

Policy Number:
Approved By:

Policy Origination Date:
Policy Revision Date:

**Pulmonary Health and Rehabilitation Services
INDIVIDUAL EXERCISE SESSION RECORD**

ACTIVITY RECOMMENDATION FOR: _____

DATE: _____

THRR: _____

1 Blood Pressure	2 Walk 4-5 Laps	3 Stretch 1-11	4 Exercise	5 Walk 2-3 Laps	6 Stretch 1-12	7 Blood Pressure	8 Next Appointment
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Pre Exercise	Activity	Workload/ Setting	Time	HR	RPE/ RPD	O ₂ Sat	Post Exercise
HR							HR
BP							BP
O ₂ Sat							O ₂ Sat
Weight							Session Summary Rating: 1 2 3 4 5

O₂ Flow

At rest _____ L/M
With exercise _____ L/M

Daily Assessments:

- Change in meds? Y N
- Unscheduled MD ER visit? Y N
- Hospitalization? Y N
- New/change pain? Y N
- Change in breathing or symptoms Y N

Individual Instruction/Reinforcement:

- Airway Clearance
- Breathing Retraining
- Nutrition
- Medications
- Smoking cessation
- Exercise
- Brief weekly progress feedback/ encouragement
- Other (specify)
- Other (specify)