

## **JACR Statement**

### **Mission of the Japanese Association of Cardiac Rehabilitation**

#### **■ Mission of JACR**

The Japanese Association of Cardiac Rehabilitation (JACR) aims to promote widespread implementation of cardiac rehabilitation and to improve its quality as an advanced cardiovascular therapy with preventive intervention, and thus to enhance the quality of life (QOL) and long-term prognosis of patients with cardiovascular diseases, thereby contributing to the health and welfare of Japanese citizens.

To achieve these goals, JACR will make every effort to promote and develop scientific research on cardiac rehabilitation, and will work towards developing human resources through the education, training and academic exchange of its members. JACR will also promote mutual cooperation and collaboration with related organizations both in Japan and overseas, and will distribute information, raise awareness, and make recommendations on cardiac rehabilitation to the citizens, health professionals, and general public.

#### **■ Origin of JACR**

JACR was established in 1995, having been preceded by the Cardiac Rehabilitation Research Conference in Japan. JACR has members from a broad range of disciplines, including physicians, nurses, physical therapists, occupational therapists, clinical laboratory technicians, dietitians, clinical psychologists, health fitness programmers, and researchers. From its inception until the present day, membership has continued to increase steadily, and currently stands at approximately 9,000 (2012).

#### **■ Definition of Cardiac Rehabilitation**

Cardiac rehabilitation refers to a long-term, multifaceted, comprehensive program designed to optimize a cardiac patient's physical, psychological, social, and vocational status, in addition to stabilizing, slowing, or even reversing the progression of the underlying atherosclerotic or heart failure processes, thereby reducing recurrence, rehospitalization and mortality and enabling patients to live comfortably and actively. Cardiac rehabilitation programs include "medical assessment, prescribed exercise training, coronary risk factor modification, patient education, counseling and optimal medical therapy" for individual patients, which are provided by a multidisciplinary team in a coordinated manner.

#### **■ History of Cardiac Rehabilitation**

Cardiac rehabilitation was introduced in Europe and the United States during the 1960s for hospitalized patients with acute myocardial infarction. The purpose at that time was to address physical deconditioning (physical function disorders such as

decreased exercise capacity, abnormal heart rate/blood pressure responses, disuse atrophy of skeletal muscles, and osteoporosis) caused by prolonged bed rest, to improve exercise capacity, and to expedite patients' discharge from hospital and return to society. In other words, cardiac rehabilitation was "functional recovery training aimed at early ambulation and return to society." Thereafter, however, post-discharge outpatient comprehensive cardiac rehabilitation programs for patients with ischemic heart disease or chronic heart failure have proven to be effective in not only increasing exercise capacity but also improving coronary risk factors, QOL and the long-term prognosis, resulting in a major change in the concept of cardiac rehabilitation to "disease management programs targeting improvements in QOL and long-term prognosis" or "cardiovascular preventive intervention."

#### ■ **Position of Cardiac Rehabilitation in Clinical Practice Guidelines**

Current clinical practice guidelines from Japan, the United States and Europe strongly recommend participation in a cardiac rehabilitation program for patients with a wide spectrum of cardiovascular diseases, including recent acute coronary syndrome (acute myocardial infarction and unstable angina), post-coronary revascularization (coronary artery bypass grafting or percutaneous coronary intervention), stable angina, chronic heart failure, and peripheral arterial occlusive disease.

#### ■ **Current Status of Cardiac Rehabilitation in Japan**

Despite abundant evidence of effectiveness of cardiac rehabilitation and the strong recommendations in various guidelines, the spread of cardiac rehabilitation has been substantially delayed in Japan compared with Europe and the United States. In particular, the implementation of post-discharge outpatient cardiac rehabilitation remains extremely poor, indicating an inadequate outpatient receptacle care systems after early hospital discharge in the era of a rapidly shortened hospital stay. Furthermore, social awareness of cardiac rehabilitation has been shown to be significantly lower than that of cerebrovascular or orthopedic rehabilitation. JACR will work towards eliminating the large gap between clinical evidence and the current reality of cardiac rehabilitation, and will strive to achieve the goals declared at the beginning of this statement.

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