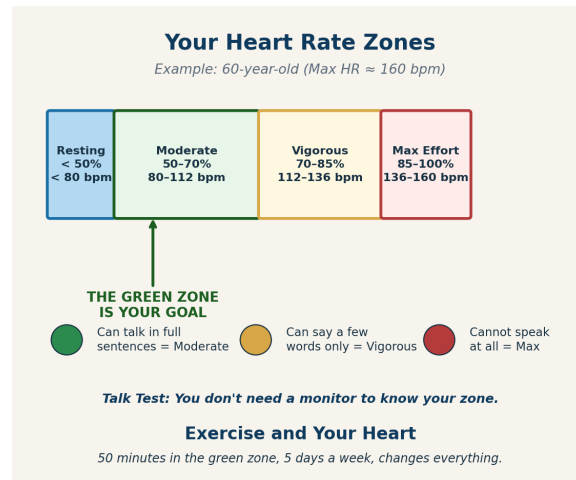


Exercise and Your Heart

The Prescription That Lowers Your Risk More Than Most Pills

Exercise is not optional for a healthy heart — it is medicine. This guide explains how much, how hard, and how to exercise safely with your cardiac condition.



Online: <https://go.riasalimd.com/exercise-heart-guide>

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Last Updated: August 2026



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Names & Terms You Will Hear

Term	Meaning
Exercise	Planned, structured movement to improve fitness. Different from daily tasks like housework.
Aerobic Exercise	Steady-motion activity that raises your heart rate: walking, biking, swimming, dancing.
Resistance Training	Strength training with weights or bands. Builds muscle and lowers blood sugar.
MET	A unit of exercise effort. Sitting = 1 MET; brisk walking = 3–4 METs; jogging = 7 METs.
Target Heart Rate Zone	The heart rate range that gives the most benefit. Moderate zone = 50–70% of your max HR.
VO2 Max	The most oxygen your body can use during exercise. A key measure of heart fitness.
Cardiac Rehab	A supervised exercise program after a heart attack, surgery, or for heart failure.
Athlete's Heart	Normal, healthy heart growth from regular exercise. Different from harmful thickening caused by high BP.
HF-ACTION Trial	A key study showing exercise training cut death and hospital stays in heart failure patients.
SPORTS Trial	A 2023 study showing some ICD patients can safely play competitive sports.
Valsalva	Straining while holding your breath during heavy lifting. Can spike blood pressure. Avoid this.
PAR-Q	A short health screen before starting exercise. Flags who needs a doctor check first.



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Exercise and Your Heart?

- Exercise is medicine. Each 10 MET-hours per week of activity cuts heart death risk by about 20 percent. That beats many pills.
- The AHA says: **150 min/week of moderate exercise OR 75 min/week of vigorous exercise**. Add strength training 2 days a week for extra protection.
- Aerobic exercise: brisk walking, cycling, swimming, dancing. Anything that raises your heart rate counts.
- Strength training (weights, bands, bodyweight) lowers blood sugar and builds muscle. Aim for 2 sessions a week covering all major muscle groups.
- Stretching and balance work matter most after age 65. They prevent falls and keep you active longer.
- **The 10% rule:** never raise your weekly exercise total by more than 10 percent at a time. This prevents overuse injuries.
- Always warm up for 5 minutes and cool down for 5 minutes. This is extra important if you have a heart condition. Sudden starts and stops are the riskiest times.
- If you have a heart condition, ask your doctor before starting. This matters most for vigorous activity.

6 Ways Exercise Helps Your Heart



Six proven heart benefits of regular aerobic exercise. Each one has strong evidence. They stack together.



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Athlete's Heart vs. a Danger Sign: Hard exercise makes the heart walls thicker and chambers larger. This is HEALTHY — the heart pumps more blood per beat. It is NOT the same as the harmful thickening of HCM or high BP. A heart ultrasound (echo) can tell them apart.



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Why It Matters

- Regular exercise lowers resting blood pressure by 5 to 8 mmHg. That is on par with starting a BP pill.
- Aerobic training raises HDL (the good cholesterol). It also lowers blood fats and blood sugar. Three major heart risks — all improved.
- Exercise lowers inflammation in your body. Markers like CRP and IL-6 drop. These same markers drive plaque and heart attacks.
- Regular training slows your resting heart rate. Your heart pumps more blood per beat. Less effort for the same work.
- Exercise grows the heart in a **healthy** way (athlete's heart). Walls get slightly thicker, chambers enlarge, pumping improves. This is different from the harmful thickening of high BP or HCM.
- Exercise improves artery function. Blood flows more freely. Your heart arteries can widen more when needed.
- Sitting all day is a major heart risk factor. It is almost as harmful as smoking. One gym session cannot undo a full day of sitting.
- The benefits add up. Each extra 10 minutes per day helps. You do not need to run marathons. Steady, moderate activity is the goal.



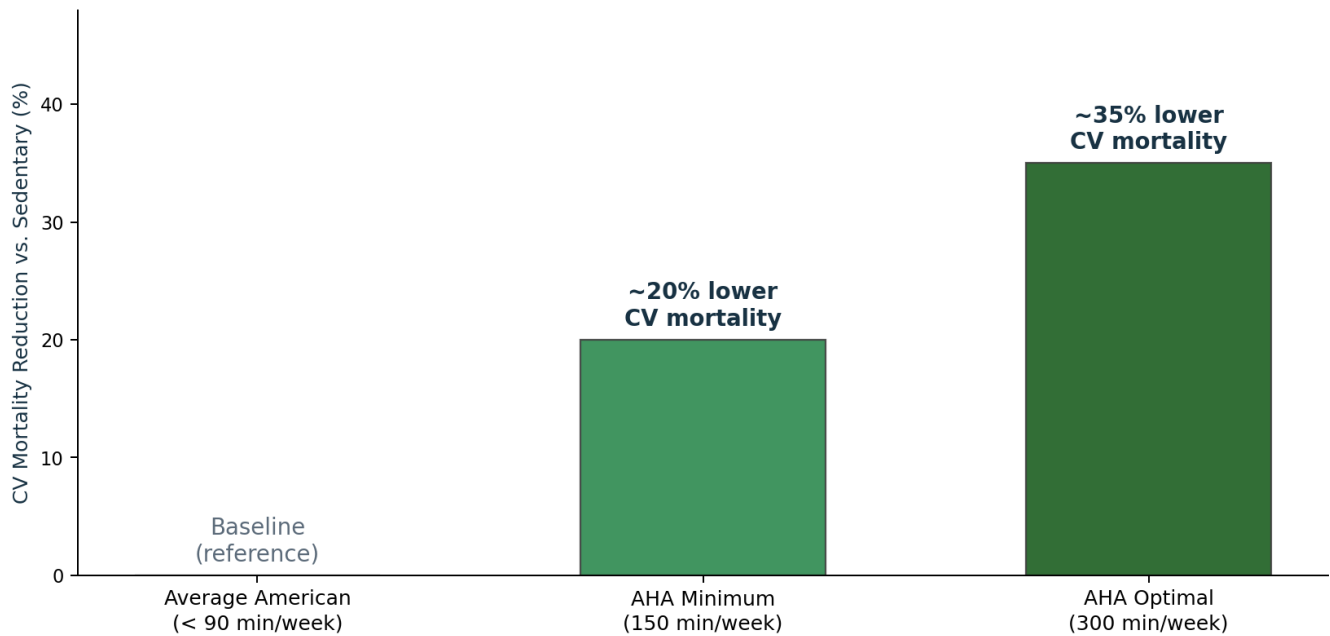
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More Exercise = Less Heart Disease Death



Heart death risk drops as weekly exercise increases. The AHA minimum (150 min/week) cuts risk by about 20%. The optimal dose (300 min/week) cuts it by about 35%. Source: Samitz et al., 2011.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
CAD / After a heart attack or stent	Most patients SHOULD exercise. Cardiac rehab is proven safe. Avoid hard unsupervised exercise in the first few weeks.
Heart failure (HFrEF or HFpEF)	Exercise is BENEFICIAL . The HF-ACTION trial showed 11% fewer deaths and hospital stays. Start slow. Build over time.
Hypertrophic heart muscle (HCM)	No competitive sport (AHA 2020). Moderate exercise is OK. Avoid sprinting and heavy lifting. Ask your doctor about sport.
Long QT syndrome	Hard exercise — especially solo swimming — can trigger a dangerous heart rhythm in LQTS Type 1. Beta-blockers and avoiding triggers are key.
Uncontrolled fast heart rhythm (AFib)	Get the rate or rhythm controlled first. Then exercise is safe and good for you.
Recent heart procedure or surgery	After a heart attack or stent: light walking in 1–2 weeks. After ablation: 1 week rest. After open heart surgery: 6–8 weeks before arm and upper-body resistance training.
New symptoms before you start	New chest pain, shortness of breath on exertion, fainting, or family history of sudden death under 50 years old: see your cardiologist BEFORE starting hard exercise.



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CAD and After a Heart Attack or Stent

- Cardiac rehab is the gold standard. It cuts death risk by about 25%. Ask for a referral before you leave the hospital.
- After a stent (PCI): light walking in 1–2 days. Supervised rehab starts 1–4 weeks later.
- Goal: reach 150 min/week of moderate exercise over 8–12 weeks.
- Avoid hard unsupervised exercise (running, heavy lifting) in the first 4 weeks after a heart event.
- Exercise cuts re-admissions, lifts mood, and improves life quality. All key goals after a heart event.
- More info: go.riasalimd.com/cardiac-rehab-guide | go.riasalimd.com/cad-guide.



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Heart Failure: Exercise Helps — It Does Not Harm

- The old 'rest and avoid exertion' advice for heart failure was wrong. Exercise is now a top-level recommendation for stable heart failure.
- The HF-ACTION trial (JAMA 2009) tested 2,331 patients. Exercise training cut death or hospital stays by 11%.
- Start low: walk 10–15 minutes per day. Build to 150 min/week over several months. Supervised cardiac rehab is ideal.
- HFpEF also benefits from exercise. It is one of the few things proven to improve exercise capacity in HFpEF.
- STOP and call us if: shortness of breath at rest, legs more swollen, weight up 2–3 lbs in one day, or near-fainting during exercise.
- More info: go.riasalimd.com/hf-guide.



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Special Heart Conditions: Know Your Limits

- **Thick heart muscle (HCM):** No competitive sport (AHA 2020). Moderate exercise is OK. Avoid sprinting and maximal heavy lifts. ICD patients: the SPORTS trial (NEJM 2023) showed sport may be safe for some — decide with your doctor.
- **Long QT syndrome:** Hard exercise — especially solo swimming — can trigger a dangerous rhythm in LQTS Type 1. Take beta-blockers as prescribed. Never swim alone.
- **AFib:** Get the rate or rhythm controlled first. Then exercise is safe. See: go.riasalimd.com/afib-guide.
- **After a procedure:** Ablation: 1 week rest. Heart attack or stent: 1–2 weeks for walking. Open heart surgery: 6–8 weeks before arm resistance training.
- **Strength training tips:** Do not hold your breath on heavy lifts. Wall-push or gripping exercises raise BP sharply — use caution if you have severe high BP or a thick heart.
- **When to see us first:** New chest pain with effort, fainting, or family history of sudden death under age 50 — see us BEFORE starting hard exercise.



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Treatment Options

- **Aerobic exercise:** 150 min/week at moderate effort (50–70% max HR). OR 75 min/week at vigorous effort (70–85%). Try 5 × 30-min walks, or 3 × 25-min jogs. Both work.
- **Strength training:** 2 or more days per week. 8–12 reps × 2–3 sets per muscle group. Do not hold your breath on hard lifts (Valsalva). Circuit training — lighter weight, shorter rest — is safer for heart patients.
- **Stretch and balance:** Stretch after each session. Try tai chi or yoga for balance (key after age 65). Balance work prevents falls.
- **Start low, go slow:** Begin with 10-minute walks. Build by 10% per week. Reach 30+ minutes of moderate exercise in 4–6 weeks.
- **Warm up and cool down:** 5 minutes of light activity before and after EVERY session. Sudden starts and stops are when rhythm problems spike.
- **Cardiac rehab:** Had a heart attack, stent, bypass, or heart failure? Ask for a referral. Supervised rehab cuts death risk by about 25%. See: go.riasalimd.com/cardiac-rehab-guide.
- **Know your zones:** Use the age-based table in this guide. Or use the **Talk Test** — no monitor needed. Full sentences = moderate. A few words = vigorous. Cannot speak = too hard.
- **Stop immediately if:** chest pain, severe shortness of breath, fast pounding heart, dizziness, or near-fainting. Rest. Call 911 if it does not pass in 2–3 minutes.



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Real exercise does not need a gym. A brisk walk, a jog, a bike ride, or a simple stretch session outdoors all count toward your 150 minutes a week. Image: Nenad Stojkovic, Wikimedia Commons 2021 (CC BY 2.0).



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Age-Based Heart Rate Zones

Age	Max HR (220 minus age)	Moderate Zone 50–70%	Vigorous Zone 70–85%
40	180 bpm	90–126 bpm	126–153 bpm
50	170 bpm	85–119 bpm	119–145 bpm
60	160 bpm	80–112 bpm	112–136 bpm
70	150 bpm	75–105 bpm	105–128 bpm



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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
Aerobic exercise 150 min/week	Muscle soreness and joint overuse if you ramp up too fast. Small rhythm risk in undiagnosed heart disease.	~20% lower heart death risk vs. sitting all day. Lowers BP, raises HDL, lowers blood sugar, cuts depression. The strongest non-drug tool for heart health.	Start with 10-min walks. Build slowly. Use cardiac rehab if you have a heart condition.
Strength training 2x per week	Joint injury if form is poor. BP spikes with breath-holding on maximal lifts. Avoid this in severe high BP or severe valve disease.	Lowers blood sugar, builds muscle, rounds out aerobic training. Safe for most heart patients with good form.	Circuit training (lighter weight, less rest) is safest. Never hold your breath on heavy lifts.
Cardiac Rehab	Needs a referral. Insurance may limit sessions. Travel can be a barrier for some patients.	Cuts heart death risk by ~25% after a heart attack (Cochrane 2016). EKG-monitored, medically supervised. Proven safer than going it alone.	Ask about home-based or virtual rehab programs if travel is hard.
Sedentary lifestyle	Sitting all day is a major heart risk factor. Almost as harmful as high BP or mild high cholesterol.	No heart benefit from inactivity.	Even 10-minute walks help. Replace sitting with standing or slow walking.



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Common Misconceptions

Myth	Reality
MYTH: Heart patients should rest and avoid all exertion.	FACT: Exercise is a top recommendation after most heart events. Rest is no longer advised unless you have an active problem. Supervised rehab cuts the risk of dying.
MYTH: Exercise after a heart attack will damage my heart.	FACT: Within 1–4 weeks of most events, supervised walking is safe and helpful. Cardiac rehab uses EKG monitoring and a slow step-up plan.
MYTH: Running marathons is the best thing for your heart.	FACT: Very long training can raise AFib risk for some people. The best zone is 150–300 min/week of moderate activity. More is not always better.
MYTH: If I exercise, I can eat what I want.	FACT: Diet and exercise are both risk factors. You cannot out-exercise a bad diet. Both matter — together they work far better.
MYTH: A pacemaker or ICD means no exercise.	FACT: Most pacemaker and ICD patients can exercise safely. The SPORTS trial showed some ICD patients can even play competitive sport. Ask your doctor.
MYTH: The talk test is not accurate — I need a device.	FACT: The talk test is proven to work. Full sentences = moderate. A few words = vigorous. No device needed.
MYTH: Heart failure patients should not exercise.	FACT: The HF-ACTION trial proved exercise is SAFE in stable heart failure. It cuts death and hospital stays by 11%. Supervised exercise is now standard care.



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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
Muscle and joint pain	Overuse injuries from building too fast. Shin splints, tendon pain, stress fractures. Use the 10% rule — never raise volume more than 10% per week.
Heart rhythm problems	Rhythm issues from exercise are rare without known heart disease. Risk is higher in HCM or Long QT syndrome. This is why screening and a slow start matter.
Low blood pressure after exercise	BP can drop fast in the cool-down phase. Especially in heart failure or on BP pills. Always cool down — never stop abruptly.
Breathing tightness (exercise-induced wheeze)	Wheezing or coughing during exercise. More common in cold dry air. Tell your doctor if it keeps happening.
Low blood sugar in diabetics	If you take insulin or certain diabetes pills, blood sugar can drop during or after long exercise. Monitor your levels and carry a snack.
AFib in extreme athletes	Very long training (marathon, Ironman) can raise AFib risk. Moderate exercise — 150–300 min/week — does NOT carry this risk.



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Points to Know

If you remember nothing else, remember these key points.

- Exercise is medicine. 150 min/week of moderate activity cuts heart death risk by about 20 percent.
- The green zone is your goal: 50–70% of max heart rate. You can talk in full sentences. Walk, bike, swim.
- Had a heart attack, stent, or bypass? Ask for cardiac rehab. It is supervised, safe, and proven to save lives.
- Heart failure patients SHOULD exercise. The HF-ACTION trial showed 11% fewer deaths and hospital stays.
- The talk test works — no monitor needed. Full sentences = moderate. A few words = vigorous. Can't speak = too hard.
- Start with 10-minute walks. Build by 10% per week. Always warm up and cool down.
- Stop right away for chest pain, severe shortness of breath, fast pounding heart, dizziness, or near-fainting. Call 911 if it does not pass in 2–3 minutes.
- Add strength training 2 days a week. Never hold your breath on hard lifts.



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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.

- **Call 911 right away** — chest pain during exercise that does not go away after 2–3 minutes of rest.
- **Call 911 right away** — fast pounding heart with near-fainting or loss of consciousness.
- **Stop and call us (727-943-5200)** — new chest tightness, pressure, or jaw or arm pain during effort that is new or worse.
- **Stop and call us** — severe shortness of breath at low effort levels that is new or getting worse.
- **Call us before starting** — if you have chest pain on exertion, fainting, family history of sudden death under 50, or a recent heart procedure.
- **Call us with questions** — if you are not sure whether a symptom is normal. We would rather hear from you twice than miss something real.
- **Heart failure patients: call us if** — you gain more than 2–3 lbs in one day, legs swell more, or you feel short of breath at rest (not just during exercise).

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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.

- [AHA — Physical Activity and Your Heart](#) - American Heart Association's patient guide to exercise, activity levels, and heart health.
- [AHA — Cardiac Rehab: What Is It?](#) - Overview of cardiac rehabilitation programs, referrals, and what to expect in a supervised program.
- [Cleveland Clinic — Exercise and Heart Disease](#) - Plain-language overview of exercise safety for heart patients.
- [Mayo Clinic — Exercise and Heart Disease](#) - Practical guidance on safe exercise with heart disease.
- [PAR-Q+ Physical Activity Readiness Questionnaire](#) - Free screening tool to identify who needs a doctor check before starting or increasing exercise. Takes 5 minutes.
- [HF-ACTION Trial Summary \(JAMA 2009\)](#) - Landmark RCT proving exercise training is safe and beneficial in heart failure patients.
- [SPORTS Trial — ICD and Competitive Sports \(NEJM 2023\)](#) - Study showing competitive sports may be acceptable for certain ICD patients with careful evaluation.
- [AHA — Understanding Target Heart Rates](#) - Target heart rate calculator and explanation of exercise intensity zones with age-based guidance.
- [Cardiac Rehab Guide — \[go.riasalimd.com/cardiac-rehab-guide\]\(https://go.riasalimd.com/cardiac-rehab-guide\)](#) - Our companion guide to cardiac rehabilitation: what to expect, how to get a referral, and program benefits.
- [CAD Guide — \[go.riasalimd.com/cad-guide\]\(https://go.riasalimd.com/cad-guide\)](#) - Our coronary artery disease guide — includes exercise guidance after diagnosis and revascularization.
- [HFrEF Guide — \[go.riasalimd.com/hf-guide\]\(https://go.riasalimd.com/hf-guide\)](#) - Our heart failure guide — includes exercise prescription and the HF-ACTION evidence in more depth.
- [AFib Guide — \[go.riasalimd.com/afib-guide\]\(https://go.riasalimd.com/afib-guide\)](#) - Our atrial fibrillation guide — includes guidance on exercise safety with controlled vs. uncontrolled AFib.



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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.

- [AHA/ACC 2018 Physical Activity Guidelines for Americans](#) [Clinical Guideline]
Primary reference for the 150 min/week aerobic + 2x resistance prescription, target heart rate zones, and intensity definitions.
- [HF-ACTION Trial — O'Connor et al., JAMA 2009](#) [Clinical Trial]
Key RCT demonstrating exercise training in HFrEF reduced all-cause mortality/hospitalization by 11% (HR 0.89, 95% CI 0.81–0.99). Primary source for HF exercise benefit.
- [AHA/ACC 2020 HCM Guidelines — Ommen et al.](#) [Clinical Guideline]
Guidance on exercise restrictions in hypertrophic cardiomyopathy, including competitive sport restriction and recreational exercise allowances.
- [SPORTS Trial — Lampert et al., NEJM 2023](#) [Clinical Trial]
Landmark trial showing competitive sports may be acceptable for ICD patients with appropriate evaluation. Used in the structural conditions subsection.
- [Gulati HR Formula — Gulati et al., Circulation 2010](#) [Peer Reviewed Article]
More accurate maximum heart rate formula for women: $206.9 - (0.67 \times \text{age})$. Used in the target heart rate section.
- [Dose-Response: Physical Activity and Cardiovascular Disease — Samitz et al., European Heart Journal 2011](#) [Meta Analysis]
Meta-analysis demonstrating ~20% reduction in CV mortality per 10 MET-hr/week additional activity. Basis for the dose-response bar chart.
- [Physical Activity and Cardiovascular Health — Wen et al., Lancet 2011](#) [Cohort Study]
Large Taiwan cohort showing 15-min/day brisk walking cut mortality by 14%. Supporting evidence for the lower end of the dose-response curve.
- [AHA Resistance Training Statement — Williams et al. 2007](#) [Clinical Guideline]
AHA scientific statement on resistance training for cardiac patients: Valsalva avoidance, circuit training preference, isometric caution.
- [Long QT Syndrome and Exercise — AHA/ACC Guidelines](#) [Clinical Guideline]
Guidance on exercise avoidance in Long QT syndrome, particularly swimming alone and vigorous activity in LQTS type 1.
- [Cleveland Clinic — Exercise and Heart Health](#) [Patient Education]
Authoritative patient-facing reference reviewed for plain-language framing. This guide adds: quantitative dose-response data, HR-zone table by age, and condition-specific subsections not covered by Cleveland Clinic.
- [Mayo Clinic — Exercise and Heart Disease](#) [Patient Education]
Competitor baseline reviewed for topic scope. This guide adds: HF-ACTION trial data, HCM/LQTS restrictions, RBA table, and inline matplotlib diagrams not in Mayo's static text.



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- [PAR-Q+ Physical Activity Readiness Questionnaire](#) [Clinical Tool]
Reference for the pre-exercise screening questions. Used in the structural conditions subsection and risk factors.
- [Cardiac Rehabilitation Mortality Evidence — Anderson et al., Cochrane Review 2016](#) [Systematic Review]
Cochrane review showing exercise-based cardiac rehabilitation reduces CV mortality by approximately 26% in post-MI patients.



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About This Guide

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Version: 2026-08-15

Reviewer note: Reviewed Cleveland Clinic, Mayo Clinic, AHA patient pages, and AHA/ACC 2018 physical activity guidelines. This guide adds: a quantitative dose-response chart (CV mortality by activity dose); an age-based HR-zone table; condition-specific subsections for CAD, heart failure, and structural conditions; HF-ACTION trial data; SPORTS trial ICD evidence; and an inline benefits grid — content missing from all three competitor pages.

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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