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 – 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.