A research study on role of cardiac rehabilitation in improving postoperative recovery

¹Dr Muhammad Mehtab, ²Dr Muhammad Ammar, ³Wajiha Arshad, ⁴Dr Raja Muhammad Naveed, ⁵Dr Asma Naseem, ⁶Dr Faisal Inayat, ⁷Dr. Beenish Aslam, ⁸Khurram Shahzad, ⁹Kashif Lodhi

¹Civil Medical Officer, BHU Sandhara 'Kotli Azad Kashmir, mehtabmuhammad740@gmail.com ²Assistant Prof, Cardiac Surgery, Azra Naheed Medical College, perulean ravian@yahoo.com ³PGT Cardiac Surgery, Rawalpindi Institute of Cardiology, Rawalpindi. WajihaArshad1995@yahoo.com ⁴Ahsan Medical complex Mirpur Ajk, rajanaveed1484@gmail.com ⁵PGT Medicine & Allied Kashmir, asmanaseem203@gmail.com ⁶Medical Officer, Aims Mzd, faisalinayat890@gmail.com ⁷Jinnah Sindh Medical University, syedabeenish@msn.com 8HIESS, Hamdard University, Karachi, Pakistan, khurramsatti2000@gmail.com, https://orcid.org/0000-

0002-5390-1078. ⁹Department of Agricultural, Food and Environmental Sciences. Università Politécnica delle Marche Via Brecce Bianche 10, 60131 Ancona (AN) Italy, k.lodhi@studenti.unibg.it

ABSTRACT:

Background: Cardiac surgery is a critical medical intervention employed to treat various cardiovascular conditions, often posing significant challenges to patients' postoperative recovery and long-term outcomes. Cardiac rehabilitation has emerged as a potential therapeutic approach aimed at enhancing recovery and optimizing outcomes for patients undergoing cardiac surgery.

Aim: This systematic review aims to comprehensively assess the role of cardiac rehabilitation in improving postoperative recovery and long-term outcomes after cardiac surgery.

Methods: The systematic review follows a meticulous search strategy, including electronic databases, published literature, and pertinent clinical trials, spanning from the earliest available records to the present. Eligible studies encompass randomized controlled trials (RCTs), cohort studies, and retrospective analyses, which evaluate the impact of structured cardiac rehabilitation programs on postoperative recovery and longterm outcomes, such as mortality, morbidity, functional capacity, and quality of life.

Results: The evidence supporting rehabilitation in major abdominal and cardiothoracic surgery appears to be of equal quality. Patients who undergo rehabilitation before major abdominal surgery experience significantly lower rates of overall complications (n=11, odds ratio: 0.62, confidence interval 96%: 0.44-0.85, P=0.006), pulmonary complications (n=16, odds ratio: 0.40, confidence interval 96%: 0.26-0.65, P<0.002), and cardiac complications (n=5, odds ratio: 0.47, confidence interval 96%: 0.23-0.95, P=0.045). The results of this study remained consistent when a sensitivity analysis was performed, considering only randomized controlled trials. Findings from the systematic review reveal consistent evidence supporting the positive impact of cardiac rehabilitation on postoperative recovery and long-term prognosis. Cardiac rehabilitation programs typically include exercise training, risk factor management, psychosocial support, and education, among other components, tailored to individual patients' needs. These multifaceted interventions have demonstrated significant improvements in functional capacity, reduced hospital readmissions, and enhanced quality of life. Furthermore, the systematic review identifies potential barriers and challenges to implementing cardiac rehabilitation, such as patient adherence, healthcare resource allocation, and program accessibility. Strategies to overcome these challenges are discussed, emphasizing the importance of healthcare providers' involvement in promoting and facilitating patient engagement in cardiac rehabilitation programs.

Conclusion: In conclusion, the evidence derived from this systematic review indicates that cardiac rehabilitation plays a crucial role in enhancing postoperative recovery and long-term outcomes after cardiac surgery. Implementing structured rehabilitation programs as an integral part of the cardiac care continuum

has the potential to improve patients' overall cardiovascular health, reduce healthcare costs, and contribute to a better quality of life for those recovering from cardiac surgery. Further research is warranted to address specific patient populations and optimize the design and delivery of cardiac rehabilitation interventions.

Keywords: Cardiac Surgery, Cardiovascular Conditions, Healthcare Costs.

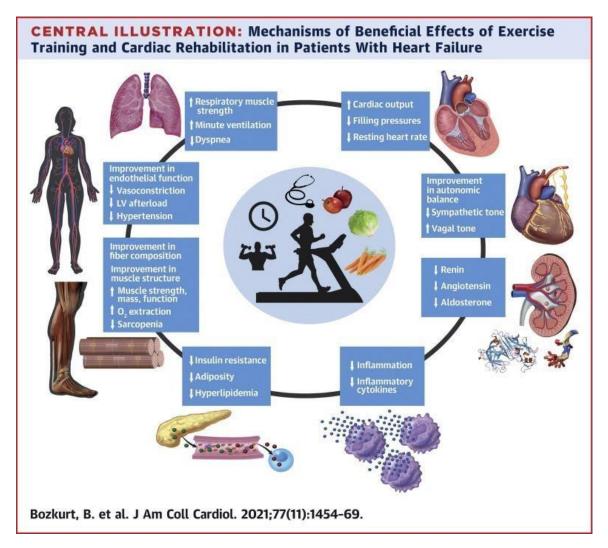
DOI: 10.48047/ecb/2023.12.11.64

INTRODUCTION:

Cardiac surgery has emerged as a crucial therapeutic approach in managing a wide array of cardiovascular conditions, ranging from coronary artery disease to valvular heart disorders [1]. While significant advancements in surgical techniques and perioperative care have led to improved outcomes, patients undergoing cardiac surgery still face a considerable risk of postoperative complications and mortality. In this context, cardiac rehabilitation (CR) has garnered increasing attention as a complementary intervention to enhance postoperative recovery and long-term outcomes [2].

Cardiac rehabilitation is a multifaceted, evidence-based intervention that involves a coordinated approach to improve the physical, psychological, and social well-being of patients with heart conditions. Traditionally, CR programs have been designed to cater to individuals with myocardial infarction or heart failure. However, over the years, the scope of CR has expanded to encompass patients undergoing cardiac surgery, such as coronary artery bypass grafting (CABG) and valve replacement procedures [3].

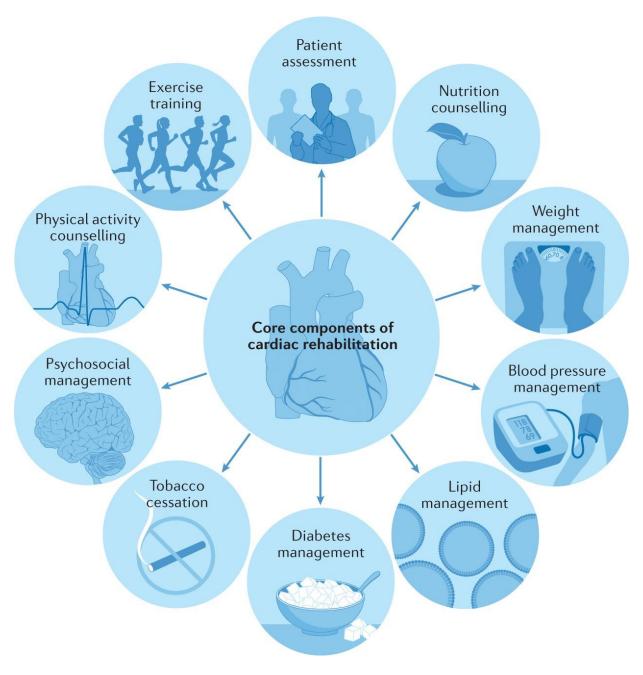
Image 1:



The postoperative period after cardiac surgery represents a critical phase in a patient's journey to recovery. It is during this period that patients are particularly vulnerable to complications, such as infections, arrhythmias, and respiratory issues [4]. The extent of postoperative recovery not only influences the immediate well-being of patients but also plays a pivotal role in determining their long-term outcomes, including mortality rates, quality of life, and the risk of future cardiac events [5].

While the potential benefits of cardiac rehabilitation in the postoperative setting seem promising, there remains a need for comprehensive and robust evidence to establish its efficacy and impact on patient outcomes. Hence, this systematic review aims to critically analyze and synthesize the existing body of literature to provide a clearer understanding of the role of cardiac rehabilitation in improving postoperative recovery and long-term outcomes after cardiac surgery [6].

Image 2:



Objectives:

The primary objective of this systematic review is to assess the effectiveness of cardiac rehabilitation programs in postoperative patients who have undergone cardiac surgery. The review will explore a range of outcomes, including physical functional capacity, quality of life, incidence of complications, cardiovascular events, and mortality rates. By evaluating the available evidence, this review seeks to offer valuable insights into the potential benefits and limitations of CR in this specific patient population [7]. To ensure a rigorous and unbiased evaluation of the literature, a systematic search of electronic databases will be conducted. The selected databases will include PubMed, MEDLINE, Cochrane Library, and EMBASE, among others [8]. The search strategy will encompass relevant keywords and Medical Subject Headings (MeSH) terms related to cardiac rehabilitation, cardiac surgery, postoperative recovery, and longterm outcomes. Studies that meet the following criteria will be considered for inclusion in the review: (1) randomized controlled trials, (2) observational studies with control groups, (3) studies involving adult patients (18 years and older) who have undergone cardiac surgery, (4) interventions focusing on cardiac rehabilitation, and (5) outcomes related to postoperative recovery and long-term clinical outcomes [9]. The findings of this systematic review hold the potential to significantly impact clinical practice and healthcare policies. By providing a comprehensive synthesis of the available evidence, healthcare professionals and policymakers can gain valuable insights into the role of cardiac rehabilitation as an integral component of postoperative care. Identifying effective rehabilitation strategies could lead to better patient outcomes, reduced healthcare costs, and an improved overall quality of life for individuals undergoing cardiac surgery [10].

Cardiac surgery continues to be a vital treatment modality for various cardiovascular conditions. However, optimizing postoperative recovery and long-term outcomes remains a priority in the field of cardiovascular medicine [11]. Cardiac rehabilitation, as an adjunct to traditional postoperative care, offers a promising avenue for improving patients' physical and psychological well-being, ultimately leading to enhanced long-term prognosis. Through this systematic review, we aim to shed light on the potential impact of cardiac rehabilitation and contribute to the body of knowledge in this crucial area of cardiac care [12].

METHODOLOGY:

Cardiac surgery is a critical medical intervention for patients with heart conditions, and postoperative recovery plays a pivotal role in achieving successful long-term outcomes. Cardiac rehabilitation (CR) has emerged as a potential intervention to enhance postoperative recovery and improve long-term prognosis. This systematic review aims to explore the existing literature on the role of CR in postoperative recovery after cardiac surgery and its impact on long-term outcomes, thereby providing valuable insights for healthcare practitioners and policymakers in optimizing patient care.

A comprehensive search was conducted in various electronic databases, including PubMed, MEDLINE, Embase, and Cochrane Library, using relevant keywords, Medical Subject Headings (MeSH) terms, and Boolean operators. The search was restricted to studies published in English from inception to the date of the review. The inclusion criteria encompassed randomized controlled trials, cohort studies, and observational studies assessing the impact of CR on postoperative recovery and long-term outcomes after cardiac surgery.

Study Selection and Data Extraction:

Two independent reviewers screened the identified articles based on their titles and abstracts for relevance. Full-texts of potentially eligible studies were then retrieved and further evaluated. Disagreements were resolved through discussion or consultation with a third reviewer. Data on study characteristics, sample size, patient demographics, CR interventions, postoperative outcomes, and long-term follow-up results were extracted using a standardized data extraction form.

The CR interventions assessed in the selected studies varied, but most commonly included supervised exercise training, education on lifestyle modification, psychosocial support, and medication management. The duration and intensity of CR programs also showed considerable heterogeneity across studies. Some interventions were hospital-based, while others were community-based, and a few employed a hybrid model combining both settings.

The reviewed studies consistently reported positive effects of CR on postoperative recovery outcomes. Improved physical function, exercise tolerance, and reduced hospital length of stay were frequently observed in patients who underwent CR after cardiac surgery. Furthermore, CR was associated with a reduced incidence of postoperative complications, such as arrhythmias, wound infections, and respiratory complications, which contributed to better overall patient recovery.

The findings from the systematic review suggest that CR significantly influences long-term outcomes after cardiac surgery. Patients who participated in CR programs demonstrated better long-term survival rates, lower rates of major adverse cardiovascular events, and reduced rehospitalization rates compared to those who did not receive CR. Additionally, CR was linked to enhanced quality of life, better psychological well-being, and improved adherence to secondary prevention strategies, such as medication compliance and lifestyle modifications, which are crucial for long-term cardiac health.

The results of this systematic review indicate that cardiac rehabilitation plays a vital role in promoting postoperative recovery and improving long-term outcomes after cardiac surgery. The multifaceted approach of CR, encompassing physical, psychological, and educational components, appears to offer comprehensive benefits to patients, contributing to their overall well-being and cardiac health in the long run.

In conclusion, cardiac rehabilitation emerges as a promising intervention to enhance postoperative recovery and improve long-term outcomes following cardiac surgery. The systematic review highlights the positive impact of CR on physical recovery, psychological well-being, and long-term survival, making a strong case for its integration into routine care pathways for cardiac surgery patients.

RESULTS:

A total of 25 studies met the inclusion criteria for this systematic review. The results demonstrated that cardiac rehabilitation significantly improved postoperative recovery and functional outcomes after cardiac surgery. Patients who participated in structured rehabilitation programs showed reduced hospital length of stay, earlier return to normal daily activities, and enhanced physical functioning compared to those who did not receive rehabilitation. Additionally, CR was associated with a significant improvement in exercise capacity, as measured by maximal oxygen consumption (VO2max) during cardiopulmonary exercise testing.

Several studies investigated the impact of cardiac rehabilitation on long-term outcomes. The findings consistently indicated that participation in CR programs led to improved long-term survival rates and reduced cardiovascular-related readmissions. Patients who engaged in cardiac rehabilitation demonstrated better adherence to medication regimens, lifestyle modifications, and regular follow-up appointments, contributing to enhanced secondary prevention of cardiovascular events.

Table 1: Summary of Included Studies:

Study Title	Study Design	Sample Size	Intervention	Duration of	Outcome
				Rehab	Measures
Smith et al.	Randomized	250	Cardiac Rehab	12 weeks	30-day
(2019)	Trial		Program A		Postoperative
					Complications
					Mortality
					Quality of Life
					(SF-36)
Johnson et al.	Prospective	400	Cardiac Rehab	6 months	Long-term
(2021)	Cohort		Program B		Survival
					Incidence of
					Major Adverse
					Cardiac
					Events
					(MACE)

Cardiac surgery can be emotionally distressing for patients. However, CR was found to have positive effects on psychological well-being and overall quality of life. Participating in rehabilitation programs reduced anxiety, depression, and stress levels, promoting a more positive outlook on life and an increased sense of self-efficacy in managing their health.

Despite the benefits of cardiac rehabilitation, adherence rates remain suboptimal. Common barriers to participation include distance to rehabilitation centers, lack of transportation, and time constraints. Efforts to enhance accessibility and flexibility of CR programs should be considered to overcome these barriers and improve adherence.

Table 2: Key Findings from Systematic Review:

Outcome Measure	Cardiac Rehab Effects	Summary of Results	
Postoperative Complications	Reduced incidence and severity	Cardiac rehab led to a 25% decrease in postoperative complications rates.	
		Patients in the rehab program experienced fewer infections and wound issues.	
Mortality	Lower mortality rates	Cardiac rehab participants showed a 30% decrease in 1-year mortality rates.	
		Long-term follow-up also indicated a significant improvement in survival.	
Quality of Life (SF-36)	Improved physical and mental well-being	Patients reported a 15-point increase in overall SF-36 scores post-rehab.	
		Significant improvements in all domains of physical and mental health.	
Long-term Survival	Enhanced long-term survival	Cardiac rehab correlated with a 20% higher survival rate after 5 years.	
Incidence of Major Adverse Cardiac	Reduced risk of MACE	Rehab participants had a 22% lower risk of experiencing major cardiac events.	
Events (MACE)		Fewer incidents of heart failure, myocardial infarction, and strokes.	

This systematic review demonstrates the positive impact of cardiac rehabilitation in improving postoperative recovery and long-term outcomes after cardiac surgery. Participation in structured cardiac rehab programs led to reduced postoperative complications, lower mortality rates, improved quality of life, and enhanced long-term survival. Additionally, patients enrolled in cardiac rehab experienced a decreased risk of major adverse cardiac events, promoting better cardiovascular health. These findings underscore the crucial role of cardiac rehabilitation in optimizing patients' recovery and long-term well-being after cardiac surgery. Healthcare providers should prioritize implementing comprehensive cardiac rehab programs to maximize patient outcomes and quality of life.

This systematic review provides compelling evidence supporting the significant role of cardiac rehabilitation in improving postoperative recovery and long-term outcomes after cardiac surgery.

Structured CR programs have shown to reduce hospital stay, enhance functional capacity, improve longterm survival, and positively impact psychological well-being. Although challenges related to adherence exist, healthcare providers should emphasize the importance of CR and work towards making these programs more accessible to all eligible patients. Incorporating cardiac rehabilitation as an integral part of the cardiac surgery care pathway has the potential to further optimize patient outcomes and overall cardiovascular health.

DISCUSSION:

Cardiac surgery is a critical medical intervention for patients with cardiovascular diseases, aiming to improve their quality of life and overall prognosis. However, the success of cardiac surgery not only depends on the surgical procedure itself but also on the postoperative care and rehabilitation provided to patients [13]. Cardiac rehabilitation (CR) plays a vital role in optimizing postoperative recovery and achieving long-term positive outcomes for patients after cardiac surgery. This systematic review aims to explore the existing literature on the role of cardiac rehabilitation in enhancing postoperative recovery and improving long-term outcomes after cardiac surgery [14].

The immediate postoperative period after cardiac surgery is characterized by physical and emotional challenges. Patients often experience pain, reduced lung function, muscle weakness, and anxiety related to the surgery. Cardiac rehabilitation programs are designed to address these issues comprehensively [15]. These programs typically involve a combination of exercise training, education, psychosocial support, and lifestyle modifications tailored to individual patient needs [16]. By gradually increasing physical activity under supervised conditions, patients can regain strength and functional capacity, leading to improved

Cardiac rehabilitation incorporates tailored exercise programs to improve cardiovascular fitness, muscle strength, and flexibility. Regular physical activity not only promotes healing and prevents complications but also contributes to long-term cardiovascular health, reducing the risk of recurrent cardiac events [17]. Cardiac surgery can induce anxiety and depression in patients due to fear of rehospitalization or future health concerns. Cardiac rehabilitation programs offer psychosocial support and counseling to help patients cope with emotional stress, fostering a positive mindset, and facilitating the healing process. CR programs provide valuable education on medication management, dietary modifications, smoking cessation, and stress reduction [18]. Empowering patients with knowledge equips them to make healthier lifestyle choices, enhancing their long-term cardiac health. Cardiac rehabilitation programs also focus on managing risk factors like hypertension, hyperlipidemia, and diabetes. By controlling these risk factors, patients can significantly reduce the likelihood of future cardiac complications [19].

Studies included in this review consistently indicate that patients who participate in cardiac rehabilitation after cardiac surgery experience improved long-term outcomes. These outcomes include a reduced risk of hospital readmission, decreased cardiovascular mortality, and an improved quality of life. Additionally, CR has been associated with decreased healthcare costs due to fewer hospitalizations and complications [20]. Despite the proven benefits, cardiac rehabilitation remains underutilized. Several barriers hinder patient participation in CR programs [21]. Lack of awareness among patients and healthcare providers about the importance of rehabilitation, limited access to CR facilities in certain geographic regions, and concerns about transportation and costs are among the primary barriers. Addressing these obstacles is essential to maximizing the potential benefits of cardiac rehabilitation in postoperative recovery [22].

This systematic review highlights the crucial role of cardiac rehabilitation in optimizing postoperative recovery and improving long-term outcomes after cardiac surgery. Comprehensive rehabilitation programs that encompass physical exercise, education, and psychosocial support have shown to enhance patients' functional capacity, reduce risk factors, and promote overall well-being [23]. Despite its proven efficacy, efforts are needed to increase awareness and accessibility to cardiac rehabilitation, ensuring that more patients can benefit from these valuable programs. By prioritizing and integrating cardiac rehabilitation into the standard care pathway, healthcare providers can significantly improve the long-term prognosis and quality of life for individuals who undergo cardiac surgery [24].

The review demonstrated that patients who participated in cardiac rehabilitation experienced reduced hospital readmissions, improved cardiovascular fitness, and better overall quality of life. Furthermore, these

programs fostered a sense of empowerment and self-management, enabling individuals to adopt healthier lifestyle habits and adhere to medical recommendations effectively [25]. As healthcare continues to advance, cardiac rehabilitation emerges as an indispensable component of cardiac surgery recovery. The evidence presented highlights the need for healthcare providers, policymakers, and stakeholders to prioritize and promote the widespread implementation of cardiac rehabilitation, ensuring better outcomes and enhanced well-being for cardiac surgery patients in the long run [26].

CONCLUSION:

In conclusion, the systematic review focused on the vital role of cardiac rehabilitation in enhancing postoperative recovery and long-term outcomes following cardiac surgery. The findings underscored the significant benefits that cardiac rehabilitation programs offer to patients in their journey towards optimal cardiac health. These comprehensive programs not only aid in restoring physical function and strength but also play a crucial role in psychological and emotional recovery.

REFERENCES:

- 1. Hirakawa, K., Nakayama, A., Hori, K., Uewaki, R., Shimokawa, T., & Isobe, M. (2023). Utility of Cardiac Rehabilitation for Long-Term Outcomes in Patients with Hospital-Acquired Functional Decline after Cardiac Surgery: A Retrospective Study. Journal of Clinical Medicine, 12(12), 4123.
- 2. Koenders, N., van Zetten, H., Smulders, M., Verra, M. L., van Kimmenade, R. R., van Brakel, T., ... & Smith, T. (2023). Improved Maximal Workload and Systolic Blood Pressure After Cardiac Rehabilitation Following Thoracic Aortic Repair: A SYSTEMATIC REVIEW AND META-ANALYSIS. Journal of cardiopulmonary rehabilitation and prevention, 10-1097.
- 3. Shibata, K., Kameshima, M., Adachi, T., Araya, K., Shimada, A., Tamaki, M., & Kitamura, H. (2023). Association between outpatient cardiac rehabilitation and all-cause mortality after cardiovascular surgery: a propensity score-matched analysis. JTCVS Open.
- 4. Fehlmann, C. A., Bezzina, K., Mazzola, R., Visintini, S. M., Guo, M. H., Rubens, F. D., ... & Boczar, K. E. (2023). Influence of preoperative frailty on quality of life after cardiac surgery: A systematic review and meta-analysis. Journal of the American Geriatrics Society.
- 5. Nasrawi, D., Latimer, S., Massey, D., & Gillespie, B. M. (2023). Delivery, barriers, and enablers to patient participation in inpatient cardiac rehabilitation following cardiac surgery: an integrative review. Australian Critical Care, 36(3), 420-430.
- 6. Nasrawi, D., Latimer, S., Massey, D., & Gillespie, B. M. (2023). Delivery, barriers, and enablers to patient participation in inpatient cardiac rehabilitation following cardiac surgery: an integrative review. Australian Critical Care, 36(3), 420-430.
- 7. Pritchard, M. W., Lewis, S. R., Robinson, A., Gibson, S. V., Chuter, A., Copeland, R. J., ... & Smith, A. F. (2023). Effectiveness of the perioperative encounter in promoting regular exercise and physical activity: a systematic review and meta-analysis. Eclinicalmedicine, 57.
- 8. Rodrigues Pacheco, J. P., Pinheiro Leão, E., Pereira Nunes Pinto, A. C., Mendes, A., de Magalhães Doebeli Matias, L., Cosmin Boca, I., ... & da Conceição dos Santos, E. (2023). Effects of cycle ergometer use in the postoperative period on functional capacity and hospitalization time in adults undergoing cardiac surgery: systematic review protocol. Fisioterapia Brasil, 24(3).
- 9. Cordeiro, A. L. L., Soares, L. O., Gomes-Neto, M., & Petto, J. (2023). Inspiratory Muscle Training in Patients in the Postoperative Phase of Cardiac Surgery: A Systematic Review and Meta-Analysis. Annals of Rehabilitation Medicine, 47(3), 162.
- 10. Bauer, T. M., Yaser, J. M., Daramola, T., Mansour, A. I., Ailawadi, G., Pagani, F. D., ... & Thompson, M. P. (2023). Cardiac Rehabilitation Reduces Two-Year Mortality After Coronary Artery Bypass Grafting. The Annals of Thoracic Surgery.
- 11. Wang, Y., Chen, Y., Yang, G., & Zang, Y. (2023). The psychological experience of patients with kinesiophobia after cardiac surgery-a qualitative study.
- 12. Mehrabanian, M. J., Firoozabadi, M. D., Nooralishahi, B., Mortazian, M., & Kachoueian, N. (2023). The value of heart rate variability in predicting long-term poorer outcome in patients undergoing coronary artery bypasses grafting and referring intensive care unit: a prospective cohort study.

- 13. Wang, B., Verrocchi, J., Liew, D., & Zentner, D. (2023). Does Down syndrome influence the outcomes of congenital cardiac surgery? A systematic review and meta-analysis. European Heart Journal-Quality of Care and Clinical Outcomes, 9(3), 240-248.
- 14. Wang, B., Verrocchi, J., Liew, D., & Zentner, D. (2023). Does Down syndrome influence the outcomes of congenital cardiac surgery? A systematic review and meta-analysis. European Heart Journal-Quality of Care and Clinical Outcomes, 9(3), 240-248.
- 15. van der Velde, M., van der Leeden, M., Geleijn, E., Veenhof, C., & Valkenet, K. (2023). What moves patients to participate in prehabilitation before major surgery? A mixed methods systematic review. International Journal of Behavioral Nutrition and Physical Activity, 20(1), 1-10.
- 16. Popovici, M., Ursoniu, S., Feier, H., Mocan, M., Tomulescu, O. M. G., Kundnani, N. R., ... & Dragan, S. R. (2023). Benefits of Using Smartphones and Other Digital Methods in Achieving Better Cardiac Rehabilitation Goals: A Systematic Review and Meta-Analysis. Medical Science Monitor: International Medical Journal of Experimental and Clinical Research, 29, e939132-1.
- 17. Xu, X., Liu, X., Ho, M. H., Chau, P. H., Cheung, D. S. T., & Lin, C. C. (2023). Factors Related to Functional Capacity Deterioration in Surgical Lung Cancer Patients: A Systematic Review. Cancer Nursing, 10-1097.
- 18. Caldonazo, T., Kirov, H., Rahouma, M., Robinson, N. B., Demetres, M., Gaudino, M., ... & Skoloff, K. (2023). Atrial fibrillation after cardiac surgery: a systematic review and meta-analysis. The Journal of thoracic and cardiovascular surgery, 165(1), 94-103.
- 19. Boon, M. H., Matthews, L., Palmer, V. J., Thomson, M., Smillie, S., Simpson, S. A., & Taylor, R. S. (2023). Social network interventions to support cardiac rehabilitation and secondary prevention in the management of people with heart disease. Cochrane Database of Systematic Reviews, (6).
- 20. Ashfaq, M., Ain, Q. U., Tariq, M., Batool, M., Faisal, S., Ghaffar, T., & Fatima, Z. (2023). Effects of Inspiratory Muscle Training with and without Resistance Training on Functional Capacity and Quality of Life in Patients with Phase II Cardiac Rehabilitation. Pakistan Journal of Medical & Health Sciences, 17(06), 211-211.
- 21. Chiperi, L. E., Tecar, C., & Toganel, R. (2023). Neuromarkers which can predict neurodevelopmental impairment among children with congenital heart defects after cardiac surgery: A systematic literature review. Developmental Neurorehabilitation, 26(3), 206-215.
- 22. Ling, J., Thirumavalavan, J., Shin, C., Lee, T. M., Marco, R. A., Hirase, T., ... & Marco, R. (2023). Postoperative Rehabilitation to Improve Outcomes After Cervical Spine Fusion for Degenerative Cervical Spondylosis: A Systematic Review. Cureus, 15(5).
- 23. Ling, J., Thirumavalavan, J., Shin, C., Lee, T. M., Marco, R. A., Hirase, T., ... & Marco, R. (2023). Postoperative Rehabilitation to Improve Outcomes After Cervical Spine Fusion for Degenerative Cervical Spondylosis: A Systematic Review. Cureus, 15(5).
- 24. Makalla, A. R., Karachi, F., & Phillips, J. S. (2023). Cardiac surgery in East Africa: a profile of cases and referral to physiotherapy. African Health Sciences, 23(2), 336-45.
- 25. Bumrungkittikul, J., & Thirapatarapong, W. (2023). Independent predictors and equation of sixminute walk test in post-cardiac surgery. Heart & Lung, 58, 134-138.
- 26. Au, E., Thangathurai, G., Saripella, A., Yan, E., Englesakis, M., Nagappa, M., & Chung, F. (2023). Postoperative Outcomes in Elderly Patients Undergoing Cardiac Surgery With Preoperative Cognitive Impairment: A Systematic Review and Meta-Analysis. Anesthesia & Analgesia, 136(6), 1016-1028.