



FITT RECOMMENDATIONS FOR INPATIENT CARDIAC REHABILITATION PROGRAMS ^a		
	Aerobic	Flexibility
Frequency	2–4 sessions · d ⁻¹ for the first 3 d of the hospital stay.	Minimally once per day but as often as tolerated.
Intensity	Seated or standing resting heart rate (HR _{rest}) +20 beats · min ⁻¹ for individuals with an MI and +30 beats · min ⁻¹ for individuals recovering from heart surgery Upper limit ≤120 beats · min ⁻¹ that corresponds to an RPE ≤13 on a scale of 6–20.	Very mild stretch discomfort.
Time	Begin with intermittent walking bouts lasting 3–5 min as tolerated; progressively increase duration. The rest period may be a slower walk (or complete rest) that is shorter than the duration of the exercise bout. Attempt to achieve a 2:1 exercise/rest ratio; progress to 10–15 min of continuous walking.	All major joints with at least 30 s per joint appropriate with sternal precautions.
Type	Walking. Other aerobic modes are useful in inpatient facilities that have accommodations (e.g., treadmill, cycle).	Focus on ROM and dynamic movement. Pay particular attention to lower back and posterior thigh regions. Bed-bound individuals may benefit from passive stretching provided by an allied health care professional (e.g., ACSM-CEP, PT).
<p>^a Resistance training is not recommended in the inpatient setting.</p> <p>ACSM-CEP, ACSM Certified Clinical Exercise Physiologist; MI, myocardial infarction; PT, physical therapist; ROM, range of motion; RPE, rating of perceived exertion.</p>		