



Royal Papworth Hospital
NHS Foundation Trust

Road to recovery

Cardiac rehabilitation programme diary

Personal progress diary- Name: _____

Weekly calls	1.
	2.
	3.
	4.
	5.
	6.
9 week call	
Final appointment	

Direct line telephone number: **01223 638429**

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On the road to recovery - your rehabilitation programme

Welcome to the road to recovery - your cardiac rehabilitation programme

Your cardiac rehabilitation co-ordinator has given you this diary to use with the exercise DVDs and educational materials which make up this pack.

Helping you to manage your recovery:

We have designed this programme to help you recover from a heart attack, heart surgery or angioplasty. It will:

- Help you to improve your fitness;
- Help you to learn about your heart condition;
- Show you how to identify your risk factors, and
- Show you how to make lifestyle changes to improve your long-term health

This diary is for you, to help you manage your recovery.

There are record sheets for you to record useful information:

- **Exercise** - use these to record your heart rate and how you feel while exercising
- **Risk factors** - use these to record the changes you want to make and monitor your progress in making these changes

Your cardiac rehabilitation team has given you information to help you make decisions about lifestyle changes that you may need to put in place. They may also refer you to other specialist services to help and support you to make those changes.

Assessing your recovery

At the start of your programme you filled in a set of questionnaires asking about your activity levels and your feelings. We will ask you to answer the same questions again in three months and then again in 12 months. This will help us to assess your recovery and make sure that you are getting the full benefit of the programme.

Your cardiac rehabilitation team has already carried out a thorough assessment of your fitness and recovery so far, and explained how to use this programme. They have told you which level of exercise to follow - and how to record your progress.

Monitoring and supporting your progress

A member of the cardiac rehabilitation team will contact you on a set day each week to review your progress and discuss how you can build on what you have already achieved. If this time or date is not convenient, please contact the team to arrange a more suitable time.

If you have any questions, concerns or worries that you want to discuss at any other time, please contact the cardiac rehabilitation team and leave a message. They will call you back as soon as they can.

Reviewing and maintaining your recovery

At the end of your programme, your cardiac rehabilitation team will arrange a further assessment. This will be a good opportunity for you to review your personal goals and discuss how you are going to maintain and improve your quality of life.

The team will write to your GP telling him/her about your progress and plans to keep your heart healthy. You should see your GP at least once a year although you may need more frequent appointments to make sure you stay fit and healthy.

What to do if you have chest pain, discomfort or tightness

Stop what you are doing.

Sit to rest (if you cannot sit, lean against a wall).

If you have GTN (glyceryl trinitrate) spray or tablets, use it as your doctor or cardiac rehabilitation team have told you. If the pain, discomfort or tightness continues, especially if it has not gone within 10 minutes (don't wait longer than this), dial 999 straight away, then call your doctor.

If you do not have GTN, stay resting and try to stay calm. If the pain, discomfort or tightness continues, especially if it has not gone within 10 minutes (don't wait longer than this), dial 999 straight away, then call your doctor.

What to do if you get very breathless or your symptoms are making you feel very unwell

Stop what you are doing.

Sit to rest (if you cannot sit, lean against a wall).

If your doctor or cardiac rehabilitation team have advised trying your GTN for breathlessness, then do so.

Otherwise dial 999 immediately and call your doctor.

Risk factors - and how to identify them

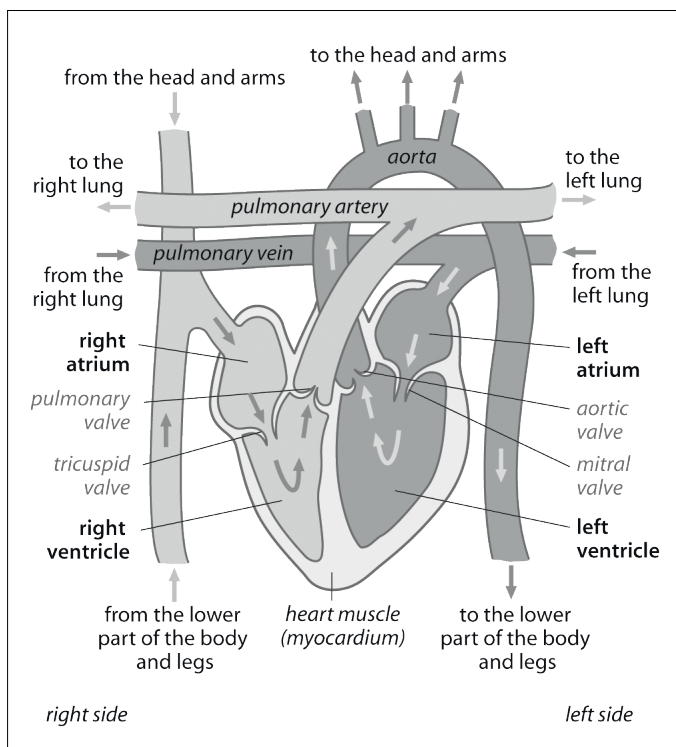
The heart

Your heart has two muscular pumps which act together to circulate your blood around the body. Blood circulation takes nourishment to all your tissues and organs. It also transports waste materials to the lungs and kidneys, which then get rid of them from your body.

Blood from your muscles and organs enters the right side of your heart. The heart pumps the blood to the lungs where it takes oxygen and removes the carbon dioxide it has been carrying. This oxygen-rich blood then enters the left side of the heart. From here it is pumped through the arteries to all parts of your body.

The heart muscle receives its own blood supply through blood vessels called coronary arteries.

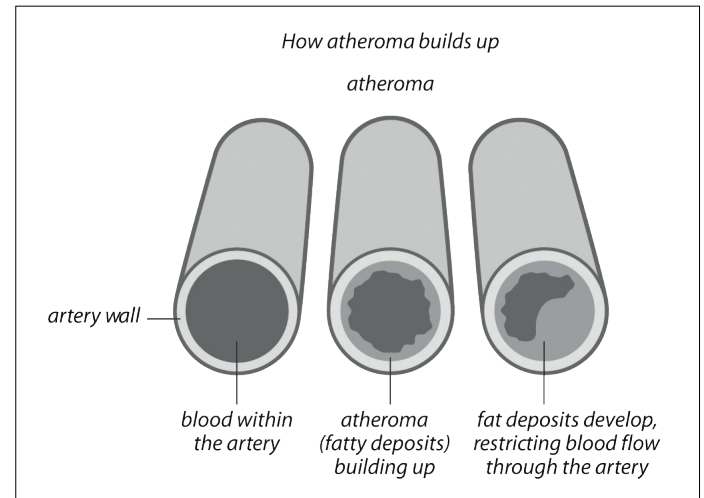
How the heart works



What causes coronary heart disease?

The process of coronary heart disease begins when the coronary arteries become narrowed by a gradual build-up of fatty materials within their walls. This condition is called atherosclerosis and the fatty material is called atheroma.

In time, the artery may become so narrow that it cannot deliver enough oxygen-containing blood to the heart muscle when it needs it. This can lead to a pain, discomfort or tightness in the chest or arms (or both) called angina. If the artery becomes blocked by a blood clot, it is called a heart attack.



What increases the risk of developing coronary heart disease?

There are certain things called risk factors that contribute to coronary heart disease.

Risk factors for developing coronary heart disease can include:

- Having a family history of heart disease
- Smoking
- Physical inactivity
- High blood pressure
- High blood cholesterol (hypercholesterolaemia)
- High salt and high fat diet
- Drinking too much alcohol
- Being overweight or obese, and
- Having diabetes

We can't do anything about our genes, which may be the cause of a family history of heart disease, but we can make changes in our lifestyle to reduce our risk of a further heart attack.

One hereditary condition which causes coronary heart disease is called familial hyperlipidaemia (also called FH or familial hypercholesterolaemia). This is an inherited condition in which the level of cholesterol in the blood is very high. If you think you may be affected by familial hypercholesterolaemia you should ask your doctor to arrange for you and your family members to be screened as there are medicines available to treat this condition.

How can I reduce my risk of further coronary heart disease?

The good news is that many risk factors can be altered. It can be difficult to change your lifestyle, but over time you will notice the benefit to your heart health.

Your risk of further coronary heart disease will depend on how many of the above risk factors you have, and how strong each individual risk factor is for you. Knowing about your risk factors may encourage you to deal with them and help you feel more in control of your heart disease.

If you smoke, stop

Continuing smoking after a heart attack doubles the risk of having another attack within one year. If you do smoke, now is the time to stop. If you are a smoker, stopping smoking is the single most important step you can take to help you recover from your heart attack. However, stopping smoking is easier said than done.

Talking to friends and relatives who have stopped, joining a stop-smoking group, and talking to your GP or practice nurse may help you. Your doctor, practice nurse, pharmacist and cardiac rehabilitation team can also give you advice including information on nicotine replacement products such as chewing gum and skin patches, tablets and local NHS stop-smoking services. Ask your cardiac rehabilitation co-ordinator for more information.

The NHS Smoking Helpline on **0300 123 1044** can offer information on stopping smoking, and support for people who are finding it hard to stop.

Keep active

Physical activity is important for everybody. In particular it halves the risk of developing coronary heart disease. Physical activity as part of a rehabilitation programme reduces the risk of dying after a heart attack. Your activity needs to be aerobic - this means using the muscles of the arms, legs and back rhythmically and steadily so that your breathing and heart rate increase. Examples of aerobic activity include brisk walking, cycling and some gardening.

Physical activity has other benefits too. *It can:*

- Reduce your heart rate and lower your blood pressure while you are resting
- Improve your cholesterol levels
- Help to reduce your weight
- Help to control diabetes
- Help to reduce angina
- Reduce hospital visits, and
- Help to get you back to work

If you have angina that is stable, it is important to exercise. However, you should start at a level that you can easily manage. Avoid getting uncomfortably breathless and do not try to 'walk through' chest pain. Also, in very cold and windy weather try to find something active to do inside.

Always keep your GTN spray or tablets handy in case you need them. Your cardiac rehabilitation team will help you set goals to increase your activity. By doing this you could help to reduce the amount of angina that you get and your risk of having a heart attack.

Controlling high blood pressure

If you have high blood pressure, reducing it can lower your risk of developing coronary heart disease or of having a heart attack or a stroke. If you have high blood pressure, even a small reduction can lower your risk.

If you have high blood pressure, it is essential to control it. Your target is to have a blood pressure below **140/90**. Some people can control their blood pressure by losing weight, doing more physical activity and cutting down on alcohol and salt. However, many people need to take medicines too.

Watch your cholesterol

The level of cholesterol in your blood will be measured regularly, and the lower it is the better. The aim is to have a total cholesterol level of below **4 mmols/l** (millimols per litre). If your blood cholesterol is even slightly above this level, you can greatly benefit from reducing it.

Eating healthily can help reduce your cholesterol by over 10%. This means cutting down on fats in general, especially saturated fats, which are found mostly in meat and dairy products. Researchers have found that reducing the amount of saturated fat you eat can help you reduce your risk of dying from coronary heart disease.

Many people with coronary heart disease also need medication to get their blood cholesterol down to a level which brings the greatest benefit.

Eat plenty of fruit and vegetables

People who eat at least five portions of fruit and vegetables a day are less likely to have heart disease. We do not know exactly why, but it is thought to be due to the antioxidant vitamins they contain. However, there is not yet enough evidence that taking vitamin tablets has the same effect. Even if you already have coronary heart disease, it is still helpful to eat plenty of fruit and vegetables. This can include fresh, frozen, dried or canned fruits and vegetables, and also salads.

Benefits of fish and fish oils

Eating oily fish once or twice a week can help to improve the chances of survival after a heart attack. It may also help to reduce your level of triglycerides (fatty substances found in the blood), and prevent blood clots from forming in your coronary arteries. The particular oil in fish that has these beneficial effects is known as 'omega-3'. It is found mainly in oily fish such as herring, mackerel, pilchards, sardines, salmon and trout.

Cut back on alcohol

Alcohol is high in calories, which is not good if you are trying to lose weight, and too much alcohol is linked to raised blood pressure and heart failure.

Current guidelines recommend a maximum of 14 units per week. Aim for two alcohol free days each week.

Control your weight

It is important to control your weight, not just to help your heart but also for your general fitness. Keeping close to the recommended weight for your height will help you keep your blood pressure down and reduce the workload on your heart. For people who are overweight, reducing weight can help reduce cholesterol levels and also reduce the risk of heart attack. If your cardiac rehabilitation team feels that you are very overweight, they may advise you on how to lose weight or refer you to a dietician. If you have any questions once you get home about what or how much you should be eating, ask your doctor, practice nurse or district nurse. You can also ask your cardiac rehabilitation team.

If you need to lose weight, don't try to lose it too quickly. Losing weight slowly and steadily (about a pound a week) is more healthy, and you're more likely to keep the weight off for good. If you are very overweight, losing even 10 kilos (1 and a half stone) will be good for your health. Remember too that losing weight means both eating healthily and doing more physical activity.

Control diabetes

Men with diabetes that started in adult life have about three times the risk of a heart attack compared to those without diabetes. Women with diabetes have about four times the risk of heart attack. It is very important to make sure you control your blood sugar. As well as a healthy diet, doing more physical activity, controlling your weight and taking your medication regularly will all help. If you have any concerns, speak to your cardiac rehabilitation team or GP.

Making the changes

By now you will have identified which risk factors affect you. As you know, you can change some of these risk factors. Deciding to change just one of these risk factors is a positive decision for your heart health. You can do this yourself, or with the advice and support of your cardiac rehabilitation team.

You need to think about how you are going to tackle each risk factor. You could do this by setting yourself one realistic goal. For example, you might decide on the goal: "I will go for a walk every day for the next month." It is probably wise not to try and change too many things at the same time so you can really concentrate on your current goal so that it becomes part of your everyday lifestyle now and in the future.

Review your goals regularly and, even if you are not doing too well, don't give up. You may need to review your plan or get further help and support. Your cardiac rehabilitation team will be happy to help you.

Cardiac rehabilitation - targeted health education

Patient name		
Hospital number		
Risk factor	Guidelines and advice given	
Blood pressure: _____ Ideal below 130/80 mmHg	<ul style="list-style-type: none"> • BHF leaflet on blood pressure - website link given. • You have been started on a drug to help reduce your blood pressure OR your current blood pressure medication has been altered. • You have been started on a drug to help to protect your heart which can also lower your blood pressure. • Please ask your practice nurse to check your blood pressure in _____ weeks' time and then as advised. • Blood pressure medication: _____ 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Your total cholesterol: _____ Ideal below 4.0mmol/l Your LDL cholesterol: _____ Ideal below 1.4mmol/l	<ul style="list-style-type: none"> • BHF leaflet on reducing your blood cholesterol - website link given. • You have been started on a cholesterol lowering tablet. • You have had your cholesterol lowering medication increased or altered. • Please make an appointment with your GP or practice nurse to have your cholesterol levels checked in 12 weeks' time. • To further reduce your cholesterol levels you are advised to maintain a cardio-protective diet. • Cholesterol medication: _____ 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Your weight: _____ kg Your body mass index: _____ Ideal between 20 - 25	<ul style="list-style-type: none"> • BHF leaflet on eating for your heart - website link given. • We advise you to lose weight. Please see your GP, practice nurse or cardiac rehabilitation team who can help you with this. • Your ideal weight should be between: _____ kg 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Diabetes: Ideal BP below 130/80 HbA1C result: _____	<ul style="list-style-type: none"> • BHF booklet on diabetes and your heart - website link given. • Your diabetes treatment: _____ • Referral to practice diabetic nurse required - Yes / No 	<input type="checkbox"/> <input type="checkbox"/>
Current smoker: Yes / No Smoking amount: _____ Smoking duration: _____ Stopped when? _____	<ul style="list-style-type: none"> • BHF leaflet on smoking and your heart - website link given. • Please see your practice nurse or cardiac rehabilitation team for help to stop smoking. • Camquit referral agreed - Yes / No 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Alcohol: Current intake _____	<ul style="list-style-type: none"> • BHF leaflet on alcohol - website link given. • Recommended amount - maximum of 14 units a week with 2-3 consecutive days alcohol free. 	<input type="checkbox"/> <input type="checkbox"/>

Worries and concerns - answering your questions

This section looks at possible worries and concerns that you may have. Remember that you can talk to your cardiac rehabilitation team at any time. Here are some of the concerns that people often raise with us.

“I’ve got heart disease - there’s nothing I can do about it.”

There are lots of things that you can do to reduce the challenges that heart disease can cause. Tackling your risk factors is an important part of reducing the effect of heart disease.

For instance, things like stopping smoking, losing weight and being more active can all help. Your cardiac rehabilitation team will help you to tackle your risk factors.

“I thought people with heart disease needed to rest.”

Resting just makes you unfit, and unfit people have more problems with heart disease. Become fitter in a safe way with this programme. It will help you to reduce the risk of developing more heart disease.

“My family won’t let me do anything active.”

This is very common. Those close to you may be scared that you will overdo it. Show them this programme as it will set their minds at rest if they see what you can do. They will then be more likely to encourage you to keep up the exercise even when you have finished the programme. It may also help them and make it more fun if they do the exercise with you. However, they should check first with their GP that it is fine for them to do this.

“My heart disease was caused by stress.”

For most people, their heart disease was caused by the major risk factors rather than by stress. The role of stress in causing heart disease continues to be researched. However, if stress caused you to smoke, or to eat or drink too much, please talk to your cardiac rehabilitation team who will be able to offer you advice on how to cope with your stress.

Learning to relax may help you cope with stress. This programme includes advice on relaxation that could help you.

“When can I have sex?”

Generally, if you can comfortably climb two flights of stairs, you can resume sex. Do not force yourself to ‘perform’ and make sure the room is warm and comfortable.

You should not use viagra or any similar tablet if you are using GTN spray or any form of nitrate tablets.

If you have had surgery, sex in your usual position may make the wound on your chest uncomfortable. Take a less active role for a while until the discomfort has gone.

“My partner is too frightened to have sex.”

It’s a common worry that sex is dangerous for people with heart disease. Making love in your usual way with your usual partner in a warm room is generally very safe.

“I have problems with sex.”

Men may have problems getting or keeping an erection. Both men and women may not feel like having sex.

Some of the medication that people with heart disease take can have both of these effects - talk to your doctor about this. If this is thought to be the cause, other medication may be offered. Your doctor may also offer other kinds of help, for example referral to other specialists. Please don't be afraid or embarrassed to talk to your doctor or cardiac rehabilitation team about this. They have a lot of experience in helping people with sexual problems.

Problems with sex can also be caused by depression. These kinds of feelings are common in the weeks after a heart attack or surgery. If you continue to feel low most of the time, please see your doctor.

“There seems to be so much to do - where do I start?”

Your cardiac rehabilitation team will help you through this programme so don't worry. Start by talking to them about what you are doing now and what you think your risk factors are.

The team will help you to set personal goals which will help you make changes to tackle these risk factors. **However, you will be in control.**

Nobody is going to force you to do anything that you don't want to do. **You** will decide what you want to tackle - and how you want to do this. Your cardiac rehabilitation team will guide and support you to make sure that you don't try to do too much at once or set goals that are too hard. The personal goals that you set should be realistic and achievable.

Guide to the exercise programme - a step-by-step approach

Get fitter - safely and effectively

Recovering from heart problems takes time, energy and commitment. Having left hospital, you may be feeling unsure about the amount and type of exercise you can do.

We have put together this programme of exercises specifically for people with heart conditions, to help you get fitter in a safe and effective way. You can begin after your assessment with your cardiac rehabilitation team. They will show you how to do the exercise programme. The exercises will help you recover more quickly and build your confidence to carry on with other activities in your daily life.

It is important that you complete all sections of the exercise programme. Please do not skip the warm-up and cool down as they are essential to reduce the risk of injuring yourself.

Setting the level

Before you start the exercises, please read the following information and watch the full exercise programme to make sure that you understand what to do.

There are different levels of exercise on the programme:

- Seated
- Yellow - level 1
- Blue - level 2
- Green - level 3
- Purple - level 4
- Level 5 and 6

Everyone begins on the level set at their assessment, and moves on at a speed that is appropriate for them. Many people will progress through some of the levels during the programme but we will discuss this with you during your follow-up by phone.

You do **not** need to reach the top level before you finish the programme.

It is very important that you and your team speak to each other every week so that they can monitor and progress your exercise in a safe and effective way.

Please do not change the exercise level you are working at without discussing this with your cardiac rehabilitation team first.

Work alongside the instructor wearing the colour shirt that matches the circuit you are following. For example, work alongside Vicky in the yellow shirt for yellow level 1 or Nicola in the blue shirt for blue level 2.

Pacing yourself

Try to complete the session at the same speed as the instructors. However, remember to listen to your body and watch your heart rate or exertion score. Your cardiac rehabilitation team will tell you how to adjust the exercise if you need to work harder or less hard while still keeping to the same speed.

If you need to slow down or stop, don't worry. Follow the advice given in the safety section on how to slow down effectively.

The exercise session

The exercise session takes around one hour of your time and is divided into 4 parts.

1. **Warm-up** - the warm-up prepares your heart and body for exercise. The gradual build-up of activity improves the blood flow to the heart and working muscles. This helps the oxygen get to where it is needed. The stretches in the warm-up improve flexibility in the muscles and help prevent injuries.
2. **Workout** - the workout is the conditioning phase. This is the main part of the exercise session and will help tone and strengthen your muscles and improve your heart's efficiency.
3. **Cool down** - this part of the exercise programme is all about slowing down gradually so that your heart rate and blood pressure return back to normal safely. (They will both have risen during the exercise session.)
4. **Resistance training & stretches** - Resistance exercises will help your muscle tone. Toned muscles use the oxygen that your heart pumps round in your blood more effectively and can also help with your balance and co-ordination. Having stronger, toned muscles makes daily tasks easier and less tiring. You can repeat the stretches to try and help prevent any stiffness which you might feel later on.

Write down your heart rate and/or your level of exertion on your record sheet during the exercise session. At your assessment we will teach you how to monitor yourself during the exercise using one or both of these methods. We summarise these monitoring methods at the end of this section.

You will have a safer, more effective exercise session, and less chance of injury, if you warm up properly first and cool down fully afterwards. All parts of the exercise session are equally important and it is essential that you work through them in the order they have been filmed. Don't miss out any parts, even if you are short of time.

Getting ready

Here are some tips:

- Wear loose, comfortable clothing that allows you to move freely.
- Wear suitable flat shoes that support your feet.
- Clear enough space in the room so you can take three steps in any direction.
- Keep the temperature comfortable - perhaps open a window so that you do not get too hot.
- Do not exercise for two hours after a heavy meal or drinking alcohol.
- Have your record sheet, a pen and the your theraband ready.
- Have your hand weights ready if you are using them. (See page 15 for ideas on what you can use.)
- Make a soft drink to have during the exercise and at the end to replace the fluid you lose during the session

Safety - how should I feel?

Before you start any exercise, make sure you are rested and feel well.

You **should not start** the exercise and should contact your cardiac rehabilitation team if:

- Your heartbeat feels irregular and this is not normal for you
- Your resting heart rate is much faster or slower than normal for you
- You have a fever or feel generally unwell, or
- You have chest pain when resting

When you are doing the exercises it is normal to feel:

- Slightly sweaty
- Warm or slightly flushed
- Your breathing is deeper and faster, but you can still talk, and
- Your heart beating faster

However, you should **slow down** and make the **movements smaller** if:

- Your breathing is uncomfortable
- You feel excessively tired or are sweating a great deal, or
- Your heart rate is going above your maximum target or your perceived exertion is higher than recommended by your cardiac rehabilitation team. For your safety, remember to keep to the level recommended by your cardiac rehabilitation team

If your heart rate or exertion level do not go down when you have tried to slow down, reduce the movements for a few minutes.

If you are still having problems after a couple of minutes, stop and sit down in a supportive chair.

You should also **stop** and sit down if:

- You feel dizzy
- You feel **chest pain** (if you have had heart surgery think about whether any chest pain you feel is wound pain), or
- Your heartbeat becomes irregular

These are abnormal responses to exercise and may be a result of overdoing it. You should discuss any of these responses with your cardiac rehabilitation team before your next exercise session.

If you have a break from regular exercise for any reason, start again at a slower pace and build up again gradually.

How to complete the exercise record sheets

There are several pages of record sheets at the back of this diary. You can use these sheets to record your heart rate and/or perceived exertion.

Please see the example on page 20. Tuesday and Wednesday show how you record your heart rate and Borg rating of perceived exertion scale. Thursday and Saturday show examples of other types of activities that you can record.

Here we explain the different headings on the record sheet, and how you can use them to record and monitor your progress.

Week number - this is the number of the week that you are on. Start week one on your first assessment visit.

Minimum heart rate and/or exertion (exercise) - This is the number we would expect your heart rate or perceived exertion rate to reach at the end of the warm up.

Training heart rate and/or exertion - the team will work this out for you on your first visit, based on your assessment. Your target heart rate or exertion level is worked out to help you exercise in the most effective way. Try to keep as close as you can to these numbers during the conditioning part of the exercise session.

Maximum heart rate and/or exertion (exercise) - This is the highest number that your heart rate and exertion level should be allowed to reach during the conditioning part of the exercise session. It will be a little higher than the training heart rate or exertion. Try not to let your heart rate or exertion level go above the maximum during exercise as you will be working too hard.

This takes some practice. If you cannot get your heart rate and exertion as high as the training numbers during the conditioning phase, and you feel well, try to increase the size of the movements you do, as shown in the DVD.

If your heart rate and exertion level goes above the maximum number during the conditioning phase, reduce the size of the movements, even if you feel well, so that you can learn how to pace yourself effectively.

Day of the week - we have left the column blank for you to fill in the day of the week you are exercising. We want you to try and complete the formal DVD exercise session three times a week and to try another type of activity on two days each week, preferably in-between the formal exercise sessions.

If you are following the exercise session, use the heart rate and exertion check boxes described as follows:

Check 1

Resting heart rate, exertion check, - before you start the exercise, take your heart rate and/or look at the Borg scale while you are resting. Write these numbers down on your chart in the check 1 box.

Checks 2 to 5

Heart rate, exertion checks, - during the conditioning phase of the exercise session you will be prompted at checks to write down your heart rate and/or exertion level. These checks start at the end of the warm-up and continue until just before the cool down.

Each time there is a check prompt, a clock and the rating of perceived exertion scale will appear on your television screen. The clock will count down for 15 seconds. During this time you need to check your heart rate and/or current level of exertion and write it down on your record sheet.

Check 6

Heart rate, exertion check, - please record this at the end of your cool down.

Check 7

Heart rate, exertion check, - when you have finished your cool down, sit down and relax for five minutes. Once the five minutes are over, write down your heart rate and exertion level, in this box. This allows us to check that you are not taking too long to recover from the exercise session.

Other activities - following the DVD exercise programme is only one form of exercise that can help to improve your fitness. Try and get into the habit of keeping a record of any other exercise or activity that you do during the week.

This includes anything that makes you feel slightly short of breath or makes your heart beat a little faster, for example, brisk walking, light gardening or housework. Or, you may return to some lighter hobbies or other activities.

Try to use your heart rate and the exertion scale to guide you on any of the activities that you choose to help improve your fitness.

Remember - for maximum benefit, try and keep your heart rate and exertion level within your training zone during the activities.

On the record sheet, write down how far or how long you were active for - for example, 'Walked 30 minutes, one mile' - and also record the average exertion level and your average heart rate during the activity.

We will use all these results to guide your progression during the programme.

Comments and colour this week: yellow/blue/green/purple - you will find out which colour to start on during your assessment visit. After your weekly follow-up call, you will know which colour level to follow for the next week and can write that on your chart.

You can also use this column to write down your thoughts, and any other information about how you are getting on with the programme.

The most important part of the exercise programme is to enjoy it and to listen to how your body feels.

Borg rating of perceived exertion scale

6	No exertion at all
7	Extremely light
8	
9	Very light
10	
11	Light
12	
13	Somewhat hard
14	
15	Hard (heavy)
16	
17	Very hard
18	
19	Extremely hard
20	Maximal exertion

Borg RPE scale

©Gunnar Borg, 1970, 1985, 1994, 1998

This is the exertion scale to look at when doing the exercise session or doing any other physical activity to improve your fitness. We will show you how to use this scale during your assessment visit.

While exercising we want you to rate your perception of exertion, ie. how heavy and strenuous the exercise feels to you. The perception of exertion depends mainly on the strain and fatigue in your muscles and on your feeling of breathlessness or aches in the chest.

Look at this rating scale; we want you to use this scale from 6 to 20, where 6 means 'no exertion at all' and 20 means 'maximal exertion.'

- 9 Corresponds to 'very light' exercise. For a normal, healthy person it is like walking slowly at his or her pace for some minutes.
- 13 On the scale is 'somewhat hard' exercise, but it feels OK to continue.

17 'Very hard' is very strenuous. A healthy person can still go on, but he or she really has to push him- or herself. It feels very heavy, and the person is very tired.

19 On the scale is an extremely strenuous exercise level. For most people this is the most strenuous exercise they have ever experienced.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is.

What equipment do I need for the exercise session?

Make sure that there is something you can hold on to so you can steady yourself, such as the back of a heavy piece of furniture, if you are unsure of your balance during the exercise session. But make sure you can still see your television screen.

The team may be able to offer you a heart rate monitor to monitor your heart rate during exercise.

Resistance band

The colour of band will be advised by a member of staff

Small hand weights

On levels 2, 3 and 4 there is the option of using small hand weights.

The best objects to use are standard-size tins of vegetables, which have the weight clearly written on them and are easy to hold. There is no need to buy expensive hand weights.

Relaxation programme - how it can help you

If you have never tried relaxation techniques before, you may wonder what they can do for you. We look at this below.

Please read through this section even if you think you know what relaxation is all about. It will help you decide whether to try the relaxation programme.

Why should I learn relaxation?

Can you feel relaxed whenever you want?

Well, maybe you can feel like that when you are in front of the television, but what about when things become more stressful? What about when there are problems at work, or if someone or something upsets you at home, can you bring on that feeling of peace and calm then?

Being able to control how anxious or upset you are can help you to feel more in control of your life. If you suffer from episodes of angina, then relaxation has a double bonus. Over half of people with angina suffer from it when they are upset. This is because when people are upset their heart beats faster and their blood pressure rises. This makes the heart work harder, causing a bout of angina.

Learning a form of relaxation called rapid relaxation can help you to cope when you are feeling stressed. It helps to slow down your heartbeat and lower your blood pressure. A relaxation programme can help you to learn different ways to become relaxed. What have you got to lose?

What do I have to do?

Remember, you are always in control when you listen to a relaxation programme. You can stop at any time.

You should practise relaxation until you are able to bring on the relaxed feeling without the CD.

Before you listen to a relaxation programme, it is important to read the safety points first.

Safety points

Choose a time and place when you won't be disturbed. The room should be warm and quiet. Ask others to leave you in peace, or ask them to do the relaxation with you.

- Your head and body should be fully supported. Either lie on the bed or use your favourite armchair. Do not use a chair without arms.
- Do not listen to a relaxation CD while driving.
- At the end of the relaxation, or if you are interrupted, do not stand up too quickly - you may become dizzy.

General points

- To get the most out of the programme you need to practise. The more often you try the programme, the more you will get out of it. Try to use the relaxation programme every day for six weeks. It can take around 20 minutes - you can afford that amount of time for yourself each day!
- It's very common for the mind to wander. Don't worry about this, just let your thoughts drift away and carry on listening to the relaxation programme. There is no need to start over again.
- If you fall asleep this shows that the programme is working.

How will I know that it is working?

To start with it may not seem to be having much effect. Quite a few people feel like this. Don't worry, you will gradually notice some changes, and if you worry about it you won't feel relaxed anyway. When it starts to work, you may feel as if you are sinking into the bed or chair. Or you may feel as if you are floating.

You will probably feel peaceful, warm and calm. Learning relaxation can help you to sleep better, and feel more able to cope with life. You are likely to feel the effects after just a couple of weeks, but you still need to practise every day for at least six weeks to become really good at bringing on the relaxed feeling whenever you need it.

Other information - sources of advice and support

Heart support groups

A heart support group gives you, your partner and family the chance to meet and talk to people who have gone through similar experiences. Groups vary. They may meet every week, every fortnight or every month. Some hold exercise classes or invite speakers to talk on medical as well as general topics. They are quite informal and sociable too.

To find out where your nearest heart support group is, telephone 0300 330 3311 or ask your cardiac rehabilitation team.

British Heart Foundation website

For up-to-date information on the BHF and its services.

www.bhf.org.uk

Heart Helpline

An information service for the public and health professionals on issues relating to heart health.

Tel: 0300 330 3311 (a local rate number)

Heart Matters

Heart Matters is a **free service** designed for anyone who has, or is at risk of developing, a heart condition, and for anyone who cares for someone with a heart problem. Members receive personalised information, and can get specialist support from cardiac nurses or heart health advisers, either by telephone or email.

They also get regular issues of **heart health magazine**, which includes updates on treatment and research and looks at issues related to heart health.

To join Heart Matters, either register at the website www.bhf.org.uk/heartmatters or telephone **0300 330 3300 (a local rate number)**.

Heartstart UK

For information about a free, two-hour course in emergency life-support skills, contact Heartstart UK at the British Heart Foundation. The course teaches you to:

- Recognise the warning signs of a heart attack
- Help someone who is choking or bleeding
- Deal with someone who is unconscious
- Know what to do if someone collapses, and
- Perform cardiopulmonary resuscitation (CPR) if someone has stopped breathing and his or her heart has stopped beating

Tel: 0300 330 3311

Email: heartmatters@bhf.org.uk

Diabetes UK

Diabetes UK is a charity working for people with diabetes. It funds research, runs campaigns to raise awareness of the effect of diabetes and helps people to live with the condition.

www.diabetes.org.uk

Tel: 0345 123 2399

DIPEX

DIPEX is a database of individual patient experiences. It features a wide variety of people's personal experiences of health and illness. You can watch, listen to or read their interviews, and find reliable information on treatment choices and where to find support.

www.dipex.org

NHS 111 Service

111 is the NHS non-emergency number. NHS 111 is available 24 hours a day, 365 days of the year.

In an emergency, always dial 999.

NHS Smoking Helpline

The helpline offers information on stopping smoking, and support for people who are finding it hard to stop.

Tel: 0300 123 1044

Exercise record sheet - example

Name: _____ Exercise level: _____ Start date: _____ Week number: _____

Minimum heart rate or exertion (exercise): _____ Training heart rate or exertion: _____ Maximum heart rate or exertion (exercise): _____

Day of week and date	Type of activity	Check 1	Check 2	Check 3	Check 4	Check 5	Optional extra round C (check 5 repeated)	Check 6	Check 7	Comments and colour this week: yellow/blue/green/purple
Tuesday	Exercise session	66/6	75/9	85/11	86/12	88/12		70/8	68/6	
	Other activities									
Wednesday	Exercise session	65/6	74/9	85/11	87/12	88/12		71/8	68/6	
	Other activities	Walked one mile, took 30 minutes = exertion level 11								
Thursday	Exercise session									
	Other activities	Light gardening, 20 minutes = exertion level 12								
Saturday	Exercise session									
	Other activities									
	Exercise session									
	Other activities									
	Exercise session									
	Other activities									

Other examples of activities include walking, gardening and housework.
 Note the type of activity, time spent, distance covered and average exertion level.

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Week number: _____

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