Meeting Nazionale ITACARE-P 2025

La Cardiologia Riabilitativa e Preventiva come snodo fondamentale della cura della persona con cardiopatia

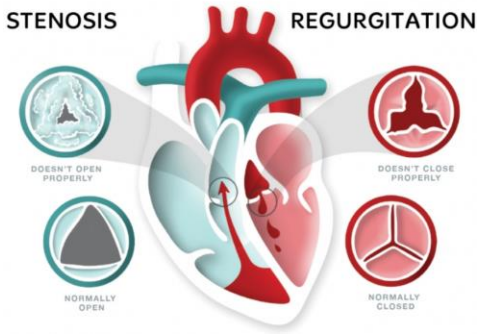
Quando il training è "advanced". Prescrivere esercizio fisico al cardiopatico complesso.

CENTRO CONGRESSI FRENTANI
Roma, 21-22 novembre 2025

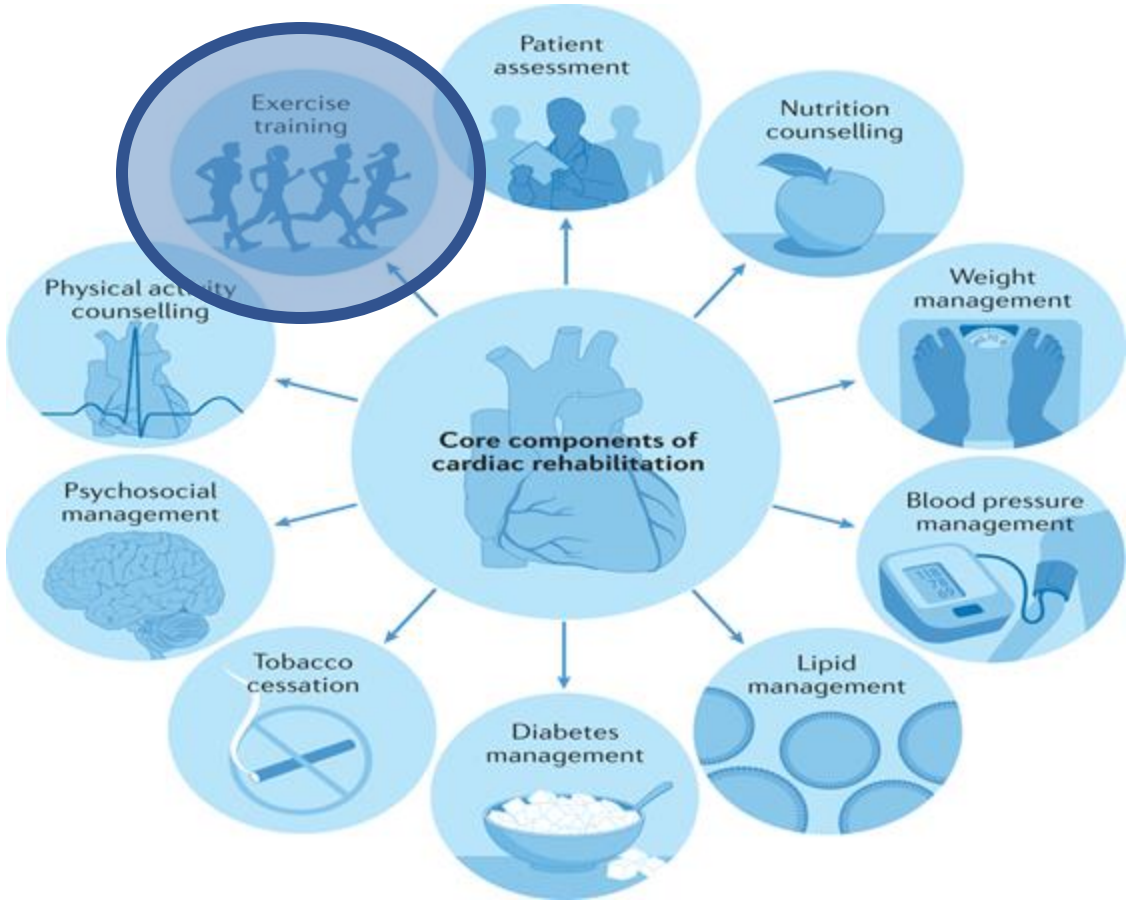
Dott. Claudio Stefano Centorbi
Centro di Cardiologia e riabilitazione
Cagliari

CONSALUS

L'esercizio fisico come componente fondante la riabilitazione cardiovascolare



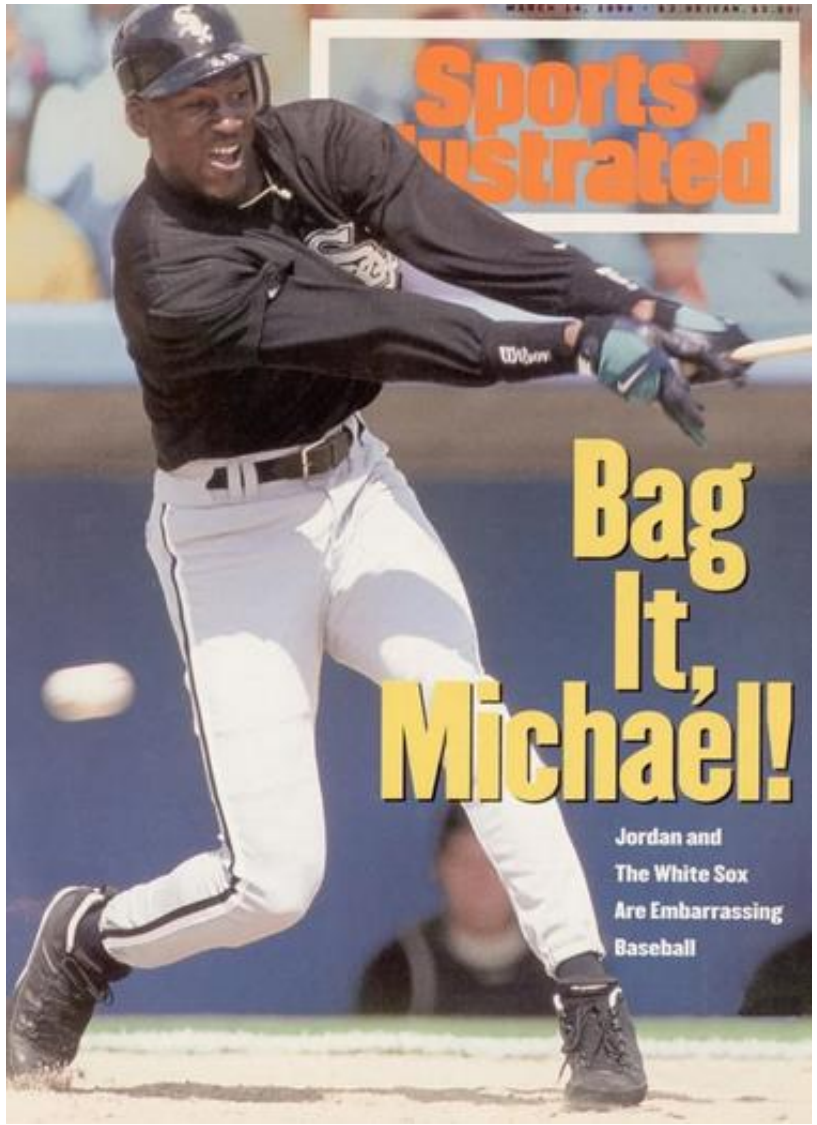
CORONARY HEART DISEASE



ESC European Society of Cardiology
European Journal of Preventive Cardiology (2021) **28**, 460–495
doi:10.1177/2047487320913379
POSITION PAPER
Cardiac rehabilitation

Secondary prevention through comprehensive cardiovascular rehabilitation: From knowledge to implementation. 2020 update. A position paper from the Secondary Prevention and Rehabilitation Section of the European Association of Preventive Cardiology


COMFORT ZONE


Sports Illustrated
Bag It, Michael!
Jordan and The White Sox Are Embarrassing Baseball

Il Cardiopatico ‘’complesso’’ non è da proteggere DALL’ attività fisica, ma da proteggere CON l’attività fisica, ‘’cucita su misura’’

Ruolo del CPET

Table 1 **Core components and objectives common to all clinical conditions.**

Components
Patient assessment
• Clinical history: screening for cardiovascular risk factors, comorbidities and disabilities
• Symptoms: cardiovascular disease (NYHA class for dyspnoea, CCS class for angina, and Fontaine/Rutherford class for lower extremities PAD)
• Adherence: to the medical regime, adequate lifestyle, and self-monitoring (weight, BP, symptoms)
• Physical examination: general health status, heart failure signs, cardiac and carotid murmurs, BP control, extremities for presence of arterial pulses and orthopaedic pathology, cerebrovascular events with/without neurological sequelae
• ECG: heart rate, rhythm, repolarization changes
• Cardiac imaging (two-dimensional and Doppler echocardiography): in particular left ventricular systolic and diastolic function, right ventricular systolic function and heart valve diseases evaluation when appropriate
• Blood testing: routine biochemical assay, fasting blood glucose, HbA1C, total cholesterol, LDL-C, HDL-C, triglycerides, uric acid, parameters of renal function, peptides
• Physical activity level: domestic, occupational and recreational needs, activities relevant to age, gender and daily life, readiness to change behaviour, self-confidence, barriers to increased physical activity, and social support in making positive changes
• Evaluation of frailty by validated scores (see the Frailty subsection)

ESC European Society of Cardiology
European Journal of Preventive Cardiology (2021) 28, 460–495
doi:10.1177/2047487320913379
POSITION PAPER
Cardiac rehabilitation

Secondary prevention through comprehensive cardiovascular rehabilitation: From knowledge to implementation. 2020 update. A position paper from the Secondary Prevention and Rehabilitation Section of the European Association of Preventive Cardiology

- Peak exercise capacity: symptom-limited exercise testing, either on bicycle ergometer or on treadmill, by means of CPET as a gold standard. If the patient cannot do any treadmill or bicycle (not so frequent) a test like 6MWT or ISWT should be performed (but only as necessary alternative). In frail patients or patients unable to walk, the SPPB or other chair based tests should be considered.

Table 2 Classification of aerobic exercise intensity[17]

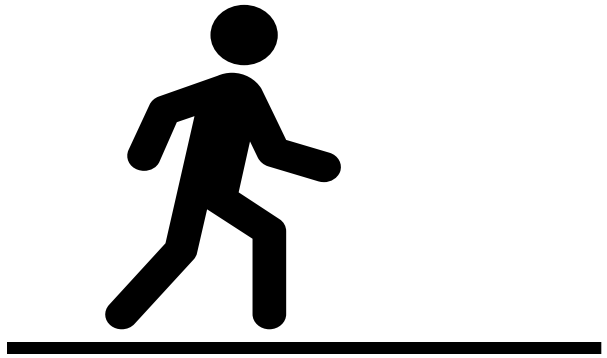
Intensity	VO_2max (%)	HRmax (%)	HRR (%)	RPE scale	Training zone
Low intensity, light exercise	<40	<55	<40	10–11	Aerobic
Moderate intensity exercise	40–69	55–74	40–69	12–13	Aerobic
High intensity	70–85	75–90	70–85	14–16	Aerobic + lactate
Very high intense exercise	>85	>90	>85	17–19	Aerobic + lactate + anaerobic

Reproduced with permission from reference.[17]
HR_{max}, maximal heart rate; HRR, heart rate reserve; RPE, ratings of perceived exertion; VO_{2peak}, peak oxygen uptake.

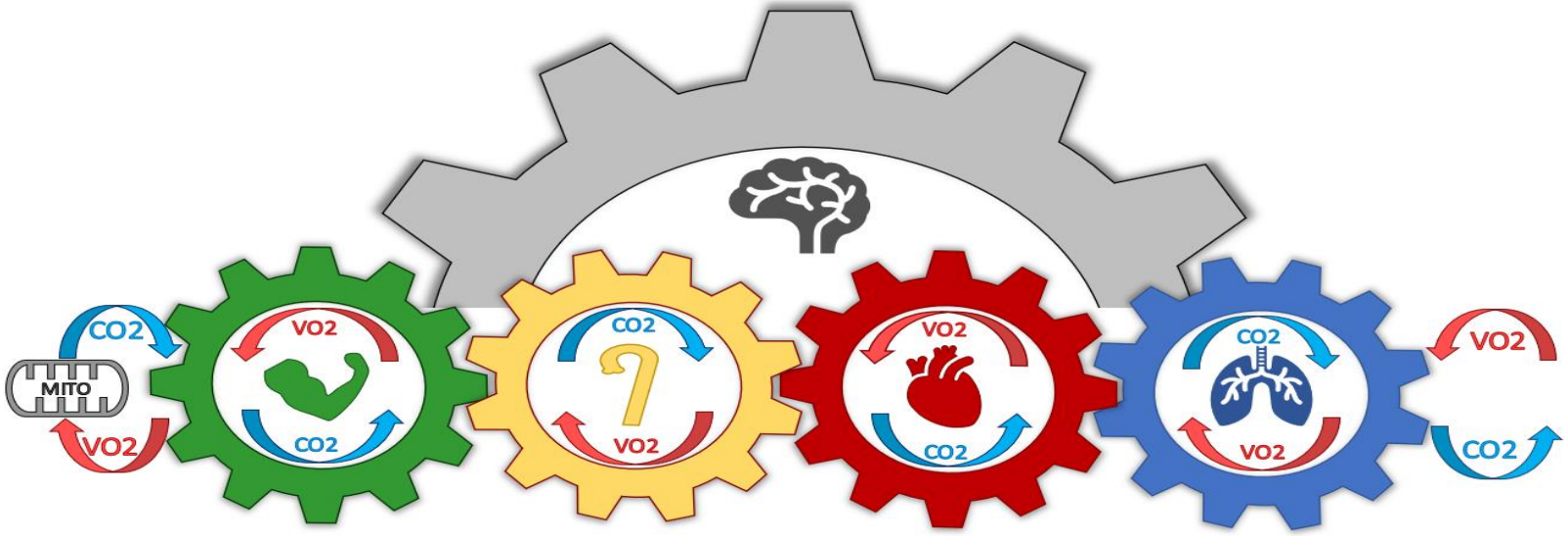
Studio delle soglie

BORG

6MWT **vs** **EXERCISE TESTING** **vs** **CARDIOPULMONARY EXERCISE TESTING**



Test Cardiopolmonare

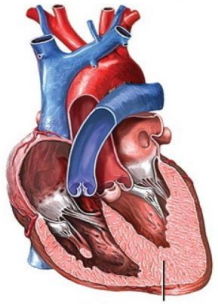


Ruoto fondamentale in ambito:

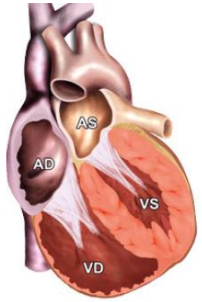
Diagnostico **Prescrittivo** **Prognostico**

Il Cardiopatico ‘’complesso’’: il suo identikit

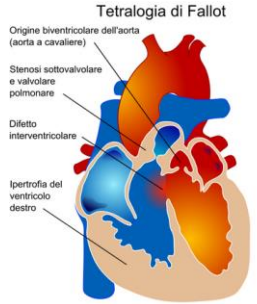
- **Cardiomiopatia ipertrofica**



- **Cardiomiopatia aritmogena**

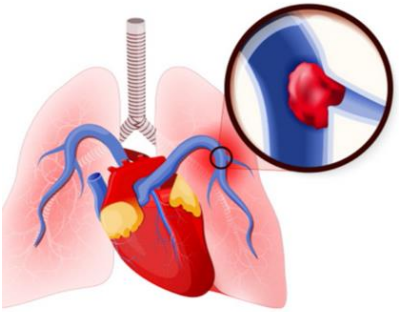


- **Cardiopatie congenite**

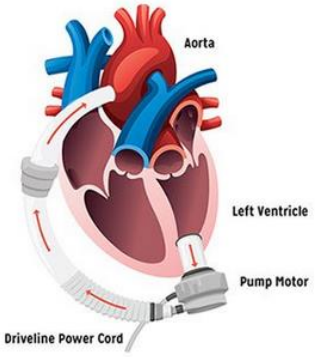


- **Cardiopatie pre-intervento**

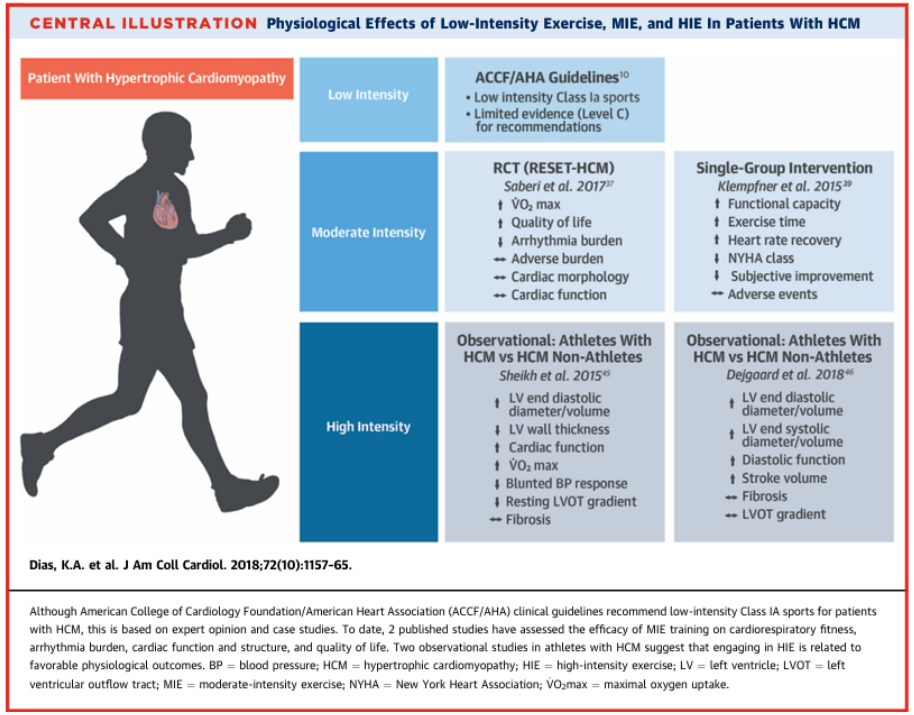
- **Cardiopatia post-embolia polmonare e/o ipertensione polmonare**

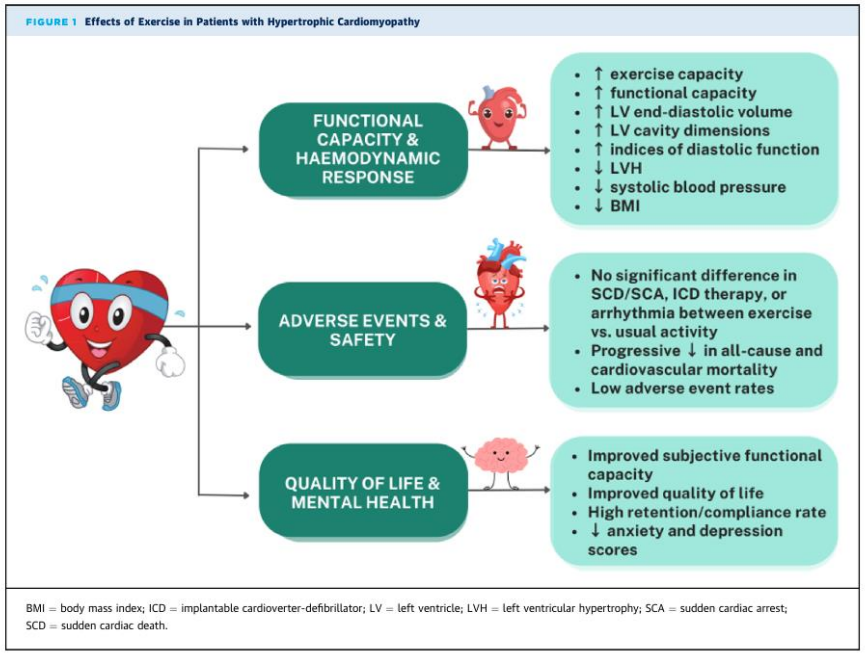


- **Portatori di Device avanzati (LVAD)**



Cardiomiopatia ipertrofica





THE PRESENT AND FUTURE

JACC REVIEW TOPIC OF THE WEEK

Exercise Training for Patients With Hypertrophic Cardiomyopathy

JACC Review Topic of the Week

Katrin A. Dias, PhD,[a,b] Mark S. Link, MD,[b] Benjamin D. Levine, MD[a,b]

JOURNAL ARTICLE

Efficacy of exercise training in symptomatic patients with hypertrophic cardiomyopathy: Results of a structured exercise training program in a cardiac rehabilitation center

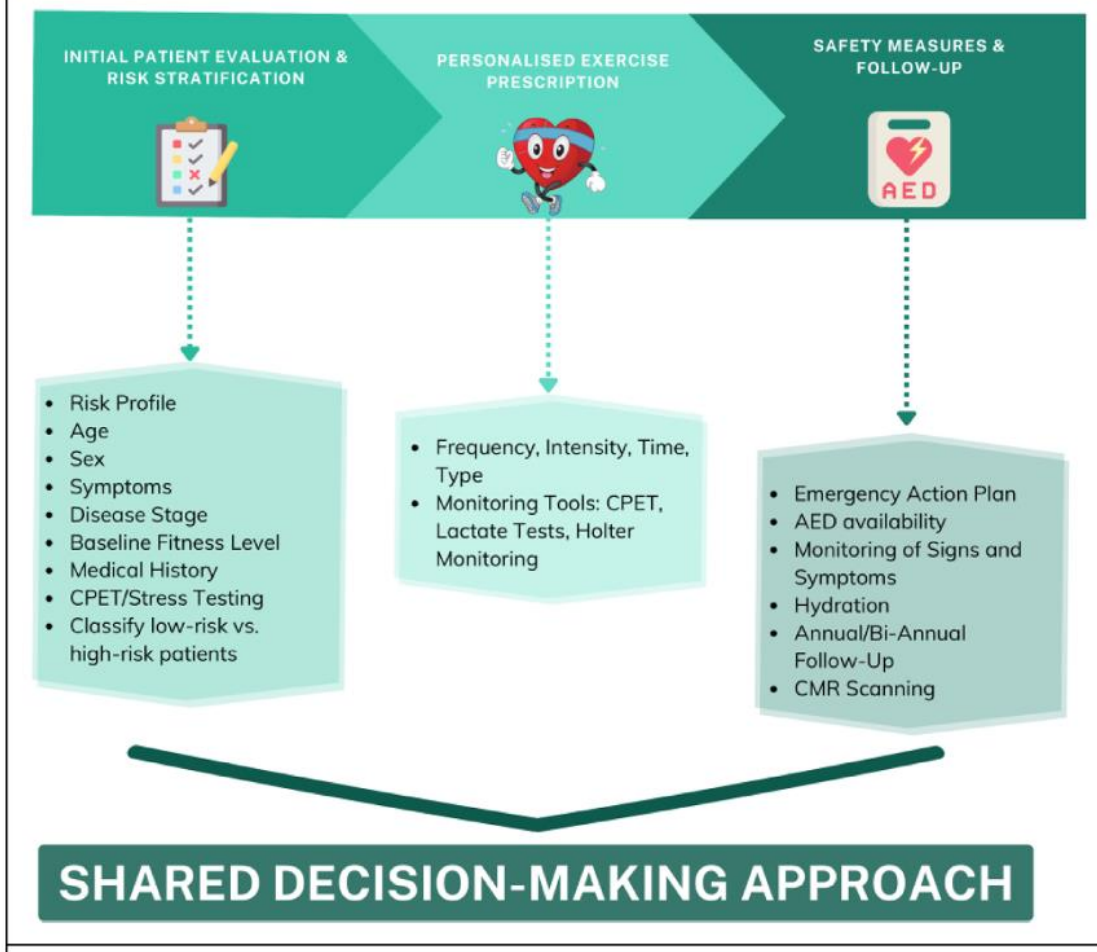
Robert Klempfner ✉, Tamir Kamerman, Ehud Schwammenthal, Amira Nahshon, Ilan Hay, Ilan Goldenberg, Freimark Dov, Michael Arad, MD

European Journal of Preventive Cardiology, Volume 22, Issue 1, 1 January 2015, Pages 13–19, https://doi.org/10.1177/2047487313501277

Published: 29 August 2020 **Article history** ▾

Cardiomiopatia ipertrofica

FIGURE 2 Individualised Approach to Exercise Prescription in Patients with Hypertrophic Cardiomyopathy

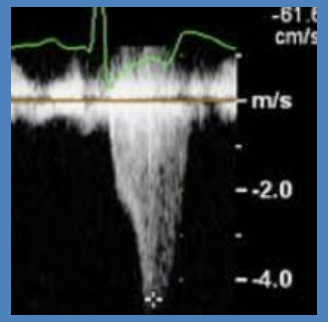


AED = automated external defibrillator; CMR = cardiac magnetic resonance; CPET = cardiopulmonary exercise testing.

prescription is recommended in all patients with cardiomyopathy.

I C

Ostruzione LVOT



FE
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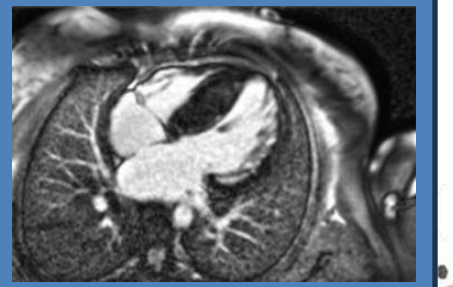
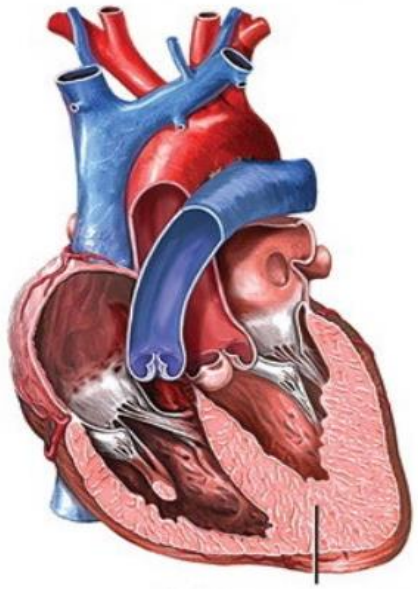


Profilo:
- **Aritmico**
- **Emodinamico**

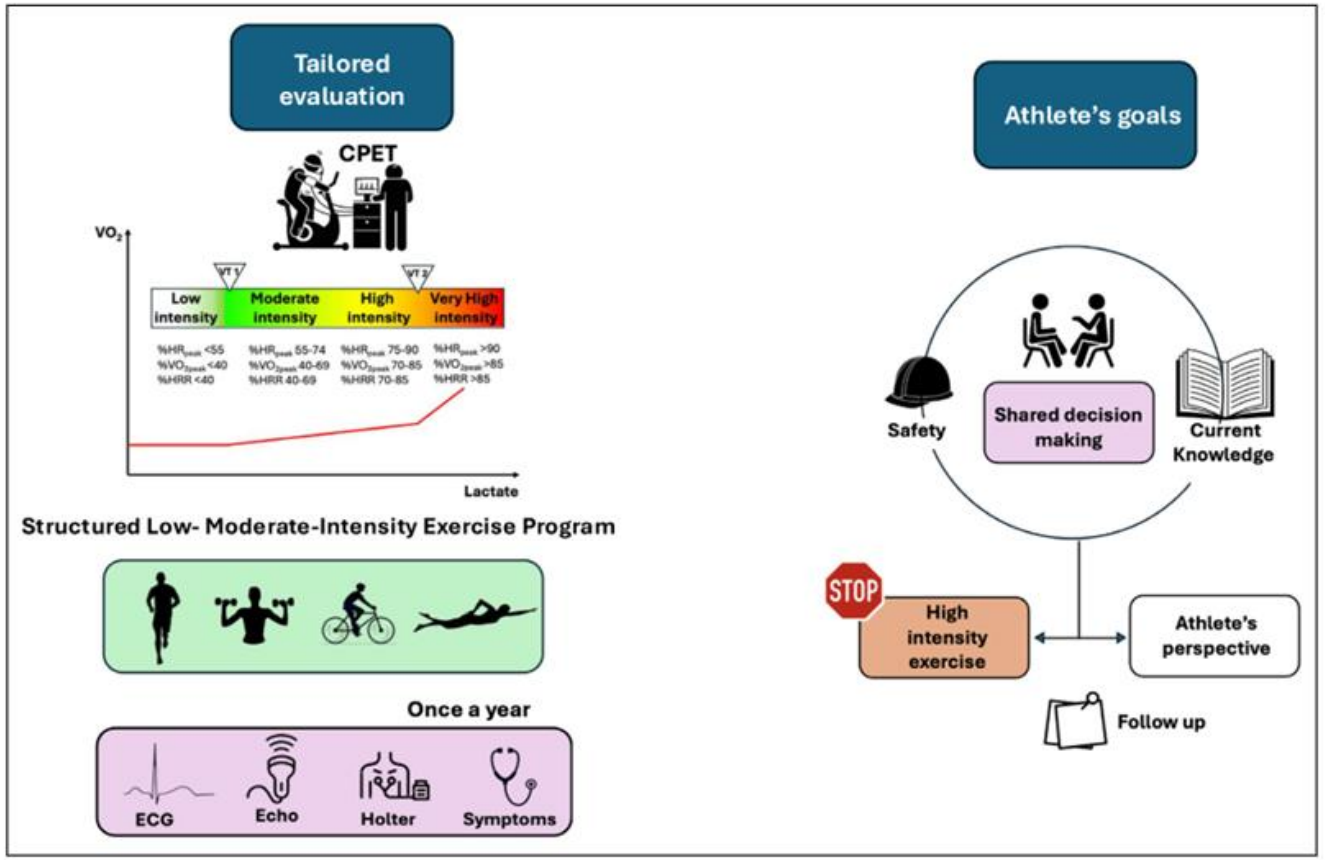


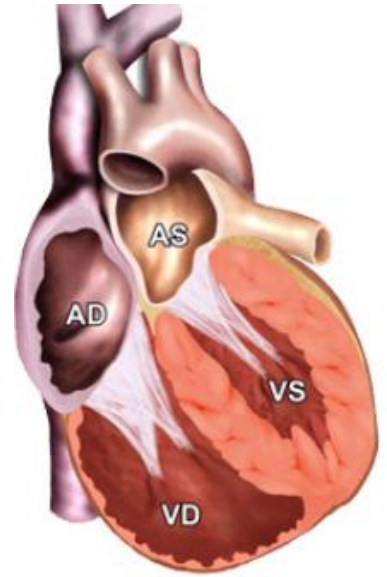
Cardiomiopatia Aritmogena

Safety of American Heart
minimum exercise for de

Abhishek C. Sawant, MD, MPH, Annelir
Brittney Murray, MS, Aditya Bhonsale,
Hugh Calkins, MD, FHRS, Cynthia A. Ja

From the Department of Medicine, Division of





CONTEMPORARY REVIEW

Exercise Prescription in Arrhythmogenic Cardiomyopathy: Finding the Right Balance Between Risks and Benefits

Lorenzo-Lupo Dei, MD; Jennie Han, MD; Silvio Romano, MD; Luigi Sciarra, MD; Angeliki Asimaki, MsC, PhD; Michael Papadakis, MBBS, MRCP, MD; Sanjay Sharma, BSc, MD; Gherardo Finocchiaro, MD, PhD

Cardiomiopatia Aritmogena

ESC European Society of Cardiology
European Heart Journal (2023) **00**, 1–124
https://doi.org/10.1093/eurheartj/ehad194

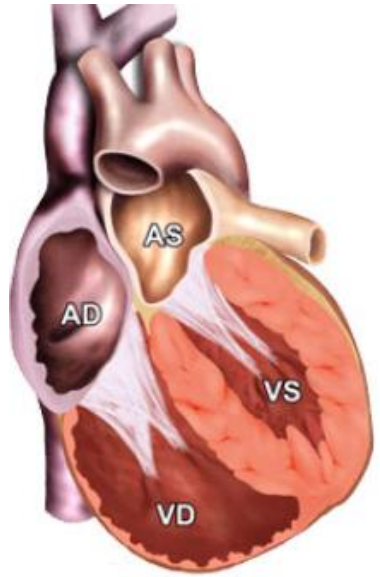
ESC GUIDELINES

2023 ESC Guidelines for the management of cardiomyopathies

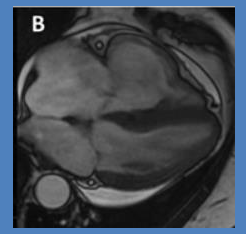
Developed by the task force on the management of cardiomyopathies of the European Society of Cardiology (ESC)

Recommendation Table 31 — Exercise recommendations for patients with cardiomyopathy

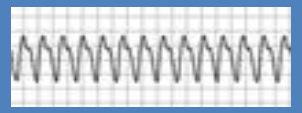
Recommendations	Class[a]	Level[b]
All cardiomyopathies		
Regular low- to moderate-intensity exercise is recommended in all able individuals with cardiomyopathy.	I	C
An individualized risk assessment for exercise prescription is recommended in all patients with cardiomyopathy.	I	C
ARVC		
Avoidance of high-intensity exercise, including competitive sport, may be considered in genotype-positive/phenotype-negative individuals in families with ARVC.[1111,1116,1117]	IIb	C
Moderate- and/or high-intensity exercise, including competitive sport, is not recommended in individuals with ARVC.[181,1111–1114]	III	B



Funzione Ventricolare



Profilo Aritmico

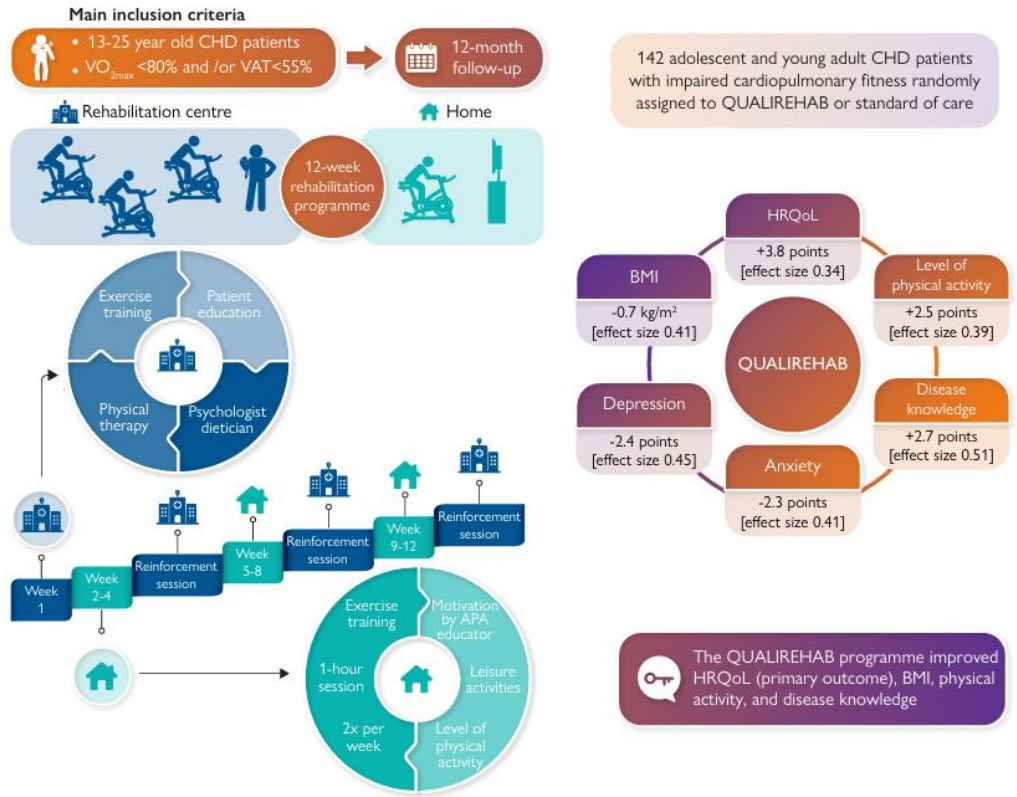


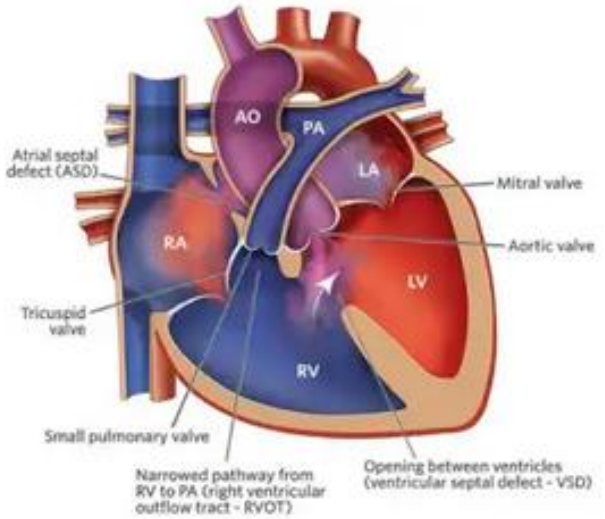
Cardiopatie congenite

ESC European Society of Cardiology
European Heart Journal (2024) **00**, 1–16
https://doi.org/10.1093/eurheartj/ehae085

CLINICAL RESEARCH
Congenital heart disease

Early hybrid cardiac rehabilitation in congenital heart disease: the QUALIREHAB trial





QoL

Cardiopatie congenite

POSITION PAPER

L'attività fisica nei soggetti con cardiopatia congenita in storia naturale ed operata. Task Force sull'attività fisica nel cardiopatico congenito della Società Italiana di Cardiologia Pediatrica e delle Cardiopatie Congenite

Raffaella Marzullo[1], Anna Balducci[2], Giulia Cafiero[3], Barbara Cifra[4], Gianluca Trocchio[5], Maurizio Varnier[6], Pierluigi Colonna[1] (Coordinatore)

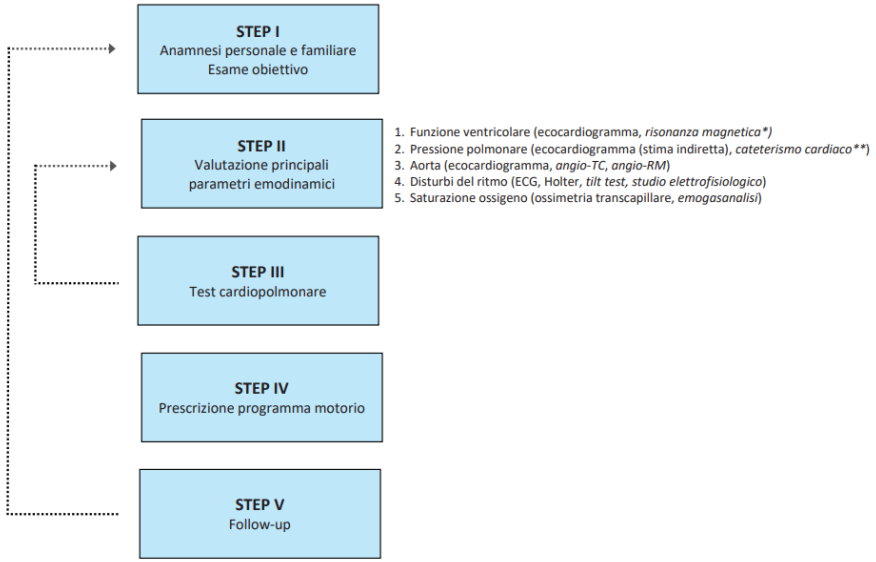


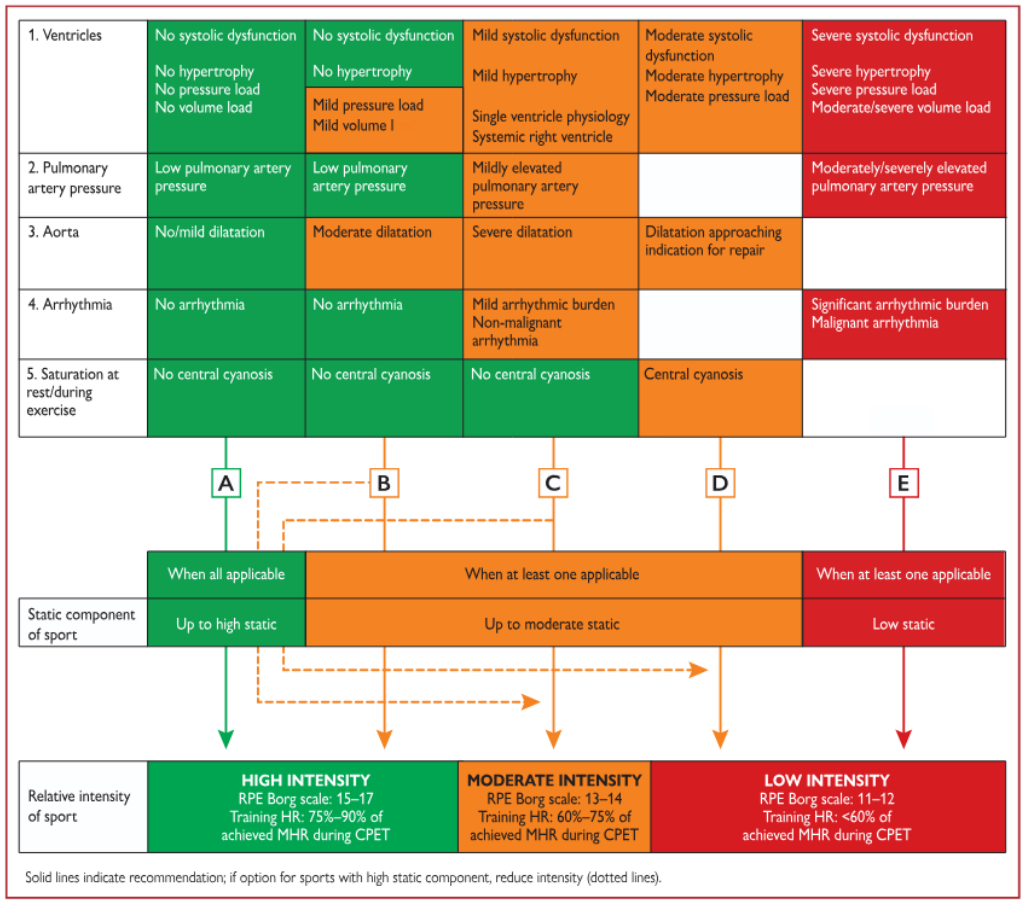
Figura 1. Percorso di valutazione clinico-funzionale finalizzato alla personalizzazione delle modalità e della tipologia di attività fisica.

ESC European Society of Cardiology
European Heart Journal (2021) **42**, 17–96
doi:10.1093/eurheartj/ehaa605

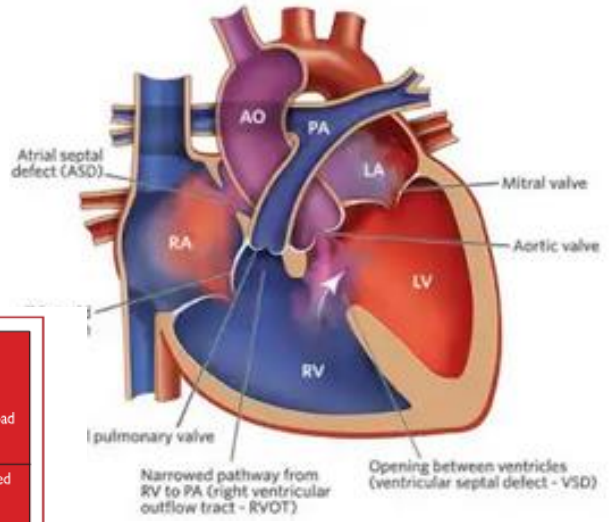
ESC GUIDELINES

2020 ESC Guidelines on sports cardiology and exercise in patients with cardiovascular disease

The Task Force on sports cardiology and exercise in patients with cardiovascular disease of the European Society of Cardiology (ESC)

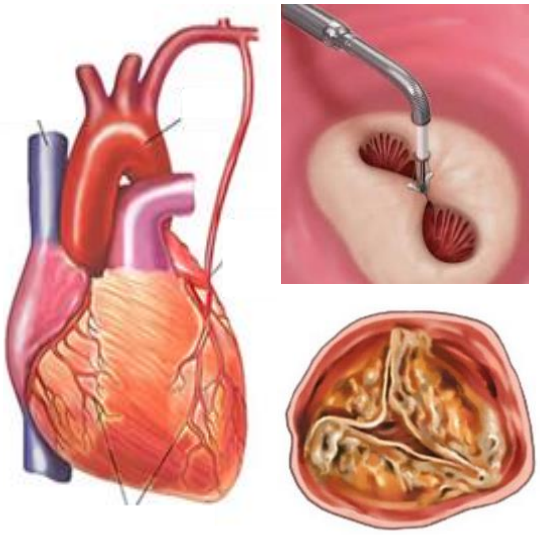


Solid lines indicate recommendation; if option for sports with high static component, reduce intensity (dotted lines).



Cardiopatie pre-intervento

La pre-riabilitazione è un intervento multidisciplinare finalizzato a migliorare lo stato psicofisico prima dell'intervento chirurgico e favorire il decorso post-operatorio, sia per una più veloce ripresa sia per ridurre gli eventi avversi.



JOURNAL ARTICLE

The impact of prehabilitation on post-surgical complications in patients undergoing non-urgent cardiovascular surgical intervention: Systematic review and meta-analysis

Filipe Marmelo ✉, Vânia Rocha, Daniel Moreira-Gonçalves

European Journal of Preventive Cardiology, Volume 25, Issue 4, 1 March 2018, Pages 404–417, https://doi.org/10.1177/2047487317752373

Published: 29 August 2020 **Article history** ▾

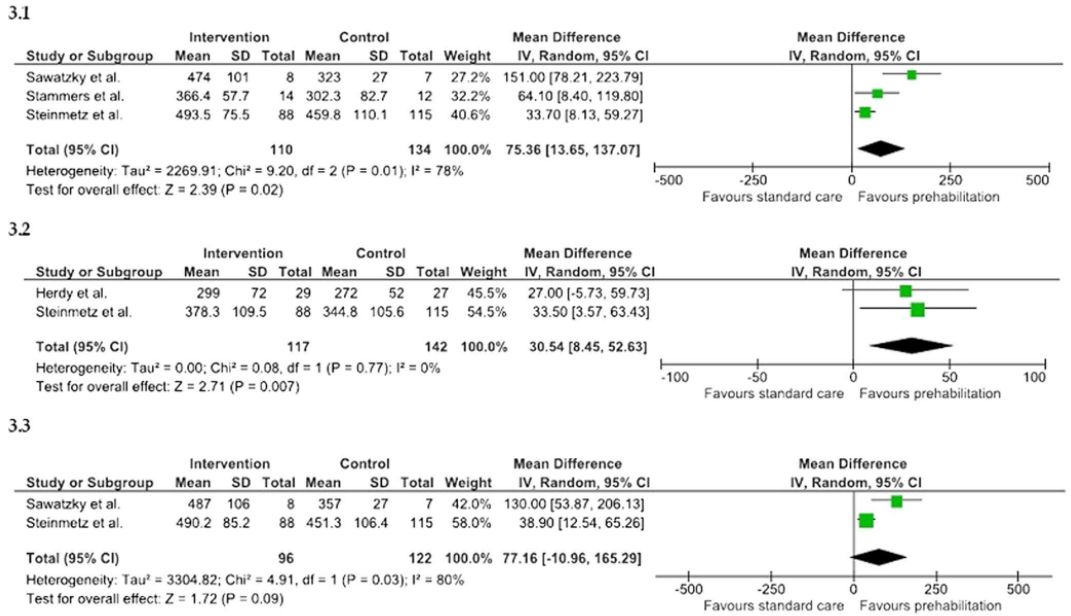
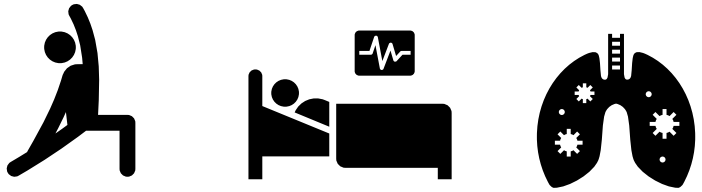


FIGURE 3. 1, Forest plot of the effect of prehabilitation versus standard care on 6MWD after intervention. 2, Forest plot of the effect of prehabilitation versus standard care on 6MWD after surgery. 3, Forest plot of the effect of prehabilitation versus standard care on 6MWD follow-up.

Capacità funzionale

Complicanze polmonari



Ospedalizzazione

ORIGINAL RESEARCH ARTICLE

OPEN

Efficacy of Prehabilitation Before Cardiac Surgery

A Systematic Review and Meta-analysis

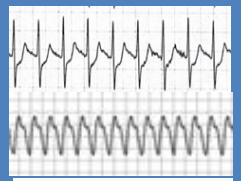
Carolin Steinmetz, PhD, Birna Bjarnason-Wehrens, PhD, Thomas Walther, MD, Tim Fabian Schaffland, PhD, and Claudia Walther, MD

Cardiopatie pre-intervento

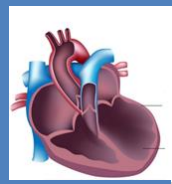
Riabilitazione respiratoria

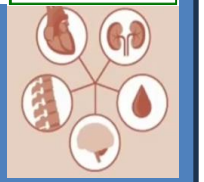
Riabilitazione fisica aerobica

Stato clinico:
- **Ischemico**
- **Aritmico**
- **Emodinamico**

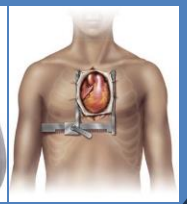


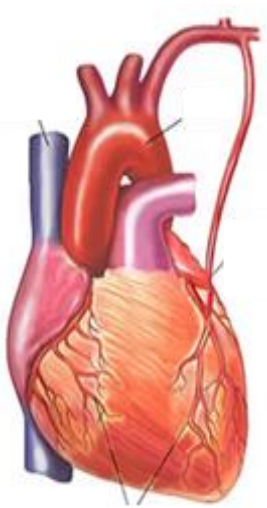
Cardiopatia di base
Condizioni generali
Terapia
Comorbidità





Tipologia di intervento





Post-embolia polmonare e/o ipertensione polmonare

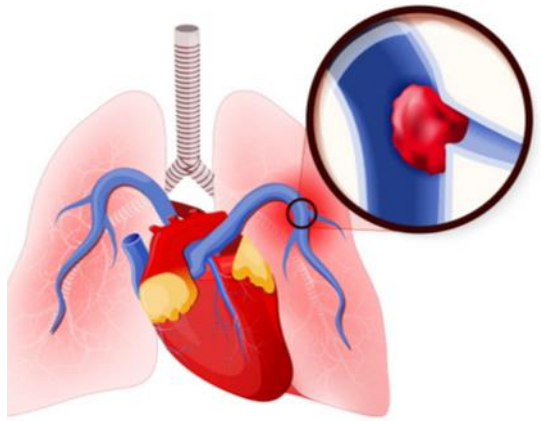
Review

The Role of Early Rehabilitation in Treatment of Acute Pulmonary Embolism—A Narrative Review

Kamil Salwa [1], Karol Kaziród-Wolski [1,2], Dorota Rębak [3] and Janusz Sielski [1,2,*]

Authors	Year	Country	Type of Research	Specificity	Results
Cires-Drouet et al. [143]	2020	Netherlands	Prospective study	A structured 3-month physical conditioning regimen.	Exercise therapy at differentiated levels demonstrated safety following acute PE episodes.
Rolving et al. [144]	2020	Denmark	Randomized clinical trail	A short nursing-guided consultation combined with an 8-week home-based physical conditioning regimen.	No improvement was observed in physical performance or dyspnea symptoms. Furthermore, no additional adverse effects were recorded.
Nopp et al. [7]	2020	Austria	Prospective study	A structured rehabilitation program involving different types training lasting a minimum of 6 weeks.	The 6-minute walk test indicated enhanced outcomes. Significant positive motor function increases were also recorded. Additionally, 78% of patients exhibited improved health status during extended follow-up.
Boon et al. [4]	2021	Netherlands	Observational cohort study	A 12-week outpatient pulmonary rehabilitation program with consultations from a pulmonologist and physiotherapist.	Enhanced training intensity resulted in improvements in PE-specific quality of life, reduced fatigue, and better functional status.
Gleditsch et al. [88]	2022	Norway	Cohort sub-study	An outpatient pulmonary rehabilitation program supervised during 1-hour training sessions, twice a week, for 8 weeks.	CMR parameters were compared before and after the intervention. Both absolute RV global longitudinal strain and RV lateral longitudinal strain showed significant reductions.
Azzarito et al. [8]	2024	Italy	Prospective study	A 4-week inpatient cardiopulmonary rehabilitation program began 8 days following the pulmonary event.	All patients demonstrated improvements in both dyspnea and physical performance. No adverse effects related to the rehabilitation program were reported.

QoL



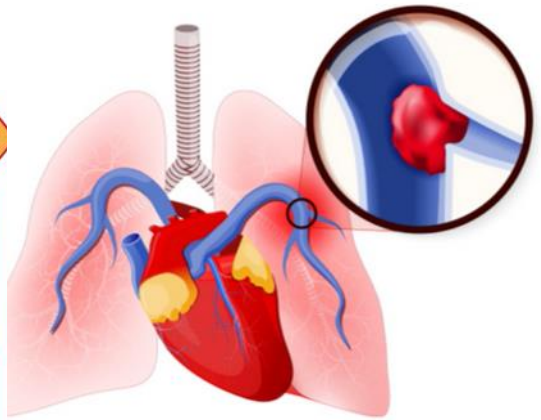
Functional capacity

Post-embolia polmonare e/o ipertensione polmonare

ESC European Society of Cardiology
European Heart Journal (2022) 43, 183–189
https://doi.org/10.1093/eurheartj/ehab816
SPECIAL ARTICLE

Optimal follow-up after acute pulmonary embolism: a position paper of the European Society of Cardiology Working Group on Pulmonary Circulation and Right Ventricular Function, in collaboration with the European Society of Cardiology Working Group on Atherosclerosis and Vascular Biology, endorsed by the European Respiratory Society

At diagnosis	First weeks	At 3 months	Long term
Management of bleeding risk Rule out absolute contra-indications to anticoagulant treatment, identify optimal anticoagulant strategy, avoid unnecessary interventions.	**Treatment of PE in women** Evaluate presence of and treat abnormal uterine bleeding.	**Management of bleeding risk** Estimate bleeding risk in all patients in whom long-term anticoagulation is considered, e.g. with a validated prediction scheme, and use this to determine the optimal treatment duration.	**Treatment of PE in women** Counsel women with prior hormonal contraception-associated PE who discontinue anticoagulant therapy to receive thromboprophylaxis in the antepartum and postpartum period of a future pregnancy.
Cancer screening Perform limited cancer screening in patients with unprovoked PE: medical history, physical examination and basic laboratory tests.	**Genetic & acquired thrombophilia** Consider APS screening in patients with unprovoked PE, in particular in case of prior arterial or small-vessel thrombosis, pregnancy complications, autoimmune diseases or age <50 years	**Treatment of PE in women** Consider limited treatment duration after hormonal contraception-associated PE, after the hormonal contraception has been discontinued.	**Management of bleeding risk** Re-assess bleeding risk on a regular basis, e.g. with a validated prediction scheme, take appropriate action in case of new modifiable risk factors or a drastic transition between bleeding risk classes. Ensure drug adherence.
Treatment of PE in women Hormonal contraceptives can be continued during anticoagulant treatment to prevent pregnancy and mitigate the risk of abnormal uterine bleeding.	**Genetic & acquired thrombophilia** Do not routinely screen for genetic thrombophilia.	**Post-PE syndrome** Perform cardiopulmonary exercise testing in patients with post-PE syndrome. Rule out CTEPH in all PE patients with persistent symptoms of dyspnoea or right heart failure.	**Sport, lifestyle & travel** Counsel PE patients who discontinued treatment to use compression stockings or prophylactic dosed anticoagulation during long-haul air flights (>4 hours).
Sport, lifestyle & travel Encourage stepwise resumption of regular sporting activities after hospital discharge. Routinely assess sexual problems and apply sexual counselling.	**Management of bleeding risk** Ensure drug adherence and avoid relevant drug-drug interactions. Screen and target modifiable risk factors for bleeding.	**Post-PE syndrome** Consider psychological support for patients with incomplete functional recovery due to anxiety or depression.	**Sport, lifestyle & travel** Support PE patients in maintaining a healthy lifestyle including adequate physical activity.
Sport, lifestyle & travel Ensure that the right ventricle has recovered before strenuous exercise and/or air travel are resumed shortly after a PE diagnosis.	**Sport, lifestyle & travel** Support PE patients in maintaining a healthy lifestyle including adequate physical activity and cessation of smoking.	**Cardiovascular risk factors** Apply validated risk calculators to systematically assess cardiovascular risk, especially in case of unprovoked PE and/or obesity.	**Cardiovascular risk factors** Limit period of overlapping antiplatelet /anticoagulant therapy in patients with PE and acute cardiovascular disease. After stopping antiplatelet therapy, patients continue oral anticoagulation at a full dose.



Post-embolia polmonare e/o ipertensione polmonare

Riabilitazione respiratoria

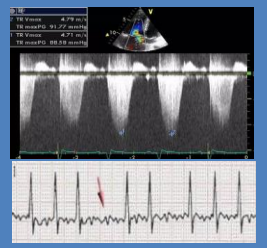
Riabilitazione fisica aerobica

STUDY PROTOCOL Open Access

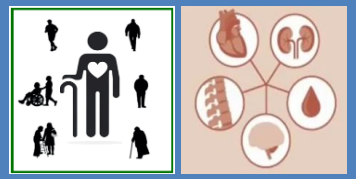
Pulmonary rehabilitation to improve physical capacity, dyspnea, and quality of life following pulmonary embolism (the PeRehab study): study protocol for a two-center randomized controlled trial

Stacey Haukeland-Parker[1,2*], Øyvind Jervan[2,3], Hege Hølmo Johannessen[1,4], Jostein Gleditsch[2,5], Knut Stavem[2,6,7], Kjetil Steine[2,8], Martijn A. Spruit[9,10,11], René Holst[2,3], Mazdak Tavoly[3,12], Frederikus A. Klok[13] and Waleed Ghanima[2,14]

Stato clinico:
- **Dispnea residua**
- **Aritmico**
- **Emodinamico**



Condizioni generali
Terapia
Comorbidità



Contents lists available at ScienceDirect

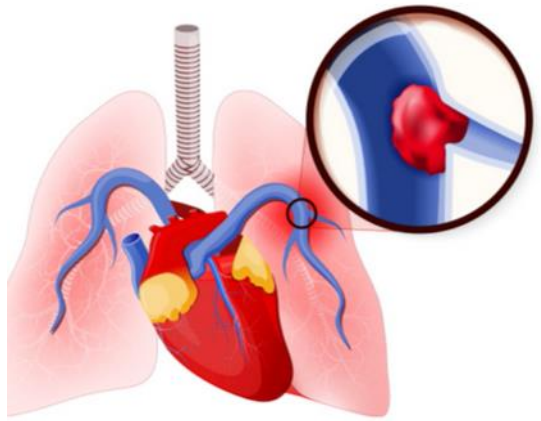
Thrombosis Research

journal homepage: www.elsevier.com/locate/thromres

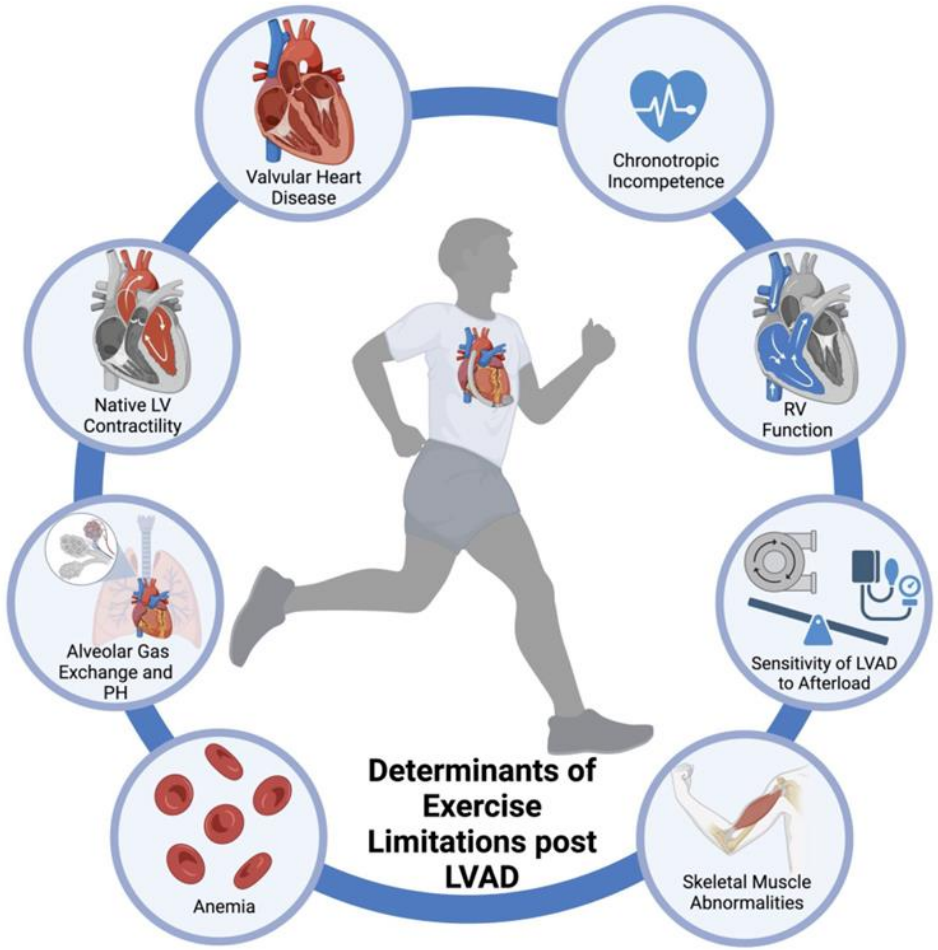
Full Length Article

Efficacy and safety of a 12-week outpatient pulmonary rehabilitation program in Post-PE Syndrome

Gudula J.A.M. Boon[a], Steffi M.J. Janssen[b], Stefano Barco[c,d], Harm Jan Bogaard[e], Waleed Ghanima[f,g], Lucia J.M. Kroft[h], Lilian J. Meijboom[i], Maarten K. Ninaber[j], Esther J. Nossent[e], Martijn A. Spruit[k,l,m], Petr Symersky[n], Hubert W. Vliegen[o], Anton Vonk Noordegraaf[e], Menno V. Huisman[a], Bob Siegerink[b,q], Jannie J. Abbink[b], Frederikus A. Klok[a,*]



Portatori di Device Avanzati: LVAD



Heart Failure Reviews (2025) 30:469–476
https://doi.org/10.1007/s10741-024-10477-9

REVIEW

Exercise and cardiac rehabilitation after LVAD implantation

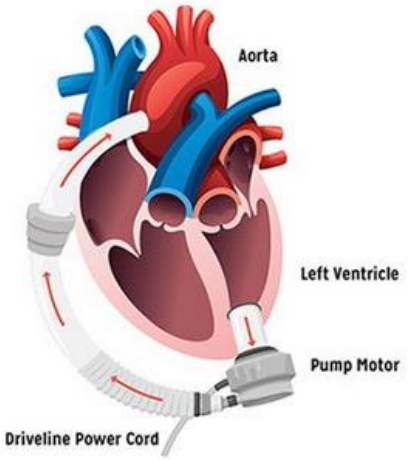
Emily Newman[1] · Yevgeniy Brailovsky[1] · Indranee Rajapreyar[2]

Accepted: 16 December 2024 / Published online: 27 December 2024

↑ QoL ↑ Functional capacity Hospitalization ↓

Exercise-based cardiac rehabilitation in patients with left ventricular assist devices: an updated systematic review and meta-analysis of randomized controlled trials

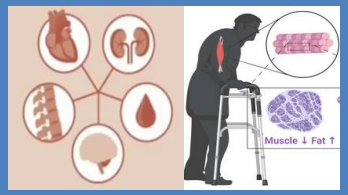
Mohamed Abuelazm, Ahmed A. Ibrahim, Ahmed Mazen Amin, Mahmoud Shaaban Abdelgalil, Ubaid Khan, Hazem Rezq, Hossam Elbenawi, Maha T. Abuelazm, Mustafa Turkmani, Basel Abdelazeem, Christopher Bianco & Sudarshan Balla



Stato Emodinamico

Condizioni generali

- **Fragilità**
- **Sarcopenia**
- **Comordilità**



Dove realizzare la prescrizione?

I modelli Riabilitativi

La Cardiologia Preventiva e Riabilitativa "3.0": dalle acuzie alla cronicità. Position paper del Gruppo Italiano di Cardiologia Riabilitativa e Preventiva (GICR-IACPR)

Roberto F.E. Pedretti[1], Francesco Fattirolli[2], Raffaele Griffo[3], Marco Ambrosetti[1], Elisabetta Angelino[4], Silvia Brazzo[5], Ugo Corrà[6], Nicolò Dasseni[7], Pompilio Faggiano[7], Giuseppe Favretto[8], Oreste Febo[9], Marina Ferrari[10], Francesco Giallauria[11], Cesare Greco[12], Manuela Iannucci[13], Maria Teresa La Rovere[10], Mario Mallardo[14], Antonio Mazza[1], Massimo Piepoli[15], Carmine Riccio[16], Simonetta Scalvini[17], Luigi Tavazzi[18], Pier Luigi Temporelli[6], Gian Francesco Mureddu[12]

Revisori del Documento

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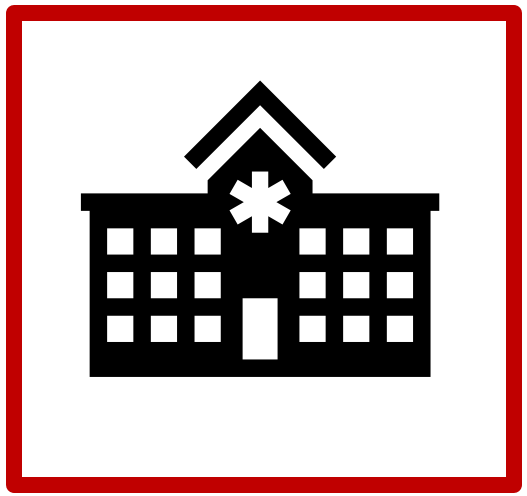


Ospedale

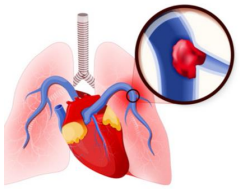
Riabilitazione Degenziale

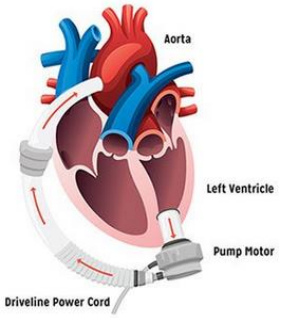
Riabilitazione Ambulatoriale

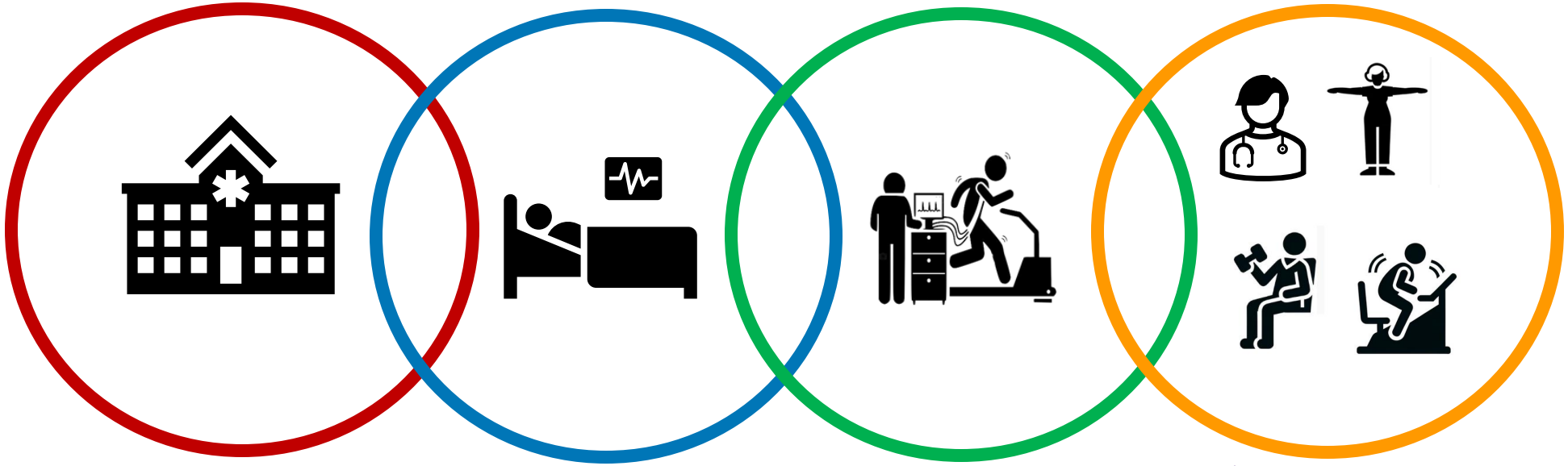
Strutture di Riabilitazione Ambulatoriale

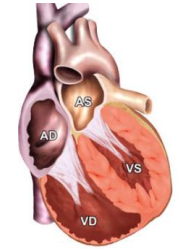
Ambulatori di Prevenzione Secondaria

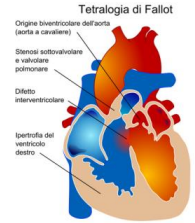
Un continuum

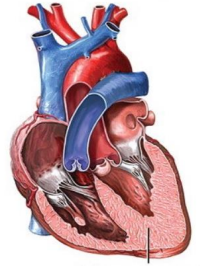




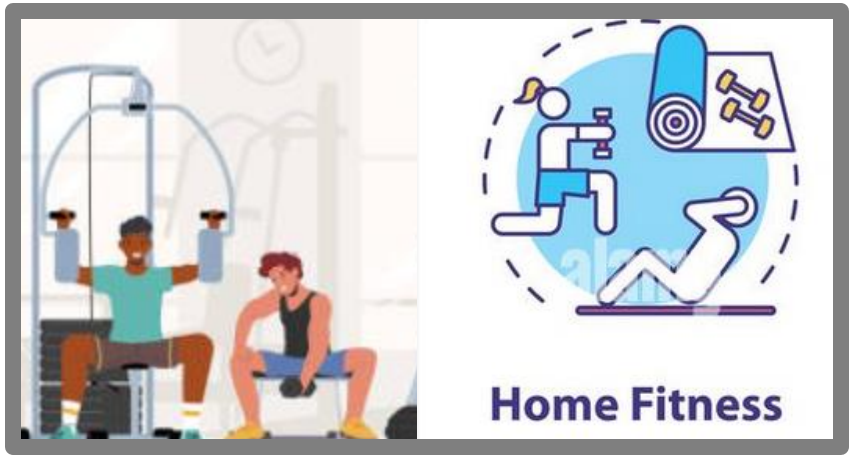








Palestre
(della Salute)



Casa propria
In autonomia

CORONARY HEART DISEASE

Gli Ambulatori di Prevenzione Secondaria: Un valido intervento riabilitativo mirato

La Cardiologia Preventiva e Riabilitativa "3.0": dalle acuzie alla cronicità. Position paper del Gruppo Italiano di Cardiologia Riabilitativa e Preventiva (GICR-IACPR)

Roberto F.E. Pedretti[1], Francesco Fattirolli[2], Raffaele Griffo[3], Marco Ambrosetti[1], Elisabetta Angelino[4], Silvia Brazzo[5], Ugo Corrà[6], Nicolò Dasseni[7], Pompilio Faggiano[7], Giuseppe Favretto[8], Oreste Febo[9], Marina Ferrari[10], Francesco Giallauria[11], Cesare Greco[12], Manuela Iannucci[13], Maria Teresa La Rovere[10], Mario Mallardo[14], Antonio Mazza[1], Massimo Piepoli[15], Carmine Riccio[16], Simonetta Scalvini[17], Luigi Tavazzi[18], Pier Luigi Temporelli[6], Gian Francesco Mureddu[12]

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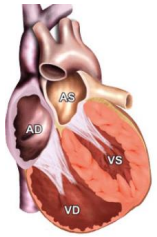

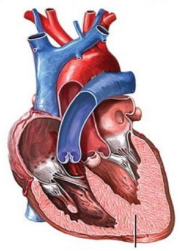

- strutture ambulatoriali a bassa complessità (ambulatori di prevenzione secondaria);
- strutture ambulatoriali in grado di erogare percorsi complessi di CPR [in alcune Regioni ancora inquadrate in un regime di ricovero in ospedalità diurna (day-hospital), in altre in percorsi ambulatoriali integrati come, ad esempio,

Per i pazienti a basso rischio, stabili, l'intervento di CR ambulatoriale essenzialmente focalizzato sugli aspetti preventivi ed educativi, può invece essere erogabile in strutture ambulatoriali a bassa complessità (ambulatori di prevenzione secondaria).

Obiettivi

- stratificazione prognostica e stabilizzazione clinica,
- counseling sull'attività fisica,
- prescrizione di un programma di training fisico personalizzato,
- counseling su dieta e nutrizione,
- gestione del peso corporeo,
- gestione della dislipidemia,
- controllo e gestione della pressione arteriosa,
- interruzione dell'abitudine al fumo,
- intervento psicologico e sociale.

TAKE HOME MESSAGE

- **Il Cardiopatico ‘’complesso’’ rappresenta una sfida nell’ambito della prescrizione dell’esercizio fisico ma ne riconosciamo l’indubbia utilità in termini di miglioramento della qualità della vita, della riduzione degli eventi cardiovascolari e della capacità funzionale.**

- **Abbiamo una forte necessità di aprire le porte delle nostre realtà riabilitative e mettere a disposizione le nostre competenze al servizio delle ‘’nuove’’ patologie cardiache che hanno una forte domanda di prescrizione dell’esercizio fisico appropriato (*cardiomiopatia ipertrofica, aritmogena ecc)*.**

- **Per rispondere alla complessità clinica ed organizzativa, è necessario creare davvero nel prossimo futuro il vero‘’ continuum’’ nella presa in carico: dall’alta complessità (ospedale → riabilitazione degenziale) al territorio (riabilitazione ambulatoriale → ambulatori prevenzione secondaria → palestre della salute e casa)**

Prescrivere l’esercizio fisico del cardiopatico complesso significa iniziare un viaggio: il nostro contributo consente che esso prenda la direzione giusta

Grazie per l'attenzione