

Strenuous, mind-over-matter therapy for heart patients

Heart attack. Thousands of American men and women suffer this most frightening health crisis each year. They end up with scars on their hearts, where some of the muscle dies. The body, with the help of doctors, modern medicine and machines can help restore normal or near normal heart function. Another scar, however, remains on the psyche.

A team of experts at University of Michigan Hospital is now coping with this problem of residual fear which leaves many heart attack victims coronary cripples. Their fear of dying and loss of confidence makes them afraid of resuming a full life.

The U-M Hospital program starts as early as three days after the patient first enters the Coronary Intensive Care Unit, breathing oxygen in literal fear of his life, and ends 15 weeks later with the patient exercising full tilt, as hard as he can, for 30 minutes three times a week.

This contrasts with the traditional

recovery methods in which the doctor prescribes three months of total rest before resumption of activity.

Director of the new rehabilitation program in the U-M Cardiology Section is Richard M. Lampman, Ph.D., an exercise physiologist, an expert on heart function and how exercise affects the muscle-pump which sends blood through the body.

A marathon runner in superb physical condition himself, Lampman knows the curative powers of exercise. "If we demonstrate to the patient that he can exercise really hard, push his body and heart to the limit, he also can believe he is capable of resuming other demanding life functions: making love, returning to the factory or desk, playing tennis and so forth," Dr. Lampman said.

The U-M program also contains many traditional aspects of rehabilitation — no smoking, weight loss, low fat diet — in addition to an individually prescribed program of graduated exercise.

The difference in a total rehabilitation program is that the patient is not left on his own. "Uncertainty is overcome by total staff support during recovery," Lampman said.

This requires a team: physicians, a physiologist, clinical nurse specialist, dietitians, vocational-rehabilitation counselors and a clinical psychologist.

This degree of patient contact would be very difficult for a cardiologist in private practice to maintain and still care for other patients, Lampman noted.

The U-M Hospital program therefore is open to appropriate heart attack patients outside University Hospital upon referral of their doctors. These patients may start the program as early as the 17th day following a heart attack.

Many of the professionals in the U-M program deal in various degrees with the psychological damage of a heart attack. They note that the patient often looks upon himself or herself as a defective person. There is also anger ("Why me?"), denial ("Not me"), and guilt feelings by the patient or spouse that they may have contributed to the problem.

However, nurse clinician Judy Collins, who supervises the three-week hospital exercise sessions, reports that by the time most of her patients are physically ready to start the exercise program they are eager to begin.

She answers many of their questions about what activities they can resume at home. Working with her is a vocational rehabilitation specialist who advise on the job related tasks and may arrange financing for the rehabilitation programs, if necessary.

Physicians and therapists in the U-M Hospital's Department of Physical Medicine and Rehabilitation help reassure patients about performing household work while still in very early recovery phase by having the patients duplicate these in the hospital with heart function monitored by wireless electronic recorders. A housewife, for example, might wash dishes, make a bed or vacuum a floor in the Rehabilitation Unit and be reassured that her heart can take the strain after she returns home.

THE RECENT development of highly reliable diagnostic nuclear medicine equipment gives doctors a very clear picture of the exact condition of the patient's heart before they prescribe exercise programs.

Low-dose radioactive tracers are injected into the bloodstream where they circulate through the heart and create

visual moving images of the heart in action.

Movement of heart walls is recorded as is the amount of blood pumped by the heart muscle at rest and during exercise. This test, therefore, shows how effective the heart is as a pump.

After doctors are certain the patient's condition is stable (as early as seven to 10 days after a heart attack for patients treated initially in University Hospital), low level exercise begins on a treadmill in the hospital under constant staff supervision and with the heart electronically monitored.

After discharge, the patient returns to the hospital at least three times a week to continue exercise which gets progressively more strenuous. Progress of conditioning is checked by more nuclear cardiology exams.

Home exercise, in addition to hospital-supervised exercise, starts at nine weeks and graduation occurs about 15 weeks with a maximum stress treadmill test.

The patient then continues his total exercise program at home or joins a "graduate" program under the U-M Center for Fitness and Sports Research.

Japan's opening captured on film

You can learn how to take "impact" photos by studying pictures from another era and culture.

"Japan: Photographs 1854-1905" is open to the public at the Detroit Institute of Arts from Oct. 12 to Nov. 23. Hours are 9:30 a.m. to 5:30 p.m. Tuesdays through Sundays. There is no special charge.

From 1854 to 1854, Japan was closed to foreigners, and the only record of everyday life was the woodblock print. At the same time Japan was open to the west, the camera was introduced and

captured the transition period.

In this exhibit, courtesans show their costumes, actors posture, warriors flaunt arms and armor, wrestlers display muscle, and villages sit placidly in the shadow of the sacred Mt. Fuji.

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Some of the photographers are anonymous.

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