Supplementary Table 1: Definition of phases of cardiac rehabilitation internationally

Country	Inpatient	Outpatient	Ongoing maintenance
Countries with three-phase programs			
Australia[1]	**Phase I** Mobilisation Education for resumption of ADLs	**Phase II** Commences on discharge from hospital Supervised group or individual program in hospital, community health centre or general medical practice	**Phase III** Ongoing maintenance of healthy lifestyle changes
Belgium[2]	**Phase I** Acute/subacute rehabilitation phase In-hospital mobilisation, education and referral (first days/weeks after admission)	**Phase II** Convalescence phase Reconditioning & early lifestyle modification	**Phase III** Long-term maintenance program
Europe[3-5]	**Phase I** Inpatient hospital period, lasting 1-2 weeks	**Phase II** Early post-discharge program Includes structured exercise, educational activities, & encouragement of lifestyle changes High risk patients may require an initial hospital setting	**Phase III** Long-term maintenance program with less intense supervision
France[6,7]	**Phase I** Acute hospital stage Early mobilisation	**Phase II** Post-discharge program May be provided as an inpatient (with complete weekday hospitalisation) or outpatient hospital program, or in a cardiac rehabilitation centre Reconditioning, lifestyle modification & promotion of return to employment	**Phase III** Long term maintenance of lifestyle changes Options include community-based Heart Health clubs
Germany[8]	**Phase I** Acute hospital period, incorporating physical therapy & mobilisation	**Phase II** Post-discharge rehabilitation May be provided as inpatient or outpatient (5 hours/day) rehabilitation in medical practices or rehabilitation hospital Incorporates exercise, education & psychological elements	**Phase III** Maintenance of lifestyle changes Intensive aftercare programs, funded by retirement insurance, aim to re-integrate patients into employment Community heart groups are instructed by exercise therapists and include

				exercise, education & psychosocial elements
Japan[9]	**Phase I** Acute phase (in ICU) Focus on functional mobilisation and information for return to daily life		**Phase II** Recovery phase, incorporating both time on general ward & in a supervised program at a rehabilitation centre Program focused on returning to society & establishing lifestyle changes Costs are covered by National Health Insurance	**Phase III** From month 6 onwards Located at community exercise centre with focus on prevention of recurrence & maintaining better lifestyle
New Zealand[10]	**Phase I** Early mobilisation and education		**Phase II** Begins as soon as possible after discharge Medically supervised program in either hospital-based, community care or home-based setting Includes exercise & education components	**Phase III** Long-term maintenance of lifestyle changes Primarily community-based
Netherlands[11,12]	**Preoperative phase** (if applicable) Inspiratory muscle training & exercise to preserve/improve physical fitness	**Phase I** Clinical phase, relative rest on ICU followed by functional mobilisation for resumption of ADLs	**Phase II** Commences as soon as possible after discharge Includes both exercise & education components Supervised program which may be conducted on an outpatient basis at a hospital, or at a rehabilitation centre or primary care physiotherapy practice	**Phase III** Post-rehabilitation phase Primary care exercise program recommended for those who are not yet able to maintain physically active lifestyle
United States[13,14]	**Phase I** Treatment Initiation of secondary prevention treatments (e.g. supervised early mobilisation and education)		**Phase II** Commences on discharge from hospital Includes supervised exercise and other lifestyle modification interventions Programs may be hospital-based or located at outpatient facilities	**Phase III** Long term maintenance of lifestyle changes with periodic monitoring of symptoms, risk factors and medications by medical professionals
World Health Organisation[15,16]	**Phase I** Acute phase		**Phase II** Reconditioning phase Group program in community centre (basic), hospital (intermediate), or cardiac rehabilitation centre at a major	**Phase III** Maintenance phase

		medical centre (advanced)		
Countries with four-phase programs				
Austria[17]	**Phase I** Acute hospital stage Early mobilisation & preparation for further rehab	**Phase II** Supervised program conducted at a cardiac rehabilitation clinic (on either an inpatient or outpatient basis)	**Phase III** Supervised outpatient cardiac rehabilitation Reinforce results achieved in Phase II	**Phase IV** Long term cardiac rehabilitation Includes heart groups, sports clubs, home training
Canada[18]	**Phase I** Immediately post-MI or prior to planned cardiovascular intervention Focus on education about diagnosis, CVD risk factors, symptom management, medications and early ambulation	**Phase II/III** Post-discharge program Provided by hospital or community-based providers in a variety of models, including on-site supervised sessions or home-based		**Phase IV** Long-term maintenance program Options include continuation in a structured program through hospital or community-based provider
England[19]	**Phase I** Prior to discharge from hospital Includes assessment of cardiac rehabilitation needs & initial lifestyle advice	**Phase II** Early post discharge period Includes comprehensive assessment of cardiac risk, & continued provision of lifestyle advice & psychological interventions	**Phase III** Begins from 4 weeks after an acute cardiac event Includes structured exercise sessions to meet the assessed needs of individual patients & continued provision of lifestyle advice Typically conducted as group sessions but individual or home-based programs may be offered	**Phase IV** Long term maintenance Options include cardiac support group or follow-up through primary care Referral to specialist cardiac, behavioural (e.g. exercise, smoking cessation) or psychological services as clinically indicated.
Ireland[20]	**Phase I** In-patient hospital period (average 2-5 days) Support and information, preparation of discharge activity plan	**Phase II** Post discharge period prior to commencing formal Phase III program Education & support, begin gradual activity & light-	**Phase III** Includes exercise prescription, education and counselling	**Phase IV** Long term maintenance of lifestyle changes Options include community-based exercise programs run by qualified Phase IV gym instructors

		intensity exercise once stable		
Northern Ireland[21]	**Phase I** Mobilisation, education and resumption of ADLs	**Phase II** Immediate post-discharge period Reinforcement of Phase I information	**Phase III** Includes exercise & education components Supervised program provided in a hospital or community-based setting	**Phase IV** Long-term maintenance of lifestyle changes
Scotland[22]	**Phase I** Mobilisation & initial education	**Phase II** Early post-discharge period	**Phase III** Intermediate outpatient stage Structured group program in community or home-based setting, with high risk patients attending a hospital-based program	**Phase IV** Long term maintenance of lifestyle changes
South America[23]	**Phase I** From 48 hours after the acute event until the time of hospital discharge Aim to prevent loss of physical capacity	**Phase II** Post-discharge rehabilitation, approximately 3 months Programs performed in gym or rehabilitation centre Aims to improve functional capacity & achieve risk factor changes	**Phase III** Early maintenance phase (still some supervision) 3-5 weekly sessions over 3-6 months	**Phase IV** Late maintenance phase Ongoing and essentially unsupervised
United Kingdom[24]	**Phase I** Education and advice on lifestyle changes	**Phase II** Home convalescence Encouragement to increase physical activities	**Phase III** Commences 2-6 weeks following discharge Includes education & exercise components Supervised group rehabilitation in hospital, community or home-based program	**Phase IV** Long-term maintenance of lifestyle changes Options include programs in fitness centres with trained instructors

Wales[25,26]	**Phase I**	**Phase II**	**Phase III**	**Phase IV**
	Early contact while still in hospital, referral to cardiac rehabilitation within 2 days of diagnosis	Following discharge, contacted within 7 days after discharge to offer advice and support and make arrangements for ongoing management	Structured program in choice of hospital or community facility or home-based program	Long term maintenance of lifestyle changes

Abbreviations: ADLs, activities of daily living; ICU, intensive care unit; MI, myocardial infarction; CVD, cardiovascular disease.

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Supplementary Table 2.

	Patient eligibility	**Personnel requirements**	**Patient evaluation prior to program commencement**	**Prescription and supervision of exercise**	**Education and psychological interventions**	**Long-term recommendations**
World Health Organisation (emphasis on developing countries)[1]	Acute MI Revascularisation procedures Hospitalisation for unstable angina Cardiomyopathy Rheumatic and congenital heart disease Chronic IHD patients commencing an exercise program	**Basic facility:** Community health worker (preferably health professional) **Intermediate facility:** Physician (trained in cardiology, exercise physiology & testing, cardiac rehabilitation) Nurse/allied health professional (exercise	Medical & cardiac history Risk factor assessment Physical examination Exercise & functional assessment	**Supervision** Close medical supervision recommended for medically complex patients with low functionality, however low-intensity, non-equipment based programs can also be utilised with minimal supervision	Heart disease education Risk factor management Nutritional education Smoking cessation Vocational counselling Medication adherence Physical activity counselling	Long-term programs recommended for all, to assist with retaining and reinforcing learned behaviours and providing motivation towards further progress

		specialist, physical therapist, dietician) **Advanced facility:** Cardiologist Physical therapist Exercise physiologist Psychologist Dietician/nutritionist Occupational therapist/vocational counsellor				
Americas						
Canada (Canadian Association of Cardiac Rehabilitation)[2]	Acute MI Revascularisation procedures Stable angina Hospitalisation for unstable angina Chronic heart failure Cardiac valve surgery	**Medical** Medical director (physician) Nurse **Allied health** Health educator Exercise physiologist/	Medical & cardiac history Current symptoms Assessment of cardiac risk factors Medication review Physical examination and blood profile	**Staff: patient ratio** 1:5 for early post-discharge programs, with second staff member available for emergencies 1:15 for intermediate and maintenance programs that do not use	Risk factor management Psychological evaluation, education and counselling Nutritional education Smoking cessation Physical activity counselling	Availability of maintenance programs provided by hospitals or community-based, allowing for continued participation in a structured program

	Cardiac transplantation ICD insertion	physiotherapist Dietician Psychologist/social worker/psychiatrist Occupational therapist Pharmacist	Resting ECG Assessment of physical activity level Exercise & functional assessment	continuous ECG monitoring	Vocational counselling Medication adherence Stress management	
South America (South American Society of Cardiology, Inter-American Committee of Cardiovascular Prevention & Rehabilitation)[3]	Acute MI Revascularisation procedures Stable angina Chronic heart failure Cardiac valve surgery Cardiac transplantation Peripheral artery disease Asymptomatic coronary artery disease Patients at high CVD risk	**Medical** Cardiologist or exercise physician Nurse **Allied health** Physiotherapist Psychologist Nutritionist Social worker	Medical & cardiac history Assessment of cardiac risk factors Medication information Physical examination Exercise & functional assessment	**Supervision** Low risk patients -direct supervision for minimum of 6-18 sessions with gradual reduction Moderate risk patients - direct supervision for minimum of 12-24 sessions with gradual reduction Greater supervision required for high risk patients	Risk factor management Psychological evaluation, education & counselling Nutritional education Smoking cessation Physical activity counselling Stress management	Aerobic training should be performed at 70-90% or HR_{max} (determined by stress test) or 50-80% of HRR. Resistance training performed in sets of 8-15 repetitions. Training program should last for 40-60 minutes on at least three days/week supplemented by daily physical activity

United States (American Heart Association, American Association of Cardiovascular & Pulmonary Rehabilitation)[4,5]	Acute MI Revascularisation procedures Stable angina Cardiac valve surgery Cardiac transplantation	**Medical** Medical director Registered nurse **Allied health** Exercise physiologist/ exercise specialist Physical therapist Mental health professional Dietician Occupational therapist Health educator Vocational counsellor	Medical & cardiac history Assessment of cardiac risk factors Current symptoms Presence of comorbidities Physical examination Resting ECG Exercise & functional assessment	**Prescription** Physician (Medicare requirement) **Supervision** Low risk patients -direct supervision for minimum of 6-18 sessions. Moderate risk patients - direct supervision for minimum of 12-24 sessions. High risk patients -direct supervision for minimum of 18-36 sessions.	Risk factor management Psychological evaluation, education and counselling Nutritional education Smoking cessation Physical activity counselling Vocational counselling	Follow-up program structured around individual exercise prescription Identification of community-based programs.
<u>Asia</u>						
Japan (Japanese Circulation Society)[6]	Acute MI Revascularisation procedures	**Medical** Certified cardiac rehabilitation specialist	Medical & cardiac history Current symptoms	**Staff: patient ratio** 1:20 for sessions conducted by physician.	Risk factor management Psychological evaluation, education	Recommended to maintain exercise at anaerobic threshold

	Stable angina Chronic heart failure Cardiac transplantation Peripheral artery disease	Nurse **Allied health** Physical therapist Health & fitness programmer Clinical psychotherapist (consultant) Dietician Occupational therapist Pharmacist (consultant)	Physical examination & blood profile Resting ECG Exercise & functional assessment	1:8 for sessions led by a physiotherapist or nurse.	and counselling Nutritional education Smoking cessation Stress management	

<u>Australasia</u>

Australia (National Heart Foundation of Australia, Australian Cardiovascular Health & Rehabilitation Association)[7-14]	Acute MI Revascularisation procedures Stable angina Hospitalisation for unstable angina Chronic heart failure Cardiac valve surgery Cardiac transplantation	**Medical** Physician Nurse **Allied health** Physiotherapist Exercise physiologist Psychologist Dietician/nutritionist	Medical & cardiac history Assessment of cardiac risk factors Medication review Physical examination (NSW, QLD, VIC only) Blood profile Resting ECG (NSW,	**Prescription** Exercise physiologist or physiotherapist (NSW, SA, VIC). **Supervision** Health professional **Staff: patient ratio**	Heart disease education Risk factor management Psychological evaluation, education & counselling Nutritional education Smoking cessation Physical activity counselling	Encouraged to maintain regular physical activity and ongoing maintenance of other lifestyle changes Referred to community based maintenance programs where available

	Pacemaker/ICD insertion Cardiomyopathy Atrial fibrillation High risk of coronary artery disease Other vascular or heart disease	Occupational therapist Social worker Pharmacist Indigenous health worker (Aboriginal communities) Diabetes educator (SA, VIC only) Vocational counsellor (VIC only)	VIC only) Exercise & functional assessment	1:10 for low-intensity program, second staff member required for moderate-intensity program or larger groups	Vocational counselling (QLD, VIC) Stress management (QLD, VIC, WA)	
New Zealand (New Zealand Guidelines Group, National Heart Foundation of New Zealand)[15]	Acute MI Revascularisation procedures Stable angina Hospitalisation for unstable angina Cardiac valve surgery	**Medical** Cardiologist/ physician Nurse **Allied health** Physiotherapist Exercise physiologist Psychologist Dietician Occupational therapist (consultant)	Medical & cardiac history Exercise & functional assessment	**Supervision** Generally by physiotherapist, other staff should be trained in exercise prescription for cardiac populations.	Heart disease education Risk factor management Psychological evaluation, education and counselling Nutritional education Smoking cessation Physical activity counselling Vocational counselling Stress management	Cardiac clubs and support group networks available throughout New Zealand. Personal instruction & continued support, continue with low to moderate-intensity exercise

		Social worker Maori disease state management nurse				
Europe						
Europe (European Association of Cardiovascular Prevention & Rehabilitation)[16,17]	Acute MI Revascularisation procedures Chronic heart failure Cardiac valve surgery Cardiac transplantation Peripheral artery disease	**Medical** Cardiologist Nurse **Allied health** Physiotherapist Exercise physiologist (consultant) Psychologist Dietician Occupational therapist (consultant) Social worker (consultant) Pharmacist (consultant)	Medical & cardiac history Current symptoms Physical examination and blood profile Resting ECG Cardiac imaging Assessment of physical activity level Exercise & functional assessment	**Staff: patient ratio** Maximum of 1:10 with two staff members present Supervision/ monitoring prolonged with new signs and symptoms	Risk factor management Psychological evaluation, education and counselling Nutritional education Smoking cessation Physical activity counselling Vocational counselling	Encourage involvement in enjoyable leisure activities and group exercise training programs
Austria	Acute MI	**Medical**	Medical & cardiac	**Supervision**	Heart disease education	Tailored home-based

(Austrian Cardiac Society)[18]	Revascularisation procedures Chronic heart failure Cardiac transplantation Pacemaker/ICD insertion Peripheral artery disease Stable coronary heart disease Other surgeries of the heart & big vessels Pulmonary hypertension Electro-physiological intervention Haemodynamically stable arrhythmia Sustained ventricular tachycardia or cardiac arrest	Internal medicine and cardiology specialist Nurse **Allied health** Physiotherapist or sports scientist or (with a diploma in cardiac rehabilitation) Psychologist (with a diploma in cardiac rehabilitation) Nutritionist Social worker	history Current symptoms Assessment of cardiac risk factors Physical examination Resting ECG Exercise & functional assessment	Sports scientist or physiotherapist (with a diploma in cardiac rehabilitation)	Risk factor management Psychological evaluation, education & counselling Nutritional education Smoking cessation Stress management Relaxation program	training program designed by rehabilitation team and patient. Encouraged to join sports club or gym to increase physical activity and become involved in sports
Belgium (Belgian Society of	Acute MI Revascularisation	**Medical** Cardiologist (specialised	Medical & cardiac history	**Supervision** Cardiac rehabilitation	Risk factor management Psychological	Not regulated by law

Cardiology)[19]	procedures Cardiac valve surgery Cardiac transplantation Cardiomyopathy with left ventricular dysfunction	in cardiac rehabilitation) **Allied health** Physical therapist Psychologist Dietician (consultant) Occupational therapist (consultant) Social worker	Current symptoms Assessment of cardiac risk factors Medication information Physical examination Exercise & functional assessment	specialist must be readily available if required (constant medical supervision not essential)	evaluation, education and counselling Nutritional education Smoking cessation Vocational counselling Stress management	
England (Department of Health, National Institute for Health & Care Excellence, National Health Service)[20-22]	Acute MI Revascularisation procedures Hospitalisation for unstable angina Chronic heart failure Cardiac valve surgery Cardiac transplantation Pacemaker/ICD insertion Confirmed diagnosis of exertional angina	Not reported	Medical & cardiac history Current symptoms Assessment of cardiac risk factors Physical examination and blood profile Resting ECG Assessment of physical activity level Exercise & functional assessment	Not reported	Heart disease education Risk factor management Psychological evaluation, education and counselling Nutritional education Smoking cessation Vocational counselling Medication adherence Physical activity counselling Stress management	Support for long-term management of health, including community-based programs, leisure centre membership schemes, and cardiac support groups

France (French Society of Cardiology)[23]	Acute MI Revascularisation procedures Stable angina Chronic heart failure Cardiac valve surgery Cardiac transplantation Pacemaker/ICD insertion Peripheral artery disease Thoracic aorta surgery Ventricular assist device Congenital cardiopathies in adulthood High cardiovascular risk	**Medical** Cardiologist (preferably qualified in cardiac rehabilitation) Physical & rehabilitation medicine physician Nurse Pneumologist **Allied health** Psychologist (consultant) Dietician Occupational therapist Social worker Psychiatrist	Medical & cardiac history Physical examination Resting ECG Cardiac imaging Exercise & functional assessment	**Supervision** Rehabilitation team, with cardiologist readily available if required.	Heart disease education Psychological evaluation, education and counselling Nutritional education Smoking cessation	Encouraged to maintain regular physical activity and ongoing maintenance of other lifestyle changes Availability of Heart and Health Clubs run by the French Federation of Cardiology
Germany (German Federation for Cardiovascular Prevention &	Acute MI Revascularisation procedures Chronic heart failure	**Medical** Cardiologist Physician Nurse	Medical & cardiac history Physical examination Resting ECG	**Supervision** Exercise therapist	Psychological evaluation, education and counselling Nutritional education	Options include receiving further intensive rehabilitative treatment funded by

Rehabilitation)[24,25]	Cardiac valve surgery Cardiac transplantation Pacemaker/ICD insertion Unstable myocardiopathy	**Allied health** Physiotherapist Exercise therapist Psychologist Nutritionist Social worker	Cardiac imaging Exercise & functional assessment		Smoking cessation Stress management	retirement insurance, with a focus on return to employment Community based heart groups promoting physical activity, education and psychosocial elements are also available
Ireland (Irish Association of Cardiac Rehabilitation)[26]	Acute MI Revascularisation procedures Stable angina Chronic heart failure Cardiac valve surgery Cardiac transplantation Pacemaker/ICD insertion Peripheral artery disease Cardiomyopathy Post cerebral vascular	**Medical** Cardiologist/ physician Nurse **Allied health** Physiotherapist Psychologist Dietician Occupational therapist Social worker Pharmacist Vocational and smoking	Assessment of cardiac risk factors Exercise & functional assessment	**Supervision** Low risk patients -direct supervision for minimum of 6-18 sessions. Moderate risk patients - direct supervision for minimum of 12-24 sessions. High risk patients -direct supervision for minimum of 18-36	Heart disease education Risk factor management Psychological evaluation, education and counselling Nutritional education Smoking cessation Physical activity counselling Vocational counselling Stress management Relaxation program	Exercise programs organised by Phase IV qualified gym instructors in community gyms

	disease At risk of coronary artery disease	cessation counsellors		sessions. **Staff: patient ratio** Minimum of 1:5		
Netherlands (Royal Dutch Society for Physical Therapy)[27,28]	Acute MI Revascularisation procedures Stable angina Hospitalisation for unstable angina Chronic heart failure Cardiac valve surgery	**Medical** Rehabilitation coordinator Cardiologist (cardiac rehabilitation specialist) Nurse **Allied health** Physical therapist Psychologist Dietician Social worker Other professionals as required	Medical & cardiac history Current symptoms Presence of comorbidities Medication information Physical examination Assessment of physical activity level Exercise & functional assessment	**Supervision** Physiotherapist, with physician available on call if not present on-site **Staff: patient ratio** Minimum of 1:5 for complex conditions	Heart disease education Risk factor management Psychological evaluation, education & counselling Vocational counselling Relaxation program	Maintain physical activity through home walking program, use of regular sports facilities or attendance at certified exercise facilities
Northern Ireland (Clinical Resource	Acute MI Revascularisation	**Medical** Nurse	Assessment of cardiac risk factors	**Supervision** Staff member with	Risk factor management Psychological	Provision of regular supervised training

Efficiency Support Team)[29]	procedures Stable angina Chronic heart failure	**Allied health** Physiotherapist Clinical psychologist Dietician Pharmacist	Exercise & functional assessment	training in exercise physiology and prescription **Staff: patient ratio** Maximum of 1:5 with 2 trained staff present at all times	evaluation, education and counselling Nutritional education Smoking cessation Vocational counselling	sessions Individualised exercise prescriptions provided for individual home-based training.
Scotland (Scottish Intercollegiate Guidelines Network)[30]	Acute MI Revascularisation procedures Stable angina Chronic heart failure	**Medical** Nurse **Allied health** Physiotherapist Psychologist Dietician Pharmacist	Medical & cardiac history Physical examination Resting ECG Exercise & functional assessment	**Staff: patient ratio** No less than 1:10	Heart disease education Psychological evaluation, education and counselling Nutritional education Smoking cessation	Maintain regular low- to moderate-intensity aerobic exercise 3-5 times per week Maintenance exercise programs are available and should be conducted by registered and qualified fitness instructors
United Kingdom (Association of	Acute MI Revascularisation	**Medical** Cardiologist	Medical & cardiac history	**Supervision** Physiotherapist, sports	Heart disease education Risk factor management	Patients provided with advice for their long-

Chartered Physiotherapists in Cardiac Rehabilitation, British Association for Cardiovascular Prevention & Rehabilitation)[31,32]	procedures Stable angina Chronic heart failure Cardiac valve surgery Cardiac transplantation Pacemaker/ICD insertion Peripheral artery disease Ventricular assist devices Grown-up congenital heart disease Other atherosclerotic diseases (e.g. transient ischaemic attack)	Nurse **Allied health** Physiotherapist Exercise specialist Psychologist Dietician Occupational therapist	Assessment of cardiac risk factors Current symptoms Presence of comorbidities Medication information Physical examination & blood profile Exercise & functional assessment	scientist, exercise physiologist, or exercise/fitness instructor with cardiac disease rehabilitation qualification **Staff: patient ratio** Minimum of 1:5 during early rehabilitation, decreasing as patients become more independent, with minimum of one qualified staff member (two for early rehabilitation)	Psychological evaluation, education and counselling Nutritional education Smoking cessation Physical activity counselling Vocational counselling	term exercise prescription and how to modify it, as well as information on appropriate local exercise classes and gym programs, home exercise or walking plans. Patients transferred to an appropriately qualified exercise professional specialising in cardiovascular prevention and rehabilitation
Wales (Welsh Assembly Government, Aneurin Bevan Health Board)[33,34]	Acute MI Revascularisation procedures Stable angina	**Medical** Cardiologist (or physician with interest in cardiac rehabilitation)	Medical & cardiac history Assessment of cardiac risk factors	**Staff: patient ratio** 1:5 for community based programs	Risk factor management Psychological evaluation, education and counselling	Choice of individualised self-directed program or supervised Phase IV program with long term

Chronic heart failure Cardiac valve surgery Cardiac transplantation Pacemaker/ICD insertion Congenital heart disease	Nurse **Allied health** Physiotherapist Exercise instructor Clinical psychologist Dietician Occupational therapist Pharmacist	Current symptoms Medication review Exercise & functional assessment	Generally hospital-based programs are for those patients requiring higher supervision, while those located in the community are for lower risk patients.	Vocational counselling Stress management	review by primary care. Option to “self-refer” back to Phase III if required

Abbreviations: MI, myocardial infarction; IHD, ischaemic heart disease; ICD, implantable cardioverter-defibrillator; ECG, electrocardiogram; CVD; cardiovascular disease; HR_{max}, maximum heart rate; HRR, heart rate reserve; SA, South Australia (Australian state); VIC, Victoria (Australian state); NSW, New South Wales (Australian state); QLD, Queensland (Australian state); WA, Western Australia (Australian state).

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