

TRY THIS!

SNAP PEA & SPRING HERB CHICKEN

- ◆ 1 cup reduced-sodium chicken broth
- ◆ 1 teaspoon Dijon mustard
- ◆ 1/2 teaspoon salt
- ◆ 2 teaspoons freshly ground pepper to taste, plus 1 tablespoon flour, divided
- ◆ 1 pound thin-sliced chicken breast cutlets
- ◆ 1 tablespoon extra-virgin olive oil
- ◆ 8 ounces sugar snap peas, cut in half (2 cups)
- ◆ 1 14-ounce can quartered artichoke hearts, rinsed
- ◆ 1/4 cup spouted beans, optional
- ◆ 3 tablespoons minced fresh herbs, such as chives, tarragon or dill
- ◆ 3 teaspoons champagne vinegar or white-wine vinegar

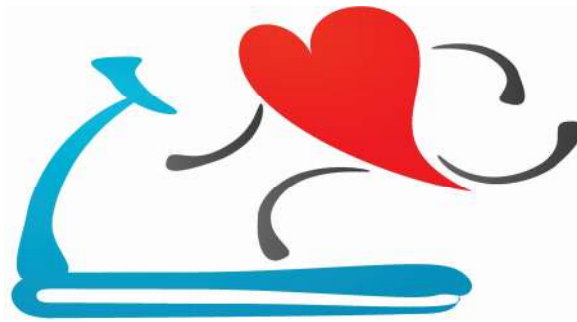
From: *Eating Well for a Healthy Heart* by Dr. Ades

HOLIDAY CLOSURES

Saturday, May 27th

Monday, May 29th

Tuesday July 4th



Interval Training Can Help You Get the Most Out of Your Workout

Would you like to burn more calories without spending more time at the gym? Improve your fitness and your overall health without spending more time on the exercise equipment? Consider aerobic interval training.

What is interval training?

Interval training is alternating bursts of more intense activity with intervals of lighter activity.

For example, if you are just starting out, you might alternate moderate paced walking with periods of walking faster or going up a steeper hill. If you have been exercising for a while you might incorporate short bursts of jogging into your regular brisk walks. Interval training isn't just for treadmills and can be done on any type of exercise equipment.

What does interval training session look like?

After warming up, you should increase the intensity for somewhere between 30 seconds to 4 minutes and then return to your normal pace. When you are 1st starting out you will want to do just a couple intervals. Gradually, over time, you should increase the number of higher intensity intervals and decrease the time at the recovery speed.

Does interval training have risks?

Interval training isn't appropriate for everyone. Recent studies suggest, however, that interval training can be done safely for short periods with a wide variety people including individuals with a history of heart problems. Before you get started with interval training it is probably best to consult a staff member to minimize the risk of overuse injury. If you rush into a strenuous workout before your body is ready, you may injure your muscles, tendons or bones. Instead, start slowly. Try doing just one or two higher intensity intervals during each workout at first. If you think you're overdoing it, slow down. As your fitness improves you will want to increase the number of intervals you are doing. Also, with time, you will want to increase the intensity of the interval.

Cardiac Rehabilitation Welcomes Three New Employees:

LaurieLeigh Bresnahan, RN and her husband grew up in Gilman Vermont. They met in the first grade and waited until after college to marry. The happy couple is celebrating 32 years of marriage this year. Their son lives in Newton Mass with his wife and three year old son. LaurieLeigh lives in Winooski with her black lab Roland. They enjoy gardening, working on their home, traveling and dog sitting. Laurie's home is lovingly referred to as the Bresnahan Dog Spa by all the people they dog sit for.

LaurieLeigh graduated from Vermont College in 1982 with her Associates Degree in Nursing. She then worked at Littleton Hospital for 3 years and, so far, have been at MCHV/FAHC/UVMMC for 32 years. LaurieLeigh worked 3 years in the MICU, 29 years in the Cath Lab and started here in Cardiac Rehab in February.

Anton Pecha, MS, recently started working with us in cardiac rehabilitation as an Exercise Physiologist. Anton grew up in northern New Jersey and attended Penn State University for his undergraduate degree in Kinesiology and East Stroudsburg University for his graduate work in Clinical Exercise Physiology. Prior to moving to Vermont in February, Anton spent the last year working in Philadelphia for Thomas Jefferson University in the Cardiology Clinical Research Department, where his studies were primarily focused on heart failure patients. Anton is a firm believer in practicing what he preaches, so in his free time he works out the Edge, hikes, runs, plays recreational hockey and soccer.

Anthony Shaw has been loving living in New England, since 1975 and has degrees in Economics and Physical Therapy. Tony is one of the PTs covering pulmonary rehab when it is in session, and he is the project leader for the Rehab Therapies SharePoint Team. Tony has worked for MCHV/FAHC/UVMMC since 1989, except for the 3 years he did home care PT for the Chittenden County VNA, and the 2 years he was the research coordinator for a CHF-and-exercise study. As a proponent of exercise-based intervention to promote health and wellness, Tony feels it's important to "walk the walk", so in his free time he does his share of whitewater boating, hiking, biking, back-country skiing, dog-walking, and trail-running. Most of his outdoor adventures he shares with his wife of 30 years.

Reminder Phase III patients: When the gym is busy please limit time on cardio equipment to 30 minutes.

Hear from Dr. Ades:

Dealing with Chest Pain Symptoms in Cardiac Rehabilitation

Most of our cardiac rehabilitation (CR) patients have had either bypass surgery or stent placement to a coronary artery, both of which are quite effective to prevent chest pains as chest pains from the heart (angina) come from decreased blood flow to the heart. Nonetheless, many individuals intermittently experience angina while exercising and in most cases slowing down a bit is all that is required to get rid of symptoms. This is called chronic stable angina. BUT, if you have a change in pattern in your angina such as occurring at a lower level of exercise or at rest, you should let your physician and one of our CR staff know. Our CR staff and physicians can help you determine if a specific episode of chest discomfort is from your heart and the best way to deal with it such as rest and/or taking a nitroglycerin.

Other symptoms that you should report to our CR staff include light headedness, palpitations or more shortness of breath than usual. In many cases all that is required is reassurance, but if you are having a real heart problem we are here to help and may be able to prevent a more emergent situation or hospitalization.

Philip Ades MD