99 - PHYSICAL ACTIVITY AND CARDIAC PATIENTS

FABIO ANTONIO NÉIA MARTINI;
RINALDO BERNARDELLI JUNIOR;
MARCELO BRANDÃO BORGES;
DARTAGNAN PINTO GUEDES.
FACULDADE ESTADUAL DE EDUCAÇAO FISICA E FISIOTERAPI A DE JACAREZINHO.
JACAREZINHO PARANÁ BRASIL.
fabiomartini@uol.com.br

INTRODUCTION

With the modern life's conveniences, such as car, remote control, lifts, escalators, facilitating people's lives. In modern times especially in the industrialization's era, occurred many technological advances with an amazing speed. And also brought some damage to people, because such benefits decreased the physics' expense of energy in the quotidian and this is linked with various diseases, including hypertension, diabetes, obesity and the increase in cholesterol.

It is time to begin to reflect on this simple subject, in the same time complex, seeking answers to questions that still remain with respect to education to health.

And the general objective of this research is the awareness of the general population, and especially special groups and sedentary patients and heart diseased patients to the practice of physical activities.

Evidences show that the reduction on the practice of physical activity leads us to an increase in the sedentary conditions, and this represents a serious threat to our body, causing deterioration of certain functional functions normal.

In studies nowadays, it is estimated that spending on energy, roughly, 500 calories / weekly, divided into 3 times a week, get the person quit being sedentary. Sedentary is a person physically inactive or with large decrease in physical activity weekly. The World Health Organization (WHO), is that "the individual who spends less than 500 calories in the week is sedentary."

Furthermore, the person who spends from 500 to 1500 calories a week is considered active in research recognized by WHO.

The first studies on physical activity note that individuals performing half an hour of moderate physical exercise, five days a week were considered active people. It is known, also, that inactivity is more harmful than obesity, because fat active people have a mortality rate 50% lower in relation to lean inactive.

Various bibliographic researches show that inactivity is regarded as the main risk factor for sudden death and is associated with causes or increases of the vast majority of degenerative diseases.

Studies say:

"... There is consensus among experts that cardiovascular diseases are multifactorial origin and participate in the genesis of the so-called risk factors. Understandable as causal agents that predispose to the emergence of heart diseases, monitoring of risk factors assist in the identification of signals before that, when modified, can mitigate or even reverse the evolutionary process of dysfunctions. " (GUEDES and GUEDES: 2001).

This "to be modified" is nothing more than a preventive education or a reeducation of the habits of the individual, influencing on their quality of life.

The practice of physical activities constant and healthy eating habits are considered the main mechanisms of protection to the appearance and the progression of risk factors, predisposing to coronary heart diseases and associated to modern life.

The inactivity is the most frequent cause of poor physical condition, thus, all the qualities of competence, because the reduction of strength and flexibility is detrimental to the quality of life, besides being related to degenerative diseases.

A PROPOSAL PROGRAM

In a program developed in the Faculty of Physical Education and Physiotherapy of Jacarezinho - PR/BR, took place the project "Walking in the Faculty," A meeting with the welfare "with specialized guidance and assisted by six scholars of the course of Physical Education and Physiotherapy.

After collecting data and literature on the subject, the work was directed to the reeducation, the changing habits of the general population, on what is the best way to achieve physical activities, without causing damage to the body. Here, it is noted that several people did not know how and why to walk, thus deepened on the topic of physical activities, considering the shortage of recreational areas, the need for demonstration of physical activity, recreation and sports, and the concern with the idle time of adult and elderly, as well as the lack of monitoring expertise. After these initial studies, the Human Department chose to develop a program involving the Jacarezinho's community, motivating it, educating it, for a proposal of physical activities, sports and leisure, a global recovery and consequent improvement in the quality of life.

GOAL

Developing educational activities for the general population, and especially special groups, sedentary patients and cardiac patients to the practice of physical activities, on the supervision and guidance of a multidisciplinary team of professionals and students of the Faculty of Physical Education.

METHODOLOGY.

We know that the correct implementation of physical activities, as well as an orientation and systematically tracked, are important to all individuals. The prescription of exercises is intended to restore the functions: physical, psychological and social "(POLLOCK, 1993). Starting from this vision, we propose a program ASTM and adjusted as needed in question.

The program was conducted on a track suited for the practice of walking using the following equipment: sphygmomanometers with stethoscopes, polar (heart rate monitor), one or more laptops.

The academic methodology used in a systematic guidance, as follows:

An initial interview, determined to achieve the goals of treatment;

Determine the area of training of the individual, taking into account their goals and their physical limitations or pathological.

Starting the physical activities proposed, divided into three parts:

1) A heating of body segments, for 5-7 minutes;

2) Exercise such cyclical aerobic, for 20-40 minutes;

3) Exercises back to the calm, or relaxation.

The heart rate (HR) and blood pressure (BP) were checked and recorded every 5 minutes, no matter the phase of activity that the individual is. This monitoring was carried out by a multidisciplinary team comprising 2 physiotherapists, 1 teacher's Faculty of

Physical Education and Physiotherapy trainees' students of the Faculty of Physical Education and Physiotherapy, so that the students as groups of expansion, leading that project for the entire region, achieving thus, multiply the agent of the educational practice of regular physical activities.

DEVELOPMENT

In a sampling group the choice was made by a single standard, patients with heart disease, which held a pilot program in groups of 3 to 4 people per session. - Understand the term "meeting" as a period from 40 to 60 minutes, which held the program supervised and monitored.

After the reception and the review of sample's group, they were given to begin the activities with the students of Physical Education, which had in a sheet individual's purpose of each one and has placed the name of the patient in the sheet, daily.

The warn up was done with located exercises. The main part was performed in its entirety with cyclical exercises and the return to calm was done with slow exercises and breathing, and that, every five minutes, was done the verification of the PA and HR.

The project has as its main goals: to bring the patient to his best psychological and physiological condition; Reversing the negative effects of inactivity or the state of stasis; reducing the risk of coronary disease and hypertensive heart disease; Programs of rehabilitation after heart diseases such as: myocardial infarction, surgery's revascularization, coronary angioplasty, stable angina, silent ischemia, valvar surgery, transplantation and hypertensive cardiopathy; increasing the physical capacity of the patients.

In this program for cardiac conditioning, it was considered:

Intensity - the heart rate training, the conditions of the patient (determined by the effort's test, conducted by a cardiologist);

Frequency - three times a week, or stipulated by the team after evaluation;

Duration - sessions were held for about 40 to 60 minutes/day, with the distribution of exercises made by the team after evaluation; to the majority of the patients are recommended 20 to 40 minutes of the main part, plus the prior harm up and the relaxation held always at the final of the section.

We had 22 patients evaluated and rehabilitated by the team described above, three revascularized, four with coronary angioplasty and fifteen with varied hypertension disease.

The revascularized ones are subjects of great disability due to the high risk to which they were subjected, a cardiac surgery, and thus present themselves with enormous physical restrictions.

The patients with angioplasty or who performed the catheterization arrive for treatment with great fear and doing all the therapeutics conducts so correct and systematized.

Even arterial hypertension patients come for the physical activity treatment often without any symptoms or visible sense, their difficulty attended the correct and systematic precision of nutrients and exercises is higher because many people have difficulties about dropping life's habits that are not healthy, such as alcohol, cigarette and wrong eating habits.

RESULT OF THE PROGRAM

Evaluating the results of the program was concluded that working with revascularized after hospital discharge requires more care and equipment, so we decided not work in the new program with these people.

Patients who performed the angioplasty and continued in the program showed a great improvement, which we attached to the proper monitoring of all the guidelines, for example, stop smoking, reduce the use of animal fat and perform physical activity monitored.

About the patients with hypertension, which we were positively surprised was the three patients improved by 80%, which attach to the due compliance of the physical orientations, nutritional and medicine.

About the results of the pilot program can guide new steps for a future program, of which we quote the not introducted in the original program of revascularized patients with less than a year of hospital discharge and the purchase of more equipment to perform the movement, as the possibility about this accompanying in other area for cyclical exercises, such as a swimming pool and a covered court to exercise cycles. The equipment most needed for the physical activity program are the sphygmomanometer (BP verifier), stethoscope (to stethoscope) and heart rate monitor in the form of polar (strap heart) and or stick of verification of CF.

At the end of the program there was a further revaluation of the group of patients. The three revascularized by arterial grafts showed an improvement of the physical and psychological state, concerning that one quit the treatment and the other two continue making the program not supervised; due to the time of recovery, a delay which varies from 16 to 24 weeks, make impossible in the pilot project the final evaluation and the necessary remarks on the percentage of improvement of these patients. Of the four with angioplasty, two abandoned and the other two had a improvement of 70% of the physic state and were advised to stay with the same intensity of physical activity until further review. Of the 15 with varied hypertension, three abandoned the program and twelve have continuity, two did not get the expected improvement being sent back to the evaluation of a cardiologist, seven achieved an improvement of the physical capacity of approximately 50%, and three achieved an improvement of 80% then they could reduce the medicine.

After interviewing the 06 patients who quit the program we also tried to deploy other ways to perform physical activity, but without leaving the dependencies of the college, so we imagine develop the same with a group in the pool (in a time of heat, because of the lack of heating) and a group that exercises on stationary bikes, if we acquire them.

Noting the individual chips, we note that the vast majority of patients who participated in the program were sedentary or a little physically active, as physical activity was not a constant in their lives.

Thus we find that physical activity is one way to ensure a more healthy state of life and its benefits have been demonstrated not only in the prevention of cardiovascular disease but also in the increase of self esteem, better control of body weight, reduction of osteoporotic fractures among many other benefits.

We can also say that if patients, especially those with arterial hypertension, had a more active lifestyle, and with better habits of life, nutritional and constant physical activity, they would not have so many risk factors to the development of heart disease as determines Guedes & Guedes, the activities will focus on teaching health linked to the areas of knowledge.

FINAL CONSIDERATIONS

We noted among bibliographic surveys and the results of the pilot program that the interrelationship between education for the health and habits of a healthy life is much easier when we noticed that the school is an important and strong transformer agent, since the education component arranges a plan favorable for the construction of life's valorization.

Noticed that it is more economical and enjoyable educate the individual to the practice of physical activity as a form of prevention of possible abnormal metabolic changes in the human body, than treating diseases arisen by the possible lack of information or even so by the lack of healthy habits.

There is a view that education is a social process that, while assuming various forms, is common to all human communities, and with that, people are able to survive and live in society.

As it was said, to make this research, the facilities of the present time help people's lives, but, along with the benefits, also have some damage to the population, for example, the sedentary, the decrease in expenditure of physical energy, degenerative

diseases, which are related to hypertension, diabetes, anxiety (stress), obesity and increased cholesterol.

The programs of physical activity as we are proposing helping people to identify problems, find solutions and give protection to personal and collective health.

With the education they forward knowledge, they enhance themselves moral and intellectual capacities, and develops the personality of the individual through spontaneous examples. Other authors warn that it is necessary to rethink about the programs of Physical Education to create mechanisms that lead to the educating understand the importance of adopting a healthy lifestyle and we know that health is a human condition, with physical, social and psychological dimensions, ability to assess the life and resist the challenges of daily life.

Several authors say, also, that the healthy state is not something static, on the contrary, it is necessary to purchase it and rebuild it individually, constantly throughout the life, always pointing to the fact of health be healthy.

This research shows, through literature studied, the need to subject the population to programs of physical activities and that these programs must have the supervision of professionals who are educated to help the same population in the practice of physical activities for the benefit of health.

Currently, the exercise is a method of prevention and treatment that has shown improvement in the context of health and to have this benefit is necessary that this activity is adapted for the patient's good.

In relation to health, we have Guedes and Guedes (2001), which pose "potential benefits in the practice of regular physical activity, that can help the prevention and rehabilitation of cardiovascular diseases."

Currently, the exercise is a method of prevention and treatment that has shown improvement in the context of health and to have this benefit it is necessary this activity to be adapted for the patient's good.

When we place the individual in activity we can prevent the bad occurrence of the repose's effects. It is found in various surveys, that physical activity reduces the risk of coronary disease, 30 to 55% when compared to sedentary individuals.

Keywords: physical activity, program and faculty.

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Endereço: Chácara Boa Esperança S/N
Ribeirão Claro - PR - CEP: 86410-000
fabiomartini@uol.com.br

PHYSICAL ACTIVITY AND CARDIAC PATIENTS

ABSTRACT

Focalized in the work of Dartagnan Pinto Guedes and Elisabete Joana Ribeiro Pinto Guedes (GUEDES & GUEDES, 1993; 2001), dealing mainly to Physical Education focused on the human being's life prolongation through an education for the health since child serving as a stimulus for the continuity in research that will complete the inexhaustible collection that transits about HEALTH at school, and for the life, has been made this work.

The modern times, in particular the era of industrialization, brought many technological advances with an amazing speed. Some also brought losses to the population, because such benefits decreased the daily physical expense of energy and this are linked to several diseases, including hypertension, diabetes, anxiety (stress), obesity and cholesterol's increase.

It is known that the correct implementation of physical activities, as well as a systematized monitored orientation, is important to all individuals. Starting from this vision, we propose a program focalized and adjusted as needed in question.

The program was conducted on a racecourse for the practice of hiking, the academic methodology used in a systematic guidance, as follows:

An initial interview, determined to achieve the goals of treatment;

Determine the area of training of the individual, taking into account their goals and their physical limitations or pathological.

Starting the proposed physical activities, divided into three parts, they are:

The heart rate (HR) and blood pressure (BP), they were checked and recorded every 5 minutes. This monitoring was carried out by a multidisciplinary team compounded by 2 physiotherapists, 1 FAEFIJA's professor and trainees who are students of the Faculty of Physical Education and Physiotherapy, achieving, thus, multiply the agent of the educational regular practice of physical activities.

KEYWORDS: physical activity, program and faculty.

L'ACTIVITÉ PHYSIQUE ET PATIENT AVEC MALADIE CARDIAQUE

RESUME

Basé dans les travaux de Dartagnan Pinto Guedes et de Joana Elisabete Ribeiro Pinto Guedes (GUEDES & ; GUEDES, 1993 ;.2001), ils lequel abordent, principalement, l'Éducation Physique tournée à la prolongation de la vie de l'être humain à travers une éducation pour la santé depuis enfant en servant de stimulation pour la continuité dans des recherches qui viennent compléter l'inépuisable quantité qui transite sur SANTÉ dans l'école, et pour toute la vie, se développe le présent travail. Les temps modernes, en particulier l'ère de l'industrialisation, ont apporté beaucoup d'avances technologiques avec une vitesse étonnante. Les ont apporté aussi quelques préjudices pour la population, donc tels bénéfices ont diminué les dépenses d'énergie physique dans le quotidien et sont liés à plusieurs maladies, il entre lesquelles nous citons l'hypertension, diabètes, anxiété (effort), obésité et augmentation du cholestérol. Il se sait que la correcte réalisation des activités physiques, ainsi qu'une orientation systématisée et contrôlée, sont importantes pour tous les personnes. À partir de cette vision, nous proposons un programme basé et ajusté comme les nécessités concernées. Le programme a été réalisé dans voie appropriée pour la pratique de course, les académiciens ont utilisé méthodologie d'une orientation systématisée, comme suit :

Une entrevue initiale, pour deréussir à déterminer les objectifs du traitement ;

Déterminer la zone d'entraînement de cette personne, se prenant dans compte leurs objectifs et leurs limitations physiques ou pathologiques ;

S'initient les activités physiques propositions, divisées en trois parties, étant elles: La fréquence cardiaque (FC) et la pression artérielle (PA) ont été vérifiées et annotées à chaque 5 minutes. Cette moniteur a été réalisée par une équipe multidisciplinaire composée de 2 physiothérapeutes, 1 enseignant de FAEFIJA et élèves stagiaires de la Faculté d'Éducation Physique et Physiothérapie, réussissant, ainsi, multiplier l'agent scolaire de la pratique régulière d'activités physiques.

MOTS CLES: activité physique, le programme et faculté.

ACTIVIDAD FÍSICA Y PACIENTES CON PROBLEMAS CARDÍACOS

RESUMEN

Basado a la labor de Dartagnan Pinto Guedes y Elisabete Joana Ribeiro Pinto Guedes (GUEDES & GUEDES, 1993; 2001), que se refiere principalmente a la Educación Física que se centró en el prolongación de la vida del ser humano a través de una educación desde niño sirviendo de estimulo para la continuidad de investigaciones que vengan a completar el inagotable acervo que transita sobre SALUD en la escuela, y para toda la vida, ha sido echo este trabajo.

Los tiempos modernos, en particular, la era de la industrialización, trajo muchos avances de la tecnología con una velocidad increíble. Algunos también señalan pérdidas a la población, porque esos beneficios disminuyeron el gasto de energía física diaria y están vinculado a varias enfermedades, incluidas: la hipertensión, la diabetes, la ansiedad (estrés), la obesidad y el aumento de colesterol.

Se sabe que la correcta aplicación de las actividades físicas, así como una orientación y un seguimiento sistemático, son importantes para todas las personas. Partiendo de esta visión, proponemos un programa ajustado según sean las necesidades en cuestión.

El programa se realizó sobre una pista adecuada para la práctica de caminata, los académicos utilizaron una orientación sistemática, de la siguiente manera:

Una entrevista inicial, decidida a lograr los objetivos del tratamiento;

Determinar el área de ejercicio de esa persona, teniendo en cuenta sus objetivos y sus limitaciones físicas o patológicas.

Se inicia las actividades física propuesta, que está dividido en tres partes, que son:

La frecuencia cardiaca (FC) y la presión arterial (PA) fueron verificadas y registradas a cada 5 minutos. Esa monitoración fue realizada por un equipo multidisciplinario formado por 2 fisioterapeutas, 1 profesor FAEFIJA alumnos y estudiantes de la Facultad de Educación Física y Fisioterapia, logrando así aumentar el agente de la enseñanza práctica de actividades físicas regulares.

PALABRAS CLAVE: la actividad física, el programa y facultad.

ATIVIDADE FISICA E CARDIOPATAS

RESUMO

Embasado nos trabalhos de Dartagnan Pinto Guedes e Joana Elisabete Ribeiro Pinto Guedes (GUEDES & GUEDES, 1993; 2001), que abordam, principalmente, a Educação Física voltada ao prolongamento da vida do ser humano através de uma educação para a saúde desde criança servindo de estímulo para a continuidade em pesquisas que venham completar o inesgotável acervo que transita sobre SAÚDE na escola, e para toda a vida, desenvolveu-se o presente trabalho.

Os tempos modernos, em especial a era da industrialização, trouxeram muitos avanços tecnológicos com uma velocidade espantosa. Trouxeram também alguns prejuízos para a população, pois tais *benefícios* diminuíram o gasto de energia física no cotidiano e estão ligados a várias doenças, entre as quais citamos a hipertensão, diabetes, ansiedade (estresse), obesidade e aumento do colesterol.

Sabe-se que a correta realização das atividades físicas, bem como uma orientação sistematizada e monitorada, são importantes para todos os indivíduos. A Partir desta visão, propomos um programa embasado e ajustado conforme as necessidades em questão.

O programa foi realizado em pista adaptada para a prática de caminhada, os acadêmicos utilizaram metodologia de uma orientação sistematizada, da seguinte forma:

·Uma entrevista inicial, para conseguir determinar os objetivos do tratamento;

·Determinar a zona de treino deste indivíduo, levando-se em conta seus objetivos e suas limitações físicas ou patológicas.

·Iniciam-se as atividades físicas propostas, divididas em três partes, sendo elas:

A freqüência cardíaca (FC) e a pressão arterial (PA) foram verificadas e anotadas a cada 5 minutos. Esta monitoração foi realizada por uma equipe multidisciplinar composta por 2 fisioterapeutas, 1 professor da FAEFIJA e alunos estagiários da Faculdade de Educação Física e Fisioterapia, conseguindo, assim, multiplicar o agente educacional da prática regular de atividades físicas.

PALAVRAS-CHAVE: atividade física, programa e faculdade.