



Cardiac Rehabilitation

Class Handouts

Oregon Heart & Vascular Institute

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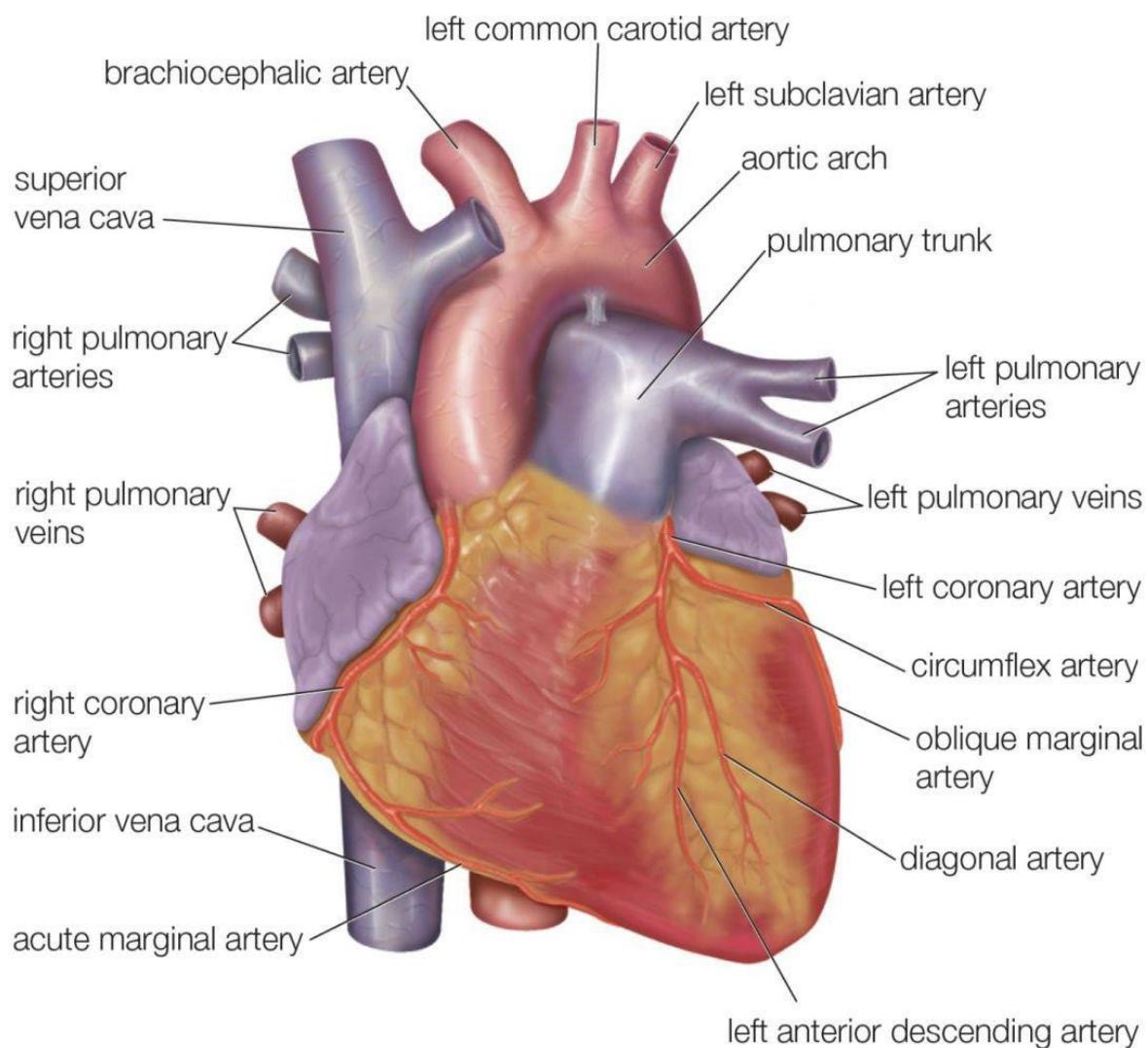


List of Classes

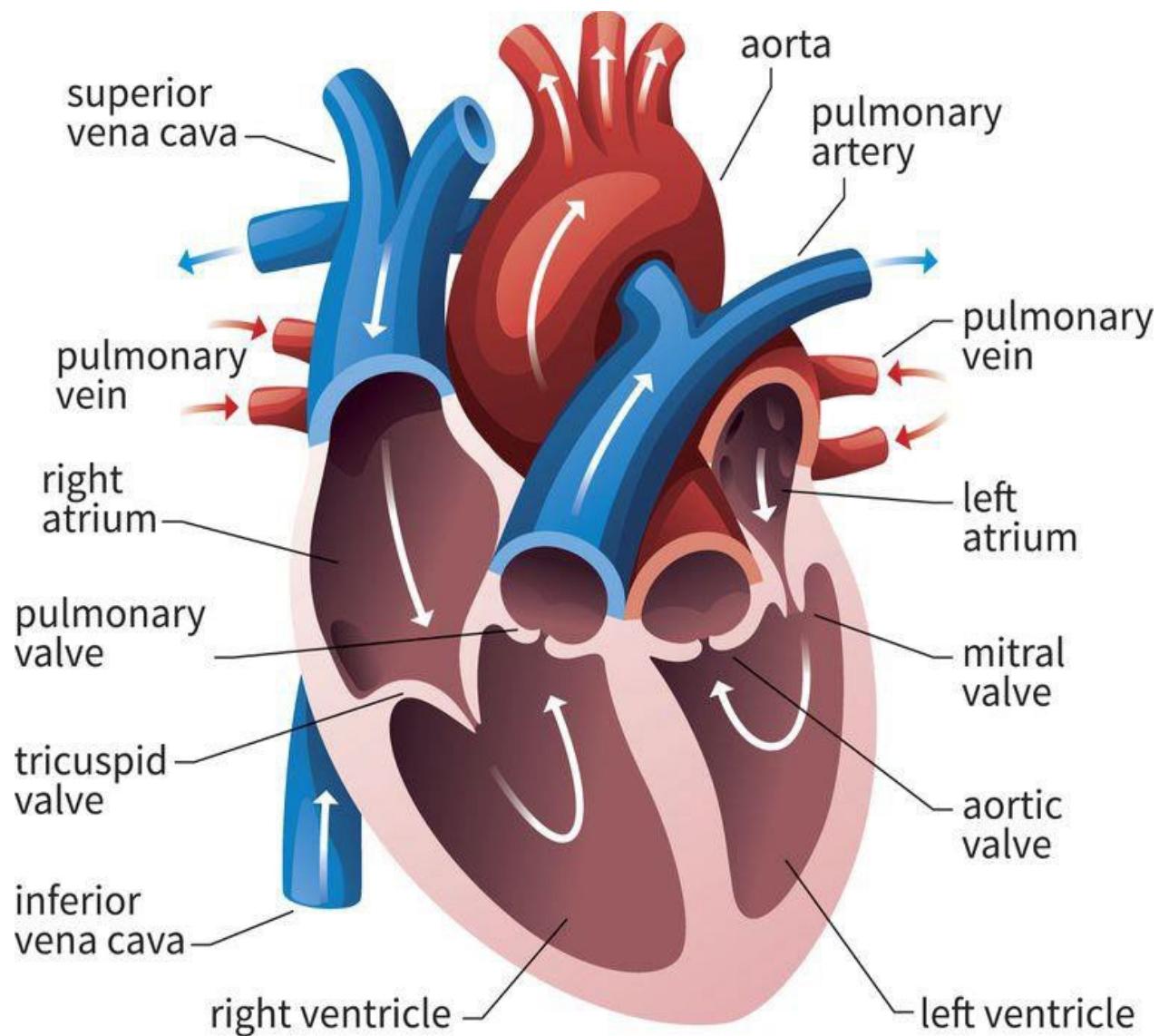
<u>Class #</u>	<u>Title</u>
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1	Heart Anatomy & Function
2	Risk Factors/Intro to Goal Setting
3	Principles of Exercise
4	Stress & Mindfulness
5	Cardiovascular Medications
6	Mediterranean Eating
7	Meal Planning
8	Graduation/Relapse Prevention

External View of the Heart



Internal View of the Heart



Risk Factor Personal Assessment

Write in your own numbers below and compare with the recommended goal. Then, check the box in the last column for each risk factor for which you are NOT at the recommended goal.

Risk Factor	Your Number	Recommended Goal	Check the box if you are NOT at the recommended goal
Tobacco		No tobacco for >6 months	<input type="checkbox"/>
LDL cholesterol		<70 mg/dL	<input type="checkbox"/>
HDL cholesterol		>40 mg/dL (men) >50 mg/dL (women) >60 mg/dL (negative risk factor)	<input type="checkbox"/>
Triglycerides		<150 mg/dL	<input type="checkbox"/>
Blood pressure		<120/80	<input type="checkbox"/>
Physical inactivity		Exercise \geq 3 days per week for \geq 30 minutes/day	<input type="checkbox"/>
Body mass index (BMI)		<30	<input type="checkbox"/>
Waist Circumference		\leq 40 inches (men) \leq 35 inches (women)	<input type="checkbox"/>
Blood glucose		BG <100 (fasting) A1C <5.7 (non-diabetic) < 7.0 (diabetic)	<input type="checkbox"/>
Stress		Use \geq 1 stress management technique	<input type="checkbox"/>
Key:			
< means "less than"	> means "greater than"	\leq means "less than or equal to"	\geq means "greater or equal to"

GOALS for Cardiac Rehabilitation

S	M	A	R	T	(S)
Specific	Measurable	Achievable	Relevant	Timely and Track-able	Self-Determined
Focus on exactly who, what, when, where and how	Include amounts, times, days and other points of reference for measuring progress	Make a change that you feel confident you can achieve	Focus on how the change is important and will make a positive difference in your life	Commit yourself to a realistic timeframe and monitor your progress	What do YOU want to do?

Wish (SMARTS) Goal:

Outcome: What is the best possible outcome that would result from accomplishing your goal? Visualize this outcome in your mind. Write it below:

Obstacles to achieving the goal:

Plan for overcoming the obstacles:



Is your **Aerobic** exercise **FITT**?

Frequency

HOW OFTEN?

Exercise 5-7 days per week. Daily exercise is best for conditioning the cardiovascular system, weight maintenance and blood sugar control.

Intensity

HOW HARD?

Rating of Perceived Exertion (RPE) of 11-13, a feeling of "fairly light" to "somewhat hard." In other words, heart rate is increased but is at a comfortable, conversational level.

Type

WHAT KIND?

Aerobic exercise that uses large muscle groups, is rhythmic, and can be maintained for an extended period of time.
Examples: Walking, biking, swimming, rowing, dancing.

Time

HOW LONG?

30-60 minutes in increments of 10-minutes or greater including warm-up and cool-down.

Write in the TYPE of exercise and the start/end TIME on the DAYS you will exercise next week:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TYPE of exercise:							
Start time:							
End Time:							

Your life depends on the strength of your cardiorespiratory system – your heart and lungs!

IMPORTANT: TIPS FOR SAFE EXERCISE

Warm-up: 5 minutes of low-intensity exercise to gradually increase blood flow to working muscles. This helps prevent injury and prepares your body for aerobic exercise or strength exercises.

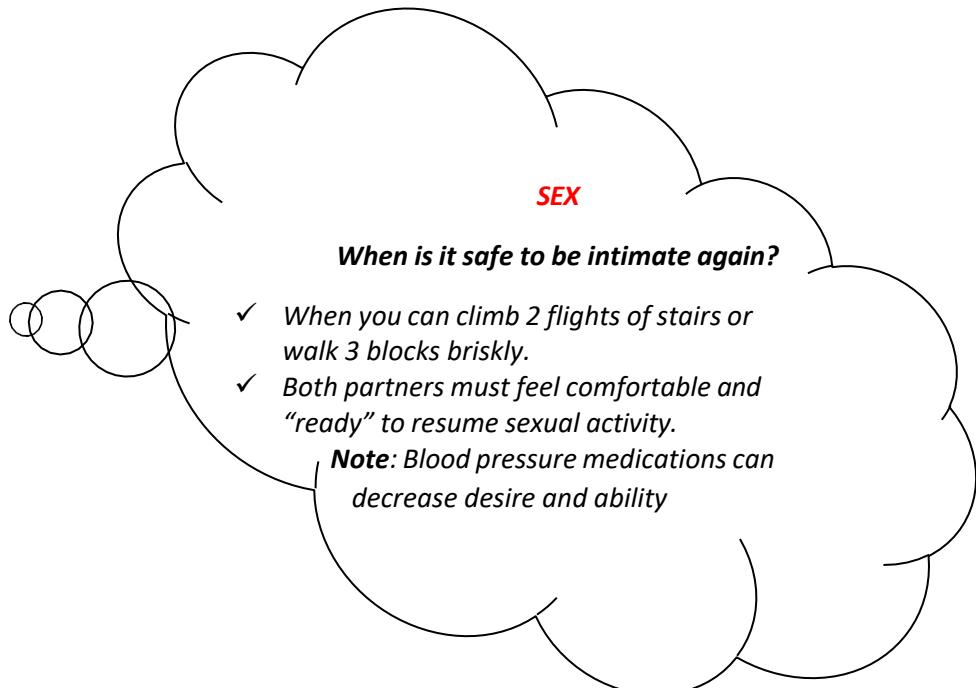
Cool-Down: 5 minutes gradually decreasing exercise intensity to return your body to near resting levels.

Temperature: If outside temperature is below 35 F or above 80 F, exercise indoors.

Water/Food: Drink water with exercise. Do not drink caffeinated or alcoholic beverages with exercise. Avoid eating a meal within 1 hour prior to exercising.

Symptoms: If at any time you feel symptoms such as chest tightness, discomfort or heaviness, jaw discomfort, shortness of breath, chest, arm or back pain, nausea, lightheadedness, or palpitations (irregular heartbeats) **STOP AND REST**. If symptom(s) of chest pain continue, take nitroglycerin as directed and call your doctor.

??? ?



WHAT IS EFFECTIVE STRESS MANAGEMENT?

Balance the pressures and demands in your life with positive satisfactions, personal pleasures, and a lifestyle that insulates you from the negative impact of stress.

Exercise

- A calming effect as it releases muscle tension, increases energy and improves mood.
- Buffers against anxiety and depression.

Relaxation Techniques

- Take slow, full, deep breaths for calming. Breathe with abdomen, deepen inhale-exhale, focusing on the “here and now.”
- Calm yourself with “mindful exercises” such as Tai Chi, Yoga or progressive muscle relaxation.

Social Connections

- Create intimate, supportive relationships with family members, friends, clergy or professional, organized or casual groups.

Pursuit of Happiness

- Not a goal, but a byproduct of experiencing positive satisfaction and personal pleasure from work, love, friendship, leisure and parenting.
- An emotion that can be managed, practiced and mastered.
- “Happiness depends upon ourselves.” Aristotle

Spiritual Connectedness

- Contemplation or spiritual practice (prayer/meditation/journaling) to provide meaning and purpose, hope and acceptance.
- Reflect on personal values, goals and choices.

*Change and grow with intention.
Choose more of what you do, who is close to you
and how you spend your time.*

Stress Management Strategies

Make a plan to help manage your stress:

Step 1: Evaluate and identify where stress is manifesting in your life

- External stressors – events, situations, environment
- Internal stressors – expectations, attitudes, feelings
- Distress (negative stressors) – exams, divorce, traffic
- Eustress (positive stressors) – marriage, job promotion, graduation

Step 2: Tackle the problem

- Break it down into small pieces
- Make lists
- Create timelines
- Avoid when possible
- Let some things go
- Learn to say “NO”

Step 3: Take care of the body

- Exercise!
- Practice:
 - Breathing techniques
 - Mindfulness
 - Meditation
- Eat healthfully
- Sleep well
- Avoid caffeine, alcohol and nicotine
- Rest when you are ill



Step 4: Deal with emotions

- Take time for yourself or mini vacations
- Find a hobby you enjoy or get creative
- Read
- Talk
- Journal
- Pray
- Laugh  and cry 
- Practice gratitude

Step 5: Make the world a better place

- Contribute
- Volunteer
- Help a loved one

Medications

Common Classes of Cardiac Medications

Notes

1. Nitrates
2. Beta Blockers
3. Calcium Channel Blockers
4. Ace Inhibitors
5. Anticoagulants & Antiplatelets
6. Statins
7. Diuretics
8. Antiarrhythmics

What makes it hard for you to take your medications as prescribed?

What are some strategies that help you to take your medications as prescribed?

Avoid Medication Errors:

1. Always keep an up-to-date medication list with you.
2. Review your list with your doctor to be sure they match.
3. Include over the counter drugs and supplements on your medication list.
4. Read warnings on labels and keep the medication information insert.
5. Understand dosages and how they are written.
6. Take as directed.
7. Properly dispose of medication you no longer take.
8. Ask questions!

Rate Your Mediterranean Diet

I Eat...		YES	NO
Vegetables	3 or more cups a day		
Fruit	2 or more pieces (or cups) a day		
Legumes/Beans	2 or more half- cup servings a week		
Whole Grains	2 or more half-cup servings a day		
Refined flour products and sweets (ice cream, cookies, cake, pie, muffins, candy, crackers, pretzels, white breads, etc.)	A few times or fewer a week		
Red and processed meat	4 ounces or fewer a week		
Dairy	2 servings or fewer a day		
Seafood	2 or more times a week		
Nuts/Seeds	A handful most days		
Fats	Olive oil and few other fats		

Mediterranean Eating – Goal Setting

S	M	A	R	T	(S)
Specific	Measurable	Achievable	Relevant	Timely and Track-able	Self-Determined
Focus on exactly who, what, when, where and how	Include amounts, times, days, and other points of reference for measuring progress	Make a change that you feel confident you can achieve	Focus on how the change is important and will make a positive difference in your life	Commit yourself to a realistic timeframe and monitor your progress	What do YOU want to do?

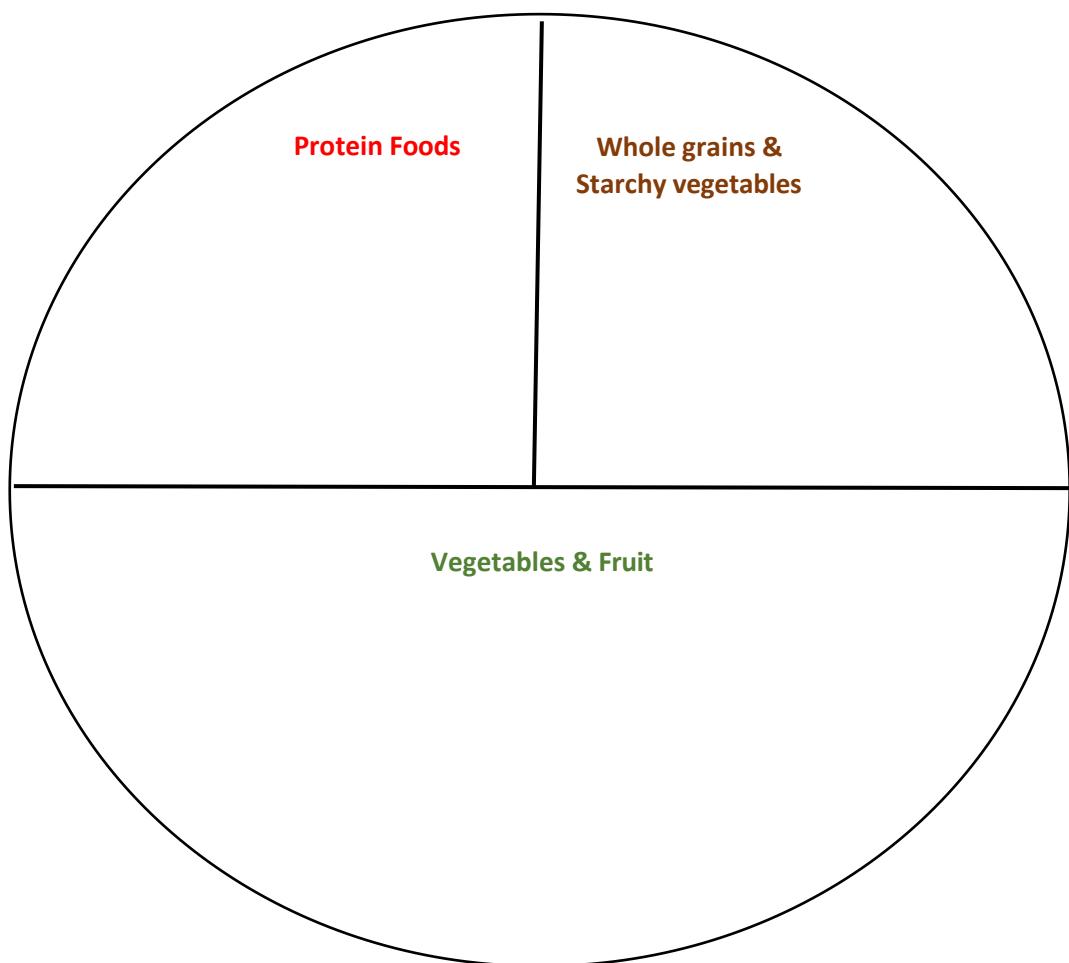
Wish (SMARTS) Goal:

Outcome: What is the best possible result that would happen from accomplishing your goal? Visualize this in your mind. Write it below:

Obstacles to achieving the goal (what barriers do you anticipate?):

Plan for overcoming the obstacles/barriers:

Plan a Meal



Mediterranean Diet		
Daily	Weekly	Once a Week or Less
<ul style="list-style-type: none"> ▪ Several servings of whole grains ▪ Variety of seasonally fresh vegetables with emphasis on dark leafy greens ▪ Seasonally fresh fruit ▪ Plant foods high in Omega 3 (flaxseed, walnuts, chia seeds) ▪ Extra virgin olive oil used as the main fat ▪ Legumes ▪ Small amount of nuts ▪ Herbs & spices to flavor foods 	<ul style="list-style-type: none"> ▪ Omega 3-rich fish at least 2x/week ▪ Several servings per week of a small amount low fat or fat free dairy ▪ Poultry (1-3x/week) ▪ Eggs (0-4/week) 	<ul style="list-style-type: none"> ▪ Sweets containing refined sugars (including honey, maple syrup, agave) ▪ Meat 3-4 ounces/week or less (12-16 ounces/month)

Relapse Prevention:

Strategies to help you stay on course and to get you back on course when you get thrown off.
Prevent a lapse from becoming a relapse.

Plan!!!

- Take time to think about how you will be able to achieve your goal
- Write it down
- Get a journal
- Use a calendar

Identify your high-risk situations and make a plan for them:

- Locations -> re-route
- People -> talk to them prior or disengage
- Events -> holidays, birthdays, weddings, etc.

- _____
- _____
- _____

Strategies to help with your plan and high-risk situations:

- Point of interest prompt	- Celebrate your successes
- Urge surfing	- Evaluate past successes: What worked?
- Cognitive restructuring	- Exercise
- Positive self-talk	- Holistic methods
- Imagery – keep it positive and detailed	+ Yoga
- Avoidance	+ Mindfulness
- Self-monitoring	+ Meditation
- Proximity control	- Take up a creative endeavor
- Set reminders	- Give back/volunteer
- Celebrate your successes	- Join a support group
- Problem-solve your barriers	- Get an accountability partner
- Create rewards	- Educate yourself

What do you value the most – what do you hold most dear? 3-5 things

1. _____
2. _____
3. _____
4. _____
5. _____

Remember these 5 things when life gives you challenges that threaten your health behavior.