

Acute Cardiorespiratory Rehabilitation **Paula Maria Martini***

Received: November 06, 2021; **Accepted:** November 20, 2021; **Published:** November 27, 2021

Department of Physiotherapy, University of Guanajuato, Mexico, North America

Commentary

For patients with coronary heart disease, phase one cardiac rehabilitation (CR) is an important part of their treatment. Health outcomes can be improved with the right programme implementation. Conduct an integrative review of Phase one CR for patients with coronary heart disease who are hospitalised. A comprehensive survey of the literature (2003-2014) Sources of information: Medline, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Experta Medica Database (EMBASE), Psycinfo, Clinical Practice Guidelines Portal, Cochrane Library, Clinical Evidence (BMJ), and Google Scholar were used in the literature search. The critical appraisal methods from the Joanna Briggs Institute were used to assess study methodology. Peer-reviewed studies were included in the review, and they were all published in English. Phase one CR intervention/s or education for patients diagnosed with coronary heart disease in the acute care setting before to hospital discharge were studied. The attitudes of patients and health professionals, CR interventions, and patient education have been the primary focus of cardiac research over the last decade. Time, workload, and other factors that hamper Phase one CR delivery were also reported. To enable patients with coronary heart disease to have excellent health outcomes after hospitalization, Phase one CR delivery must be optimized. The reasons that obstruct the delivery of Phase one CR should be addressed in future interventions. Secondary prevention; coronary artery disease; counselling; patient education Acute coronary syndrome, a life-threatening cardiovascular condition, is one of the most common.

Acute myocardial infarction and irreversible myocardial necrosis are examples of such a circumstance, which can range from unstable angina to the most severe condition, acute myocardial infarction and irreversible myocardial necrosis. Acute or recurrent coronary syndrome affects about 1 million people in the United States each year. According to WHO estimates, by 2030,

23.6 million People will have died from cardiovascular illnesses. About 12 million individuals are affected by coronary artery disease, with 600,000 people dying as a result. Despite significant advances in cardiac patient prevention, diagnosis, treatment, and rehabilitation, cardiovascular diseases nevertheless have a high mortality rate. Cardiac rehabilitation programmes are one of the strategies used in the treatment of cardiovascular disorders, and there are several research on the subject, particularly on the effects of such programmes around the world. Cardiac

*Corresponding author:

Paula Maria Martini

✉ malarvizh23@gmail.com

Department of Physiotherapy, University of Guanajuato, Mexico, North America.

Citation: Martini PM (2021) Acute Cardiorespiratory Rehabilitation. J Physiother Res Vol.5 No.11:53

rehabilitation aims to improve patients' physical, psychological, social, occupational, and emotional conditions by implementing specialised programmes that promote and preserve cardiovascular health. The purpose of cardiac rehabilitation is to accelerate the trend of secondary prevention while also improving the quality of life (QOL) of patients.

Individuals' QOL include not just their bodily and mental health, but also psychological variables such as social and functional interactions, as well as their level of independence. Previous research focused on the impact of rehabilitation programmes on physiological improvement and exercise tolerance, as well as risk factor modification. According to these studies, cardiac rehabilitation exercises improve mortality rates, physical health, socio-psychological function, blood cholesterol levels, hypertension, dyspnea, weight loss, smoking, and stress levels. Some research on the impact of rehabilitation programmes on patients' quality of life have been undertaken in recent years. These studies varied in terms of the type of intervention, length of intervention, study population, and demographic features of the subjects, and have produced mixed findings. After cardiac rehabilitation, Zwisler found that QOL improved. Shabani have found that cardiac rehabilitation improves patients' quality of life following coronary bypass or vascular reconstruction surgery (P 0.05). In a study conducted in Spain, Failde and Soto discovered a significant decline in the QOL score three months following the onset of acute coronary syndrome in the categories of physical role, general health, and vitality.

According to Mohammadi, cardiac rehabilitation did not improve QOL in the study group as compared to the control group. In a study conducted in Portugal, Bettecourt discovered that there

was no significant difference in QOL between the rehabilitation and control groups. In a research from Turkey, Cieslik found no significant change in QOL between the rehabilitation and control groups ($P > 0.05$). The researchers opted to develop and execute

the current study due to a lack of knowledge and relevant research, as well as reported conflicting results on the influence of cardiac rehabilitation on QOL. It is believed that the findings would help to alleviate the current knowledge gap in this area.