The Heart Reset: Your Guide to Moving Safely After a Cardiac Event

What strategies can help you regain strength after a heart incident? Understanding your needs is vital

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Introduction: From Fear to First Step

My Story & Why This Book Exists

When my father was diagnosed with atrial fibrillation, I did what any son would do. I worried. Then I did what any fitness professional with three decades of experience would do—I went and learned everything I could about the condition and the medications that came with it. I sat with the discharge papers, I read the leaflets, I asked questions. Not because I was trying to become his doctor, but because I wanted to understand what was happening in his body and how I could help him move forward safely.

That experience changed how I saw my work. I had already spent over twenty-five years working in a leisure centre, surrounded by people trying to get fit, lose weight, or recover from injuries. I knew fitness inside and out. But when someone you love gets a cardiac diagnosis, the gap between what the hospital tells you and what you actually need to know to live well suddenly becomes very clear. You don't just need to know what happened. You need to know what comes next, and whether it's safe to do the things you used to do.

I joined the GP referral team and the cardiac Phase IV team at my centre because I saw that gap up close. I wanted to be the person who could stand in that space between the hospital and the gym and say, "I know this feels scary. I know you're not sure what your body can handle now. But you can move, and I can show you how." That's the work I've been doing ever since, and it's the work that led to this book.

Along the way, I've pursued additional training in pulmonary rehab, long-term neurological conditions, diabetes management, and low back pain, as well as becoming a sports therapist and pilates therapist. But the heart is where my focus landed. Not because it's the only important part of the body, but because a cardiac event touches everything. It changes how you think about every step you take, every flight of stairs, every walk to the shops. The fear sits there quietly, even on the good days.

This book is the guide I wish my father had been handed when he was first diagnosed. It's the conversation I've had with dozens of patients in their first week after being referred to me. It's the reassurance I've given to people standing nervously at the gym door, and the confidence I've watched them build week by week. It's everything I've learned about helping people move safely after a cardiac event, written down so you can carry it with you.

Who This Book Is For

If you're reading this, chances are you or someone you love has been through a cardiac event. A heart attack, a bypass operation, an atrial fibrillation diagnosis. Something happened that changed the way you think about your body, and now you're sitting with a stack of leaflets and a head full of questions that feel too big to ask. You might be fresh out of hospital, still wearing the bracelet and moving slowly around the house. Or you might be a few weeks or months down the line, already through your Phase III supervised exercise programme, looking at what's next.

This book is for the person who feels overwhelmed by medical jargon and unsure where to start. It's for the person who wants to move again but feels scared to get their heart rate up. It's for the person who has been told that exercise is good for them but hasn't been told how to do it in a way that feels safe. It's for anyone who wants to understand their condition better without needing a medical degree.

You don't need to be an athlete to benefit from this book. In fact, you barely need to have set foot in a gym before. What you need is a willingness to learn about your own heart and a readiness to take that first cautious step toward moving again. Everything in these pages is written to meet you where you are right now, not where you used to be before your event.



I've written this specifically for people at the transition point—the moment where the hospital's supervised care starts to feel further away and you start to think about what your new normal looks like. Whether you've just been referred to a community exercise programme or you're already signed up and feeling nervous, this guide will help you understand the journey ahead and walk into it with more confidence than you thought possible.

The Promise of This Book



Here's what I want this book to do for you. I want it to take the mystery out of your recovery. When you leave the hospital after a heart event, the amount of information thrown at you is overwhelming. Medications, future appointments, dietary advice, activity restrictions. It all blurs together. By the time you get home, you might remember less than half of it, and the half you do remember might not feel like enough to make good decisions.

This book will help you make sense of the things that matter most for your day-to-day life. You'll understand your cardiac condition in plain language—not the watered-down version, but the real mechanism of what happened and what it means. You'll understand the medications you're taking and why they affect how you feel during exercise. You'll learn how to judge your own effort level accurately, even when your medication makes your heart rate unpredictable. And you'll get a clear picture of what a Phase IV cardiac class looks like and why it's structured the way it is.



More than that, I want you to feel less alone in this. A cardiac event is isolating. Everyone around you is relieved you survived, but they don't always understand the quiet anxiety that follows. You wonder if you'll ever feel strong again. You wonder if every twinge in your chest is something to worry about. You wonder if you're doing too much or too little. These are normal questions, and this book takes them seriously.

My promise is this: by the time you finish reading, you'll have a clearer head and a calmer heart. You'll know what to expect at each stage of your recovery. You'll have practical tools you can use every day. And you'll understand that movement, done safely and gradually, is one of the most powerful medicines available to you. Not a vague prescription, but a specific, doable plan that meets you at your own pace.

How to Use This Guide

This book is designed to be read in order, but you don't have to wait until you've finished it before you start moving. Each chapter builds on the one before it, but each one also stands on its own. If you're currently in Phase III and mostly curious about what Phase IV will involve, you can jump ahead to the chapters that interest you. If you're already signed up for a class and feeling nervous about your first session, skip to the part that explains what to expect. The book will make sense either way.

That said, I'd encourage you to read the section on understanding your heart before you dive into the exercise chapters. Even if you think you already know what happened to you, reading it through in plain language can fill in gaps you didn't know you had. And the chapter on medications is worth reading carefully—it explains why your body responds the way it does during exercise, and that knowledge will make everything else easier to absorb.

Use this book as a reference, not just a one-time read. The RPE scale, the safety guidelines, the descriptions of how a class runs—these are things you'll want to revisit as you progress. Keep the book on your bedside table or in your gym bag. Mark the pages that speak to you. Bring your questions to your next appointment or class. The more you engage with the material, the more confident you'll feel in your own body.

I've written this in the same voice I use when I'm standing next to someone in the gym. Direct, warm, and never condescending. You're not a patient in this book—you're a person learning to trust your heart again. Let's get started.

02

Chapter 1: Understanding Your Heart's "Reset" Journey

The Event & The Healing Process

A heart attack, a bypass operation, or an episode of atrial fibrillation can feel like the ground has shifted beneath your feet. One minute you were living your normal life, and the next you were in a hospital bed hearing words that didn't quite make sense. You probably nodded along as doctors spoke, but later, alone in the quiet, the questions came flooding in. What actually happened to my heart? Will it heal? Can I ever move normally again?



Let's strip away the medical fog and talk about your heart in plain terms. A myocardial infarction, often called a heart attack, happens when a section of the heart muscle doesn't get enough blood and oxygen. Without that supply, part of the muscle becomes damaged. A coronary artery bypass graft, or CABG, is a surgery where a blood vessel from elsewhere in your body is used to create a new route around a blocked artery. Atrial fibrillation, known as AF, is a condition where the heart's rhythm becomes irregular and sometimes too fast, making it less efficient at pumping blood. Whichever event brought you here, the core truth is the same: your heart has been through something significant, and it needs time and care to recover.

The healing process after a cardiac event is not a single moment but a timeline. In the first days and weeks, your body is working hard to stabilise and repair. Scar tissue can form where muscle was damaged, and the heart begins a process called remodelling—essentially adjusting its shape and function to keep pumping effectively despite the injury. This remodelling can be positive or negative, and that is where exercise, done properly, plays a massive role in steering it toward the good direction.

Many people imagine the heart as a machine that simply breaks and then gets fixed. But the heart is living tissue, and like a sprained ankle or a healing cut, it rebuilds itself over time. The scar tissue from a heart attack is stiffer than normal muscle, and it doesn't contract the same way, but the healthy parts of the heart learn to compensate. With consistent, gradual movement, the whole system becomes more efficient. Blood vessels grow, circulation improves, and the heart learns to work smarter. This is why your rehab journey matters so much, and why it begins not in a gym but in your everyday awareness of your own body.

During this healing phase, you may notice sensations that feel unfamiliar—a twinge here, a flutter there, or fatigue that arrives sooner than expected. This is normal, and it's important to distinguish between the ordinary noise of a body repairing itself and signs that need medical attention. In the early weeks especially, your body is teaching you a new language of sensation. You don't need to understand every signal perfectly, but you do need to listen closely. The chapters ahead will help you recalibrate your relationship with effort and rest so that you can work with your body, not against it.

What I want you to remember is that healing is not passive. It's not just waiting around for the doctor to say you're better. The heart responds to what you do. Gentle movement sends signals that encourage repair, improve circulation, and reduce the workload on your heart over time. Inactivity sends the opposite signal, allowing the cardiovascular system to grow weaker and stiffer. This is not about pushing hard or proving anything. It's about giving your heart the conditions it needs to reset and rebuild.

Why Phase III Matters (The Hospital Referral)

When you left the hospital, you likely received a referral to something called cardiac rehabilitation, often referred to as Phase III. For many patients, this is a supervised exercise programme run in a community setting like a hospital gym or health centre. You attend with other people who have also experienced heart events, and you exercise under the watchful eyes of trained nurses and exercise professionals. This phase is not about getting you fit for a marathon. It's about proving to yourself—and your heart—that movement is safe again.

Phase III serves as the essential bridge between the controlled environment of the hospital and the independence you will eventually want. During these sessions, your heart rate, blood pressure, and symptoms are monitored closely. The exercises are low-level at first, and the progress is measured. You learn to walk on a treadmill, ride a stationary bike, or lift a light weight, all while discovering how your body responds. This is where most patients first start to believe that they can be active without triggering another event.

One of the biggest gifts of Phase III is the reassurance it provides. Fear after a cardiac event is real, and it is powerful. Every twinge can feel like a warning, and every increase in heart rate can trigger panic. When you exercise in a monitored setting and nothing bad happens, you start to build evidence against that fear. You learn that a raised heart rate is not always a threat. You learn that sweating and breathing harder are normal parts of exertion, not signs of impending disaster. This emotional recalibration is just as important as the physical conditioning.

Phase III also teaches you what your body feels like at different levels of effort. That awareness becomes invaluable later when you move to less supervised settings. You begin to recognize the difference between comfortable movement and genuine strain, between the warm buzz of exertion and the sharp or heavy sensations that deserve attention. This internal data, gathered over weeks of Phase III, becomes a reference library you will draw on for the rest of your life. Without this foundation, stepping into Phase IV can feel like being thrown into the deep end.



The structure of Phase III typically lasts around six to twelve weeks, depending on your area and your individual programme. During that time, your confidence and your physical capacity both grow. The workouts progress, the monitoring may decrease, and you start to feel like a person who exercises rather than a patient who is being observed. That shift in self-perception is the groundwork for everything that comes next. Phase III is not the destination; it is the preparation.

If you have already completed Phase III, you did something meaningful for your heart. If you are reading this while still in Phase III, know that each session is building the base for what lies ahead. The transition to Phase IV is not a break from your progress—it is the natural next step on a continuous path. And that path is the whole point of this book.

The Transition to Phase IV and Cardiac Rehab

Leaving Phase III can feel like losing a safety net. For weeks or months, you exercised with professionals watching your every move, and now you're told you're ready for Phase IV or Cardiac Rehab—a community-based exercise class in a leisure centre or gym. The shift sounds simple on paper: the monitoring decreases, and you exercise more independently. But emotionally, it can feel like being handed the keys to a car after only ever driving with an instructor beside you. It's normal to feel excited and nervous at the same time.

What actually changes between Phase III and Phase IV is the level of supervision and the expectation of self-management. In Phase III, the programme is typically hospital-led and tightly structured around your recovery. In Phase IV, you join a class led by a qualified instructor, but the responsibility for pacing and listening to your body shifts more toward you. The instructor is there to guide, to correct, and to keep the session safe—but they are not watching your personal heart rate every second. You are asked to be an active participant in your own progress.

This shift is not a sign that the medical system thinks you're cured and can now be left alone. It's a sign that you've reached a stage where you no longer need constant monitoring to exercise safely. That is actually a milestone worth celebrating. It means the experts believe your body has stabilised enough, and you've learned enough, to manage normal exercise without minute-by-minute oversight. The safety net isn't being pulled away—it's being folded down because you've built your own sense of balance.

The mindset shift from "patient" to "exerciser" is one of the most important transitions in cardiac rehab. As a patient, you wait for permission and look to others for reassurance. As an exerciser, you begin to trust your own body and make decisions in real time. You might notice this shift happening gradually: you stop asking the nurse if you should slow down and instinctively answer that question yourself. You start to feel less like someone recovering from damage and more like someone capable of building strength. That internal change is as real as any physical improvement.

Phase IV and Cardiac Rehab classes, like the one I teach, are specifically designed for people who have completed Phase III but still need structured, appropriate exercise in a group setting. The class is adapted for cardiac patients, with careful attention to intensity, duration, and progression. You won't be thrown into a general fitness class where the instructor doesn't understand your history. You'll be surrounded by people who share similar experiences, led by someone who knows exactly what your heart has been through and what it needs now. That sense of belonging, of being in a group that understands without needing explanation, is one of the quiet strengths of Phase IV and Cardiac Rehab.

If you're feeling uncertain about stepping into Phase IV, that's not a sign you're not ready. It's a sign you're taking your heart seriously, and that seriousness will serve you well. The transition is meant to feel like a step forward, not a leap into the unknown. You have the knowledge from Phase III, you have the awareness of your body, and now you have a space where both can be put to use. The next chapter of your reset begins with a simple decision: to keep moving.

Common Fears & Psychological Hurdles

The heart is not just a muscle. It carries the weight of our emotions, our memories, and our deepest fears. After a cardiac event, that weight can feel enormous. You may find yourself afraid to walk uphill, afraid to climb stairs too quickly, afraid to let your heart rate rise at all. Every beat that feels too strong or too fast can trigger a spiral of anxiety. This fear is incredibly common, and it is not weakness. It is your body's way of protecting you from what it perceives as danger. The challenge is learning when that alarm is helpful and when it's simply too loud.

One of the most frequent fears I hear is the fear of overdoing it. Patients worry that if they push even slightly too hard, they will cause another heart attack or some other catastrophic event. This fear is understandable, but it often leads to a cycle of complete inactivity, which is far more harmful than measured movement. The heart thrives on gradual challenge. When you avoid activity entirely, you lose cardiovascular fitness, your blood pressure regulation worsens, and your confidence erodes. The very thing you're afraid of—a weak, fragile heart—becomes more likely the longer you stay still.

Another psychological hurdle is the feeling that your body has betrayed you. Before the event, you may have considered yourself reasonably healthy or at least strong enough to get by. Then your heart failed you without warning. That sense of betrayal can breed mistrust. You might start second-guessing every physical signal, unable to tell what's a normal ache and what's a warning. Rebuilding trust with your own body is slow work. It happens a little more each time you move, feel your body respond, and realise you're still safe. Phase III plants these seeds; Phase IV waters them into something resilient.

There's also the burden of other people's fear. Family members may hover, discourage you from exerting yourself, or treat you as fragile. Their concern comes from love, but it can feed your own anxiety and make you question every step forward. You may face comments like "Should you really be lifting that?" or "Don't you think you should rest?" Learning to handle these well-meaning voices is part of the emotional recovery. You can acknowledge their care while also gently asserting that your programme is safe, supervised, and exactly what your heart needs. Support matters, but so does independence.

Perhaps the hardest hurdle is the quiet grief for who you were before. A cardiac event changes how you see yourself. You may mourn the version of you who never thought about heart rates or medications or warm-ups. That grief is real and deserves space. But identity is not fixed. The person you are becoming—someone who understands their heart, moves with intention, and values their health—is not a lesser version of you. It's a wiser one. The reset journey includes rebuilding not just your physical capacity but your sense of who you are.

None of these fears disappear overnight. They fade through repeated experience, through small wins, and through the steady accumulation of evidence that your heart can handle movement. Each class, each walk, each stretch is a vote in favour of your own capability. You don't need to be fearless to keep moving. You just need to move even while afraid, and that act of moving quietly teaches your mind what your body is already learning: you are more resilient than you think.

03

Chapter 2: Your Medication & Your Exercise – A Safe Partnership

Beta-Blockers, Statins, and Blood Thinners (Oh My!)

After a cardiac event, most people leave the hospital with a small pharmacy in a paper bag. It can feel overwhelming and a little frightening. You may have been given four, five, or even six different medications, each with a name you cannot pronounce and a list of potential side effects that reads like a horror story. Yet these drugs are not your enemy. They are the scaffolding that keeps your heart stable while it heals, and they allow you to exercise safely. Understanding them at a basic level takes away much of their power to frighten you.



Beta-blockers are among the most common medications prescribed after a heart attack or bypass surgery. Their job is simple: they slow your heart rate down and reduce the force of each beat. This means your heart uses less oxygen and works under less strain, which is exactly what it needs during the early stages of recovery. The downside is that you may feel more tired than usual, especially when you first start taking them. Your heart simply will not respond to exercise the way it used to, and that can be confusing until you understand the reason.



Statins are another frequent companion on the road to recovery. They lower cholesterol levels in your blood, which slows the build-up of fatty deposits in your arteries. In rare cases, statins can cause muscle aches or stiffness, and these symptoms can become noticeable when you start exercising more regularly. If your legs or shoulders feel unusually sore despite doing the same gentle movements, it is worth mentioning this to your GP or cardiac nurse. Often the solution is as simple as adjusting the dose or switching to a different statin.

Blood thinners, sometimes called anticoagulants or antiplatelets, reduce the chance of a blood clot forming in your heart or blood vessels. They are particularly important if you have atrial fibrillation or have had a stent fitted. The main thing to be aware of during exercise is that blood thinners increase your risk of bruising and bleeding. A small knock on a piece of gym equipment that would normally leave no mark can now produce a vivid purple bruise. This is rarely dangerous, but it can be alarming if you do not understand why it happens.

ACE inhibitors are a fourth group of drugs many cardiac patients take. They relax and widen your blood vessels, which lowers your blood pressure and makes it easier for your heart to pump blood around your body. During exercise, ACE inhibitors can make you feel light-headed if you stand up too quickly or if you push yourself harder than your body is ready for. This does not mean the medication is wrong—it means you need to move at a pace your current blood pressure can handle, and that pace will improve over time.

A common mistake people make is to see these medications as a sign of permanent weakness. They think that needing pills means their body has failed them, and they sometimes stop taking them on their own because they feel okay. This is dangerous. Your medications are not a punishment for your heart event. They are a bridge that carries you from the fragile early days of recovery to the stronger, more resilient place you are heading. Treat them with respect, take them as prescribed, and never stop them without talking to your doctor first.



Listening to Your Body on Meds

Here is a truth that surprises almost everyone who starts cardiac rehab: your heart rate monitor may start to look like it is broken. Before your heart event, you might have watched your heart rate climb quickly when you walked uphill or carried heavy shopping. Now, despite feeling like you are working hard, the number on the screen barely moves. This is not a fault in the monitor. It is your beta-blocker doing exactly what it was designed to do—preventing your heart rate from rising too sharply, even when your muscles are asking for more oxygen.

This effect has a medical name: chronotropic incompetence. It sounds alarming, but it simply means your heart cannot accelerate its beat as rapidly as it once did. Your heart is still pumping, your blood is still flowing, and your muscles are still getting oxygen. The system works, but the rhythm is different. If you cling to the old numbers you used to see on a gym machine or a fitness watch, you will either feel frustrated that you are not progressing or you will push harder than is safe. Neither outcome helps you.

The solution is to shift your attention away from heart rate and toward something far more personal: how you feel. Your body is constantly sending you signals about how hard it is working, and those signals are more reliable than any monitor when you are on cardiac medications. How fast are you breathing? Can you speak a full sentence without gasping? Do your muscles feel warm and engaged, or are they burning and shaking? These sensations tell you more about your effort level than a number on a wrist strap ever could.

I often tell my patients to imagine their heart rate monitor is a helpful but unreliable friend. It means well, but it does not know about the beta-blocker in your system. Your perceived exertion—the subjective sense of how hard you are working—does know. It takes into account your medication, your sleep quality, your stress levels, and how your body feels on that particular day. Learning to trust that inner signal is one of the most important skills you will develop in Phase IV cardiac rehab, because it travels with you everywhere you go.

The Borg RPE Scale – Your Built-In Monitor

The Borg Rating of Perceived Exertion scale, often just called the RPE scale, is one of the simplest and most powerful tools you can carry into any exercise setting. It was developed by a Swedish researcher named Gunnar Borg, and it asks you to rate how hard you feel you are working on a scale from six to twenty. The scale was designed to correlate with heart rate, but it works independently of any device, which makes it perfect for people whose heart rate response is blunted by medication.

On the Borg scale, a score of six means you are sitting completely still, doing nothing more demanding than reading this book. A score of twenty means you are working at a level you could not sustain for more than a few seconds—an all-out sprint that would leave you gasping. In between lie the zones that matter for cardiac rehab. A score of eleven is light effort, like a gentle stroll through a park. A score of thirteen feels like a brisk walk, where you are breathing a little harder but can still hold a conversation. A score of fifteen feels challenging, the point where talking becomes more difficult but not impossible.

For most people in Phase IV cardiac rehab, the sweet spot during the work rounds is a Borg score of twelve to fourteen. This is the range where you are challenging your heart and muscles enough to build fitness, but not pushing so hard that you risk overloading your healing cardiovascular system. You should feel warm, slightly breathless, and pleasantly tired—never dizzy, never in pain, and never so short of breath that you cannot speak a sentence. If you can sing, you are not working hard enough. If you cannot speak at all, you are working too hard.

How do you actually use the scale during my class? You will be moving through stations every forty-five seconds, and you will have plenty of chances to check in with yourself. During the thirty-second changeover, ask yourself: what number am I right now? If you are at a fifteen during the first round, that is your signal to ease back slightly during the second round. If you are only at a ten during the final round, you might be ready to push a little harder next week. The scale is not a test. It is a conversation with yourself, and it gets easier every time you use it.

One of the beauties of the RPE scale is that it adjusts automatically for your circumstances. On a day when you slept poorly or you are fighting off a cold, a gentle warm-up might feel like a fourteen. On a day when you are full of energy, the same movement might feel like an eleven. The scale honors those differences instead of demanding a fixed number, which makes it a compassionate guide through the ups and downs of recovery. You can use it on a treadmill in the gym, on a walk to the shops, or while climbing stairs at home. It is always there, built into your own perception.

When to Hold Off & When to Push Through

One of the hardest questions any cardiac patient asks is: how do I know if this feeling is normal or if something is wrong? The answer is rarely black and white, but there are some reliable guidelines that can help you make confident choices in the moment. The most important distinction to learn is between normal workout fatigue and medication-related symptoms that require attention. They feel different, and once you know what to look for, the fear of exercising begins to fade.

Normal workout fatigue arrives gradually, builds during the effort, and eases within a few minutes of resting. Your muscles might feel heavy, your breathing might deepen, and you might feel a pleasant warmth spreading through your body. This is your cardiovascular system responding to the challenge you are giving it, and it is exactly what you want. By the time you finish your cool-down, this fatigue should have largely resolved. You might feel tired for the rest of the day, but you should not feel unwell.

When a symptom comes on suddenly, feels sharp or severe, or does not improve when you stop moving, that is a different story. Dizziness that makes the room spin, chest pain that feels tight or crushing rather than simply warm, or breathlessness that does not settle after a minute of rest—these are all signals to pause and pay attention. You are not being dramatic by sitting down and taking stock. You are being responsible, and that is exactly what your heart needs from you.

Some medication side effects are familiar and manageable. Feeling a little light-headed when you stand up from a floor-based stretch is common with ACE inhibitors, and it usually passes within seconds. Bruising easily from blood thinners is harmless, even if it looks dramatic. Aches from statins can be annoying, but they often shift or soften with time. The key is to notice patterns. If a symptom keeps appearing at the same point in the class, or if it seems to be getting worse rather than better over several weeks, that is worth a conversation with your GP or cardiac nurse. If a symptom is entirely new, severe, or frightening, stop and get advice the same day.

Avoid the trap of comparing yourself to other people in the class. Some patients push through discomfort because they do not want to look weak, and others hold back so much that they miss out on the benefits of exercise. Your job is not to match anyone else. Your job is to pay attention to your own body and honor what it is telling you. That is not weakness. That is the foundation of safe, sustainable recovery, and it is a skill that will serve you for the rest of your life.



04

Chapter 3: The 45-Minute Heart-Smart Circuit – Your Blueprint

The Structure & The Why

When you walk into my class for the first time, the room might look like any other exercise space—mats on the floor, chairs against the wall, a few light weights on a rack. But the structure of the next 45 minutes is anything but random. Every minute has a job to do, and understanding that job will make you feel less like a visitor and more like someone who belongs here.

The class breaks down into three clear parts. We begin with a 10-minute warm-up that moves your body gently and steadily. Then we move into the main work: six stations, 45 seconds at each, with a 30-second changeover between them. After those six stations, you take a water break. Then we repeat the whole six-station circuit two more times—three rounds in total. Finally, we close with a 10-minute cool-down and stretch.

Why this format? Because your heart responds best to gradual change. A long warm-up gives your blood vessels time to open up and your heart rate a chance to rise slowly instead of jumping. The 45-second work intervals are long enough to challenge your muscles and circulation but short enough that you never feel trapped in an exercise. And the 30-second changeover is deliberate—it gives you time to move safely to the next station, catch your breath, and reset your posture without rushing.

Three rounds of six stations means you visit each movement three times. That repetition builds familiarity, and familiarity builds confidence. The first time you try a wall push-up, you're thinking about form. By the third round, your body knows what to do and your mind can relax. That's when the real benefit starts to show.

The cool-down is just as important as the work itself. After your heart has been pumping steadily, stopping suddenly can make you feel lightheaded or dizzy. A gradual cool-down lets your blood pressure return to normal while your legs keep moving just enough to push blood back up toward your heart. The stretching at the end helps prevent the stiffness that can show up hours later, especially if you're new to exercise.

The overall goal of this 45-minute blueprint is simple: challenge you safely, never overwhelm you, and leave you feeling better at the end than you did at the start. That's the standard I work to in every class, and it's the same standard you'll learn to expect.

The Extended Warm-Up (Minutes 1-10)

Most people think of a warm-up as a quick stretch and a few jumping jacks. In a cardiac class, the warm-up is the most important ten minutes of your session. It's not a formality—it's the bridge between sitting in your car and asking your heart to work. Skipping it would be like starting a cold engine and immediately flooring the accelerator.

We start seated with simple marching in place. Not fast, not high—just a steady, gentle lift of the knees while your arms swing naturally. This gets blood flowing to your legs, which are the largest muscles in your body. When those muscles start working, they demand more oxygen, and your heart responds by pumping a little harder and a little faster. That's exactly what we want, but we want it gradually.

A few minutes in, I'll add gentle arm circles and shoulder rolls. Your upper body needs blood flow too, especially if your day has involved a lot of sitting. Tight shoulders can make your whole chest feel constricted, which is the last thing you want when you're about to exercise. Releasing that tension also makes the work feel easier once it starts.

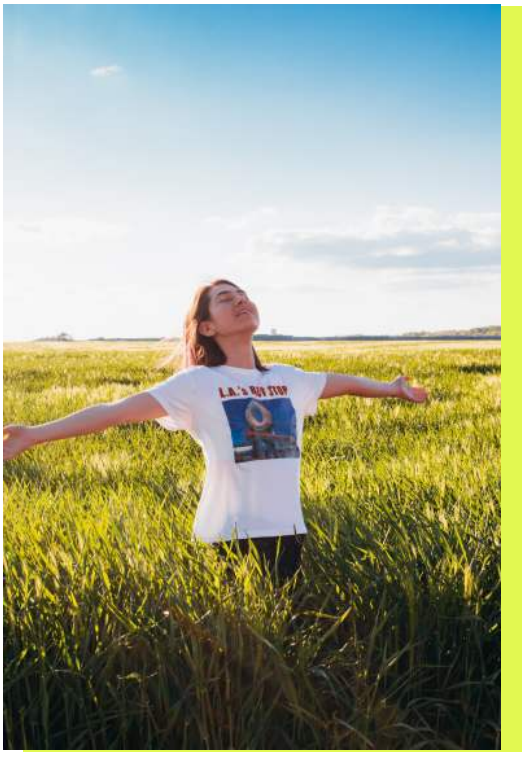
We then stand up and repeat the same exercises standing. Marching and moving our arms.

From marching we move into step taps—side to side, front to back—and heel raises. These movements wake up your ankles, knees, and hips without putting stress on any single joint. For some of you, this will feel too easy. That's fine. The warm-up is not where you prove anything. It's where you prepare.



We finish the warm-up with some stretching to get the muscles ready for the main work part of the class. By the end of ten minutes, you should feel warm without being breathless. Your heart rate will have risen slightly, your joints will feel loose, and your mind will be focused on the room rather than on whatever happened before you walked in.

If you arrive late, I will always ask you to warm up on your own before joining the circuit. Do not skip this step, ever. The ten minutes at the start are your protection against strain, and they teach your body that exercise is a conversation, not a command.



Once the warm-up is done, I'll point you toward the first station. The room is set up with six stations, each one a simple exercise that you will do for 45 seconds. There is no competition, no score being kept, and no expectation that you move at anyone else's pace. The only person you are working against is who you were last week.

Let me walk you through the flow. When the timer starts, you work at your station for 45 seconds. You might be marching with high knees, doing a wall push-up, performing a chair squat, or stepping onto a low platform. The exercises vary from class to class, but they all share two qualities: they raise your heart rate moderately and they use your large muscle groups in a controlled way.



The Work Rounds: 45 Seconds On, 30 Seconds Off

After 45 seconds, the timer beeps, and you have 30 seconds to stop, take a breath, and move to the next station or exercise. That changeover time is not wasted time. It's your chance to notice how you feel, grab a sip of water if you need it, and set yourself up with good posture before the next interval begins. For many cardiac patients, this built-in recovery window is what makes the class feel manageable instead of intimidating.

One of the most common mistakes new participants make is going too hard in the first round. They feel good, the music is playing, and they push themselves like they're training for a race. Then round two arrives and they're exhausted. The key to this class is pacing. Aim to finish all three rounds feeling like you could have done a little more, not like you've got nothing left.

As you move through the six stations, you'll notice a rhythm developing. Work, rest, move. Work, rest, move. That rhythm is deliberate—it mirrors the natural rhythm of your heart, which works and rests with every beat. By following that pattern, you're training your cardiovascular system to recover efficiently, and that recovery capacity is one of the most important things you can build after a cardiac event.

The stations are arranged so that no two consecutive stations target the same movement pattern in the same way. You might do a lower-body exercise followed by an upper-body one, or a standing movement followed by a seated one. This rotation gives each muscle group time to recover while another part of your body works, which is why 45 seconds never feels like too much.

At the end of each full circuit—after all six stations—you'll hear me call out for a water break. Take it seriously. Hydration affects your blood pressure and your heart's workload, and those 60 to 90 seconds of rest between rounds are part of the design, not a pause in the action.



The Cool-Down & Stretch (Minutes 35-45)

When the third round ends and the timer stops, the class is not over. We still have the most overlooked part of the session ahead: the cool-down. After 30 minutes of steady work, your heart rate is elevated and your blood is moving quickly through your body. Stopping dead would be a shock to the system, so we transition gently.

We start the cool-down the same way we started the warm-up—with slow marching around the room. The goal now is the opposite of the beginning. Instead of gradually raising your heart rate, we're gradually lowering it. This gives your blood vessels time to adjust and prevents blood from pooling in your legs, which can cause dizziness or lightheadedness.

After a few minutes of light movement, I'll guide you into stretches. We hold each stretch for about 20 to 30 seconds, breathing steadily and never forcing a position. You'll stretch your calves, your thighs, your hips, your chest, and your shoulders. These are the areas that tightened up during the circuit, and stretching now will reduce tomorrow's stiffness.

I always remind the class to keep breathing during the stretches. It sounds simple, but when people focus on a stretch, they often hold their breath without realizing it. Holding your breath raises your blood pressure and defeats the purpose of the cool-down. Deep, slow exhales help your nervous system shift into recovery mode, which is exactly where we want you.

This ten-minute period is also a chance to notice how your body feels after exercise. Do your legs feel tired but steady? Is your breathing settling back to normal? Are you aware of any areas that feel unusually tight? Pay attention to these signals without judgment. They tell you how your body responded to the session, and that information is useful for the next time you attend.

By the time the stretching is done, your heart rate should be close to its pre-exercise level and your breathing should feel easy. You should feel a sense of completion—not exhaustion, but accomplishment. The cool-down is the bridge back to the rest of your day, and crossing it slowly means you'll leave the class feeling energized rather than drained.

Please do not skip the cool-down to get home sooner. Those ten minutes are when your body banks the benefits of the work you just did. Leave early and you miss the recovery phase that makes the next class—and the next day—feel better.

Your First Class – A Step-by-Step Walkthrough

If you're nervous about attending your first class, that's normal. Walking into a new room with new people is a big step, especially when exercise feels unfamiliar. But the more you know about what to expect, the less intimidating it becomes. Here's exactly what will happen from the moment you arrive.

You'll check in at the front desk and let them know you're here for the cardiac class. If it's your first time, I'll introduce myself before the session starts and ask how you're feeling that day. I want to know if you've been unwell, if you slept poorly, or if anything feels off. That information helps me keep an eye on you during the class and suggest adjustments if needed.

You don't need special equipment. Wear comfortable clothes you can move in and supportive shoes. Bring a water bottle—hydration matters—and if you use a GTN spray or any medication your doctor has told you to keep close, bring that too. I'll show you where to put it so it's within reach during the session.

When the class begins, take your place anywhere you feel comfortable. I'll position myself so everyone can see the movements clearly, and I'll demonstrate each exercise before we start the circuit. If you're unsure about a station, watch me first, then try it at your own pace. There is no penalty for modifying a movement or asking a question.

During the class, I'll call out timing cues—when to start, when to change stations, when to take water. I'll also remind you to check in with yourself. If you need to slow down mid-interval, slow down. If you need to sit for a moment, sit. The class is built for adaptation, and my priority is that you finish feeling capable and safe, not that you keep up with anyone else.

At the end, I'll check in with you again before you leave. I'll ask how the session felt and whether anything was uncomfortable. If you have questions about the movements or about how your body responded, that's the time to ask. These check-ins are part of every class, not just the first one, because your experience from week to week is the best guide we have for your progress.


Club-K

05

Chapter 4: Navigating Setbacks & Plateaus

The “Bad Day” vs. A Real Problem

When you exercise with a heart condition, every twinge can feel like a warning. That tightness in your chest. That flutter. That sudden wave of tiredness. Your mind goes straight to the worst-case scenario, and suddenly you're frozen, afraid to take another step. I see this in class all the time—someone pauses mid-exercise with wide eyes, not because something is wrong, but because something feels unfamiliar. The problem is that fear itself can stop you from getting stronger.

Let's be clear about what's normal. After a workout, you might feel tired. Your muscles might ache for a day or two, especially if you're new to resistance work. You might feel a bit breathless during the effort itself. These are signs your body is adapting, not signs of danger. True cardiac warning signs are different—they don't fade when you rest, they often come with other symptoms, and they tend to feel heavy, pressing, or intensely uncomfortable rather than simply tiring.

I want you to learn your own baseline. For the first few weeks of class, notice how your body responds to each station. How does your chest feel when you march? What happens to your breath during the wall push-ups? Once you know your normal response, you'll be able to spot a genuine deviation much faster. This is not about ignoring symptoms—it's about building a reliable reference point so you can respond with clarity instead of panic.

Here's a simple rule I teach: if a symptom arrives suddenly, feels intense, and doesn't improve when you stop and sit down, that's a real problem. Call for help. If a symptom builds gradually during effort, matches what you've felt before, and settles within a few minutes of rest, that's more likely your body doing its job. Trust the pattern, not the fear.

But let me be very direct. If you ever feel prolonged chest tightness—more than a few minutes—especially if it spreads to your jaw, arm, or back, do not wait. If you feel dizzy, faint, or unusually breathless for more than a couple of minutes after stopping, do not tough it out. Phone your GP or call 999. It is always better to be checked and told you're fine than to ignore something that isn't.

Write down the number for your cardiac rehab team or your GP clinic and keep it in your phone and on your fridge. In the moment, you won't want to search for it. Having it ready means you can act quickly and calmly. Many of my class members tell me that just knowing the number is there reduces their anxiety enough to exercise more confidently.

Dealing with Fatigue, Breathlessness, and Chest Tightness

Fatigue after a heart event is one of the most common complaints I hear, and it's also one of the most misunderstood. People expect to bounce back quickly, and when they don't, they assume something is wrong. But your heart has been through a major event, and your body is using a lot of energy to heal. Scar tissue is forming, blood vessels are repairing, and your system is recalibrating. That takes fuel—fuel you might otherwise use for exercise.

Breathlessness is another symptom that causes unnecessary panic. During your circuit class, you will get mildly breathless. That's the point. Your body needs oxygen to fuel movement, and your lungs have to work a little harder to deliver it. The key is that this breathlessness should be comfortable—you should still be able to talk in short sentences while you work. If you can't get words out, you're pushing too hard, and you should ease off until your breathing steadies.

Chest tightness can be trickier to interpret. Sometimes it's muscular—your chest wall and shoulders are working during exercises, and they can remind you of their presence afterward. Other times, tightness is related to anxiety, which tightens the muscles around your ribs and makes everything feel more restricted. If the tightness eases when you stretch, change position, or take slow breaths, it's unlikely to be cardiac. But if it persists, worsens, or comes with sweating and nausea, get help immediately.



One of the most powerful tools you already have is pacing. If fatigue hits mid-class, it's perfectly acceptable to sit out a round. If breathlessness feels too much, slow your marching to a gentle step-tap or simply march on the spot. Modifying an exercise is not failure—it's intelligence. The class is designed so you can drop the intensity at any moment without disturbing the flow for anyone else.

Sleep plays a massive role here too. When you're tired from poor sleep, your perceived effort shoots up, your heart rate responds differently, and ordinary exercise feels much harder. If you've had a rough night, plan for a lighter session. Give yourself permission to coast through the class rather than push. Your heart will thank you for the consistency rather than the occasional heroic effort.

I also want to mention hydration and food. A low blood sugar or dehydration can mimic the symptoms of a cardiac problem—dizziness, weakness, lightheadedness. Have a small snack an hour before class and bring water with you. Sipping between rounds is not only allowed, it's encouraged. These small practical steps prevent a lot of the scary moments that derail new exercisers.



The Plateau – Why Progress Feels Slow

Recovery is not a straight line. You might feel fantastic for three weeks, then suddenly everything feels harder. The same walk that felt easy last month leaves you puffed. Your confidence dips. You wonder if you're going backwards. This is a plateau, and it's not only normal—it's part of the process.



When you first start exercising after a heart event, improvements come quickly. Your body responds to the new stimulus, your muscles adapt, your lungs get more efficient, and you feel like you're flying. Then the gains slow down. The improvements become smaller, less noticeable, and sometimes they seem to stop altogether. This is when many people give up, convinced they've hit their limit. But the truth is that your body is simply consolidating what it's learned.

Think of a plateau as your heart and muscles taking a breath before the next climb. They need time to strengthen the new pathways they've built. The work you did last month is still working, even if you can't see it in the mirror or feel it in your step. Rest and recovery are not the absence of progress—they are part of progress.

There's also a mental component to plateaus. When the novelty of your new exercise routine wears off, motivation can dip with it. The class that once felt exciting now feels routine. You might start finding excuses to skip. This is where the real work begins—not physical, but psychological. Can you keep showing up even when the results aren't obvious?

I tell my class members to track the small things. How many rounds did you complete without sitting out? How much water did you drink? How did you feel when you walked up the stairs at home? These mini-metrics matter more than any dramatic transformation. Over weeks, they add up to a clear picture of progress that your anxious mind might otherwise overlook.

You can also shake up a plateau by adjusting your goals. If you've been focused on doing more, shift your focus to doing it better—smoother movements, deeper breathing, better form. If you've been pushing intensity, try a week of gentler sessions to let your body recover fully. Sometimes progress hides behind a little rest.



Injury & Illness Recovery

A cold, a flare-up of an old injury, a bout of flu—any of these can knock you out of your exercise routine for a week or more. When you've worked so hard to build your fitness, losing it feels devastating. But here's the good news: you won't lose it all. Your body remembers what you've done, and returning to your baseline is much faster than building it from scratch.

The first rule of returning after illness is simple: do less than you think you can. Your body has been fighting something, and it needs reserves to fully recover. If you jump straight back into your usual intensity, you risk prolonging the illness or causing a setback. Start with half your normal effort, or even a gentle walk around the block, and see how you feel the next day.

For a cold, most people can return to light exercise once their fever has been gone for at least 24 hours and their symptoms are above the neck—a runny nose, a mild headache, a scratchy throat. If your symptoms are below the neck—chesty cough, deep fatigue, aching muscles—wait until those settle before returning to class. Your lungs need time to clear, and pushing through a chest infection is never worth the risk.

For non-cardiac injuries, like a twisted ankle or a sore shoulder, the key is to modify rather than stop. Tell your instructor what's bothering you. We can almost always find a version of each exercise that works around the injury. A wall push-up becomes a seated punch. Step-taps become heel raises. There is always a way to keep moving without aggravating the sore spot.

I'll share a story from a class member we will call Alan. He had a knee replacement scheduled during his cardiac recovery, and he was terrified that taking six weeks off would undo everything. We worked together to create a seated program he could do at home while his knee healed—upper body work, breathing exercises, gentle core activation. He returned to class without losing his confidence, and his heart fitness was barely dented. The body is more resilient than you think.

When you do come back after an illness or injury, give yourself two or three sessions to simply reacquaint yourself with the class. Don't try to match your old intensity. Let your body guide the pace. Within a few weeks, you'll likely find yourself back where you were, often with a deeper appreciation for what your heart and body can do.

06

Chapter 5: From Patient to Athlete – Making It a Lifestyle

Redefining Your Identity

There comes a moment when the word "patient" stops fitting. It might happen during your tenth class, when you realise you're no longer counting every heartbeat. Or it might happen on a walk, when you notice you're thinking about the scenery instead of your chest. That moment matters. It's the beginning of a new label—one you choose yourself.

For months, maybe years, your identity has been shaped by what happened to you. The heart event became a reference point for every decision. You were the person who had the heart attack, the bypass, the AF episode. That's understandable. It's also heavy. Carrying that label everywhere makes every activity feel like a risk assessment rather than a life being lived.

The shift I see in people who thrive long-term isn't about denying what happened. It's about changing the verb. Instead of "I had a heart attack," they start saying "I recovered from a heart attack." Instead of "I'm a cardiac patient," they say "I'm someone who exercises because I respect my heart." The event becomes part of the story rather than the whole story.

I once worked with a woman we will call Bernadette who introduced herself at parties as "the one with the dodgy ticker." It took a full year of classes before she stopped using that line. When I asked her why she changed, she said she got tired of being defined by a Tuesday in March. Her words, not mine. She's now the woman who walks five miles every weekend and tells people she's "in training for her eighties."

This redefinition isn't vanity. It's practical. The way you talk about yourself shapes the way you move through the world. If you call yourself fragile, you behave fragile. If you call yourself someone who is rebuilding strength, you behave like someone who is rebuilding strength. Your brain hears the labels you use and organises your behaviour to match them.

I'm not asking you to become an athlete tomorrow. But I am asking you to stop placing "just" before every description of yourself. You're not "just a patient." You're not "just getting through." You're someone who survived a serious event and chose to walk into a gym, learn about your medications, and move your body with intention. That's not fragility. That's fortitude.

One practical way to shift your identity is to write down three words you currently use to describe yourself regarding your heart. Now write three words you'd like to be true six months from now. Not fantasy words—realistic ones. Put that second list somewhere you'll see it. You're not pretending. You're practising. And practice is what turns "wanting to be" into "being."

Building Your Support System

Your heart recovery doesn't happen in isolation. It happens in kitchens, on phone calls, in waiting rooms, and on walks with people who care about you. The people around you can be your greatest asset or your biggest obstacle. The difference often comes down to one thing: whether you let them in on the process.

Family members frequently become overprotective after a cardiac event. I see it constantly—partners who panic when someone gets slightly out of breath, adult children who google every symptom and call at odd hours. That behaviour comes from love, but it can also create a cage. If you treat every invitation to move as something that needs permission, you shrink your world.

The solution isn't to ignore their concern. It's to include them in your understanding. Bring your partner to a class observation. Show them the Borg scale and explain how you use it. Let them see that exercise is structured, supervised, and safe. When people understand the system, their fear tends to loosen its grip.

I remember a man we will call Frank whose wife used to sit in the car during his entire class, engine running, convinced he might collapse at any moment. After three months of watching him come out smiling—and after I invited her in to watch a session—she finally turned the engine off and came inside. Six months later, she joined a gentle exercise class herself. Frank joked that he'd created a monster. In truth, he'd created a partner in health.

Your medical team also belongs in your support system. I encourage my clients to share their progress with their GP or consultant. Tell them about the class, the walking, the strength work. Show them what you're doing. When medical professionals see a patient actively engaged in recovery, they often become more collaborative, offering encouragement and specific advice that fits your new activity level.

Friends can be trickier. Some will get it. Some won't. You don't need everyone to understand your journey—you need a few people who do. Find the friend who asks how class went and actually listens to the answer. Find the one who suggests a walk instead of a pub visit. Those relationships, even if fewer in number, are worth their weight in recovery.

You might also find support in unexpected places. The people in your circuit class become familiar faces. You share a nod at the water break, a joke about the music, a comparison of how many steps you each managed this week. Over time, these small connections build something bigger. You're not exercising alone. You're part of a room full of people who all know what the other side of a cardiac event feels like.

One caution: don't let anyone else's fear become your fear. If someone tells you that you shouldn't be exercising, thank them for their concern and check with your medical team. The evidence is clear that structured exercise is safe and beneficial after cardiac events. Your confidence should come from your own experience and professional guidance, not from well-meaning but uninformed opinions.

Building a support system takes time. Start with one honest conversation. Tell someone you trust what you're doing and why it matters. Ask them to support specific things—a weekly walk together, a lift to class, an hour of childcare. Specific requests are easier to fulfil than vague invitations. And once people see your progress, they often become your loudest cheerleaders.



The circuit class is your foundation. It gives you structure, supervision, and consistency. But as you gain confidence, you might start wondering what else is possible. That's a good sign. It means you're no longer just surviving your recovery—you're starting to explore it.

Variety & Progression Beyond the Circuit

Walking is almost always the first addition I recommend. It's free, it's accessible, and it's something you already know how to do. Start with short walks on flat ground, using the same principles you learned in class: easy pace, steady breathing, no sudden bursts. Over time, you can add distance, gentle hills, or a light conversation with a walking partner to gauge your effort.

Swimming can be wonderful for cardiac patients because the water supports your joints while providing gentle resistance. The key is to start slowly and stay in your comfort zone. A relaxed breaststroke or even walking through the water in chest-deep shallows can give you a workout without jarring your body. Many of my clients say the pool feels like a reset button for both body and mind.





Light strength training is another safe addition once you've built a base. I'm not talking about heavy barbells or grunting in a weight room. I mean resistance bands, light dumbbells, or even your own body weight. Squats to a chair, wall push-ups, seated rows with a band—these movements build the muscle that supports your heart and your daily life. Always keep the effort moderate and the breathing steady.

Balance work deserves more attention than it gets. As we age, falls become a real risk, and for someone on blood thinners, a fall is more dangerous than it would be for others. Simple exercises like standing on one foot while holding a chair, heel-to-toe walking, or gentle tai chi can improve your balance and your confidence. Even five minutes a couple of times a week makes a difference.

Yoga and Pilates can also find a place in your week. My background as a Pilates therapist has shown me how much benefit comes from controlled breathing, core stability, and mindful movement. These practices teach you to pay attention to your body, which is exactly the skill you need when exercising with a cardiac history. Look for beginner-friendly classes and always tell the instructor about your medical background before starting.

The important word here is variety—not intensity. You're not trying to win an award for most activities. You're building a week that feels sustainable and interesting. Maybe you do the circuit class twice a week, walk on two other days, and do some gentle strength work at home on a fifth. That's a full, balanced programme that covers cardiovascular fitness, muscular strength, and mobility.

Progression should feel almost boring in its slowness. Add one small thing at a time. Walk five extra minutes. Add one more repetition. Increase the resistance band by one level. Give your body time to adapt before adding more. If you feel like you're not doing enough, remember that slow progress is still progress—and it's the kind that lasts.



The 5-Year Vision

Close your eyes for a moment and think about five years from now. Not next month, not your next check-up—five years. Who do you want to be? What does your typical day look like? What are you doing that you can't do today? This exercise might feel indulgent after months of living day-to-day, but it's exactly what your recovery needs.

A five-year vision gives you something to aim for beyond the next blood test. It shifts your focus from "not getting worse" to "getting better on purpose." There's a world of difference between those two orientations. One is defensive. The other is generative. One asks only what you're avoiding. The other asks what you're creating.

I remember a man named Derek who told me his five-year goal was simply "to be alive." I didn't dismiss that—it's a real fear after a cardiac event. But I asked him to go deeper. What does being alive look like? What would you be doing if you were confident in your heart? After some prodding, he admitted he wanted to walk the coastline near his hometown, a stretch he hadn't managed since before his surgery. That concrete image became his anchor.

Set goals that are specific, meaningful, and slightly outside your current comfort zone. Maybe it's a charity walk. Maybe it's playing with grandchildren without needing to sit down. Maybe it's travelling to a place you've put off because of fear. Whatever it is, write it down. Put a date on it. Then work backwards from that date to today, breaking the journey into smaller steps.

Your five-year vision isn't a contract. It's a compass. Circumstances change—health fluctuates, life happens, priorities shift. That's normal. The point is not to rigidly adhere to a plan written five years ago. The point is to have something valuable on the horizon so that when you face a choice—take the lift or the stairs, decline the walk or say yes—you know which direction you're meant to be heading.

I also encourage you to revisit your vision regularly. Once a year, on the anniversary of your cardiac event or at the start of each new year, sit down and update it. What have you achieved? What's changed? What new goals have emerged? This annual check-in becomes a ritual of self-respect, a reminder that you are actively authoring your own life rather than passively enduring it.

Some of my clients worry that setting goals is tempting fate—that the moment you plan for the future, something goes wrong. I understand that fear. But the alternative is to live in a permanent state of waiting, never committing to anything because you might not be able to fulfil it. That's not protection. That's paralysis. Your heart wants you to live, not merely to survive in cautious stasis.

Five years from now, you could be exactly where you are today—afraid, hesitant, waiting for permission to live fully. Or you could be someone who barely remembers the version of themselves that couldn't walk to the end of the street. The difference isn't luck. It's the choice you make today about who you want to become. Choose with your feet. Choose with your schedule. Choose with your vision.

07

Conclusion: Your Heart, Your Strength, Your Future

You Already Have What You Need

You might remember the first time you sat with your discharge papers, unsure what any of the words meant, unsure if you could ever feel normal again. That version of you was scared, and that fear was reasonable. But you didn't stay there. You read, you asked questions, you showed up to a class full of strangers with a water bottle and a racing mind, and you kept coming back. That matters more than any single workout ever will.

This book was never about turning you into an expert in cardiology. It was about giving you enough understanding to feel steady on your feet when your heart did something new or your medication made a workout feel strange. You now know why a beta-blocker keeps your heart rate lower than you expected, and you know that the effort you feel matters more than the number on a watch. You know what the warm-up does and why the cool-down isn't optional. None of that knowledge disappears when you close these pages. It travels with you.

Think about what you can do now that felt impossible at the start. You can walk into a leisure centre, greet the instructor, set up your station, and move through forty-five minutes without needing to be told what every step means. You can read your own body's signals and make a judgment call about whether to push a little more or pull back. That shift from uncertainty to self-trust is the real achievement. It wasn't handed to you; you built it rep by rep.

There will still be days when you don't feel like going. Days when the car park looks too far from the entrance or the thought of lifting anything feels heavy. That's not a sign the work didn't take. It's a sign you're human. What has changed is that you now have a plan for those days. You know how to modify an exercise, you know how to pace yourself, and you know that missing one session doesn't erase the months of consistency behind you.

Your future isn't a straight line. It will have hills and pauses and the occasional frustrating flat stretch. But you have learned to read the terrain. You understand your heart's healing process, you know what your medications do and don't do, you know how to move through a structured circuit, and you know how to respond when something feels off. That combination of knowledge and practice is your toolkit, and it belongs to you.

You don't need to wait for permission to keep going. You don't need to feel completely fearless to keep going. You need exactly what you already have: the understanding, the habit, and the proof that your body can handle more than your anxious mind once believed. The next session is waiting, and so is the rest of your life.

What You've Built Along the Way

It's easy to get so focused on the next session that you forget to look back at the distance you've travelled. But the person who walked into Phase III with a monitored heart and a mind full of questions is not the same person reading this page. You've accumulated something more durable than fitness — you've accumulated evidence about yourself.

Every time you completed a warm-up when you'd rather have stayed in bed, you built proof that you can follow through. Every time you used the Borg scale to judge your effort instead of letting panic do the judging, you built proof that you can trust your own perceptions. Every time you showed up the week after a rough session, you built proof that setbacks don't have the final word.

And you've built something else, too: a rhythm. The class that once seemed like a confusing blur of stations and timers now has a shape you recognize. You know where the water break falls, you know which exercises ask more of your legs and which ask more of your arms, and you know how your body responds when the session moves from warm-up to work to cool-down. That familiarity is a form of safety. It turns exercise from a test into a practice.

You've learned to listen in a new way. Before all this, you might have ignored the small signals your body sent you. Now you notice when your breathing shifts, when your chest feels tight in a way that's different from simple effort, when your energy is genuinely lower than usual. That attentiveness is a skill, and it will serve you in every part of your life, not just in class.

You've also become someone who asks better questions. When your doctor talks about your medication or your next check-up, you're no longer nodding along without understanding. You can ask how a new prescription might affect your exercise, or whether a symptom you noticed is worth investigating. You're an active partner in your own care now, and that's a profound change from the person who once sat silently with discharge papers he didn't understand.

None of this happened all at once. It happened in small, unglamorous moments — a session you nearly skipped but attended, a conversation with an instructor that clarified something, a night of sleep that finally felt restful. Those moments added up. They are the foundation you'll keep building on for years.

The Habits That Will Carry You

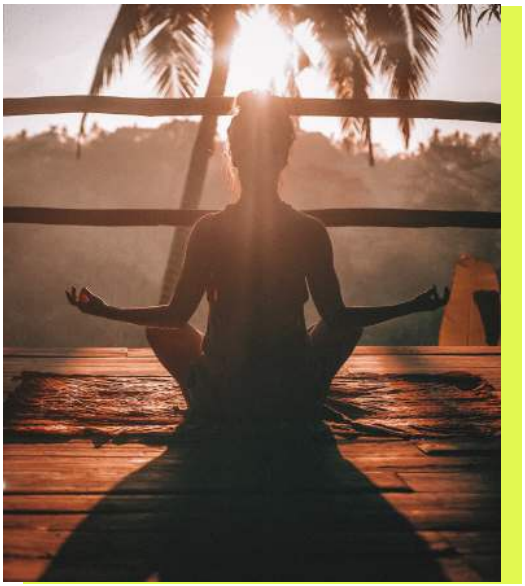
What carries a person through a lifetime of heart health isn't a dramatic transformation. It's the small, repeatable actions that become so ordinary they barely feel like effort. You've already started building those habits. The question now is how to keep them alive when the initial urgency of recovery fades.

Habit lives in the spaces between decisions. The less you have to negotiate with yourself about whether you'll attend class, the more likely you are to attend. That's why structure matters. Your circuit class has a time, a place, and a predictable format. You don't have to decide what to do when you get there — you just have to get there. Protect that structure. Put it in your diary the same way you'd log a medical appointment, because in a very real sense, it is one.



Then there are the habits that live outside the class. Walking on days when you're not doing the circuit. Practicing the stretches you learned during the cool-down. Checking in with yourself about how you're feeling before you start moving. These aren't extras. They're the connective tissue that makes your one or two class sessions per week part of a larger pattern of daily movement.

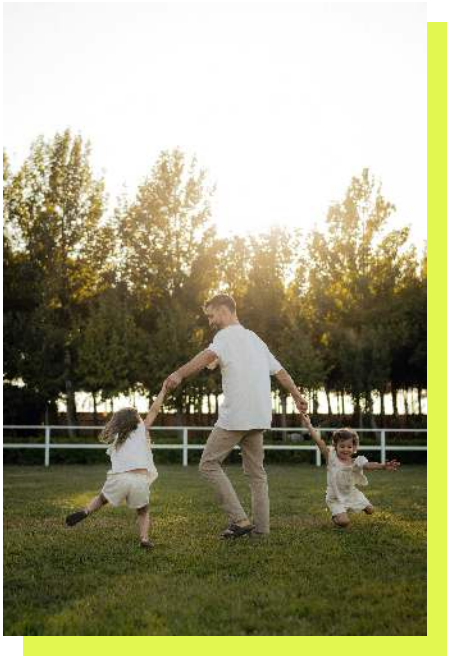
Sleep is part of this picture too. Your body's repair work happens when you're resting, and no amount of exercise can substitute for consistently decent sleep. You don't need to be perfect. But noticing when you're running short on rest and adjusting your intensity the next day is the kind of self-management that keeps you safe and steady.



What about motivation? It will come and go. Expect that. On the days it's missing, fall back on routine instead. You don't need to feel inspired to tie your shoes and drive to the leisure centre. You just need to follow a sequence you've practiced many times. Often, the motivation shows up after you start moving. And if it doesn't show up one day, you still finished a session, which is the actual point.

These habits are yours now. They're not borrowed from anyone else's fitness plan or imposed by a medical team. They fit the life you actually live. That's why they can last. The goal was never to become someone entirely different. The goal was to become someone who moves regularly, trusts his own judgment, and knows when to seek help. You're already that person.

A Future Measured in Ordinary Days



There's a temptation to measure recovery by milestones — the first time you finish a full circuit without stopping, the first time you walk a mile, the first time a doctor says your numbers have improved. Those moments absolutely deserve celebration. But the longer view is quieter. It's measured in ordinary days stacked together, days when you moved your body and felt fine, days that didn't feel like achievements because they felt like life.

That's the future this work has been building toward. Not a dramatic finish line, but a continuing ability to do the things you care about. Walking the dog without dread. Playing with grandchildren on the floor and getting back up. Carrying shopping bags from the car. Standing through a family event without needing to sit down every ten minutes. These are the freedoms that heart health protects, and they're worth more than any single impressive number on a monitor.

You will not think about your heart every day forever. There will come a time when a whole week passes without you worrying about your pulse or double-checking a twinge in your chest. That's not carelessness. That's recovery doing its deep work. You'll still keep your appointments, still take your medications, still attend your class. But the background anxiety that once coloured everything will fade, and what remains is a quieter confidence.

That confidence is what allows you to look forward. Maybe you'll want to try a new activity — a walking group, a gentle swim, a strength session at a different time of day. Maybe you'll set a small goal for the season ahead. Whatever you choose, you'll approach it with the same patient, self-aware approach you've practiced in class. You won't need to rush. You'll know your limits and you'll respect them, which is exactly what lets you expand them safely.



Think about the people who love you. They've watched you go through this, and they've worried. Every time you come home from class with a normal colour in your face and a story about how the session went, you're rebuilding their confidence too. Your steady progress isn't just for you. It's a gift to everyone who has been holding their breath alongside you.

Your heart has been through something significant. It's been cut, or stunned, or thrown into an irregular rhythm, and it has worked hard to heal. It deserves the life you're giving it now — a life of regular movement, sensible medication, good sleep, and the kind of attention that prevents problems instead of just reacting to them. You're not just recovering from something. You're building the conditions for a long, active, ordinary, wonderful future.

Go With Confidence

There is nothing left to prove today. The work you've done — reading through this book, attending your sessions, learning to listen to your body — has already changed your trajectory. What remains is simply to keep walking it. You don't need a perfect plan or a fear-free mindset. You need to keep putting one foot in front of the other, just as you've been doing.

Bring this book back when you need it. Keep it on a shelf or a bedside table where you can find it on a hard day. None of the information in it is urgent in the way a medication label is urgent, but it's all useful in the way a trusted friend is useful — steadying, clarifying, reminding you that you've been here before and you know what to do.

When you walk into your next session, notice how different it feels from the first one. You know the room. You know the routine. You know the instructor and the other people who show up at the same time you do. You belong there now. That belonging was earned, not given, and it's yours to keep.

Trust what you've learned about your own body. You know the difference between effort and danger. You know when to push and when to pull back. You know that rest is part of training, not a failure of it. And you know that your heart, with all its history, is capable of so much more than fear would have allowed you to believe.

I've had the privilege of watching people make this journey many times. The ones who succeed aren't the strongest or the fastest or the ones with the fewest complications. They're the ones who keep showing up. They're the ones who ask questions when they're unsure. They're the ones who refuse to let one bad day become a stopping point. You have become one of those people, and that's the best possible predictor of where you're headed.

Your heart has a future. You have the strength to meet it. You've done the hardest part already, and now the road ahead is yours to enjoy. Lace up your shoes, head to your next class, and move like someone who knows exactly what he's capable of — because now, you do.

08

About the Author

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The author has spent more than three decades working in the fitness industry, with twenty-five of those years based at a busy leisure centre. Over that time, he has built a reputation as a specialist who can be trusted with the people most fitness professionals find challenging: cardiac patients, pulmonary rehab referrals, people living with long-term neurological conditions, diabetes, and chronic low back pain. His qualifications include sports therapy and Pilates therapy, but it is his work on the GP referral team and the cardiac rehab and Phase IV programme that sits at the heart of his practice.

He built his own Multi award winning Health & Fitness centre that combines sports massage with rehabilitation and an onward journey of keeping fit for every day life in a pain free way.

The turning point came not in a classroom or a training weekend, but after a doctors appointment. When his father was diagnosed with atrial fibrillation, he did what he had always done when faced with something he did not understand: he went and learned. He read the leaflets, asked the pharmacists, and studied the medication list until the beta-blockers and blood thinners stopped feeling like foreign language. That experience changed him. It taught him that a diagnosis is not just a medical event; it is a family event, a mental event, and a physical event that ripples outward into every corner of a person's life.

Today he teaches a 45-minute cardiac circuit class for Cardiac Rehab and Phase IV patients, where the goal is not simply to survive a workout but to rebuild confidence, strength, and the belief that the body can be trusted again. He has seen people arrive for their first class gripping the door handle, unsure whether they belong in a gym at all. A few months later, those same people are laughing, and setting goals they never imagined possible. That arc, from fear to capability, is what keeps him coming back to the leisure centre and his own club every week.

That class is not only available in his club, at the leisure centre, but also online at www.club-k.online

He wrote this book because he knows that a cardiac event is lonely. The hospital hands you discharge papers and a list of medications, but nobody sits you down and explains how the next year actually feels. This is his attempt to do that: to be the calm voice in the room, telling you what you need to know, one practical step at a time.


AWARD
WINNER
MULTI AWARD WINNER
FENICE MEDIA
iGap travelguide
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GLOBAL AWARDS
PRESTIGE AWARDS
LTG
CorporateLiveWire
BEST

The Heart Reset:...

"The Heart Reset: Your Guide to Moving Safely After a Cardiac Event" empowers readers to navigate their rehabilitation journey with confidence and knowledge. This comprehensive guide emphasizes the importance of understanding one's body, safely integrating exercise, and managing medications, all while fostering resilience in the face of cardiac challenges. With practical insights and a supportive approach, it transforms recovery into a path of strength and self-empowerment.