

# Home Exercise Program

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Type of Exercise: \_\_\_\_\_

Intensity (How Hard to Exercise):

Warm-up for 5 mins before any type of exercise to help minimize the stress on your heart

Training or Target Heart Rate or Exertion Level : \_\_\_\_\_

Cool-down by reducing your exercise intensity and stretching

Duration: \_\_\_\_\_

Frequency: \_\_\_\_\_

This program has been designed specifically for you as of \_\_\_\_\_.

Your program should be re-evaluated by your regular healthcare providers:

- Every 6 months
- After any type of exercise stress test
- Changes in medications, especially heart medications
- Changes or new onset of chest discomfort or other symptoms.

## Cardiac Rehabilitation OUTCOME REPORT:

Outcome Measure	Pre	Post
<b>Functional Status/Exercise Capacity</b>	Date:	Date:
Six Minute Walk Test Distance (Meters)		
<b>Psychosocial</b>		
Mood/Depression (lower is better)		
Worry/Anxiety (lower is better)		
Confidence about taking care of heart (higher is better)		
<b>Nutrition</b>		
Weight (kg)		
Body Mass index (BMI) kg/m <sup>2</sup>		

Program

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

You can share this with your health care providers, family, and friends.

