

Practice



INNOVATION:

New Care Models in Physiotherapy

Publication Mail Agreement No. 40065308

PLUS: Is it Time for Mainstream 'Telephysiotherapy' in Canada?



Reducing Roadblocks:



Two programs helping participants overcome some typical barriers along the road to heart health

Karine Savard, MHK
Marc Laflamme, PT, CPA Member since 2000
Jennifer Harris, PT, CPA Member since 1995

Exercise more, take a minute to unwind, don't smoke, eat healthier.

Messages about reducing our risk for heart disease are well known. Despite this, cardiovascular disease (CVD) is the leading cause of mortality globally.¹ The University of Ottawa Heart Institute (UOHI) offers several programs geared towards treating and preventing this deadly disease.

CVD includes heart valve problems, arrhythmia, heart attack, and stroke.² While medication and surgery are two of the main types of treatment for symptoms of the disease, lifestyle modifications are the most important way to minimize its progression (secondary prevention). In fact, addressing CVD risk factors such as high cholesterol, diabetes, hypertension, smoking, and obesity by making small changes in nutrition, exercise and other lifestyle behaviours can go a long way to reduce one's risk for many chronic health conditions.

A multitude of barriers can prevent people from adopting a healthier lifestyle. Language, time, accessibility, motivation, safety, and cost are just some examples of common obstacles that can prevent us from reaching our goals. This article looks at two of the programs offered by UOHI aimed at minimizing some of these barriers to improve participants' heart health.

Accommodating their needs

The *FrancoForme*[®] program is one of the several cardiac rehabilitation (CR) options offered at the UOHI. This unique program provides both primary and secondary prevention services for francophones in the Champlain region of Ontario. CVD risk factors, such as stress management, nutrition, smoking cessation and exercise are discussed with participants in order to help them set personal goals. Unlike many traditional CR programs, this intervention is provided over the telephone, thus there are no supervised exercise sessions or regular face-to-face contacts.

Marc Laflamme, physiotherapist, mentor and regional coordinator for *FrancoForme*[®] says that establishing a strong rapport with the participant is crucial. "Right from the start, we provide resources (in the form of informational kits) and mentoring calls in the official language of choice. Removing the language barrier helps our participants feel more comfortable. The conversation is also non-judgemental and optimistic." A cardiovascular risk profile is generated from information collected in the form of a patient survey (including medical history, medication, smoking history, exercise habits, nutrition, quality of life, social support and anthropometric measurements), fasting blood work and vital signs. This way, participants

Left to right: Karine Savard, Marc Laflamme, Jennifer Harris, Dr. Michèle de Margerie



understand that we are taking a holistic approach to their health in order to provide them with the best support.

As participants come in all shapes and sizes, our program needs to be tailored to each individual and their heart health goals. Throughout the program, the mentor and the participant discuss heart health information, review goals, and explore any obstacles to their progress. The program is constantly adapted to meet the needs of each participant, adjusting to their likes and dislikes. “Because of *FrancoForme*[®], people are able to change their lifestyle, which leads to a reduction in their cardiovascular risk factors,” says Dr. Michèle de Margerie, *FrancoForme*[®] program director.³

Being home-based, the self-management aspect of cardiac rehabilitation is emphasized, helping participants learn to be in control of their health. This new autonomy helps them reach their goals and maintain a healthier lifestyle in the long term. Participants’ support system, which can include a spouse, children, family doctor, friends, neighbors, and colleagues, is also engaged throughout their journey. This way, we are

encouraging everyone to make healthy changes that will have a greater impact on their family and community.

Most participants improve their risk factors between the initial assessment and the 3-month follow-up, and these improvements are maintained after a year.

How can we encourage continuity?

Heart Wise Exercise (HWE) was first introduced in the Ottawa community to guide patients who graduated from the UOHI CR programs towards fitness classes that are safe, appropriate and accessible. Patients are encouraged to look for the HWE symbol at their local fitness facility, indicating the presence of HWE programs and trained fitness instructors. The program “is not meant to replace rehabilitation programs, but to augment them, and connect people with a lifelong fitness partner in their community,” explains Jennifer Harris, physiotherapist and regional manager of Cardiovascular Disease Prevention and Rehabilitation Outreach at UOHI. Developed to help bridge the transition from the medically supervised exercise setting to the community fitness setting, the HWE

programs are also ideal for anyone wishing to stay healthy and prevent heart disease.

It is very important that patients feel safe while exercising. “Some people are intimidated by going to a regular gym where they feel they might not fit in,” says Harris. “When providing the HWE Training Program to fitness leaders, we share information about cardiac disease and its common interventions, stroke, diabetes, COPD and exercise for these populations so that instructors feel more comfortable including participants with these types of conditions in their fitness classes.” According to the six criteria common to all HWE-designated programs, instructors encourage participants to do daily aerobic exercise, warm-up, cool-down, and self-monitor while they exercise. They also provide an atmosphere that encourages participants to share their health concerns, allowing the fitness leader to make appropriate modifications. A graduate of UOHI’s cardiac rehab program says that “the program has allowed me to get back into the community and do the exercises and activities that I wanted to do before and have the self-confidence that I need.”⁴ Participants feel



more comfortable exercising knowing that they are surrounded by fitness leaders who understand their condition and know what to do in case of an emergency. The sixth HWE criterion states that the program must have an emergency plan, phone access to local paramedic services and of a defibrillator on site. If participants feel safe, they are more likely to continue exercising regularly.

Another way we encourage continuity is by offering a wide variety of heart-healthy classes. HWE programs are offered on land and in water, inside fitness centres and outdoors, in group settings and individually, and finally, from basic walking exercises to more advanced aerobic or strengthening classes. This way, participants can choose classes that interest them and that they enjoy.

Like the *FrancoForme*[®] program, one of the main goals of the HWE model is to reduce barriers for participants to become lifelong exercisers. “One of the nice things about the program is that the Heart Institute has reached out within the community to find places where people can stay active after they’ve completed 12 weeks of rehab,” says Anita Findlay,

fitness program coordinator for the City of Ottawa’s Recreation and Culture Department. Since the model was created in 2007, it has evolved both in scope (to serve those patients beyond the cardiac realm, including stroke, diabetes, COPD and osteoporosis, as examples) and in reach. There are now HWE programs in more than 200 facilities across Eastern and Central Ontario including the Toronto area. By partnering with like-minded health care and community programs, we can share the HWE model in new communities. Recently, the model was formally evaluated through a partnership with York University, Cardiac Health Foundation of Canada, and with funding from Ontario Trillium Foundation. The results demonstrated that the HWE programs are safe and that participants are highly satisfied with HWE sessions. Participants included those with chronic health conditions as well as many with CVD risk factors.⁵ A new partnership with the Canadian Association of Cardiovascular Prevention and Rehabilitation (CACPR) will help provide access to the HWE model across the country.

To conclude

Both the *FrancoForme*[®] and Heart Wise Exercise programs aim to support participants’ adoption of a healthier, more active lifestyle. Whether primary or secondary prevention, many barriers exist that may interfere with reaching personal health goals. These physiotherapist-led programs of the UOHI try to minimize these obstacles for our participants and help keep them on the right track. 🏃

More information online:

Learn more about *FrancoForme*[®]
www.francoforme.ca

Learn more about Heart Wise Exercise
heartwise.ottawaheart.ca

Learn more about Cardiac Rehabilitation and Prevention Programs at the Heart Institute
ottawaheart.ca/patient_family/cardiac-rehabilitation.htm