

Journal of Respiratory and CardioVascular Physical Therapy

Dear readers,

It is with great pleasure that we present the second issue of the Journal of Respiratory and Cardiovascular Physical Therapy. In each issue the magazine has sought to popularize science practiced in the art of cardiorespiratory physiotherapy, which with the participation of all actors in this scenario, for sure, we will have international visibility. We draw attention to our magazine indexing along the CINAHL database. With this index we believe we will improve the score with the system QUALIS CAPES.

CINAHL provides indexing of the top nursing and allied health literature available, including nursing journals and publications from the National League for Nursing, and the American Nurses' Association. Literature covers a wide range of topics including nursing, biomedicine, rehabilitation, health sciences librarianship, alternative/complementary medicine, consumer health and 17 allied health disciplines. In addition, CINAHL provides access to health care books, nursing dissertations, selected conference proceedings, standards of practice, audiovisuals and book chapters. Full-text material includes more than 70 journals, as well as legal cases, clinical innovations, critical paths, research instruments and clinical trials. An essential tool for research, CINAHL provides an easy-to-use interface with basic and advanced search features and searchable cited references. CINAHL Subject Headings help users effectively to search and retrieve information and follows the structure of the Medical Subject Headings (MeSH) used by the National Library of Medicine.

This number is composed of three original articles and a literature review. In the first article "Reliability of heart rate variability analysis during submaximal exercise in subjects aged 60 years and older" the authors sought to evaluate the reliability of HRV analysis during 6MWT in older adults. The RR intervals of heartbeats were quantified throughout the 6MWTs and the last 2-min were considered for analysis. The square root of the mean square difference of successive RR intervals (RMSSD) and instantaneous beat-to-beat variability (SD1) were the indices used. At the end of the study, the authors found that the reliability of some HRV indices during the 6MWT was acceptable and concluded this evaluation might be useful in quantifying the effects of various interventions on the autonomic modulation of the heart.

The second article "Comparison between maximal respiratory pressures obtained from digital and analog manovacuometer in healthy children" the authors compared the values observed by analog and digital manometer in healthy children, aged between 7 to 11 years old. The data from this study demonstrate that, although the significant differences were observed between the measures obtained by the two devices in a sample of healthy children, the agreement between them showed clinically unacceptable range for measures of maximal respiratory pressure.

The third article "Use of bath paraffin and exercise for Individuals with intermittent claudication - a pilot study" shows a comparison of the indicators of functional capacity between the group of Individuals with peripheral arterial obstructive disease's who underwent a combination of thermal stress and physical exercise, and another group of similar Individuals treated only with physical exercise. At the end of the study, the authors were able to conclude that there was a statistically significant difference in the indicators of functional capacity between the groups of patients.

In the last article, "Functional evaluation instruments in patients with chronic obstructive pulmonary disease: a review of the literature" the authors sought to detect, through a literature review, the main tools used to evaluate functioning of patients with COPD and to determine the most widely used test in clinical practice and scientific research. At the end of this excellent review, the authors concluded that the main instruments were: London Chest Activity of Daily Living Scale (LCADL), Pulmonary Function Status and Dyspnea Questionnaire (PFSDQ), Pulmonary Functional Status Scale (PFSS), Human Activity Profile (HAP), Manchester Respiratory Activities of Daily Living Questionnaire, Glittre ADL-test, Shuttle Test (ST), 6-minute walk test (6MWT) and the Sit-to-stand test (STST). The most commonly used test was the 6MWT, which is also often used as a parameter to correlate and validate other tests and questionnaires.

We wish you all an excellent read!!

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