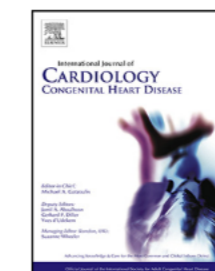


[Previous PDF](#)[Next PDF](#)

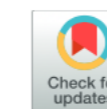
International Journal of Cardiology Congenital Heart Disease 5 (2021) 100220

Contents lists available at [ScienceDirect](#)

International Journal of Cardiology Congenital Heart Disease

journal homepage: www.journals.elsevier.com/international-journal-of-cardiology-congenital-heart-disease

A feasibility pilot- a personalised physiotherapy led remote ACHD cardiac rehabilitation program

Caroline Evans^{*}, Stephanie Curtis, Radwa Bedair, Mark Turner, Gergely Szantho, Alan Graham Stuart

National Institute of Health Research (NIHR) Cardiovascular Biomedical Research Centre, Bristol Heart Institute, Bristol, BS2 8ED, UK

ARTICLE INFO

Keywords:

Adult congenital heart disease

Cardiac rehabilitation

ABSTRACT

Objective: To determine the feasibility of physiotherapy led remote cardiac rehabilitation (RCR) for Adult Congenital Heart Disease (ACHD) patients and quantify the impact on physical activity levels and well-being.

Method: ACHD cardiologists referred sedentary complex ACHD patients over 3 months, for 12-week physiotherapy-led RCR. RCR provided individualised exercise program and coaching via telephone clinics and apps. Outcomes in Self Efficacy for Exercise (SEE) and Satisfaction with Life Score (SWLC) were assessed by comparing patients' responses upon program completion to baseline.

Results: 23 patients were referred, 11 completed the programme, 3 had learning difficulties. Participants were mainly female (9); age range 18–61 (median 24). Reasons for not completing RCR included; failure to attend initial appointments (7), lack of interest (1), too unwell (1), lost at follow up (1) and a death unrelated to RCR. Initially no patients were achieving the UK Physical Activity Guidelines; all 11 became more active fulfilling the guidelines. Improvements were seen in SEE with a mean increase of 23 (SD 12) and a mean improvement of 10 (SD 4) in SWLC. Participants (9) responded well to apps. Reasons for not using apps included limited phone storage capacity to download the app (1) or lack of device (2). Patients found RCR acceptable and a personalised approach was essential to improving efficacy.

Conclusion: RCR is feasible, allowing patients to access specialised, personalised exercise advice and prescription and become more active, improving quality of life (QOL). Future work is required to improve uptake and extend to larger patient numbers.