



# CR(Cardiac Rehab) Program in a Regional Center : A 2025 Data Analysis

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## Introduction

- Cardiac Rehabilitation (CR) is a comprehensive, multidisciplinary intervention designed to optimize physical and psychological recovery while reducing recurrence and mortality rates following acute cardiovascular events.
- CR from early inpatient mobilization (Phase I) to outpatient transitional training (Phase II) is critical for long-term prognosis.
- As a government-designated regional center, we serves as a central hub for providing evidence-based rehabilitation within the community.
- This study analyzes the 2025 data of our center to evaluate clinical characteristics and service distribution across diagnostic groups, providing a foundational model for regional hub hospitals to optimize resource allocation.

## Materials and Methods

- A retrospective case series was conducted on 374 patients referred or consulted to the Department of Rehabilitation Medicine at a regional center between January 1 and December 31, 2025.
- Data were extracted from Electronic Medical Records (EMR).
- Patients were categorized into four diagnostic groups:  
 1) Acute Myocardial Infarction (AMI), 2) Heart Failure (HF), 3) Post-operative states (Post-OP), and 4) Angina Pectoris and others (AP).

## Results

<2025.1.1~2025.12.31>

- 374 Carciac Rehabilitation(CR) patients.
  - 2,860 Carciac Rehabilitation(CR) sessions.
- Subgroup analysis :
- (1)AMI Group: 47.7% (1,364 sessions)  
 - center's role in emergency coronary care.
  - (2)HF Group: 20.5% (586 sessions)  
 - steady demand for functional maintenance.
  - (3)Post-OP Group: 17.0% (486 sessions)
  - (4)AP & Others: 14.8% (424 sessions).
- (Fig.1)

Inpatient CR (Phase I) :  
 1,787 sessions (62.5%)  
 Outpatient CR (Phase II) :  
 1,073 sessions (37.5%)  
 (Fig.2)

During all 2,860 sessions, zero major adverse cardiovascular events were reported.  
 => validating the institutional safety protocols

Fig.1

Figure 1. Clinical Distribution by Diagnosis (Total N=374 Patients, Total Sessions=2,860)

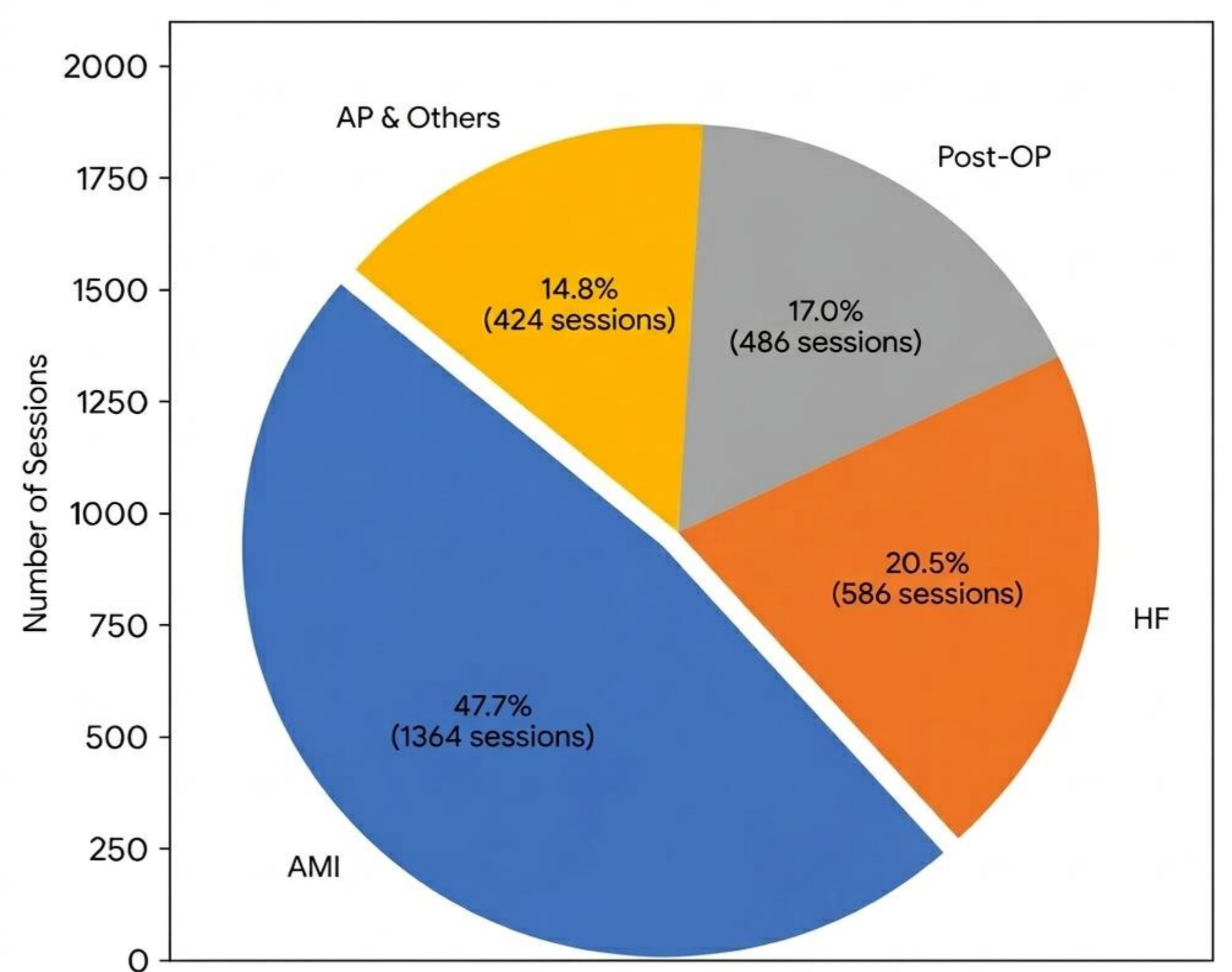
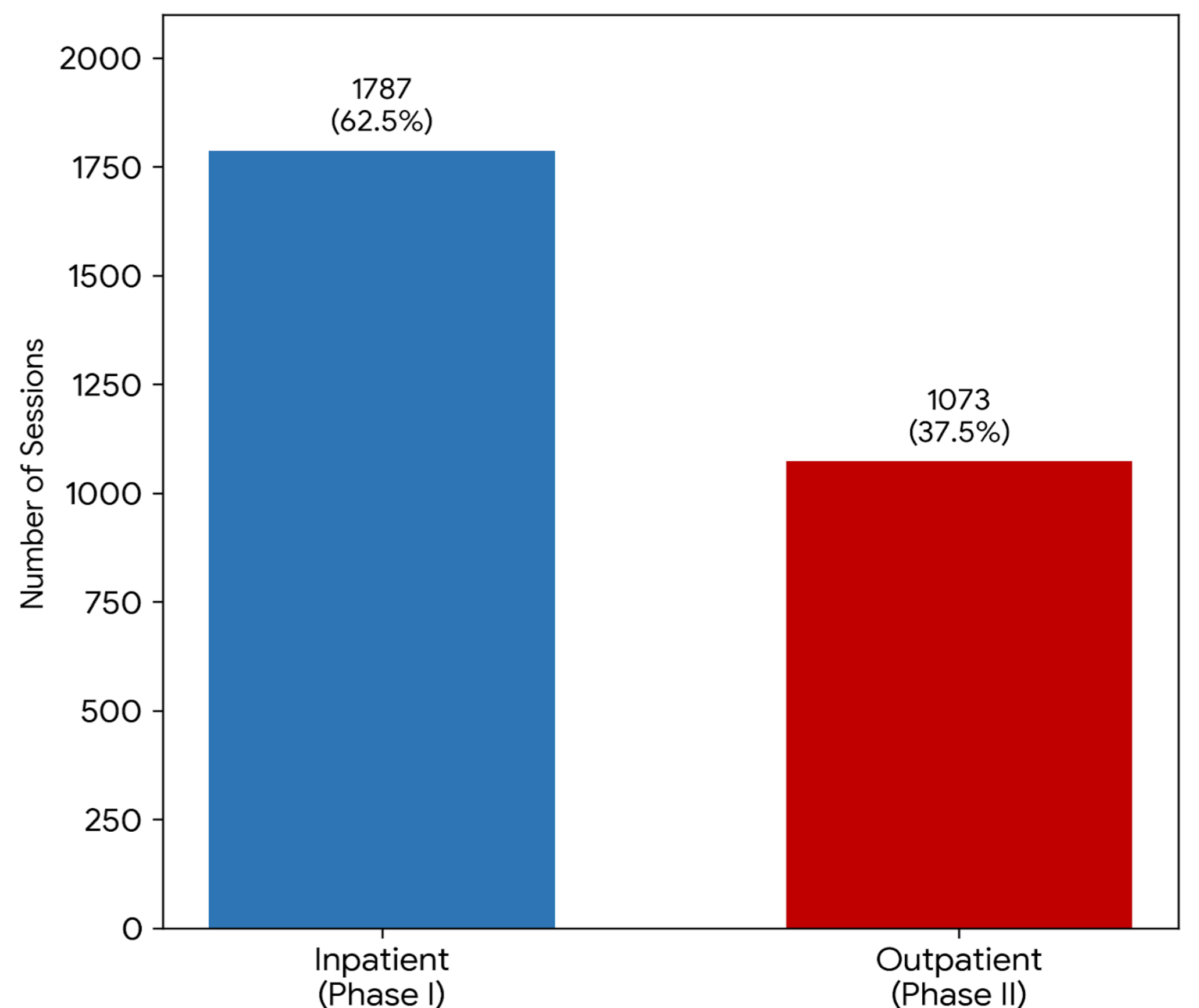


Fig.2

Figure 2. Comparison of CR (Annual Cumulative Sessions)



## Conclusion

The center demonstrates a safe and active CR model with a strong emphasis on early inpatient intervention. The high volume of AMI-related sessions confirms the effective linkage between acute care and rehabilitation. Future strategies should focus on enhancing the transition rate to Phase II to ensure long-term secondary prevention. These data provide a foundational rationale for expanding specialized infrastructure in regional cardiovascular centers.