

Cardiorespiratory Conditioning Evaluation:

Guidelines for the usage of this evaluation form are as follows:

- 1) Basic information is entered as indicated on the form including patient's name, MPI#, Division, Unit, Date of Admission, Date of Birth and Age.
- 2) Treating Diagnoses- indicate the reason for referral.
- 3) Medications- List all medications indicating those that affect the heart, blood pressure and breathing.
- 4) History- All other diagnoses.
- 5) Record height and weight from most recent monthly vitals. Include lab results pertaining to cardio respiratory status, such as cholesterol, triglycerides, cardiac risk, etc.
- 6) Resting Vital Signs – Ascertain standing and seated blood pressure, pulse and respirations.
- 7) Stair Climbing Test – Have patient ascend full flight of stairs (or use stair climber) and record pulse, blood pressure and respirations, as indicated on the chart.
- 8) Endurance Test – Place patient on piece of equipment, set time and desired settings. Upon completion, monitor vital signs and note signs and symptoms of distress.
- 9) Respiratory Pattern – Describe using terms such as shallow, deep, use of auxiliary muscles, mouth or nose breather, pain, hiatal hernia, labored, etc

Respiratory Muscles/Diaphragm Ratio/ Endurance: Desired is 2:2 (Respiratory: Diaphragm). Total must equal 4. If utilizing auxiliary muscles example might be 2:1:1 or 0:0:4, the last factor representing auxiliary muscles. Specific measure of Cardiorespiratory endurance – i.e. flights of stairs or distance walked.

Other Factors: Examples – on oxygen PRN, decreased blood sugar with exercise.

Peak Inspiratory Volume – Take average of five inspirations on spirometer.

- 10) Assessment – include any information that is not represented elsewhere on the evaluation tool.
- 12) Goals should always include:
 - a) Independent monitoring of pulse
 - b) Understands adverse side-effects of exercise.Other client specific goals should be added, i.e.
 - a) Reduce weight by 10 lbs.
 - b) Tolerates 10 minutes on stationary bicycle with an increase of no more than 10 respirations per minute.

13) Restrictions/ Recommendations:

Examples: No change in diastolic greater than 10 mm Hg;
No head down posture; no stairs due to balance loss.

14) Treatment:

Target HR – Use attached table or $220 - \text{age} = x$
70% of x

Target Weight Range – use table of desired weights against heights.

Duration: Example – Start at 5 min, of 10(warm up),
20(exercise), 10(cool down).

Frequency: Example: Daily
Three times/week

Method of Treatment: Examples are bicycle, walking, upper extremity
ergometer, rowing machine, stepper. Suggest MET level, if possible.

15) Assessment and Treatment Plan discussed with Patient – Indicate yes or no. If no,
explain why.

16) The evaluating therapist must sign and date the evaluation.