WORK CARRIED OUT DURING THE HOSPITAL STAGE OF MEDICAL REHABILITATION FOR DISEASES OF THE CARDIOVASCULAR SYSTEM

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ABSTRACT

This article discusses the importance of medical rehabilitation after cardiovascular diseases at the hospital stage. The history of the formation of the field of rehabilitation, the contributions of scientists such as Bernard Lown and Herman Hellerstein, and the three-stage system of modern cardiorehabilitation are analyzed. Also, practical recommendations are given on the use of diet table No. 10 and dosed physical exercises in a hospital setting.

Introduction

The development of the field of cardiovascular rehabilitation is associated with the transition from "bed rest" to "active movement" in the history of medicine. Below are the world-renowned doctors who revolutionized this field and their contributions:

Bernard Lown (USA) Lown is considered one of the fathers of modern cardiology. What he did: In the 1950s, he challenged the tradition of immobilizing patients for weeks after a heart attack. He proposed the "chair treatment" method - he proved that putting patients in a chair at an early stage significantly reduces the risk of pulmonary edema and thrombosis. Herman Hellerstein (USA) The scientific founder of cardiac rehabilitation. What he did: In the 1960s, he was the first to develop a multidisciplinary rehabilitation model (physical exercise, diet, psychological support and smoking cessation) for cardiac patients.

Nanette Wenger (USA) One of the world's most influential experts in cardiovascular rehabilitation. Her work: She made discoveries in adapting cardiac rehabilitation for women's cardiology and the elderly. She standardized the system of staged rehabilitation (hospital, outpatient and home). Valentin Fuster (Spain/USA) World-renowned cardiologist, author of the book "The Heart". Her work: She promoted rehabilitation not only as physical activity, but also as "psychosocial behavior change". She proved that the understanding of patients about their illness and their emotional state account for 50% of the effectiveness of rehabilitation..

This article highlights the importance of medical rehabilitation in the hospital phase after cardiovascular diseases. The history of the formation of the field of rehabilitation, the contributions of scientists such as Bernard Lown and Herman Hellerstein, and the three-stage system of modern cardiac rehabilitation are analyzed. Also, practical recommendations are given on the use of diet table No. 10 and dosed physical exercises in a hospital setting.

Rehabilitation after diseases of the cardiovascular system (CVS) is a complex process aimed at restoring the patient's physical activity, improving the quality of life and preventing relapses.

Rehabilitation in this direction is usually carried out in three stages:

1. Hospital stage (inpatient): The first days after a heart attack or surgery. The goal is to prevent complications and prepare the patient to get up.

2. Recovery stage: 2-4 months after discharge from the hospital. Special centers provide supervised physical exercises (PE), diet and psychological support.

3. Self-supporting (supportive) stage: Maintaining a healthy lifestyle and controlling physical activity throughout life.

The first stage of rehabilitation after diseases of the cardiovascular system (CVS), that is, in the hospital, is a diet and exercises prescribed to the patient.

Diet

Diet No. 10 (Table No. 10) is a diet specially developed for patients with diseases of the cardiovascular system (hypertension, heart failure, heart defects). The main task of this diet is to improve heart function, normalize blood circulation and remove excess fluid from the body.

Restriction of salt: The daily amount of salt should not exceed 3-5 grams (half a teaspoon). Instead of salt, use greens and lemon juice.

Healthy fats: Instead of animal fats (butter, lard, fatty meat), use vegetable oils (olive, flax) and nuts.

Fish products: Eating fish at least 2 times a week provides Omega-3, which is necessary for the heart.

Fiber: At least 400-500 grams of vegetables and fruits per day. Oatmeal and buckwheat are recommended from cereals.

Prohibited: Carbonated sweet drinks, fast food, pickled products and smoked sausages.

Physical exercise

Exercise should be carried out only under the supervision of a doctor and based on the level of pulse (heart rate).

Dosed walking: This is the safest and most effective exercise. It is performed from 30 minutes a day, 5 times a week.

Breathing exercises: Diaphragmatic breathing improves blood oxygenation and reduces the load on the heart.

Morning exercises: Light exercises for the neck, shoulders and leg joints without sudden movements (10-15 minutes).

Exercise bike: Exercise with low resistance for 15-20 minutes, controlling the pulse rate.

Note: If the following are observed during exercise, you should stop immediately: Chest pain or tightness; Severe shortness of breath; Dizziness or nausea; Pulse rate exceeding the norm.

Conclusion

In the hospital phase of cardiac rehabilitation, early activation, physical exercises and diet number 10 based on the principles of Bernard Lown and Herman Hellerstein ensure the recovery of patients and the prevention of complications. This comprehensive approach

under the supervision of a physician is important in normalizing cardiac function and improving the patient's quality of life.

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