Results.-- A statistically significant increase of the covered 6MW value by 506.34 m in the HIAT group has been observed after 12 weeks of training and was bigger than the result achieved from MICT CR group 480.16 m, P < 0.001.

Conclusion.-- 6MWWT is a powerful prognostic predictor of the effectiveness of CR interventions and one-year survival of patients with chronic heart failure (CHF).

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P294-e
Cardiorespiratory responses during aquatic and land treadmill in patients with coronary artery disease
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Keywords: Coronary artery disease; Cardiovascular response; Exercise

Objective.-- This study was undertaken to investigate cardiorespiratory responses elicited during exercise stress tests using an aquatic treadmill (ATM) and a land treadmill (TM) in patients with coronary artery disease (CAD).

Methods.-- Twenty-one CAD patients (17 males and 4 females; average age, 59.9 years) with stable clinical status were enrolled for this study. All subjects participated in two continuous, symptom-limited incremental exercise stress protocols (ATM and TM). For the ATM protocol, ATM speed was started at 2.0 km/h, and increased incrementally to 0.5 km/h every minute thereafter. For the TM protocol, speed and grade were started at 2.4 km/h and 1.5%, respectively, and speed was increased to 0.3 km/h, and grade was increased 1% every minute thereafter. Oxygen consumption (Vo2), metabolic equivalents (METs), heart rate (HR), and respiratory exchange ratio (RER) were measured continuously with peak values.

Results.-- When comparing peak cardiorespiratory responses during ATM and TM protocols, peak Vo2 (29.8 vs 31.1, P = 0.11), peak MET (8.5 vs 8.9, P = 0.11), and peak HR (131.9 vs 136.1, P = 0.25) did not show statistically significant differences. Peak RER was significantly greater in TM than ATM.

Discussion.-- This study demonstrated that ATM exercise can elicit similar cardiorespiratory responses compared with LT exercise in patients with CAD.

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P295-e
Effects of kinesiotaping on venous pain in postmenopausal women with chronic venous insufficiency
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Keywords: Venous disease; kinesiotaping

Objective.-- Kinesiotaping (KT) is a bandaging used to increase vascular flow and diminish venous pain. This last was the aim of this study.

Methods.-- A blinded randomized trial was performed. A total of 183 postmenopausal women with mild chronic venous insufficiency (CVI) (C1-C3 CEAP) were referred to the laboratory of the University of Granada (Spain) and allocated in three groups: Standardized-KT (Standard KT application to facilitate gastrocnemius muscle contraction and ankle dorsiflexion), mixed-KT (standard application & peripheral compression) and placebo (sham KT application). All taping were applied 3 times/week during one month. Pain was measured by visual analogue scale, McGill pain questionnaire and PainMatcher.

Results.-- Student t-test showed pre-post-treatment statistical differences in standardized-KT (VAS, P = 0.01; McGill, P = 0.011; PainMatcher, P = 0.001), mixed-KT (VAS, P = 0.01; McGill, P = 0.001; PainMatcher, P = 0.001) and placebo (VAS, P = 0.016; McGill, P = 0.022; PainMatcher, P = 0.001). ANCOVA analysis showed significant post-treatment differences between groups (VAS, P = 0.01; McGill, P = 0.002; PainMatcher, P = 0.012).

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Discussion.– Kinesiotaping improves venous pain in women with CVI; pain that would be partially attributed to a placebo effect.
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P296-e  
Chylothorax in yellow nail syndrome  
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Keywords: Chylothorax; Yellow nail syndrome; Lymphedema

Background.– Yellow nail syndrome (YNs) is a rare condition that involves the association of yellow nails, lymphedema and/or respiratory symptoms. YNS is commonly associated with pleural effusion and bronchiectasis. The pathophysiology is unclear but recent proposals indicate a microvasculopathy with protein leakage. It is associated with connective tissue disease, cancer, immunodeficiency and endocrine disorders. The diagnosis is clinical and one of exclusion.

No specific treatment exists. The YNS is considered underdiagnosed [1].

Observation.– A 56 years-old woman was referred for lower limb lymphedema treatment. She had been monitored by Internal Medicine service, for bronchiectasis, and common variable immunodeficiency. Nails had been dystrophic and yellow since childhood, so the YNS diagnosis was done. After 10 years, the patient showed progressive dyspnea due to right chylothorax. Neoplastic, infectious and systemic diseases were discarded. The chylothorax was treated with thoraconteesis, pleurodesis and a high-protein, fat-free and medium-chain triglyceride diet. Initially, chylothorax improved, but recurred twice.

Discussion.– This is a case of YNS, a rare condition with a chylothorax, an uncommon complication. Because of its association with immune and neoplastic pathology, YNS knowledge is important.

Reference
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P297-e  
Rehabilitation after cardiac arrest - polisensory stimulation. Case report  
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Keywords: Cardiac arrest; Unconscious patient; Rehabilitation; Waking-up patient; Therapeutic hypothermia; Polisensory stimulation

Background.– Cardiac arrest (CA) with its complications is a fundamental social problem. About 50% of patients who survived the incident of CA, has to stay with medical care in their home.

Observation.– A patient with morbid obesity was admitted to Cardiac Intensive Care Unit after cardiac arrest. The condition of the patient was very serious (Glasgow Coma Scale - 5 points). Typical procedures and therapeutic hypothermia were introduced immediately. Non-standard physiotherapy was performed and was called as a polisensory stimulation. It included reflex stimulation, exteroceptive and proprioceptive stimulation, stimulation of all senses. Familiar participation in rehabilitation process was very essential. Including stay in other rehabilitation centers, patient came back home after 320 days of hospitalization. He could walk and perform activities of daily living with help despite the fact he was almost blind. To estimate neurological state of the patient we used a Barthel scale and a Rankin scale. Initial values - 0 points and rank 5 improved to 70 points and rank 3, respectively.

Discussion.– At present scientific proved waking-up methods for unconscious patient do not exist. Main difficulties contain lack of universal and proper selection criteria and research tools which could fully reflect the neurological condition of unconscious patients.

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P298-e  
Cardiac rehabilitation for elderly patients with coronary heart disease  
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Keywords: Rehabilitation; Elderly; Coronary heart disease

Background.– One of the main problems in cardiac rehabilitation program (CRP) is the low participation rate among elderly patients.

Objective.– The aim of this study was to evaluate the effectiveness of CRP in patients with coronary heart disease (CHD) depending on age.

Methods.– Two hundred and thirty-eight patients with CHD after coronary revascularization were studied. The patients were divided into two groups: younger (< 65 years old (y/o)) and older (≥ 65 y/o) patients. The patient’s functional capacity, assessing of the six-minute walk test (6MWT), left ventricular systolic function (LVSF) were evaluated.

Results.– Main part (63.9%) of our patients was older than 65 y/o. Improvement of functional status was observed in both groups (P<0.05). Exercise tolerance evaluated using 6MWT data increased in both groups (P<0.05): in older group - from 264.8 ± 7.3 to 316.8 ± 15.5 meters and in younger group - from 301.9 ± 34.4 to 365.1 ± 58.9 meters. Improvement of LVSF was not statistically significant in both groups.

Discussion.– CRP is effective and important in CHD patients regardless of age.

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P299-e  
First phase of rehabilitation after aortocoronary bypass surgery  
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Keywords: Cardiac rehabilitation; Aortocoronary bypass surgery; Oxygen saturation

Background.– The first phase of rehabilitation after ACB surgery is early intrahospital rehabilitation and it’s a obligatory part of treatment protocol of cardiac patients. The aim of the study is to present the protocol of rehabilitation regarding oxygen saturation (SpO2) in Clinical Center of Montenegro.

Methods.– In this study, we followed 31 patients with protocol of rehabilitation. Monitored parameters are: age, sex, number of days of rehabilitation, SpO2 on the monitor, before and after therapy.

Results.– The age of patients is 59.2 years. Gender: men 87%, women 13%. The average number of days of rehabilitation is 5.3. SpO2 average value before treatment - after treatment 96.1 (SD 2.99) - 95.3 (SD 2.61), P = 0.122 (P> 0.05). SpO2 average value of the first day of rehabilitation, before treatment and after treatment 98.42 (SD 2.40) - 96.84 (SD 2.86), statistical significance P = 0.021 (P<0.05). The average value of SpO2 the last day before treatment- after treatment 94.58 (SD 2.99) - 95.3 (SD 2.61), statistically significant P = 0.003 (P<0.05).

Discussion.– SpO2 was improved the last day of rehabilitation program with high statistical significance with patients after rehabilitation, indicating the success of the therapeutic program.

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P300-e  
Interdisciplinary treatment of hypereosinophilic syndrome - Case report

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