**Introduction**

- Increasing elderly population along with increasing cardiac surgical interventions in the elderly. This population more likely to have comorbidities and low aerobic capacity leading to frailty and daily living activity disability.
- Main goals of CR for very old adults are preserving mobility, independence, and mental function, improving health-related quality of life (HRQOL), encouraging social adaptation and reintegration; and enabling the individual to return to the same lifestyle as before the acute event. B-10 Therefore, it is important to adapt the usual CR program structure to meet the special needs of the very old population.\(^1\)

**Methods**

**Participants**
- Inclusion criteria were aged 75 and older, coronary artery disease, complete revascularization, able to start CR within 4 weeks after bypass surgery, and 6-minute walk distance (6-MWD) between 100 and 350m.\(^1\)
- Exclusion criteria were exercise-limiting comorbidities.\(^1\)
- Intervention Group (IG) (n = 84)\(^1\)
- Control Group (CG) (n = 89)\(^1\)

**Results**

Significant improvements between IG vs CG found in:
- 6 minute walk test \(^1\)
- Maximum power \(^1\)
- TUG \(^1\)
- Strength \(^1\)
- Health related quality of life \(^1\)

**Clinical Significance**

- Improved walking distance \(^1\)
- Improved TUG time \(^1\)
- Increase in maximal relative workload \(^1\)
- Increased functional capacity \(^1\)
- Improved health related quality of life domain \(^1\)

**Discussion**

The main results of this study are that the addition of daily resistance and balance training to the CR-program of very old adults (aged 75) enhances functional capacity, measured as 6-MWD, maximal relative workload, and TUG time. Participation in additional training had little or no effect on improvements in cardiopulmonary.\(^1\)

**References**

Busch JC, Lillou D, Wittig G, et al. Resistance and balance training improves functional capacity in very old patients after coronary bypass surgery (CABG).\(^1\)
