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Doctors' Orders

Two physicians improve their heart health at Parkwest's Cardiac Rehab Program

A retired ophthalmologist checks in at Parkwest Medical Center's cardiac rehab program for his regular routine of exercise. After a stent was placed in his heart at the hospital last year, he's taking extra measures to take care of himself.

His name is Paul Ambrose, MD, but he is referred to as "Brose" by his friend, Chip.

"Chip" is Clifford Johnson, MD, an otolaryngologist (ear, nose and throat specialist) who had a heart procedure called a transcatheter aortic valve replacement (TAVR) at Parkwest last year. The two attended the hospital's cardiac rehab program at the same time.

Their dry wit surfaces when asked if they knew each other before rehab.

"Unfortunately, we did," Dr. Johnson says. Dr. Ambrose laughs.

Medically Supervised Care

Cardiac rehabilitation is a physician-supervised program for people who have congenital or acquired heart disease. Dr. Johnson and Dr. Ambrose say they were introduced to cardiac rehab when it was ordered by their cardiologists.

Dr. Ambrose didn't know what it was at first. Dr. Johnson was very skeptical.

"I thought I was going to be wasting my time," Dr. Johnson confesses. "It was not a waste of time. It was very beneficial."

The Parkwest cardiac rehab experience begins with case manager Pat Cheka, RN. She assesses each patient and outlines their individual rehabilitation programs. Exercise physiologists Chris Spruiell and Rhonda Cloinger get their patients moving safely and effectively.

Each patient is given a heart monitor to wear during exercise. Case managers Amy Dale, RN, and Karen Kirkland, RN, work with respiratory therapist Shelli Hendee and other members of the cardiac rehab team to supervise each patient with care. A physician is always available to address any concerns and offer input as needed.

Cardiac rehab patients also attend lectures and educational sessions. In the healthy eating sessions, clinical dietitian Allison Bridges offers helpful information about nutrition, from defining a heart-healthy diet to advice about eating at restaurants.

Dr. Johnson recalls his initial meeting with Cheka. "She said, 'It's 36 visits. We expect you to be 80 percent compliant,'" Dr. Johnson says. "That means come 80 percent of the time. Well, we came every time."

Dr. Ambrose attended every lecture twice. "The lectures are unbelievable," he says. "They keep up with all the newest information. They've had time to perfect them and they're just dynamite. You learn all kinds of things."

Chip Johnson, MD; Chris Spruiell; Paul Ambrose, MD; and cardiac rehab supervising physician Bob Montgomery, MD.

Active and At Risk

Dr. Johnson says he first thought cardiac rehab would be pointless in his case because he had been very active long before his TAVR procedure. He exercised regularly on an elliptical machine or a stationary bike and lifted weights twice a week. He also was physically active outdoors. So was Dr. Ambrose.

"But there's a big difference in using a chainsaw for 10 or 15 minutes and being on an exercise bicycle for 40," Dr. Johnson says.

"I was under the impression that if I physically worked very hard outside, I thought that was keeping me in shape," Dr. Ambrose says. "It may have been keeping my other muscles in shape, but it wasn't keeping my heart in shape."

Now they both understand that continual, rhythmic exercise makes the difference.

"It isn't just about working out really hard," says Parkwest cardiac rehab manager Jon Dalton. "You can actually have moderate exercise and sometimes have better results because it can be safer and it's more effective long-term, mostly because you adhere to it longer."

Grateful Hearts

Reluctant to talk about themselves, Dr. Ambrose and Dr. Johnson say they don't want to be the center of attention. They're speaking up because they feel strongly that the people who guided their recovery at Parkwest's cardiac rehab program deserve public praise.

"We want to take the focus off us," Dr. Ambrose says. "We want the focus to be on cardiac rehab. We just happened to be there."

"They're still doing the same work right now with different people," Dr. Johnson says, "and the good job they did with us, they're doing with them."

Order Up!

Heart-healthy guidelines for eating out

Restaurant meals tend to be high in calories, fat and sodium. Some restaurant meals can include an entire day's worth of calories and several days' worth of sodium.

"Their goal is to make tasty food that will make us want to return," says Allison Bridges, a registered dietitian at Parkwest Medical Center's cardiac rehab program. "Restaurants are not concerned with their customers' heart health."

Bridges helps heart patients make gradual changes that can be life-changing.

"The most important thing to remember is what you are being served is usually not a serving." Bridges says. "Many restaurant meals have enough food and calories for at least two meals."

She recommends that restaurant guests request a take-out box at the start of the meal and divide the food before the first bite. Another good option is to split a meal with someone else at the table.

Focus on ordering lean meats that are roasted or grilled, along with fruits and vegetables. Ask for sauces and dressings to be left off or at least served on the side.

But perhaps the best option is to eat out less and cook at home more.

"When we prepare our food at home, we can control the ingredients used, the amount of sodium used, and the portion size," Bridges says. "I encourage patients not only to think about their health when trying to cook more often at home, but to think of the money they will be saving!"

Being Active Isn't Enough

Dr. Paul Ambrose was taken by surprise when the chest pains started. He had remained very physically active into his retirement years, and no one in his family had a history of heart disease.

"I went to walk Lakeshore with my wife. I started off in the parking lot and I when got around to the Northshore entrance I started having squeezing chest pain," Dr. Ambrose says. He went to the emergency department at Parkwest Medical Center.

The next morning, Dr. Ambrose underwent a left anterior descending (LAD) stent implant.

"I kidded myself that I was not at high risk, and statistically I was not," Dr. Ambrose says.

Jon Dalton, manager of Parkwest's cardiac rehabilitation program, says heart health doesn't depend on genetics or exercise alone.

"You can't sustain good heart health on exercise alone. That's been proven," Dalton says. "You can't sustain good heart health on diet alone. You really do have to pay attention to stress, and good sleep is often overlooked. Those are all just as important."

The cardiac rehab program has provided Dr. Ambrose with the tools he needs to live a well-rounded, heart-healthy lifestyle. Now that his cardiac rehab is finished, he has joined the ongoing maintenance program available to heart patients after they complete their rehabilitation program.

"I have coronary artery disease, and I realized it's just a commitment I have to make," Dr. Ambrose says.

The maintenance program gives heart patients an advantage because they are able to exercise with registered nurses, exercise physiologists and a physician nearby. It's a medically supervised path to heart health.

To learn more about cardiac rehabilitation at Parkwest, visit TreatedWell.com/cardiacrehab.

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