Country	Type of exercise	Intensity of exercise	Duration and frequency of sessions	Program length	Exercise testing and monitoring	Expectations for additional activity
		Leading cardio	ology and cardiac rehab	ilitation organisati	ions	
ACSM (2022)	Aerobic endurance training Arm ergometer, combination of upper and lower (dual action) extremity cycle ergometer, upright and recumbent cycle ergometer, recumbent stepper, rower, elliptical, stair climber, treadmill.	 With an exercise test, use 40%–80% of exercise capacity using HRR, VO_{2R}, or VO_{2peak}. Without an exercise test, use seated or standing resting heart rate (HRrest) +20 to +30 beats min-1 or an RPE of 12–16 on a scale of 6–20 	 20-60 minutes Minimally 3 d · wk⁻¹ preferably up to 5 d · wk⁻¹ 	NA	NA	NA
	Resistance training 1–3 sets; 8–10 different exercises focused on major muscle groups 	 Perform 10–15 repetitions of each exercise without significant fatigue; RPE 11– 13 on a 6–20 scale or 40%– 60% of 1-RM. 	 2–3 non- consecutive d ⋅ wk−1 			

 Flexibility training Static and dynamic stretching focused on the major joints of the limbs and the lower back Consider PNF technique. 	 To the point of feeling tightness or discomfort. 	 10–30 s hold for static stretching; ≥4 repetitions of each exercise. ≥2–3 d ⋅ wk⁻¹ with daily being most effective. 		
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European Association of Cardiovascular Prevention and Rehabilitation	Aerobic endurance training walking, jogging, cycling, swimming, rowing, stair climbing, elliptical trainer, aerobics Resistance training	 50–80% VO_{2max} (close to anaerobic threshold) 50–80% HR_{peak} or 40– 60% HRR RPE 10–14 	 20–30 minutes per Session 3 sessions per week (Preferably 6–7) 10–15 reps per set 2 sessions per week 	• 2–16 weeks	 Exercise testing Symptom-limited exercise test Monitoring Observation of symptoms HR monitoring BP monitoring ECG monitoring during initial stages or for patients with new symptoms 	 Equivalent of 30 minutes of moderate intensity walking per day
England Department of Health, National Institute for Health and Care Excellence, National Health Service	Not specified	Moderate intensity	 For sufficient time to result in a safe and appropriate physiological challenge within the session At least 2 sessions per week 	• 6–12 weeks	 Exercise testing Functional capacity testing (ergometer test or walking/step tests) Monitoring HR monitoring BP monitoring RPE Rate-pressure product 	30 minutes of exercise on 5 days of the week
Ireland Irish Association of Cardiac Rehabilitation)	 Aerobic endurance training 	 40–80% VO_{2peak} 50–85% HRmax 40–70% HRR RPE 13–16 	 30 minutes per session 2 sessions per week 	• >6 weeks	 Functional capacity testing using Bruce protocol, 6-minute walk test, shuttle walk test or Chester step test 	Not specified

					 ECG (progress from continuous monitoring to intermittent as appropriate for risk level of patient) 	
Northern Ireland Clinical Resource Efficiency Support Team)	Aerobic endurance Training e.g., cycling, walking Resistance training	 Low to moderate Intensity Not specified 	 20–30 minutes per session 2 sessions per week Not specified 	>8 weeks	 Exercise testing Functional exercise capacity test (e.g., shuttle walk test) Exercise stress test with ECG recommended for highrisk patients or highintensity exercise programmes Monitoring HR monitoring RPE 	Additional home exercise programme

Scotland Scottish Intercollegiate Guidelines Network)	Aerobic endurance Training Resistance training	Low to moderate Intensity Not specified	 Long-duration sessions 2 sessions per week Single set of 10– 15 reps per exercise 2–3 sessions per week 	>8 weeks	 Exercise testing Functional exercise capacity test (shuttle walk test or 6- minute walk test) Maximal exercise test with exercise ECG only recommended for high-risk patients or high intensity activity Monitoring HR monitoring RPE 	Not specified
Wales* Welsh Assembly Government, Aneurin Bevan Health Board	Not specified	Not specified	Session duration not specified 2 sessions per week	>8 weeks	 Exercise testing Functional capacity test (6-minute walk test/shuttle walk test/Chester step test/ergometer test) Exercise tolerance test Monitoring Not specified 	Not specified
United Kingdom Association of Chartered Physiotherapists in	Aerobic endurance training	 Moderate intensity 40– 70% HRR RPE 11–14 	 20–60 minutes per session 2–3 sessions per week 	 4–24 weeks (Depending on the status of the patient) 	 Functional capacity test (6-minute walk test/shuttle walk 	Not specified

Cardiac Rehabilitation, British Association for Cardiovascular Prevention and Rehabilitation)	Resistance training	 30–40% 1RM for upper body 50–60% 1RM for lower body Progress to 50– 80% 1RM for both 	 2–4 sets of 8–12 reps for 8–10 muscle groups 2–4 sessions per week 	test/Chester step test or submaximal or symptom-limited ergometer test – no ECG monitoring) Monitoring
	Flexibility training (Static, ballistic or PNF stretches)	To point of tightness	 2–4 reps, accumulating 60 seconds per stretch 2–3 sessions per week 	 Observation of symptoms HR monitoring BP monitoring RPE Oxygen saturation by pulse oximetry if indicated by condition

Abbreviations: NA: Not applicable; VO2max: maximal oxygen uptake; HRpeak: peak heart rate; HRR: heart rate reserve; RPE: rating of perceived exertion (based on Borg 6–20 scale); reps: repetitions; HR: heart rate; BP: blood pressure; ECG: electrocardiograph; 1RM: one-repetition maximum; VO2peak: peak oxygen uptake; HRmax: maximum heart rate; MVC: maximum voluntary contraction; PNF: proprioceptive neuromuscular facilitation.

* The policy document for cardiac rehabilitation in Wales contains limited exercise prescription recommendations and does not refer to other guidelines for this information.

References

- Piepoli MF, Corra U, Benzer W, et al. Secondary prevention through cardiac rehabilitation: From knowledge to implementation. A position paper from the Cardiac Rehabilitation Section of the European Association of Cardiovascular Prevention and Rehabilitation. Eur J Cardiovasc Prev Rehabil 2010; 17: 1–17.
- Piepoli MF, Corra U, Benzer W, et al. Secondary prevention through cardiac rehabilitation: Physical activity counselling and exercise training: Key components of the position paper from the Cardiac Rehabilitation Section of the European Association of Cardiovascular Prevention and Rehabilitation. Eur Heart J Suppl 2010; 31: 1967–1974.
- Strategic Commissioning Development Unit. Service Specification for Cardiac Rehabilitation Services. London: Department of Health England. Available at: <u>http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk</u> /en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Brows able/DH_117507(2010, accessed 1 December 2022).
- McCreery C, Cradock K, Fallon N, et al. Cardiac Rehabilitation Guidelines 2013. Dublin: Irish Association of Cardiac Rehabilitation. Available at: <u>http://www.iacr</u>. info/about/guidelines/ (2013, accessed 1 December 2022).
- Scottish Intercollegiate Guidelines Network. Cardiac Rehabilitation: A National Clinical Guideline. Edinburgh: Scottish Intercollegiate Guidelines Network. Available at: <u>http://www.scotphn.net/wp-</u> <u>content/uploads/2015/11/Cardiac_Rehabilitation.pdf</u> (2002,accessed 1 December 2022).
- British Association for Cardiovascular Prevention and Rehabilitation. The BACPR Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation 2012. 2nd ed. London: British Cardiovascular Society. Available at:

http://www.bacpr.com/resources/46C_BACPR_Standards_and_Core_Componen

ts_2012.pdf (2012, accessed 1 December 2022).

 Probert H, Barritt H, Breen S, et al. Standards for Physical Activity and Exercise in the Cardiovascular Population. 3rd ed. Manchester: Association of Chartered Physiotherapists in Cardiac Rehabilitation.Available at: <u>http://acpicr.com/sites/default/files/ACPICR%20Standards%202015.pdf</u> (2015, accessed 1 December 2022).