

Phases of Cardiac Rehabilitation

Cardiac rehabilitation is a multi-phase program designed to help individuals recover from a heart attack or other cardiac event. The program typically includes an acute phase, assessment, education, discharge, and goal-setting. In phase 2, the outpatient phase, patients continue to build on their progress from phase 1 with a focus on reinforcing their new healthy habits. An ergonomic approach is taken in order to ensure that physical activity is performed safely and without injury. The program may also include a community-based component to support patients in maintaining their new healthy lifestyle. Cardiac rehab can be provided in a variety of settings including acute care, long-term acute care, skilled nursing facilities (SNFs), and independent living.



PLAY PICMONIC

Scores

MET Levels

[Metal-ball METs Levels](#)

Considered during all phases of care, MET levels are the approximate cardiac output, or energy, needed to complete activities. MET levels begin with the client being at rest with a MET level of 1 and increase as the client expends energy. Basic sitting activities have a level of 1 to 1.4 and increase with the demand of energy expenditure to >10 with highly strenuous sports (such as tennis).

Phase 1

Acute Phase

[Acute-angle Phase](#)

Phase 1 of inpatient cardiac rehabilitation is the acute phase. During this phase, therapists will monitor vitals during low-level physical activities, which may include self-care, education, reinforcement of cardiac and post-surgical precautions, instructions on energy conservation, activity grading, and appropriate activity levels upon discharge.

Assessment

[Assess-man](#)

After a cardiac episode, the cardiac rehabilitation team will assess the patient and provide support and information for each stage of recovery. Assessments may include close monitoring of heart rate, blood pressure, oxygen saturation, upper and lower extremity function (including strength and range of motion), functional mobility, and self-care performance.

Education

[Educator](#)

Education is vital as part of cardiac rehabilitation. Education may include informing the individuals and caregivers about the cardiac event and specifics about the diagnosis, condition management, and helping the client understand how to manage psychological reactions to the event and symptoms.

Discharge

[Discharge-from-hospital](#)

During the discharge portion of the acute phase, the cardiac rehab team works alongside the individual to assess their ability to walk, their need for home oxygen, and/or their need for additional training or medical needs to safely transition home.

Goals

[Goals](#)

The goals of the acute phase are to facilitate the individual's road to recovery. In this phase, the client will work with the doctors, nurses, therapists, and other specialists to design a safe and appropriate discharge plan. In this phase, the interdisciplinary team will emphasize education, understanding, and self-care.

Phase 2

Outpatient Phase

Out-of-hospital Patient Phase

Phase 2 consists of outpatient cardiac rehabilitation, which usually begins as the client is discharged from inpatient rehabilitation. During this phase, exercises are advanced, while close monitoring is part of the outpatient basis.

Reinforcing Phase 1

Reinforced (1) Wand

The goal for Phase 2 is to reinforce the education provided in Phase 1. It is essential to take into account all the necessary lifestyle changes needed and will become the beginning of the exercise regime.

Ergonomic Approach

Ergonomic-eagle

The Ergonomic Approach is a method of designing and arranging workspaces, equipment, and tools in a way that optimizes efficiency and minimizes discomfort and injury for individuals performing specific tasks. In the context of cardiac rehabilitation, an ergonomic approach may involve designing exercise equipment and activities that are tailored to the specific needs and abilities of patients with cardiac conditions, with a focus on minimizing the risk of injury and maximizing the effectiveness of the rehabilitation process. This approach may also involve assessing and modifying the physical environment of rehabilitation facilities to ensure that patients can perform exercises and other activities safely and comfortably.

Phase 3

Community Based

Community Base

Phase 3 of cardiac rehabilitation is community-based. This community-based phase emphasizes providing the necessary tools for self-management and continuing maintenance. The patient is encouraged to monitor their own health, including being aware of symptoms, understanding vitals (including blood pressure and oxygen levels), exertion levels, medication management, and safety risks. They are encouraged to make overall good healthy lifestyle changes.

Therapy Settings and Cardiac Rehab

Acute Care

Acute-angle Care-bear

In the acute care setting, practitioners play a special role in prioritizing early mobilization, monitoring vitals during activity, educating clients and caregivers on cardiac precautions, restoring function, and performing evaluations to assist with the coordination of care and determining appropriate discharge recommendations. Practitioners work alongside the interprofessional team that may include members from medicine, nursing, respiratory therapy, case management, occupational therapy, physical therapy, speech and language pathology, social work, and spiritual care.

Long-Term Acute Care

Long-ruler Acute-angle Care-bear

Long-term acute care (LTAC) settings specialize in continuing care for patients that will need more than 25+ days of specialized care before possibly returning home, as seen with some cardiac patients. At this care level, practitioners provide assessments and evaluations and work in collaboration with the client, their caregivers, and multidisciplinary care teams to develop a client-centered plan of care. The practitioner will create an occupational profile and develop long and short-term goals geared to help the individual achieve their maximum rehab potential, including ADL/ IADL retraining, energy conservation, tasks segmentation, lifestyle modifications, and education.

Skilled Nursing Facilities (SNF)

Nurse SNiFf

The main focus SNF is to enhance the individual's strength, cardiovascular endurance, mobility within their context, ADL/ IADL retraining, client/ caregiver education including but not limited to energy conservation, tasks segmentation, wellness/ wellbeing, environmental modification, and community integration.

Independent Living

Independence-day Living

Independent Living is an important goal for many patients undergoing cardiac rehabilitation, as it refers to their ability to perform activities of daily living without assistance and maintain their quality of life outside of the hospital or rehabilitation setting. Achieving Independent Living is often a long-term goal of cardiac rehabilitation programs, as patients work towards building strength, endurance, and confidence in their ability to manage their cardiac condition.
