

Heart rehab

A plain-English guide for you and your family

WHAT IS HAPPENING

When your heart is damaged by a heart attack, surgery, or serious event, your body gets weaker and you feel scared—will it happen again? Heart rehab is a doctor-watched program that helps you rebuild strength through safe, gradual exercise while a team teaches you how to control the things that hurt your heart in the first place: high blood pressure, high cholesterol, smoking, diabetes, stress, and sitting still too much. You learn which foods help, how your medicines work, and how to spot warning signs early. Rehab also helps with the fear and sadness that can creep in after a heart event; counselors and group support show you that you are not alone and that your heart can get stronger. Without rehab, many people stay scared, move less and less, skip their medicines, and end up back in the hospital within a year. Rehab breaks that cycle: it proves to your body and mind that you can be active again, it catches risk factors before they cause another event, and it gives you a clear plan to follow at home. The result is a healthier heart, more energy, less fear, and a much lower chance of another heart problem.

What you might feel

- Recent heart attack (myocardial tissue death from blocked blood flow (infarction))
- Recent heart surgery (coronary bypass, valve repair, or stent placement)
- Heart failure symptoms (shortness of breath, tiredness, swelling in ankles)
- Chest pain or pressure with activity (stable angina)
- Very low stamina or muscle weakness after a heart event
- Worry, fear, or sadness after a heart diagnosis
- Uncontrolled risk factors (high blood pressure, high cholesterol, diabetes, or smoking)
- Peripheral artery disease (leg pain when walking that goes away with rest)

Call the doctor right away if...

- New or worsening chest pain, pressure spreading to your jaw or arm, sudden shortness of breath, or lightheadedness during or after exercise—stop right away and call 911; these can mean a new blockage or dangerous heart rhythm.

- Legs or belly swelling that gets worse in a day or two, or you gain more than 2–3 pounds overnight—fluid is backing up because the heart is not pumping it forward, and you may need urgent medicine changes.
- Skipping many rehab sessions without telling the team—the program works only if you go; missing it means you lose the monitored training, education, and support that cut your risk of another event in half.

What the care team will do

- Monitor telemetry or rhythm strip and blood pressure before, during, and immediately after every exercise session, stopping activity if heart rate exceeds prescribed target range or systolic BP rises above 180–200 mmHg
- Teach the patient to rate chest discomfort, shortness of breath, and fatigue using a 0–10 scale and to stop exercise immediately and notify staff if any symptom reaches 4 or higher
- Verify daily that the patient is taking aspirin, P2Y12 inhibitor (clopidogrel, ticagrelor, or prasugrel), high-intensity statin, beta-blocker, and ACE inhibitor or ARB as prescribed, and teach the exact purpose of each medication
- Weigh the patient at the same time each session and teach them to weigh themselves every morning at home, reporting any gain of 2–3 pounds in one day or 5 pounds in one week
- Assess bilateral lower-extremity swelling (edema) (ankle and leg swelling) by pressing the shin for 5 seconds and measuring the depth of the pit left behind, documenting any increase from prior session
- Review a 24-hour diet recall every week, calculating daily sodium intake and teaching the patient to keep total sodium under 2000 mg per day by reading labels and avoiding processed foods
- Screen for depression using a validated two-question tool—'Over the past two weeks have you felt down or hopeless?' and 'Have you felt little interest or pleasure in doing things?'—and refer to counseling or psychiatry if either answer is yes
- Teach the patient to perform a supervised warm-up of 5–10 minutes of low-intensity movement and a cool-down of 5–10 minutes of gradual slowing plus stretching at every exercise session

Medicines you may be given — and why

Aspirin

Aspirin stops tiny cell pieces in your blood called platelets from sticking together. Platelets usually help form clots when you are cut. But in your arteries, a clot can block the flow of blood

to your heart and cause damage. Aspirin keeps new clots from forming so blood can move freely through the vessels that feed your heart muscle.

Clopidogrel (Plavix) or Ticagrelor (Brilinta)

These drugs work alongside aspirin to stop platelets from sticking together. They block a different switch on the platelet surface called the P2Y12 receptor (a doorway for clumping signals). Blocking two different pathways at once gives stronger protection against clots, especially if you have a stent holding an artery open.

Atorvastatin (Lipitor) or Rosuvastatin (Crestor)

Statins lower the amount of cholesterol your liver makes. Cholesterol can build up as plaque (fatty, waxy deposits) inside your artery walls. This plaque can crack open and trigger a clot that blocks blood flow. Lowering cholesterol makes plaque more stable and reduces inflammation, which helps prevent future heart attacks.

Metoprolol or Carvedilol

Beta blockers slow your heart rate and lower your blood pressure. After a heart attack, your heart muscle is injured and tries to work too hard to keep up. Slowing the heart gives it time to rest and heal, lowers the amount of oxygen it needs, and reduces dangerous irregular rhythms.

Lisinopril, Enalapril, or Ramipril

ACE inhibitors block an enzyme that makes a hormone called angiotensin II (a chemical that squeezes blood vessels tight). Angiotensin II raises blood pressure and makes the heart work harder. Blocking it relaxes your blood vessels, lowers blood pressure, and helps your heart pump more easily, especially if the heart muscle was weakened by a heart attack.

Eplerenone or Spironolactone

These medicines block a hormone called aldosterone (a chemical that makes your body hold onto salt and water). After a heart attack, especially if your heart muscle is weakened, too much aldosterone causes harmful scarring and stiffening in the heart and can lead to fluid buildup in your lungs and legs. Blocking aldosterone reduces that scarring and helps your heart work better over time.

Influenza vaccine (flu shot)

The flu shot trains your immune system to recognize and fight the influenza virus before you get sick. People with heart disease are at higher risk of serious problems if they catch the flu, including heart attacks triggered by the body's stress response to infection. Getting vaccinated every year lowers that risk.

COVID-19 vaccine

The COVID-19 vaccine teaches your immune system to recognize the spike protein on the surface of the SARS-CoV-2 virus (the virus that causes COVID-19). If you later encounter the real virus, your body is prepared to fight it quickly, which greatly lowers your risk of severe illness, hospitalization, and death. People with heart disease are at much higher risk of serious COVID-19 complications, including heart attacks and heart failure triggered by the infection.

Pneumococcal vaccine (PPSV23, PCV15, PCV20, or PCV21)

This vaccine protects you against *Streptococcus pneumoniae* (a bacteria that causes pneumonia, bloodstream infections, and meningitis). People with heart disease are more vulnerable to these infections, and pneumonia puts heavy stress on your heart that can trigger heart failure or another heart attack. Vaccination reduces that risk.

Where this information comes from

- AHA/ACC 2021 Chest Pain Guideline
- AHA 2020 Scientific Statement on Cardiac Rehabilitation
- ACC/AHA 2022 Heart Failure Guideline
- AACVPR Cardiac Rehabilitation Standards (7th edition)

Last reviewed: 2026-07-07