration to care and good social networks will improve patient's adherence to the rehabilitation program. The American Heart Association and the American Association of Cardiopulmonary Rehabilitation are good sources for more information on cardiac rehabilitation.

Frequently Asked Questions

What is PM&R?
Physical medicine and rehabilitation (PM&R), also known as physiatry, is a primary medical specialty that aims to enhance and restore functional ability and improve quality of life to those with injuries, physical impairments or disabilities affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles and tendons. PM&R physicians, known as physiatrists, evaluate and treat the whole body, maximize patients' independence in their daily life and are experts in designing comprehensive, patient-centered treatment plans to empower patients to achieve their goals. By taking the whole body into account, they can accurately pin-point problems, decrease pain, assist in recovery from devastating injuries and maximize overall outcomes and performance with non-surgical and peri-surgical options. To learn more, visit www.aapmr.org/aboutpmr.

What makes PM&R physicians unique?
PM&R physicians' training focuses not just on treating medical conditions, but on enhancing the patient's performance and quality of life in the context of those medical conditions. They focus not only on one part of the body, but instead on the development of a comprehensive program for putting the pieces of a person's life back together – medically, socially, emotionally and vocationally – after injury or disease. PM&R physicians make and manage medical diagnoses, design a treatment plan and prescribe the therapies that physical therapists or other allied therapists perform or that are carried out by the patients themselves. By providing an appropriate treatment plan, PM&R physicians help patients stay as active as possible at any age. Their broad medical expertise allows them to treat disabling conditions throughout a person's lifetime.

Why see a PM&R physician?
A PM&R physician will thoroughly assess your condition, needs, and expectations and rule out any serious medical illnesses to develop a treatment plan. By understanding your condition and goals, you and your PM&R physician can develop a treatment plan suited to your unique needs.

How do I find a PM&R physician near me?
Visit www.aapmr.org/findapmrphysician or contact your primary care physician for a referral.