Fysisk kapacitet och träning för vuxna med medfödda hjärtfel

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Studie 1

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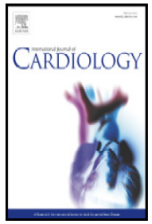

Muscle function in adults with congenital heart disease ☆

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Aim

To assess muscle function in a sample of Swedish adult men and women with ACHD and to compare the results with published reference values in healthy persons.

Studypopulation

762 out-patients seen at a specialised ACHD-unit were assessed for the possibility and individual need to take part in tests of muscle function, 315 (41.3%) patients performed the tests and the mean age was 34 ±13 years.

Methods

Studie 1

Isometric tests

Isotonic tests

Isotonic unilateral heel lift

- 10° tilted wedge
- Head should meet the length measurer arm
- 30 lifts/minute

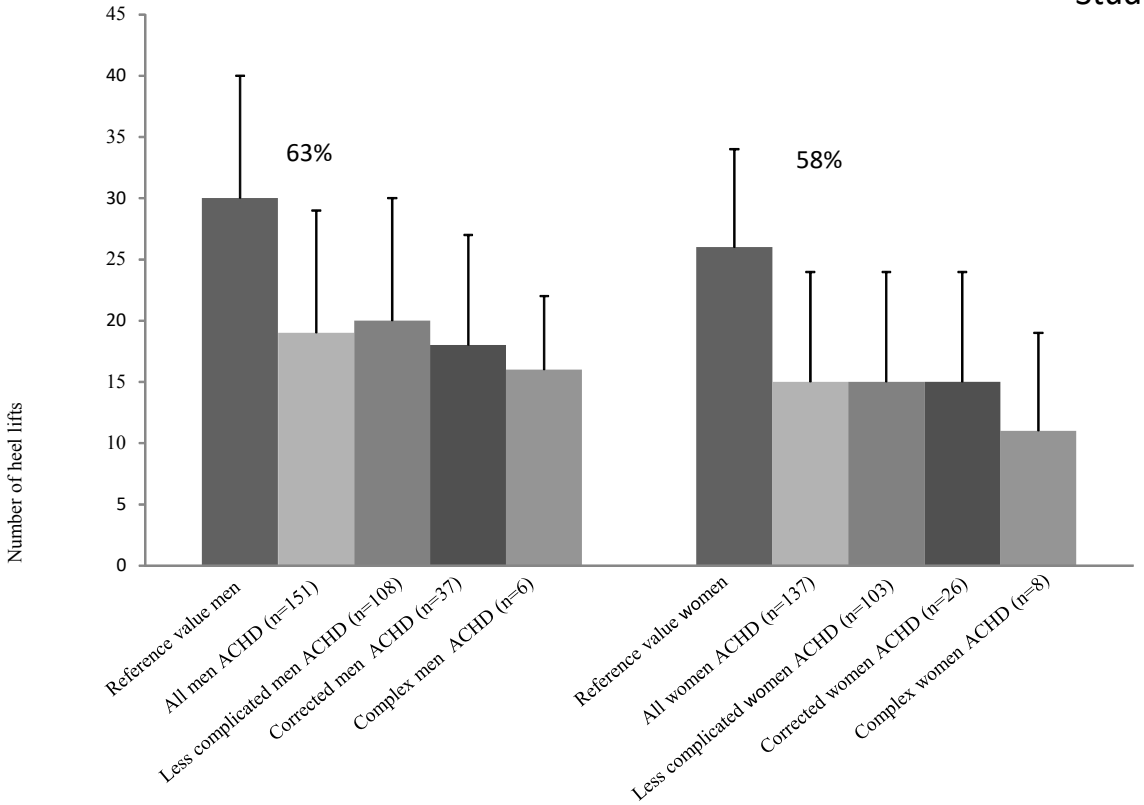
Unilateral Shoulder flexion 0-90°

- 3kg for men
- 2kg for women
- 20 contractions /minute

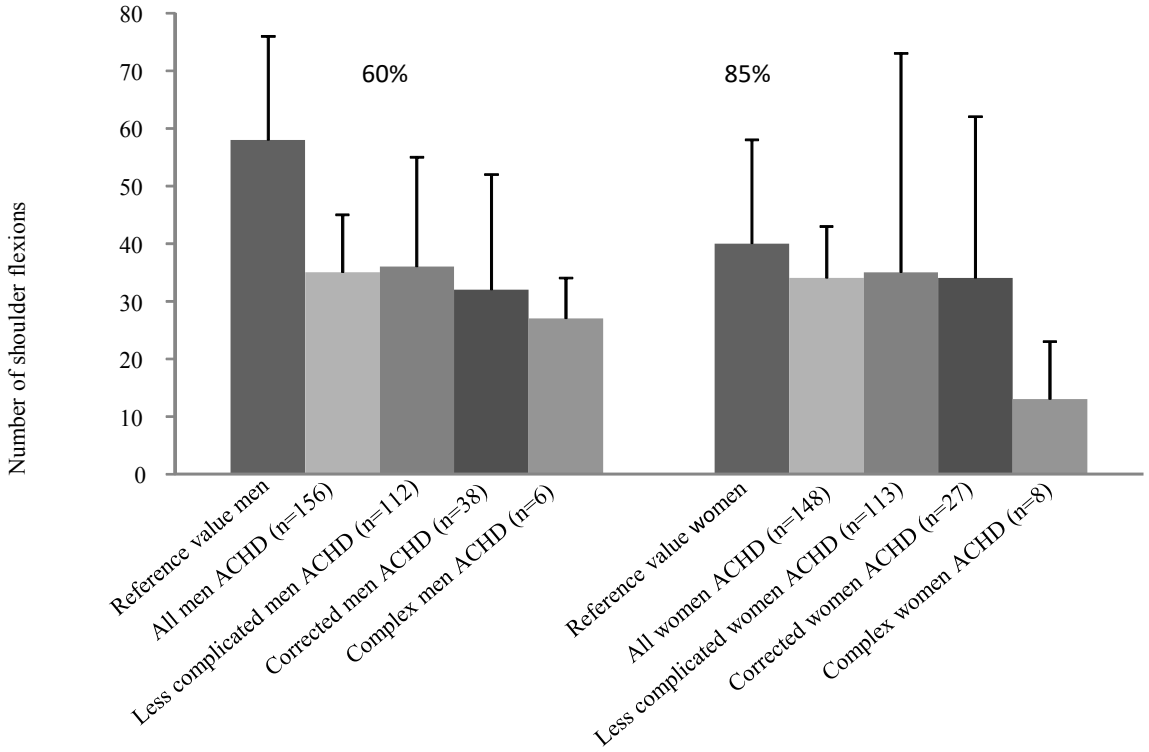
Shoulder flexion. Cider et al. Eur J Cardiovasc Nurs 2006.
Heel-lift. Sunnerhagen et al. Scand J Rehabil Med 2000.

Hand grip strength. Rolyan SP. Jamar hydraulic hand dynamometer owner's manual.
Shoulder abduction. Ruuska, master's thesis Gothenburg. 2005.

Studie 1



Figur 2. Number of heel lifts



Figur 3. Number of shoulder flexions

Conclusion

Patients with ACHD have a reduced isotonic muscle function. The impacts of the reduced muscle function in activities of daily living and if muscle function could be improved with exercise training needs further investigation.

Studypopulation

Study 2

1310 out-patients seen at a specialised ACHD-unit were assessed for the possibility and individual need to take part in tests of exercise capacity. 747 (57%) patients participated.

Methods

- Exercise capacity - Submaximal ergometer bicycle test.

  WHO. Exercise tests in relation to cardiovascular function. 1968.

- Physical activity level - International Physical Activity questionnaire - Short Form (IPAQ-SF).
- Health-related quality of life (HRQoL) - Short Form (SF)-36.

Muscle function and range of motion with special reference to arm, hand and spine in patients with Coarctatio aortae and patients with Blalock-Taussig shunts

Aim

To specifically study range of motion and muscle function in upper extremities and spine in patients with Coarctatio aorta (CoA) and patients with Blalock-Taussig (BT) shunts and to compare these results with a control group consisting of patients with other CHD.

Studypopulation

Approximately 80 patients with CoA and 25 patients with Blalock-Taussig shunts and 25 control patients, attending the ACHD unit at SU/Östra, Gothenburg.

Methods

- Muscle function will be assessed using 5 different tests; 3 as described in study 1, biceps flexion and spinal stabilization.
- Length and circumference of the arm will be assessed with a measuring tape.
- Spinal and thoracic mobility with a measuring tape and a Scoliometer.
- Questionnaires
  - Level of physical activity (IPAQ -SF).
  - Patient´s self-reported functional status limitations that are most relevant to the individual patient using Patient specific functional scale (PSFS).

Tack för visat intresse!

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