

Entity: Fairview Rehabilitation Services (FUMC, FSH, and FRH)
Manual: Fairview Rehabilitation Services Interdisciplinary Policy and Procedure Manual

Category:

Subject: Peripheral Arterial Disease Rehabilitation Program Description

Purpose: The primary purpose of the Outpatient Peripheral Arterial Disease Rehabilitation Program is to improve the pain-free and maximal functional capacity in persons with Peripheral Arterial Disease (PAD) who are limited by claudication. Secondary goals are to promote restoration and maintenance of optimum atherosclerosis risk factor control and health-related quality-of life.

Procedure:

- I. The program utilizes exercise, education, counseling and behavior change to work toward the following objectives:
 - A. Improve pain free and maximal walking distance.
 - B. Increased cardiovascular efficiency, endurance, work capacity and strength in a monitored, graded exercise/walking program.
 - C. Increased endurance for functional ambulation.
 - D. Increased functional capacity for daily activities, and returning to work.
 - E. Establishment of a regular home walking program, with the ability for the patient to understand appropriate activity levels and activity modification/advancement.
 - F. Increased understanding of the cardiovascular system and behavior modifications to reduce risk factors for peripheral arterial and cardiac disease.
 - G. Identification of risk factors and development of strategies for positive behavior change.
 - H. Provision of support through process of recovery, referral to behavioral services as needed.
- II. Patients/family participate in individualized goal development. Which is reviewed on an ongoing basis and reflected in the documentation.
- III. Staff patient ratio varies from 1: 1 to 1:4 dependent upon acuity of patients during the exercise session. The exercise session may include participants with diagnoses such as PAD, cardiac and pulmonary rehabilitation patients.
- IV. Page 1 of 2 Outcome measures for PAD rehabilitation:
 - A. Increased functional capacity, as measured by improved pain-free and maximal walking distance, to permit resumption of daily activities and returning to work.

- B. Satisfactory understanding of
 - 1. Peripheral arterial anatomy and pathophysiology of their disease.
 - 2. Safe and efficient home exercise training procedures
 - 3. Lifestyle characteristics associated with increased risk of arterial disease.

- C. Behavior changes as measured by
 - 1. Compliance with a prescribed home walking program
 - 2. Smoking cessation (complete abstinence or readiness to quit)
 - 3. Increased baseline activity
 - 4. Dietary recommendations based on the patient risk profile for heart disease. Dietary guidelines based on the presence of Hypercholesterolemia, hypertension and or diabetes.

- D. Intervention when indicated for psychosocial needs.
 - 1. Referral to appropriate community support resources when screening indicates depression.

External References: ACSM, AACVPR Guidelines; Stewart KJ, Hiatt WR, Regensteiner JG, Hirsch AT. Medical Progress: Exercise Training for Claudication. New Engl J Med 2002; 347 (No 24):1941-1951

Internal References: Alan T. Hirsch, M.D.

Source: Cardiac Rehab Services

Approved by:

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