Objectives
- To provide the highest quality of life to patients with end stage heart failure through exercise and rehabilitation.
- To minimize duration of VAD support in bridge to transplant patients while optimizing their surgical outcomes.
- Assess baseline VO2 (cardiac and respiratory) if patient’s condition allows.
- To improve muscle mass and tone, maximize strength, flexibility, and exercise capacity, improve myocardial oxygen consumption and improve cardiovascular aerobic conditioning.
- Return to independence in activities of daily living.
- Tolerance of workloads between 3-5 METS.

Cardiac Rehabilitation
1. Review data collected from daily exercise sessions in the hospital.
2. Perform a 6 minute walk test equivalent to inpatient walk test and develop personalized exercise prescription.
3. Pt. to continue with progressive aerobic training @ RPE of 11-13, including warm-up, cool down and stretching. Time and intensity will be dependent on MET level and mph attained on the 6 minute walk and progress made while inpatient.
4. Progressive resistive training for lower and upper extremities will be introduced after 4-6 completed exercise sessions.
5. Perform 6 minute walk test every 4 weeks to assess progress and improvements.
6. Continue with progressive aerobic training at RPE level 11-13 (Borg scale). Should be ambulating independently on level surfaces and stairs with railings; 20-30 min per session at 3-5 METS of continuous aerobic work, including warm-up, cool-down and stretching. Frequency: 1-2x/day, 5x/week.
7. Continue with progressive resistive training for lower and upper body extremities. Upper body weights to remain between 3-8 lbs depending on muscle group being exercised; 2 sets of 10-12 repetitions.

Patient Monitoring During Therapy
- 3-lead EKG-continuous
- Heart rate-continuous
- Blood pressure-pre, mid and post-exercise
- Signs and symptoms-continuous
- Rate of perceived exertion (Borg scale)-with each mode of exercise
- Sp02-pre, mid and post exercise
II. Charting Patient’s Progress
   A. Objective data from daily exercise sessions will be charted and recorded as VAD 6 minute walk in our telemetry system in outpatient rehab.
   B. The session report will be faxed to the LVAD coordinator of the transplant team.

II. Discharge
   A. Perform 6 minute walk on the 36th session of rehab (last Phase 2 monitored visit) and check for improvements.
   B. Repeat VO2 testing (12-14).
   C. Give home exercise guidelines to follow which include: cardio and weight training routines tailored to the needs of that specific patient.