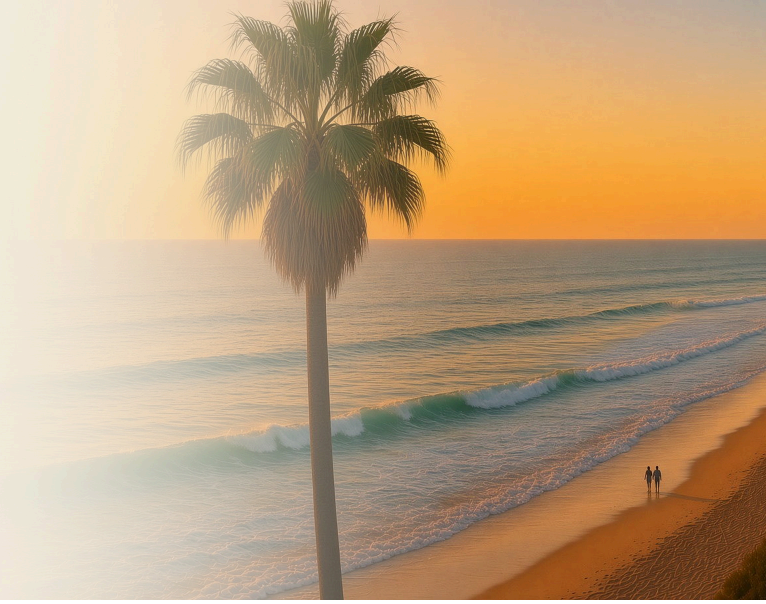
DAMIANRASCH.COM

DAMIAN RASCH, D.O.

ENCINITAS · LA JOLLA, CALIFORNIA



Virtual Cardiac Rehab

Supervised cardiac rehab from home by live video, with a kit that tracks your heart rate and blood pressure.

70 to 85%
typically finish a virtual program, versus 50 to 60% at a rehab center

32%
lower 1-year death rate in people who finished virtual rehab, vs. no rehab

About 24%
of eligible US patients attend cardiac rehab at all

WHAT ARRIVES AT YOUR HOME

A kit, a video call and a live clinician

YOU SUPPLY



Your phone, tablet
or laptop, for live video

THE PROGRAM SENDS, AT NO EXTRA CHARGE



Blood pressure cuff
upper-arm, sized to fit



Pulse oximeter
finger clip for oxygen and pulse



Scale
daily or weekly weight



Heart rate monitor
chest strap or wristband

Virtual rehab is cardiac rehab, the supervised exercise and education program after a heart event, delivered at home. It isn't prerecorded videos or a self-guided app. A registered nurse, exercise physiologist or similar clinician watches each session live on video while your heart rate and blood pressure feed to their dashboard. A physician signs your treatment plan and updates it every 30 days, just as in person. Exercise is mostly walking and simple strength moves, and you don't need special equipment.

HOW IT WORKS

From referral to graduation

1. **Referral**
From your cardiologist or primary care doctor, with your diagnosis, medicines and any exercise limits.

2. **First video visit**
A history review and a fitness test, often a 6-minute walk, to set your exercise plan.

3. **36 sessions**
Two to three a week for 12 to 18 weeks, about an hour each, ending with a short lesson.

4. **Graduation**
The tests are repeated and you get a written plan for exercise and warning signs.

Ask your cardiologist

If the drive or the schedule has kept you from cardiac rehab, ask for a referral and ask whether virtual rehab is an option in your area.

WHO QUALIFIES, WHO STARTS IN PERSON AND WHAT IT COSTS ARE ON THE BACK

IS IT RIGHT FOR YOU

Who qualifies, where to start and what it costs

WHO QUALIFIES

same list as in-person rehab

Heart attack	Within the past 12 months, either the larger (STEMI) or smaller (NSTEMI) type.
A procedure	A coronary stent, bypass surgery (CABG), heart valve repair or replacement (surgical, TAVR or MitraClip), or a heart transplant.
Ongoing heart conditions	Stable angina (chest pain or pressure with exertion that eases with rest), or heart failure with a pumping fraction of 35% or below, on heart failure medicines.
Not on the list	Leg artery disease with pain on walking is covered under a separate Medicare benefit, supervised exercise therapy.

VIRTUAL FIRST OR IN PERSON FIRST

Virtual often fits first	A stable recovery after a stent, stable heart failure on full treatment, or an uncomplicated TAVR. Also living more than 20 to 30 minutes from a rehab center, working full time, not driving, preferring privacy to a group, or having dropped out of in-person rehab before.
In person often fits first	Bypass surgery within the past 4 to 6 weeks, a pumping fraction below 25% with unstable heart failure, complex rhythm problems or recent ICD shocks, needing hands-on physical therapy, no device or reliable internet, severe memory or thinking problems, or a strong preference for a group.
A hybrid	Start in person for 2 to 4 weeks, or 6 to 8 weeks at higher risk, then switch to virtual for the rest of the program.

DOES IT WORK AS WELL?

Home vs. center	The 2023 Cochrane review found no clear difference from center-based rehab in deaths, heart events, exercise capacity, blood pressure, cholesterol, quitting smoking or quality of life over 3 to 24 months, and adherence was higher at home.
Safety	Serious heart problems during supervised exercise are rare in either setting, about 1 per 50,000 patient-hours of exercise.

COVERAGE AND COST

Medicare	Covers virtual rehab for qualifying conditions under temporary CMS telehealth rules, for 36 sessions, with some flexibility for medical necessity.
Private insurance	Most plans cover it with similar terms. Copays are typically $0 to $40 per session. Prior authorization is sometimes needed and is handled by your cardiologist's office or the program.
The equipment	The kit comes at no extra charge. Some programs ask for it back at the end, and others let you keep it.

WHAT IF SOMETHING GOES WRONG IN A SESSION?

The clinician watches you and your heart rate the whole time and stops the session for chest pain, severe shortness of breath or lightheadedness. If urgent care is needed, they direct you to call 911 or go to the nearest emergency department.

READ THE FULL ARTICLE

damianrasch.com/
virtual-cardiac-rehab

For education only, and not a substitute for advice from your own physician. Sources include the 2024 AHA/AACVPR cardiac rehab statement, the 2023 Cochrane review (McDonagh), Vadlakonda et al. (Am J Cardiol 2026), Krishnamurthi et al. (JAHA 2023) and the SmartCare-CAD trial (JACC 2021).

DR. DAMIAN RASCH, D.O. · BOARD-CERTIFIED INVASIVE CARDIOLOGIST · ENCINITAS AND LA JOLLA, CA

MADE IN CALIFORNIA