

Reply to Letter to the Editor: "Optimization of the Post-Rehabilitation Process Heart Surgery: Our New Proposal Physiotherapy Record"

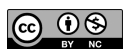
To the Editor,

I would like to thank Ferrara et al¹ for their valuable comments and contributions. Cardiac rehabilitation (CR) aims to improve physical strength, enhance exercise endurance, aid in returning to work or routine activities, alleviate symptoms such as chest pain and breathlessness, optimize cardiovascular risk factors, and prevent the progression of heart disease and life-threatening events, thereby increasing life expectancy. Despite all its benefits, participation rates in CR programs globally are not at the desired level. A study conducted in the United States found that the overall participation rate of CR-eligible patients was 24.4%.² Although still above the rates observed in most European countries, the United States has established an ambitious objective of elevating CR involvement from 20% to 70%. Cardiac rehabilitation cost is significantly beneficial as an effective approach to patients' prognosis and healthcare costs.³ Considering that eligible patients have many comorbid diseases, a multidisciplinary approach is important. Therefore, it is necessary to both predict and prevent possible risks and analyze CR effectiveness using objective data. Ferrara et al¹ mentioned various scales and tools in their articles. In addition, cardiopulmonary exercise testing (CPET) may be a valuable option for determining the success of the methodology by measuring the benefit of CR to the patient. Cardiopulmonary exercise testing provides a comprehensive evaluation of exercise integrative physiology, encompassing the pulmonary, cardiovascular, muscular, and cellular oxidative systems, compared to conventional exercise tests. Standardization of exercise prescription is also an important issue in CR success. As mentioned previously, resistance exercise (RE) should be a part of CR programs in addition to aerobic exercise.⁴ Phase II-IV cardiac rehabilitation exercise prescriptions should include RE. Resistance exercise is superior to aerobic exercise for increasing muscle strength. These findings have significant consequences for rehabilitation programs, particularly for those with heart disease who are frail, elderly, or female.

Cardiac rehabilitation must be considered a health policy. The priority is to increase participation and adherence in cardiac rehabilitation. It is important to remember that a society's social, economic, cultural, and geographic features have a direct impact on participation, adherence, and participation in CR. Furthermore, it is crucial to conduct future studies on exercise protocols, analyze outcomes from aerobic exercise and RE and ensure patient safety. These studies are essential for standardizing and enhancing the effectiveness and prevention of cardiovascular rehabilitation.

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LETTER TO THE EDITOR REPLY

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