#### **School of Medical and Allied Sciences**

Course Code :BPTH3003 Course Name: Physiotherapy in General and Cardiac Conditions Conditions

**Exercise Testing** 

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## Disclamer

This content is for educational and teaching purpose.



#### **TERMS**

- Physical activity is defined as any bodily movement produced by the contraction of skeletal muscles that results in a substantial increase in caloric requirements over resting energy expenditure.
- Exercise is a type of physical activity consisting of planned, structured, and repetitive bodily movement done to improve and/or maintain one or more components of physical fitness.
- Physical fitness is defined as a set of attributes or characteristics individuals have or achieve that relates to their ability to perform physical activity.

## **Exercise Testing**

• It is a non-invasive procedure that provides diagnostic and prognostic information and evaluation of an individual's capacity for dynamic exercise.

 The changes in heart rate, blood pressure, respiration, perceived level of exertion provide data that permit quantitative estimation of cardiovascular conditioning and functioning.

# Aims of Exercise Testing

- Aerobic ability
- Endurance
- Strength
- Flexibility
- Neuromuscular skills
- Functional performance

# Determinants of Exercise Testing

Heart rate

Blood Pressure

Rate of perceived exertion (RPE)

■ VO<sub>2</sub> max

Metabolic Equivalents (METs)

# Modified Borg CR-10 Scale

#### A Modified Borg scale – Burdon et al<sup>22</sup>

- 0 Nothing at all
- 0.5 Very, very slight (just noticeable)
- 1 Very slight
- 2 Slight
- 3 Moderate
- 4 Somewhat severe
- 5 Severe

6

7 Very severe

8

- 9 Very, very severe (almost maximal)
- 10 Maximal

#### B Modified Borg scale – Kendrick et al<sup>23</sup>

0	No breathlessness at all
0.5	Very, very slight (just noticeable)
1	Very slight
2	Slight breathlessness
3	Moderate
4	Somewhat severe
5	Severe breathlessness
6	
7	Very severe breathlessness
8	
9	Very, very severe (almost maximal)
10	Maximal

#### PRE TESTS INSTRUCTIONS

 Wear loose fitting, comfortable clothes that will easily allow a person to perform a particular test.

Avoid food ,alcohol , and caffeine for atleast 3 hours before the test.

Drink plenty of fluids during the preceding 24 hours until the test.

 HHQ or a PAR-Q should be done and ACSM risk stratification should be considered. Avoid strenous exercise on the day of the test.

• Get plenty of rest or sleep (6-8 hours) on the night before the test.

• The room temperature should be between 70 and 74°F(21-23°c).

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- There should be clear explanation of all the procedures.
- H.R, B.P, RPE, patient appearance, as well as symptoms should be mentioned regularly.
- Contraindications for testing and indications for stopping exercise should be closely observed.
- All observations should be continued for atleast 4 minutes of recovery unless abnormal responses occur which would require a longer post-test observation.

## INDICATIONS OF EXERCISE Testing

Pre-cordial chest pain.

Determine prognosis and severity of heart disease.

Evaluation of coronary artery disease.

• Evaluation of functional capacity and make exercise prescription.

### Indications for CPET

- Evaluation of dyspnea
  - Distinguish cardiac vs pulmonary vs peripheral limitation vs other
  - Detection of exercise-induced bronchoconstriction
  - Detection of exertional desaturation
- Pulmonary Rehabilitation
  - Exercise intensity/prescription
  - Response to participation

Pre-op evaluation and risk stratification

Prognostication of life expectancy

Disability determination

Fitness evaluation

Diagnosis

Assess response to therapy

## ABSOLUTE CONTRAINDICATIONS

- Patient with Acute MI.
- Patient with Acute myocarditis or pericarditis
- Patient with unstable progressive angina.
- Patient with rapid ventricular and atrial arrhythmias
- Patient with 2<sup>nd</sup> and 3<sup>rd</sup> degree AV block
- Acutely ill patient ie; with infection, or severe anemia.

### RELATIVE CONTRAINDICATIONS

- Left main coronary stenosis.
- Stenotic valvular disease.
- Tachyarrythmias or bradyarrhythmias.
- Severe hypertension(i.e systolic BP of >200mmHg and/or diastolic BP >110mm Hg) at rest.
- Severe ST depression at rest and history of angina.
- Ventricular aneurysm

#### • Cardiorespiratory Fitness Measurement:

Conventional tests



1.Step tests2.Field tests

Laboratory tests



1.Submaximal test2.Maximal tests

#### References

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- Am Rev Respir Dis. 126(5), Burdon, et al. The perception of breathlessness in asthma, 825–828; Copyright (1982); With permission from American Thoracic Society.
- Journal of Emergency Nursing, 26(3), Kendrick et al, Usefulness of the modified 0–10 Borg scale in assessing the degree of dyspnea in patients with COPD and asthma, 216–222, Copyright (2000); With permission from Elsevier.

Thank You.

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