**A NOVEL APPLICATION OF EXERCISE TREADMILL TESTING IN A CARDIOLOGY PRACTICE**

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For many years ECG exercise testing has been the only method available for assessing coronary reserve. The advent of cardiac imaging, both nuclear and echo, has dramatically improved the diagnostic yield of stress testing. Currently stand-alone ECG stress testing remains useful primarily in low risk patients. Patient office assessments frequently lack objective documentation. Thus, we decided to use periodic stress testing for assessment of patient well-being and appropriateness of treatment. For 10 years we have utilized treadmill stress testing for follow-up of patient functionality and response to treatment, using the ECG leads only for HR assessment and arrhythmia. The Bruce protocol was uniformly utilized and 4 parameters were used for assessing results:

1) exercise capacity,

2) exertional symptoms,

3) blood pressure response to exercise, and

4) presence or absence of arrhythmia. We analyzed 120 studies on 40 patients for the above parameters.

Results: in 62% of the tests the patient was reassured and advised to continue current medications and life style; in 18% a change in life style including an increase in physical activities was advised; in 13% a change in treatment was indicated; in 7% more diagnostic evaluation was recommended