Results.— A statistically significant increase of the covered 6MWD 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.— 6MWT 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: Kinesiotaping; Venous pain

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 measure by visual analogue scale, McGill pain questionnaire and PainMatcher.

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