

Heart Health & Exercise

Safe, supported movement is powerful medicine for your heart.

NHS Aligned HSE Ireland Evidence-Based



IMPORTANT: Always check with your GP before starting or changing your exercise programme. Stop exercising immediately if you feel chest pain, severe breathlessness, or palpitations. **Call 999/112 if severe.**

YOUR PERSONALISED EXERCISE PRESCRIPTION · FITT FRAMEWORK · NHS / HSE ALIGNED

F	Frequency	3–5 days per week aerobic. Resistance training: 2 days per week once you are comfortable aerobically
I	Intensity	Moderate: 40–60% of heart rate range. Progress gradually over 3–6 months to moderate-vigorous
T	Time	Start 20–30 minutes per session. Build to 30–45 minutes. Target 150 minutes per week
T	Type	Walking, cycling, swimming, water aerobics. Avoid breath-holding during any lifting or resistance work

Building Up Safely

- › Always warm up for 5 minutes before starting
- › Cool down slowly — do not stop abruptly
- › Monitor how you feel using the RPE scale (ask GP)
- › Cardiac rehab: an excellent structured programme
- › Ask your GP if you're eligible for cardiac rehab

Every Day Habits That Help

- › Walk after meals where possible
- › Reduce sitting time — move every 30 minutes
- › Take the stairs when you can
- › Monitor blood pressure regularly at home
- › Combine with a heart-healthy diet (less salt)

★ Supervised exercise after a heart event reduces the risk of dying from heart disease by up to 26%. Cardiac rehabilitation is available — ask your GP for a referral. Regular, gentle activity is safe and life-changing.

Irish Heart Foundation —
irishheart.ie

Cardiac Rehab Ireland

BHF — bhf.org.uk

HSE Heart Health

⚠ WHEN TO CONTACT YOUR GP OR SEEK URGENT HELP

- Any chest pain, tightness, or pressure — even if mild. Call 999/112 if severe
- Sudden severe shortness of breath, dizziness or fainting
- Irregular heartbeat or palpitations that are new or worsening
- Swollen ankles or legs that are getting worse

EXERCISE PRESCRIPTION For completion by prescribing clinician

Date	Patient Name / Addressograph
Prescriber Signature	IMC / GMC No.