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Section of Pulmonary Medicine
Norwalk, CT 06856
November 14, 2003

Caroline Kurtz MD
Dana Medical Pavilion
Norwalk Hospital
30 Stevens St.
Suite C
Norwalk, CT 06850

Dear Dr. Kurtz

You referred Lenor for a pulmonary rehabilitation. As you know, she is a 40-year-old woman who was diagnosed with polymyositis and pulmonary fibrosis. She has received several Remicade™ treatments for her polymyositis. She was evaluated for pulmonary rehabilitation 7/15/03.

At her initial evaluation, Lenor described shortness of breath when taking a long walk, during exercise and during a long conversation. She described a dry cough, which was at times severe enough to make her vomit. She began monitored exercise 7/18/03. She attended 26 sessions and completed the program on 11/13/03.

The program is an education and exercise program geared toward improving patients' strength, endurance and flexibility. Decreased dyspnea and increased functional capacity are additional program goals. Breathing exercises, energy conservation principles, recognition of symptoms of exacerbation and correct use of medications are included in the educational part of the program.

Lenor was able to walk on the treadmill at 2.0 to 2.5 miles per hour for 15-20 minutes. She also exercised on a recumbent stepping machine at moderate resistance for 15 minutes. Her oxygen saturation ranged from 95 % to 98 % while exercising on room air. Her exercise heart rate ranged from 112 to 120. She rated her exercising dyspnea as slight to moderate. Her dyspnea did not increase at the higher exercise levels. She felt more limited by muscle soreness than dyspnea. She was taught a series of modified arm and leg exercises designed for strength training and stretching exercises designed to increase flexibility. She is able to verbalize signs and symptoms of acute respiratory and cardiac problems and when to seek medical care.

Her blood pressure ranged from 100/80 to 110/64.

Her six-minute walk test results are:

Date	7/18/03	11/13/03
DISTANCE (FEET)	1800	1670
BORG SCALE (EFFORT)	13 (somewhat hard)	15 (hard)
BORG SCALE (DYSPNEA)	4 (somewhat severe)	4 (somewhat severe)

A 150-foot improvement in walk distance is considered a clinically significant improvement in persons with COPD. There are no published reports for people with pulmonary fibrosis. As you can see, Lenor's walk test decreased. She felt more limited by her leg muscles than by her breathing. Her leg strength improved by 11 % (from 9 stands in 30 seconds to 10). She rated her dyspnea as less when doing the leg exercise. Her arm endurance decreased by 11 % (148 lifts in 3 minutes decreased to 132). Again she felt more limited by her muscle soreness than her breathing

Lenor has made some progress in pulmonary rehabilitation, but has been limited by muscle soreness secondary to her underlying polymyositis. She is very motivated and follows through with home exercise. Her cough has improved recently. She will be followed in our once a month maintenance exercise program. I will re-evaluate her walk test at that time.

Thank you for referring Lenor to our program.

Sincerely,



Margaret C. Haggerty APRN
Director, Pulmonary Rehabilitation
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