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PERIPHERAL ARTERY DISEASE TREATMENT COVERED BY MEDICARE:
Treatment Offered at Providence Health May Help Save Lives and Limbs

COLUMBIA, SC - Untreated Peripheral Artery Disease (PAD) can lead to increasing pain, or even leg amputation, as well as an increased risk of coronary artery disease, stroke and heart attack. Fortunately the Centers for Medicare and Medicaid Services (CMS) recently began extending Medicare coverage for supervised exercise therapy (SET) to treat the condition.

PAD is a narrowing of the peripheral arteries caused by the buildup of plaque inside artery walls. People with PAD often experience cramping in the hips, thighs or calves when walking, climbing stairs or exercising. Because resting muscles need less blood flow, pain associated with PAD usually goes away after a few minutes after the individual stops being active.

“Unfortunately, the average person with PAD who feels pain when walking may cut back on activities that cause discomfort,” says Monique Scott, Director of the treatment program at Providence Health. “This can result in further deconditioning, worsening cardiovascular risk factors, loss of leg strength and eventually disability.”

Risk of PAD increases significantly after age 50. Other risk factors include history of smoking, diabetes, high blood pressure, abnormal blood cholesterol levels, African American ethnicity, and history of heart disease, heart attack or stroke. If a person experiences muscle pain in their legs that stops after rests, they should talk to their doctor about peripheral arterial disease. A doctor can order an Ankle Brachial Index (ABI) test to determine if the cause is PAD.

“One of the most significant threats of Peripheral Artery Disease is the loss of an extremity,” says Dr. Arthur Cooler of Providence Surgical Associates. “There are surgical and minimally–invasive endovascular options that can help avoid the need for leg amputation, such as using balloons or stents to open the blood vessels that have been affected by plaque buildup and blockages that, left untreated, can cause ulcers or gangrene to develop in the foot. Fortunately, patients with PAD can potentially avoid the need for surgery or intervention by participating early on in a recommended SET program.”

SET involves performing intermittent physical activity to a point of mild-to-moderate discomfort, a process that creates collateral circulation by strengthening the smaller arteries that routinely run through muscle tissue. When the threshold is reached, the body builds and creates new blood vessels which allows additional blood flow to parts of the lower leg where that flow was previously compromised. Therefore, by participating in a supervised program that guides the patient through the recommended levels of activity, patients can actually build new blood pathways, which means improving the blood supply system for active muscles, which means longer periods of diminished pain during activity and a better quality of life.
Supervised exercise therapy (SET), now supported by the CMS as effective treatment for PAD, involves the use of intermittent exercise, alternating periods of walking with rest. A complete program will generally take 6 months, and optimal results are achieved when the patients exercise for 30 minutes or longer at least 3 days/week.

“It usually takes 4 to 8 weeks to see results,” says Scott. “It’s important for patients to stick with the program for at least that period of time so that they can be encouraged by the results and continue the program to achieve the maximum benefit,” says Ms. Scott.

Providence Health provides Supervised Exercise Therapy Treatment for PAD in an environment that includes an interdisciplinary team of health care professionals including Registered Nurses, Respiratory Therapists, Exercise Specialists and a Nutritionist. Along with exercise supervision, patients receive education on their condition, risk factor modification tips, diet and exercise guidance, and more.

“Our goal is to treat the PAD and improve the overall well-being and quality of life for the patient,” says Scott. “A patient can’t see results of the program unless they are doing the exercises, so we go the extra mile to ensure that our environment is welcoming, supportive, and yes, even fun.”

To receive Medicare coverage for SET, beneficiaries with this condition must have a face-to-face visit with a physician and be referred for the program. The physician visit must also include education on cardiovascular disease and PAD risk reduction. For more information, visit: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10295.pdf

Providence Health offers this treatment at two conveniently-located facilities:

**Providence Health Cardiopulmonary Rehabilitation & Fitness Centers**

- 2435 Forest Drive, Columbia, SC 29204
- 120 Gateway Corporate Blvd., 2100 Hall, Columbia, SC 29203

For more information on the program, call 803-256-5463 or visit https://www.yourprovidencehealth.com/our-services/cardiopulmonary-rehab-fitness/treating-peripheral-artery-disease

**About Providence Health**: Founded in 1938 by the Sisters of Charity of St. Augustine and continuing today as a Catholic healthcare system, Providence Health is a full-service healthcare system serving the Midlands of South Carolina. A part of LifePoint Health, Providence consists of two hospitals and multiple physician practices, rehabilitation centers, sleep centers, imaging and diagnostics labs, and other services. Providence Health’s downtown Columbia hospital specializes in high acuity care, while its Northeast Columbia campus recently transitioned from a specialty facility to a full-service community hospital. Providence employs more than 1,600 dedicated staff. For more information, visit YourProvidenceHealth.com.

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