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# Dilated cardiomyopathy and physical therapy dealing, challenges & recommendation: A tertiary care facility experience

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## Abstract

**Case presentation:** A case of A 19-year-old male with Cardiomyopathy (DCM) and Ejection fraction (EF): <10%. Due to rapid deterioration and loss of weight, reduced muscle mass he developed cachexia and hypo-perfusion of several organ systems. This patient was supported by extracorporeal membrane oxygenation (ECMO), a month later a heart transplantation surgery was done. Strengthening, function and balance exercises were needed to be initiated prior to Aerobic Exercise (A/E) in cachexic patients. Intervention: Gradual therapeutic exercises, functional training, aerobic exercise, pelvic core muscle and strengthening exercise (Leg press machine).

**Outcome measures:** Six minutes' walk test1 and the SF-36 questioner2. All outcomes were measured in three stages (baselines, post 6 months and after one year).

**Results:** All outcome measures showed clinically significant improvement post 6 months and after one-year P<0.05.

**Discussion:** 30%, 48% of Patient diagnosed with DCM was with symptoms of heart failure. It has been proven that aerobic and resisted exercises are the most effective type of treatment protocols for patient with DCM3. However, the challenges in the current case found to be with post ECMO complication, cachexia (patient weight was 37 Kg, BMI was 15.9kg/m2) and high level of depression and lack psychosocial support among the Saudi population diagnosed with DCM and under gone heart transplantation surgery. Special consecrations must be taken in developing exercise prescription program for those patients.

**Conclusion:** Cardiac rehabilitation program of DCM patients' need gradual progression, should include strengthening, and function training prior to A/E including leg press machine as an essential part of the program that facilitate the muscle core of those patients. High level of psychosocial support is needed to over-come the anxiety and depression level which consequently improved well-being and quality of life.

## Biography

Mohammed Abdullah Takroni, a cardiac rehabilitation consultant, had a fellowship program in cardiopulmonary rehabilitation at duke university and medical (DUMC), North Carolina, USA, 1996. Master's degree in physical therapy from king saud university 2008, master degree in sports medicine and rehabilitation, manchester metropolitan university (MMU), UK, 2009. PhD. in cardiovascular and pulmonary rehabilitation, glasgow caledonian university, glasgow, UK, 2011. Member of the american association of cardiovascular and pulmonary rehabilitation (AACVPR), member of the irish association of cardiopulmonary rehabilitation (IACR), member of the british association for cardiovascular prevention and rehabilitation (BACPR), member of saudi heart association (SHA). Developed most of cardiac rehabilitation programs at king faisal specialist hospital and research centre (KFSH&RC), riyadh, saudi arabia. currently, participated as ocm and key note speaker at several international conferences. Currently, Head section of cardiac rehab team at king faisal heart institute of KFSH&RC, and the inpatient supervisor, physical rehabilitation department.

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