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PHYSIOLOGICAL CARDIAC REHABILITATION OF PATIENTS WITH MYOCARDIAL INFARCTION

The paper discusses some problems relating to physiological cardiac rehabilitation after myocardial infarction and its clinical application.

Evidence shows cardiovascular diseases are the leading cause of premature death in the world. The studied material proves the number of deaths from cardiovascular diseases is on the rise. Also, the projections for cardiovascular disease in developing countries are alarming. In Ukraine, cardiovascular diseases have become an emerging health issue leading to disability and death. These diseases lead to the emergence of severe disability, and therefore significantly affect the length and quality of life of patients. Approximately half of the fatal cases among diseases in the cardiovascular system are caused by myocardial infarction (MI) [1, C. 22-29].

The survey and its results show there is an essential problem regarding the importance of patients' rehabilitation after the transfer of MI. The growing evidence on MI rehabilitation effectiveness in different health care settings and outcome measures used widely are reviewed in this research paper.

Physical rehab is able to minimize the occurrence of various complications after the transfer of MI. Improving the standard of living of patients with this disease requires the search for affordable and safe rehab programs, as well as the establishment of certain methods for evaluating these programs [2, C.62-65; 3, C.143].

The purpose of the study is to summarize theoretical data of physiological rehabilitation after the transfer of myocardial infarction.

Methods of research are a theoretical analysis of scientific sources.

At the present stage, rehabilitation of patients with MI according to A.V. Maglirovany can solve the following tasks: creating comfortable conditions for reducing heart load; corrections in the psycho-emotional state of patients; patients' training with the correct type of respiration; prophylaxis of muscular hypotrophy, as well as thrombosis of small vessels; normalization of the autonomic nervous system, etc. [4, C. 148].

For a more effective improvement of the patient's condition, physiological rehabilitation should be gradually performed during the first days of the patient's stay in the hospital. When a patient is in a hospital, four types of motor regime are distinguished: severe bed (I degree of motor activity); bed-ease (II degree --mobility activity); semi-staircase, or ward (III degree of motor activity); general (IV degree of motor activity) [5, C. 62].

The healthcare specialist performing the assessment should be specialized in MI rehabilitation or has experience in neurorehabilitation; as the patient's type and condition severity and classification are vital determinants of disabilities and functional abilities, along with the capacity to learn and physical action continuance.

MI rehabilitation is provided by a team of specialists in various settings; these healthcare specialists work together to improve patient's functional mobility, decrease risk factors related to his cardiac injury, and help him and his family manage the psychosocial effects that may influence recovery after a heart attack.

There are four stages of rehabilitation of patients with MI: hospital stay; polyclinic sanatorium; supporting rehabilitation [6, C. 173].

Hospital stay phase is intended to restore the patient's ability to self-service, helping to avoid complications from MI, skeletal muscle, other organs, and systems. The main task of this stage is to restore the physical and psychological state of the patient and to prepare the patient for the next stage of rehabilitation.

Then the clinical stage is provided to the patient. The patient remains under control of his physician-cardiologist. At this stage, blood biochemistry is monitored. A physician who systematically assesses the patient's condition corrects medication according to the patient's condition.

The sanatorium stage is conducted on the basis of specialized cardiological sanatorium and spa establishments. On this stage patients are assigned certain programs of physiological rehabilitation, patients carry out these programs steadily.

Supportive rehab is carried out by a therapist, as well as by a cardiologist through periodic consultations with the patient.

Some types of massage, for example, the massage of the collar area and the area of the heart, are also shown as one of the types of physiological rehabilitation of patients with MI. D. Korotko [8, C. 240], M. Makarova [7, C. 304] recommend massage of the lower extremities to be performed before the medical exercises. It contributes to the restoration of the patient's condition.

To sum up, myocardial infarction is a rather serious illness that can lead to both disability and death. In order to prevent these conditions, more attention must be drawn to the physiological rehabilitation of patients with MI. After all, rehabilitation contributes to the restoration of the body and aims at preventing various types of complications in the early period after the MI, allowing patients to restore their ability to work, lengthen the duration and improve the quality of life. It is necessary to remember that certain types of rehabilitation exercises are selected for each patient individually, in the absence of a pain syndrome or its rapid repression.

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