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Lifting Weights for Your Heart

Less than an hour a week of lifting is linked with lower odds of dying from any cause and from heart disease.

21%
lower risk of dying from any cause with strength training alone, compared with no exercise

About 40%
lower risk of dying when people combined strength training with aerobic exercise

2 to 7
points lower on the top (systolic) number with regular strength training, in people with high blood pressure

HOW MUCH IS ENOUGH

A small dose, twice a week

One example week the days are only an example

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Strength about 30 min	**Cardio** moderate	**Cardio** moderate	**Strength** about 30 min	**Cardio** moderate	**Cardio** optional	**Cardio** optional

Strength, 2 sessions a week, a day or two apart

Cardio, 3 to 5 sessions, 150 minutes a week in total

Strength minutes a week

most of the benefit | beyond an hour the curve flattens

0 min · 30 min · 60 min

In a 2022 analysis, the drop in risk of dying peaked at around thirty to sixty minutes of strength work a week, so two thirty-minute or three twenty-minute sessions captures most of it. Strength and cardio can be on different days. Total weekly volume is what counts.

HOW TO START

A first program on the machines

1. **Six to eight machines**
   Chest press, seated row, lat pulldown, leg press, leg curl, leg extension, shoulder press and abdominal.

2. **Two sets of 10 to 12**
   Use a weight that leaves one or two reps in the tank at the end of the second set, and rest about a minute between sets.

3. **Keep breathing**
   Exhale on the effort, inhale as you lower, and don't hold your breath through a rep. If you can't breathe through a lift, the weight is too heavy.

A heart prescription

Twice a week, thirty minutes, machines, careful breathing. That is a heart prescription, written for almost any patient I see. The lift to do is the lift you will keep doing.

WHO SHOULD CHECK FIRST AND WHEN TO STOP ARE ON THE BACK

BEFORE AND DURING A WORKOUT

Who should check first, and when to stop

STOP THE SET

don't push through these

Stop and call 911	Chest pain or pressure that doesn't settle within a few minutes of rest, fainting or nearly fainting, or a racing or irregular heartbeat with dizziness or shortness of breath.
Stop and call the office	Unusual shortness of breath or tiredness that settles with rest, or brief palpitations. These symptoms warrant the same attention anywhere, gym or not.

TALK WITH YOUR CARDIOLOGIST BEFORE YOU START

needs a changed program or a short delay

Aortic aneurysm	Keep effort modest. Use weights you can move comfortably for fifteen to twenty reps, with no straining max-effort lifts and no held breath. Many patients do well with elastic bands and bodyweight work.
Family history of aneurysm	A strong family history of aneurysm or a connective tissue disorder calls for a screening echo or CT before you start a lifting program.
Severe aortic stenosis	Avoid heavy resistance training and any maximal-effort exercise. Light activity and walking are fine. After valve replacement, lifting is back on the table, often within a few months.
Uncontrolled blood pressure	With a resting reading like 180/110, get the pressure controlled first, then ease in. Controlled used to mean under about 140/90. The 2025 treatment goal is under 130/80, and most exercise-clearance rules focus on severe or uncontrolled pressure.
Active arrhythmia	Treat an active, untreated rhythm problem first, then bring lifting back in. Controlled usually means rate-controlled or in a stable rhythm.
Anabolic steroids	Current or past use calls for a baseline echo, a lipid panel, blood pressure checks and a real conversation with a cardiologist. Stopping is the most important step.

REASONS TO LIFT, WITH THE RIGHT SETUP

Heart attack, stent or bypass	Strength training is now a core part of cardiac rehab. After a heart attack, start in a supervised program. Your rehab program should be teaching you how to lift. If it isn't, ask why.
Stable coronary disease	Start on machines with weights light enough that the last rep of a set isn't maximal, and breathe steadily.
Stable heart failure	Light resistance, higher reps, controlled breathing and shorter rest periods. If you haven't been through a structured program that includes strength work, ask at your next visit.

WHY BREATHING COUNTS

Holding your breath and straining drives the biggest pressure spikes. One rep with a moderate weight can hit 200/100 in a healthy adult. Experienced lifters pushing very heavy weights with a full breath hold have briefly topped 400/300. Regular training lowers resting pressure over weeks and months.

READ THE FULL ARTICLE

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resistance-training-cardiovascular

For education only, and not a substitute for advice from your own physician. Sources include Saeidifard et al. (Eur J Prev Cardiol 2019), Shailendra et al. (Am J Prev Med 2022), the 2023 AHA resistance exercise statement, the 2024 AHA/AACVPR cardiac rehab statement, the 2020 ESC sports cardiology guidelines and the 2025 AHA/ACC blood pressure guideline.

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