Appendix 9. Home Exercise Program

Home Exercise Program

Name:		DOB:	
STATUS AT END OF CARDIAC F	REHAB :		
Weight: Waist meas	surement 6 n	ninute walk test distand	ce
(OPTIONAL) PERSONAL COND	ITIONS FOR STARTING E	XERCISE:	
A few people will need to ensurange before starting exercise. here:		·	or heart rate is within a certain t can fill out that information
Blood Pressure:	Heart rate:	Blood su	gar:
EXERCISES AS OF	(date)		
Note: re-evaluate this plan wit changes in medications, espect symptoms Warmup (5 min): Warm up for five minutes befo	ially heart medications; o	after changes or new o	nset of chest discomfort or other
Activity	Reps, distance, or tin	ne Notes	
Treadmill, 2.4 elevation	10 min	If you feel di passes	zzy, slow down until dizziness
Aerobic Exercise: • Your goal is to do aerol • Your duration of exerci • Try to stay between	se should ber	ninutes.	with a target beart rate range of
bpm.Your maximum heart ra		ou exceed your max he	art rate, reduce the intensity of

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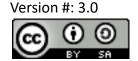


Activity	Reps, distance,	or time Notes		
Cool down by reducina vo	our exercise intensity. Al	ways stretch after each ex	kercise session.	
Cooldown (5 min):				
Activity	Frequency	Sets/Repetitions	Notes	
	•	your current strength an	d become stronger.	
•	rain after your aerobic e is recommended for you	xercise once your muscle days/week	s nave been warmed up.	•
trength Training:	rain after vour aerabie e	vorcico onco vous muselo	c have been warmed	
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A NOTE ON SAFETY

Returning to exercise may be alarming after a cardiac event, but most cardiac rehabilitation patients can safely exercise at home or at a gym. The most important way to stay safe is to pay attention to your symptoms and STOP exercising if you experience any of the following symptoms:

- Severe shortness of breath;
- New pain, pressure or aching in chest, arms, jaw, neck, shoulder, or back;
- Lightheadedness;
- New irregular heart rhythm or heart fluttering;
- Severe and/or new joint or muscle pain.



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If you are concerned about safety, here are some additional tips for staying safe during exercise:

1) Keep emergency contact information with you

- Have your cell phone with you so you can call 911 for any emergencies.
- Confirm location and emergency contact information with my cardiac rehabilitation team at the beginning of each visit.
- Have the phone numbers with you of your care team and emergency contacts:

Role	Name	Phone Number
Cardiac Rehab		
Cardiologist		
Primary Care Provider		
Emergency contact(s)		

- Consider telling someone else where you plan to exercise and when you expect to return home
- If you are exercising at a gym or other facility, consider letting the staff know about your condition and locate the emergency equipment. Make sure the staff has up to date emergency contact information.
- Consider suggesting that your loved ones learn CPR techniques or other emergency training.
- Consider exploring educational resources for reducing your risk of future cardiac events at https://www.healtheuniversity.ca/en/cardiaccollege

2) Prepare your environment for exercise

- Make sure the area you plan to exercise in is clear of trip hazards, including pets
- Wear loose-fitting, comfortable clothing
- Wear comfortable shoes that you won't trip in
- If you like to monitor your exercise with a heart rate monitor or other wearable device than make sure this is charged and available to you.

3) Pay attention to how you exercise

- Make sure to include an appropriate warm up to reduce stress on your heart
- Pay attention to your physical comfort and reduce your intensity as needed
- STOP exercising if you experience any of the following symptoms: severe shortness of breath; new pain, pressure or aching in chest, arms, jaw, neck, shoulder, or back; extreme fatigue; light-headedness; irregular heart rhythm or heart fluttering; severe and/or new joint or muscle pain
- If you feel dizzy or exceed your max heart rate, rest for 5 minutes and, if you feel comfortable, resume exercise at a lower intensity

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Staff member name, ph	one, and email:	
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Plan created by (program staff name):	: Date:
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