**Summary**

Biventricular pacing has become an accepted therapeutic modality for medically refractory congestive heart fail-ure (CHF). This new pacing strategy also known as cardiac resynchronization therapy (CRT) synchronizes ventric-ular contraction, which consequently results in improved pumping efficiency, enhanced left ventricular (LV) filling, and reduction in the severity of the mitral regurgitation. Biventricular pacing has substantially altered the natural course of ventricular failure, exerting its physiological impact through favorable ventricular remodeling, with a reduction in LV volumes and improvement in ejection fraction (EF). Despite this success of CRT and the recent ex-pansion of its role in the treatment of patients with CHF, there remain many inherent limitations to the technology and its delivery. A significant minority of patients (about 30 %) continue to remain non-responsive to this pacing strategy. This review will highlight biventricular pacing in its present form, will elaborate on strategies to enhance response to CRT, and outline future trends and synergies towards maximizing the potential benefit of CRT.

**Key words**

Heart failure, cardiac resynchronization therapy.