

Exercise Management of Congestive Heart Failure Patient after Pace Maker Replacement

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Abstract:

HISTORY: In February of 2015 a 96 year old male started our rural-based cardiac and pulmonary exercise program. He was confined to a wheel-chair due to frequent episodes of extreme weakness and occasional syncope. An initial physical work-up, medical history, and exercise program was developed and he exercised without incident from Feb. to August. By September of 2015, he had increased his functional capacity by 1-2 METs and was regularly walking 50-100 meters with a walker during his exercise sessions.

DIFFERENTIAL DIAGNOSIS: 1. Congestive Heart Failure; 2. Anemia, 3. chronic heart failure (CHF), 4. chronic obstructive pulmonary disease (COPD), 5. coronary artery disease (CAD), 6. Deep vein thrombosis (DVT), 7. Pacemaker.

PHYSICAL EXAMINATION AND SYMPTOMOLOGY: In October, he reported feeling weak and experiencing chest pain off and on for a few weeks. During exercise, he developed recurring episodes of atrial fibrillation with aberrancy with regular exercise, and chronotropic incompetence. Hemoglobin levels were normal and left ventricular function was stable.

TESTS AND RESULTS: The client's cardiologist was contacted to check the pacemaker replacement date and see if it needed to be moved up and also to inquire to check medication levels. Rhythm strips and vitals for the month of October were sent as well. The client continued to exercise until December without a change in medication or pacemaker at which time he developed pneumonia and stopped exercising.

FINAL MANAGEMENT PLAN: The decision was made to move up the original pacemaker replacement date from February to January, and he returned to exercise program in early February.

EXERCISE PRESCRIPTION AND PHYSICAL FUNCTION OUTCOMES: He returned to exercise February 5th and was placed on low intensity (2 - 2.5 METs) exercise on arm-leg ergometry and chair resistance exercise. To date he has been without incident during exercise with normal HR and BP response and no shortness of breath or chest discomfort. He reports having more strength and has not had any fainting spells.