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• 中文關鍵字	有氧運動訓練計畫；冠狀動脈疾病；心臟復建；居家式運動方案
• 英文關鍵字	Aerobic exercise training program；Coronary artery disease；Cardiac rehabilitation；Home-based walking program
• 中文摘要	在美國,心臟復健,特別是出院後的有氧運動訓練,已被視爲冠狀動脈疾病病人治療過程中不可或缺的一環。反觀國內,因礙於心臟復健知識及專業人才的缺乏,大部分病人均無法獲得這方面的指導與照顧。有鑑於此,本研究旨在提供醫院監督式有氧運動訓練計畫及居家式運動方案,以指導出院後心臟病病人執行運動復健。本研究主要目的有二:(I)比較監督式有氧運動訓練計畫及居家式運動方案施行之成效;(II)探討自我效能、自我動機和障礙因子對運動行爲和運動成效之影響。 本研究根據選樣條件,選取 37 位冠狀動脈繞道術患者爲對象,並依其意願分派入監督式有氧運動訓練組或居家式運動訓練組,監督式有氧運動訓練計畫爲期十二週,每週三次共計三十六小節。每小節需一小時,包括軟身運動、有氧運動和冷卻運動。運動強度設定在病人 60-80%最大攝氧量(VO2max)。居家式運動方案乃根據美國心臟學會提出之步行計畫設計而成,爲期十二週。探討影響運動的因素包括自我效能、自我動機和障礙因子,運動成效指標包括病人之最大攝氧氧量、生活品質及日常活動狀態。運動行爲包括運動強度、費力程度和出席率等。每一位病人於出院後一星期內開始運動訓練計畫,並於運動訓練前、運動訓練後十二週及二十四週,分別接受運動測式和填寫運動自我效能量表、遵循量表、動機量表、生活品質量表和日常活動量表。資料以 SPSS/PC+ 軟體建檔及統計分析。 結果顯示,醫院監督式運動訓練和居家式運動方案的實施成效無顯著的不同。運動自我效能是運動行爲和運動訓練十二週後最大攝氧量和生活品質,最有意義的預測變項。運動訓練時的運動強度和費力指數是運動訓練十二週和二十四週後最大攝氧量的主要預測變項,而費力指數是運動訓練後生活品質的主要預測變項。
• 英文摘要	Cardiac rehabilitation, particularly the exercise training, has been regarded as a necessary treatment in coronary artery disease patients in the USA. Because of lack of specific knowledge and personnel, however, cardiac rehabilitation has not been applied to CAD patients in Taiwan. Although

physicians and nurses always encourage theses patients to exercise, they do not direct them on how to do it correctly. Therefore, the specific aim of this study is to offer either a hospital supervised or a home-based exercise training program to coronary artery bypass graft (CABG) patients. The major purpose of this study was (1) to compare the effectiveness of those two exercise training program and (2) to examine the influence of self-efficacy, self-motivation, and barriers on the exercise behavior and exercise outcomes. A quasia experimental design was used in this study. A total of 37 CABG patients who met the selection criteria enrolled into either hospital supervised exercise training group or home-based exercise training group, volunteerly. The hospital supervised training program was set between 60% and 80% of maximal functional capacity (VO2max). The home-based exercise training program was a 12-week walking program based on the guidelines recommended by the American Heart Association. The mediator variables are exercise self-efficacy, self-motivation, and barriers. The dependent variables include VO2max, quality of life, and daily activity level. All subjects were scheduled for the Grdaded Exercise test (GXT) and requested to fill out the Exercise Self-Efficacy Inventory, the Self-Motivation Inventory, the Exercise Barriers Scale, and the MOS 36-item Short-Form Heart Survey (SF-36), before, at the 12th week, and the 24th week after the study was started. The SPSS/PC+statistical software package was used for data analysis. The results of the study demonstrated no significant difference in exercise outcome between the hospital supervised and home-based exercise training groups. The exercise self-efficacy was a significant predictor in exercise behavior and in maximal oxygen uptake and quality of life after 12 weeks exercise training. Both exercise intensity and rating perceived exhaustion during exercise training can predict maximal oxygen uptake after 12 weeks and 24 weeks exercise training. However, rating perceived exhaustion during training was a significant predictor in quality of life after exercise training.