

Cardiac Rehabilitation (CR) has evolved over the past decades from simple monitoring for the safe return to physical activities to a multidisciplinary approach that focuses on patient education, individually tailored exercise training, modification of the risk factors and the overall well-being of the cardiac patients. Cardiac rehabilitation has been proven to be an effective tool for the care of the patients with heart disease. Recent research in cardiac rehabilitation has demonstrated that tremendous benefits can be derived from the optimal use of cardiac rehabilitation in patients with various cardiac pathologies including ischemic heart disease, heart failure and post heart surgery. The benefits of cardiac rehabilitation include mortality reduction, symptom relief, reduction in smoking, improved exercise tolerance, risk factors modification, and the overall psychosocial wellbeing. Unfortunately, cardiac rehabilitation remains considerably underutilized mainly because of referral barrier and poor enrollment. Unfortunately, only 14% of MI and 31% of CABG patients participate in CR. Future studies should focus on how to include more cardiac patients in CR. For instance, The Centers for Disease Control and Medicare have teamed up to expand CR participation as part of the “Million Hearts” program. Clearly, greater efforts are needed to overcome the social, economic, and practice behaviors for referral, enrollment, and adherence to CR such that the clinical benefits can be attained. In-view of geographic barriers for many patients, hybrid home-based CR programs are also being developed. More studies are also needed to evaluate the utility of CR in patients after valve surgery as well as in HF patients with preserved EF. Finally, while many CR programs already offer pulmonary rehabilitation, a number of programs are expanding to include other patient populations, including the growing number of cancer survivors. This presentation will focus on how contemporary CR programs should continue to evolve in order to provide optimal primary and secondary prevention programs in order to impact a larger portion of eligible patients.