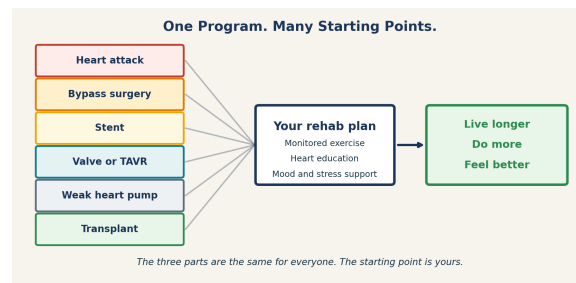


Understanding Your Cardiac Rehab Plan

The complete guidebook, by heart condition

One program, many starting points. Find yours, learn what your plan covers, and know what to expect.



Online: <https://go.riasalimd.com/cr-guidebook>

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Names & Terms You Will Hear

Term	Meaning
Cardiac rehab (CR)	A medical program of monitored exercise, heart education, and support after a heart event.
Phase 1	The first steps, done in the hospital before you go home.
Phase 2	The main covered program. Your heart rhythm is watched during each session.
Phase 3	Keeping it going after the covered sessions end.
Intensive cardiac rehab (ICR)	A stronger version of the same idea. It fits more sessions into fewer weeks.
Home-based rehab	The same program done at home, with check-ins by phone or video.
Sternal precautions	Rules that protect the breastbone while it heals after open-heart surgery.
Ejection fraction (EF)	The share of blood the main pump pushes out with each beat. Normal is about 55 to 70 percent.
NYHA class	A 1 to 4 scale of how much your symptoms limit you. Class 2 to 4 means symptoms with some or all activity.
Supervised exercise therapy (SET)	A separate covered walking program for leg pain from blocked leg arteries.

How to use this guidebook. Read the first few pages for the basics. Then jump to the section that matches your own heart event. Each one tells you when you start, what is different for you, and which safety rules are yours. For a short overview instead, see our [Cardiac Rehabilitation guide](#).



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What Is Your Cardiac Rehab Plan?

- Cardiac rehab is a medical program, not a gym. Your heart is watched while you work.
- It has three parts: monitored exercise, heart education, and support for mood and stress.
- Everyone gets those same three parts. What changes is your starting point, your pace, and your safety rules.
- This guidebook is the long version. It walks through what rehab looks like after each kind of heart event.
- For a short overview of what rehab is and whether you should go, see our [Cardiac Rehabilitation guide](#).
- Then read the section here that matches your own heart event.
- Your plan is written for you. It is built from your event, your test results, and how you feel.
- Most people start a few weeks after they go home. Your team sets the date.



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The Seven Heart Conditions Medicare Covers for Cardiac Rehab

Covered condition	In plain words	When most people start
Heart attack in the last 12 months	You had a heart attack within the past year	A few weeks after you go home
Bypass surgery (CABG)	Your chest was opened to route blood around blockages	About 4 to 6 weeks after surgery
Stable angina now	Chest pain with effort that follows a steady pattern	Once your pain pattern is steady
Heart valve repair or replacement	A valve was fixed or swapped, by surgery or by catheter	A few weeks after the procedure
Stent or balloon (PCI)	A stent or a balloon opened a heart artery	Often 1 to 2 weeks after
Heart or heart-lung transplant	You received a new heart, or a new heart and lungs	When your transplant team clears you
Steady heart failure with a weak pump	Ejection fraction 35 percent or lower, NYHA class 2 to 4, on steady medicines at least 6 weeks	After those 6 steady weeks



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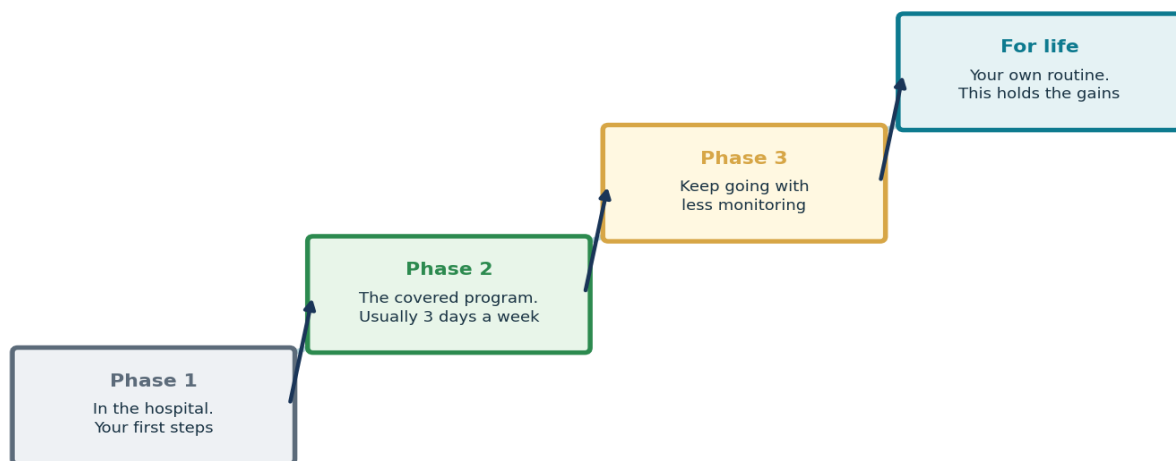


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Why It Matters

- Rehab is one of the few treatments that helps you live longer and feel better at the same time.
- Pooled trial data show fewer heart deaths and fewer hospital stays after a heart attack, bypass, or stent.
- In heart failure, trials show fewer heart failure hospital stays and better quality of life.
- Most people finish able to walk farther and do more. Many go back to work sooner.
- It is safe. Serious problems during monitored sessions are very rare.
- Rehab is also where your doses get checked and your fear of activity gets replaced by proof.
- Low mood is common after a heart event. Rehab screens for it and treats it.
- Only about 1 in 5 people who qualify ever start. Closing that gap is the point of this guidebook.

The Four Phases of Cardiac Rehab



Rehab moves through four phases. Phase 2 is the covered program most people mean when they say cardiac rehab. The last step is the one that holds the gains.

What your plan covers, in plain words. Medicare pays for up to 36 one-hour sessions, spread over up to 36 weeks. You may have up to 2 sessions in one day. If you still need more, another 36 sessions can be approved. Intensive rehab is the stronger version: up to 72 sessions over up to 18 weeks. Most private plans follow Medicare, but check yours. **If our office has not sent the referral, ask for it.**



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Treatment Options

- **Check in.** Blood pressure, pulse, weight, and how you feel. Anything new is flagged before you start.
- **Warm up.** About 10 minutes of easy walking or cycling.
- **Monitored aerobic work.** 30 to 40 minutes on a treadmill, bike, or arm cycle. Your rhythm is watched the whole time.
- **Strength work.** 10 to 15 minutes with light weights or bands, 2 or 3 days a week.
- **Cool down.** A slow finish, then one more blood pressure and symptom check.
- **Class time.** Short talks on food, pills, stress, sleep, sex, travel, and quitting smoking.
- **Between visits.** A home plan, so the other days of the week count too.
- **Every few weeks.** Your team raises your workload as you get stronger.

One Session, Start to Finish



A typical session runs about an hour. Class time is added on many days. Your rhythm is watched from warm-up through cool-down.



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After a Heart Attack

- **When you start.** Most people begin a few weeks after they go home. Ask about it before you leave the hospital.
- **Your covered window.** The rule counts a heart attack in the last 12 months. Do not let the year run out.
- **What is different for you.** Your first workload is set from a walk test or a stress test, not from a guess.
- **Watch for.** Chest pain that feels like the pain you had before. Report it the same day, even if it is mild.
- **Your pills matter here.** Do not stop a blood thinner or a statin on your own. Rehab is where doses get checked.
- **Your mood matters too.** Feeling low after a heart attack is common. Tell the team. It is treated, not judged.
- Learn more in our [Recovery After a Heart Attack guide](#).



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After Bypass Surgery (CABG)

- **When you start.** Usually about 4 to 6 weeks after surgery, once the chest wound is healing well.
- **Your breastbone is healing.** It was cut and wired back together. The bone knits over about 6 to 8 weeks.
- **The lifting rule.** Most surgeons ask you not to push, pull, or lift more than about 10 pounds during that time. A gallon of milk is about 8 pounds.
- **Also avoid.** Reaching far behind you, reaching both arms high overhead, and pulling yourself up by a rail or a car door.
- **To cough or sneeze.** Hug a firm pillow to your chest first. It hurts less and it protects the bone.
- **A newer approach.** Some centers use a rule called Keep Your Move in the Tube. It lets you move your arms freely near your body instead of counting pounds. Follow your own surgeon's rules.
- **Your leg or arm wound.** If a vein was taken from your leg, expect swelling. Walk often, and put the leg up when you sit.
- **Call the same day** if the chest bone clicks or shifts, or the wound drains.
- Learn more in our [Recovery After Bypass Surgery guide](#).



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After a Stent (PCI)

- **When you start.** Many people start 1 to 2 weeks after the stent, once the entry site has healed.
- **Wrist site.** The wrist is the most common route now. Keep it clean and dry. Go easy on pushing and lifting with that arm for a few days.
- **Groin site.** The groin takes longer. Avoid straining, heavy lifting, and fast stairs for about a week.
- **Watch the site.** New swelling, a growing lump, fresh bleeding, or a cool, pale hand or foot. Call us right away.
- **Do not stop your antiplatelet pill.** Stopping it early can clot the stent. Ask us before any dental or surgical work.
- **What is different for you.** A stent fixes one spot. It does not fix the disease. Rehab is where the rest gets treated.
- Learn more in our [Recovery After a Stent guide](#).



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After Valve Surgery or TAVR

- **When you start.** Usually a few weeks out. Open valve surgery takes longer than TAVR.
- **Open surgery.** The same breastbone rules as bypass apply. Protect the chest for about 6 to 8 weeks.
- **TAVR.** The valve goes in through a leg artery, so there is no chest wound. Most people move sooner.
- **What is different for you.** Many people were short of breath for years before the fix. Your fitness is low from the wait, not just the procedure. The gains can be large.
- **If you take warfarin.** Big swings in leafy greens or in activity can move your INR. Keep both steady, and keep your blood test dates.
- **A new sound.** A mechanical valve clicks, and that is normal. A new sound with fever or chills is not. Call us.
- **Dental care counts.** Ask us whether you need an antibiotic before dental work.
- Learn more in our [Recovery After Heart Valve Surgery guide](#) and our [Recovery After TAVR guide](#).



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With a Weak Heart Pump (HFrEF)

- **When you start.** After at least 6 weeks on steady heart failure medicines, once you are stable.
- **Why the wait.** The rule asks for steady medicines first, so your plan is built on your real baseline.
- **What is different for you.** We pace by how you feel, not by pushing to a number. Fatigue is the guide.
- **Weigh yourself daily.** Same time, same scale. Bring the numbers to your sessions.
- **Short bouts work.** A few minutes of work with rest in between often beats one long push.
- **Expect a slower curve.** Gains come over months. Do not compare yourself to the person on the next bike.
- **Call before a session** if you gained 3 pounds in a day, your swelling grew, or lying flat got harder.
- Learn more in our [Heart Failure With a Weak Pump guide](#).



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After a Heart Transplant

- **When you start.** When your transplant team says so. Some programs start while you are still in the hospital.
- **Your new heart has no nerve supply** at first. Those nerves were cut during the transplant.
- **So your pulse lags.** It climbs slowly at the start of exercise and falls slowly after. A pulse target does not work well for you.
- **We use effort instead.** How hard it feels on a simple scale, and whether you can still talk in full sentences.
- **Warm up and cool down longer.** Because your rate lags, give each end about 10 minutes.
- **Strength work matters more.** Anti-rejection pills weaken muscle and bone, so weights are part of your plan.
- **Guard against infection.** Wash your hands, skip sessions when you are sick, and follow your team's rules on masks.
- Learn more in our [Heart Transplant guide](#).



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Who Is on Your Rehab Team

Exercise staff • Set your workload • Watch your rhythm • Raise the plan as you get stronger	Nurses • Check wounds and vital signs • Review your pills • Answer the day-to-day questions	Dietitian and educators • Food, salt, and label reading • Quitting smoking • Blood sugar and weight	Your doctors • Write the referral • Set your safe limits • Adjust medicines as you improve
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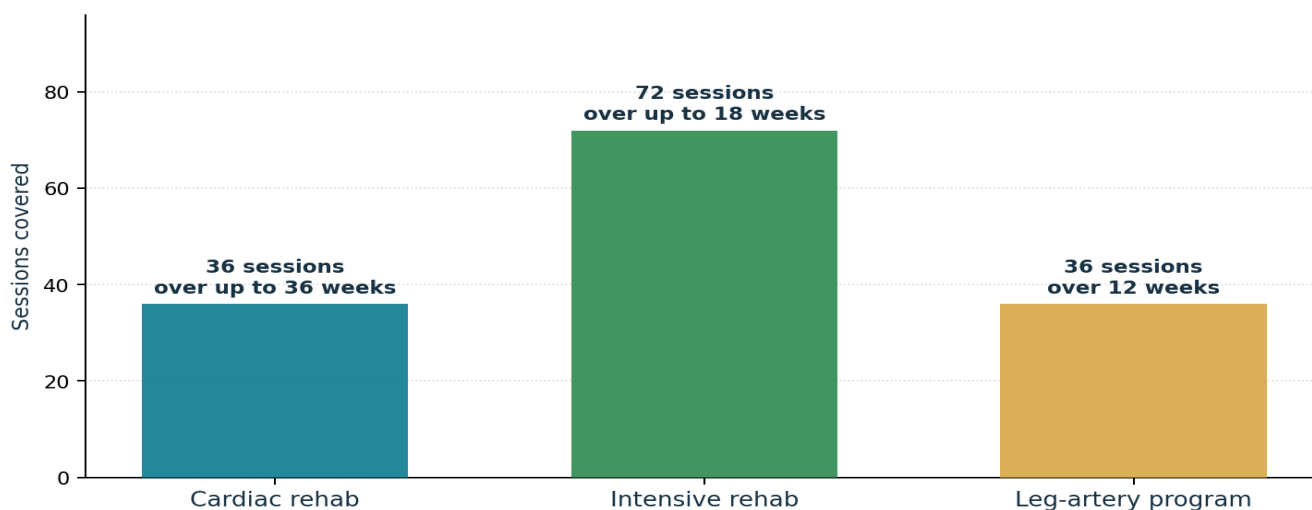
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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Walk on your off days. Start with what you can do now, then add a few minutes each week.
- Keep a simple log: the date, the minutes, and how hard it felt.
- Weigh yourself each morning, after the bathroom and before you eat.
- Always warm up and cool down. Never start or stop cold.
- Skip the hot tub, sauna, and very hot shower right after you exercise.
- Wait about two hours after a big meal before you work out.
- On very hot, very cold, or humid days, move your walk indoors.
- Rest when you are sick or have a fever. Then pick up where you left off.
- Bring your pill bottles to your first session. The team checks them.

How Many Sessions Medicare Covers



Session limits are set in federal rules. Standard rehab allows 36 sessions over up to 36 weeks, and another 36 may be approved if you need them. The leg-artery walking program is a separate benefit.



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Helps, But May Not Be Covered as Cardiac Rehab

Condition	What the research shows	Coverage today
Stiff-heart failure (HFpEF)	Guided exercise improves fitness and daily function	Not on the covered list. The rule stops at 35 percent or lower.
After a cardiac arrest	Survivors often need both heart and brain recovery work	Covered only if you also had a listed event, such as a heart attack
Atrial fibrillation	Exercise programs improve fitness and symptoms	Not on the covered list
Leg-artery disease with walking pain	Supervised walking greatly increases how far you can walk	Covered, but under a separate benefit called supervised exercise therapy
Heart problems from cancer treatment	Early studies show better fitness and less fatigue	Not on the covered list unless a listed event also happened
Pulmonary hypertension	Supervised training improves walking distance	Not on the covered list. Best done at an expert center.
Adult congenital heart disease	Guided exercise is safe for most and improves fitness	Not on the covered list



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Home-Based and Video Rehab

- **What it is.** The same program done at home, with visits by phone or video and a device that tracks your heart rate.
- **Who it fits.** People who are stable and lower risk, who have a device and a good signal.
- **Who it does not fit.** People who need on-site monitoring, or who are early after a large event.
- **What the data show.** For the right patients, home programs give results close to center-based rehab.
- **Mixed plans exist.** Some centers do a few visits in person and the rest at home.
- **Coverage keeps moving.** The rules for video rehab have been extended more than once. Ask your program what is covered right now.
- For pacing at home, see our [Exercise and Your Heart guide](#).

Ask. Do not assume. Coverage rules change, and plans differ. If your condition is not on the covered list, that does not mean exercise will not help you. Call your plan and ask what it covers. Ask your rehab program about a self-pay rate. Ask us for a written home exercise plan if a program is out of reach. Doing something guided beats doing nothing.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Center-based rehab (the standard program)	You have to travel, and it takes time. Rare rhythm changes during exercise, caught by the monitor.	The strongest evidence. Staff, monitoring, and gear are right there. Other patients keep you going.	Home-based rehab. Intensive rehab. Exercising on your own.
Home-based or video rehab	Less direct oversight. You need a device and a signal. Coverage rules keep changing.	No travel. Fits work and family. For the right patient, results come close to center-based rehab.	Center-based rehab. A mixed plan with some visits in person.
Intensive cardiac rehab (ICR)	More sessions in fewer weeks. It is a bigger time commitment up front. Not offered everywhere.	Up to 72 sessions in up to 18 weeks. Adds diet, stress, and group work in a structured way.	Standard cardiac rehab. Home-based rehab.
Exercising on your own, with no program	No monitoring, no teaching, and no medicine review. Most people stop within weeks.	No referral needed. Free. Better than doing nothing at all.	Any formal program. Even a few weeks of rehab first helps you start safely.



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Common Misconceptions

Myth	Reality
Rehab is the same for everyone.	No. The three parts are the same, but your plan is not. After bypass you protect the breastbone. After a stent we watch the wrist or groin site. After a transplant your pulse is a poor guide. This guidebook covers each one.
My heart pump is weak, so exercise is not safe for me.	A weak pump is one of the covered reasons to go. Trials show monitored exercise is safe and helps you do more. Your plan is slower and guided by how you feel.
I feel fine, so I can skip it.	Feeling fine is a good sign, not a finish line. Rehab is where doses get tuned, risks get checked, and the habit gets built while you are still motivated.
Medicare will not pay for this.	For seven listed conditions it does. The rules are written in federal regulation. See the coverage table in this guidebook, then ask our office to send the referral.
If my condition is not on the covered list, exercise will not help me.	Not true. For several conditions the research looks good but coverage has not caught up. Ask your insurer. Many programs also offer a self-pay rate.
I missed my chance. It is too late now.	Late is better than never. After a heart attack the covered window is 12 months. For most other covered conditions there is no clock. Call and ask.
Rehab is only about exercise.	Exercise is the engine. But the classes, the medicine review, and the mood screening are what keep the gains.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Heart rhythm changes during a session	Rare, and the monitor catches them fast. Staff and gear are right there. Your risk here is lower than exercising alone.
Muscles and joints	Sore muscles, a strained shoulder, or a sore knee are the most common issues. Staff change the plan, they do not stop it.
The breastbone, after open-heart surgery	Pain, a click, or a shifting feeling in the chest bone. Report it the same day. This is why the lifting rules matter.
Wounds and entry sites	Redness, drainage, swelling, or a lump at a chest wound, leg wound, wrist, or groin. Tell the team before you exercise.
Low blood pressure and dizziness	More likely on water pills or blood pressure pills. Drink fluids, warm up slowly, and time your pills as advised.
Fluid buildup in heart failure	Weight gain, more swelling, or trouble breathing when flat. That is a signal to call, not to push harder.
Stopping early	The biggest risk in rehab is not finishing. Only about half of the people who start finish the full course.



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Points to Know

If you remember nothing else, remember these key points.

- Cardiac rehab is a covered medical benefit for seven listed heart conditions.
- Medicare covers up to 36 sessions over up to 36 weeks. Another 36 may be approved if you need them.
- Intensive rehab fits up to 72 sessions into up to 18 weeks.
- Your plan depends on your event. Bypass, stent, valve, weak pump, and transplant each have their own rules.
- After a heart attack the covered window is the 12 months right after the event.
- Home-based and video visits are real options. Ask what your program offers now.
- If your condition is not on the list, ask anyway. The research and the rules do not always match.
- Only about 1 in 5 people who qualify ever start. Do not be one of the other four.

The gap we want to close. Rehab is one of the best-proven treatments in heart care, and one of the least used. Only about 1 in 5 people who qualify ever start. Of those who do start, only about half finish. Travel, work, cost, and simply not being asked are the usual reasons. Make the first session your top priority. After that, the program carries you.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Chest pain, pressure, or tightness that does not stop when you rest. Call 911.
- Sudden trouble breathing, a cold sweat, or fainting. Call 911.
- Dizziness, a racing heart, or heavy sweating during exercise. Stop, sit down, and tell the staff.
- A new fast or uneven heartbeat that does not settle. Call us today.
- Weight gain of 3 pounds in a day, or 5 pounds in a week. Call us today.
- A chest wound that opens or drains, or a chest bone that clicks or shifts. Call us today.
- New swelling, redness, or bleeding at a wrist or groin site. Call us today.
- A hand or foot that turns cool, pale, or numb after a procedure. Call us right away.
- Low mood, no interest in things, or thoughts of harming yourself. Call us. Rehab treats this too.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Medicare — Cardiac Rehabilitation Coverage](#) - The official plain-language page on what Medicare pays for.
- [AACVPR — Resources for Patients](#) - Patient pages and a tool to find a certified program near you.
- [Million Hearts — Cardiac Rehabilitation](#) - The federal push to get more people into rehab.
- [American Heart Association — Cardiac Rehab](#) - A friendly overview with a program finder.
- [Our Cardiac Rehabilitation Guide](#) - The short overview. Start there if this is all new.
- [Our Recovery After a Heart Attack Guide](#) - The first weeks at home after a heart attack.
- [Our Recovery After Bypass Surgery Guide](#) - Wound care, breastbone rules, and the healing timeline.
- [Our Recovery After a Stent Guide](#) - Wrist and groin site care, and when to restart activity.
- [Our Recovery After Heart Valve Surgery Guide](#) - What to expect after a valve is repaired or replaced.
- [Our Recovery After TAVR Guide](#) - Recovery after a valve placed through a catheter.
- [Our Heart Failure With a Weak Pump Guide](#) - Daily weights, medicines, and pacing yourself.
- [Our Stiff-Heart Failure \(HFpEF\) Guide](#) - Heart failure when the pump number looks normal.
- [Our Heart Transplant Guide](#) - Life with a new heart, including exercise.
- [Our Return to Activity Guide](#) - Driving, work, lifting, sex, and travel after a heart event.
- [Our Stable Angina Guide](#) - Chest pain with effort, and how it is treated.
- [Our Leg Pain From Poor Circulation Guide](#) - Walking pain from blocked leg arteries, and the walking program that treats it.
- [Our Exercise and Your Heart Guide](#) - How much to move, and how to build up safely.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [42 CFR 410.49 — Cardiac rehabilitation program and intensive cardiac rehabilitation program: Conditions of coverage](#) [Guideline]
The federal regulation that lists the covered indications, the stable chronic heart failure definition (ejection fraction 35 percent or less, NYHA class II to IV, at least 6 weeks of optimal therapy), the 36-session/36-week limit, and the 72-session/18-week intensive cardiac rehab limit. Every coverage number in this guide is taken from here.
- [CMS National Coverage Determination 20.10.1 — Cardiac Rehabilitation Programs for Chronic Heart Failure \(NCD Manual Ch. 1 Part 1\)](#) [Guideline]
Defines 'stable' heart failure for coverage (no recent or planned major cardiovascular hospitalization or procedure) and states that any cardiac indication not specifically listed is non-covered. This is the basis for the 'helps, but may not be covered yet' section.
- [Medicare Benefit Policy Manual, Chapter 15, Section 232 — Cardiac Rehabilitation and Intensive Cardiac Rehabilitation](#) [Guideline]
CMS operating manual restating the covered conditions, the session limits, the extension mechanism through the Medicare Administrative Contractor, and the January 1, 2024 change allowing physician assistants, nurse practitioners, and clinical nurse specialists to supervise sessions.
- [CMS National Coverage Determination 20.35 — Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease](#) [Guideline]
Establishes that leg-artery disease with claudication is covered under a separate benefit (up to 36 sessions over 12 weeks, with a possible additional 36 sessions), not under cardiac rehab. Used for the PAD row of the not-covered-as-cardiac-rehab table.
- [Dibben G, Faulkner J, Oldridge N, et al. — Exercise-based cardiac rehabilitation for coronary heart disease \(Cochrane Database of Systematic Reviews, 2021\)](#) [Trial]
Current Cochrane update of the Anderson 2016 review. Pooled randomized trials show exercise-based cardiac rehab reduces cardiovascular death and hospital admissions and improves quality of life after a heart attack, bypass, or stent.
- [Anderson L, Oldridge N, Thompson DR, et al. — Exercise-Based Cardiac Rehabilitation for Coronary Heart Disease \(J Am Coll Cardiol, 2016\)](#) [Trial]
The 63-trial, ~14,500-patient meta-analysis cited in our companion Cardiac Rehabilitation guide. Kept here so the two guides rest on the same evidence base.
- [Long L, Mordi IR, Bridges C, et al. — Exercise-based cardiac rehabilitation for adults with heart failure \(Cochrane Database of Systematic Reviews, 2019\)](#) [Trial]
Evidence that supervised exercise in heart failure lowers heart-failure hospital admissions and improves quality of life. Supports the weak-pump (HFrEF) section, and shows benefit signals in preserved-ejection-fraction heart failure as well.



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- [O'Connor CM, Whellan DJ, Lee KL, et al. — Efficacy and Safety of Exercise Training in Patients With Chronic Heart Failure \(HF-ACTION, JAMA 2009\) \[Trial\]](#)
The landmark randomized trial of supervised exercise in heart failure with reduced ejection fraction. It established safety and the modest but real outcome benefit that underpins the Medicare heart-failure indication.
- [Kitzman DW, Whellan DJ, Duncan P, et al. — Physical Rehabilitation for Older Patients Hospitalized for Heart Failure \(REHAB-HF, N Engl J Med 2021\) \[Trial\]](#)
Randomized trial of early, tailored rehab in older patients hospitalized for heart failure, including those with preserved ejection fraction. Improved physical function. Used for the honest 'evidence supports it, coverage has not caught up' framing.
- [Thomas RJ, Beatty AL, Beckie TM, et al. — Home-Based Cardiac Rehabilitation: A Scientific Statement From the AACVPR, AHA, and ACC \(Circulation 2019\) \[Guideline\]](#)
The joint statement on home-based cardiac rehab: who is suitable, what a home program includes, and what the outcome data show compared with center-based programs.
- [Adams J, Lotshaw A, Exum E, et al. — An alternative approach to prescribing sternal precautions after median sternotomy, 'Keep Your Move in the Tube' \(Proc Bayl Univ Med Cent 2016\) \[Clinical\]](#)
Source for the modern movement-based approach to breastbone precautions after bypass surgery, used alongside the traditional weight-limit instructions in the after-bypass section.
- [Ritchey MD, Maresh S, McNeely J, et al. — Tracking Cardiac Rehabilitation Participation and Completion Among Medicare Beneficiaries \(Circ Cardiovasc Qual Outcomes 2020\) \[Clinical\]](#)
National Medicare data on how few eligible patients start cardiac rehab and how few finish all the sessions. Source for the participation-gap section.
- [AACVPR — Cardiac Rehabilitation Resources for Patients \[Clinical\]](#)
The certifying body's patient pages and program-finder tool, used for the trusted-resources list and the 'how to find a program' guidance.
- [Million Hearts \(CDC and CMS\) — Cardiac Rehabilitation \[Clinical\]](#)
Federal initiative page on raising cardiac rehab participation. Used for the plain-language framing of why so few eligible patients enroll and what removes the barriers.



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About This Guide

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Reviewer note: Reviewed against AACVPR, Million Hearts, American Heart Association, Mayo Clinic, and Cleveland Clinic patient pages. This guidebook adds a by-condition manual: what rehab looks like after each kind of heart event, the seven covered conditions with the session limits taken from 42 CFR 410.49, and an honest list of conditions where the research supports rehab but coverage has not caught up.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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