

Exercise Prescription



The University of Rochester Medical Center's commitment to help Rochester become America's healthiest community by 2020

M.D. Name _____

Patient Name _____

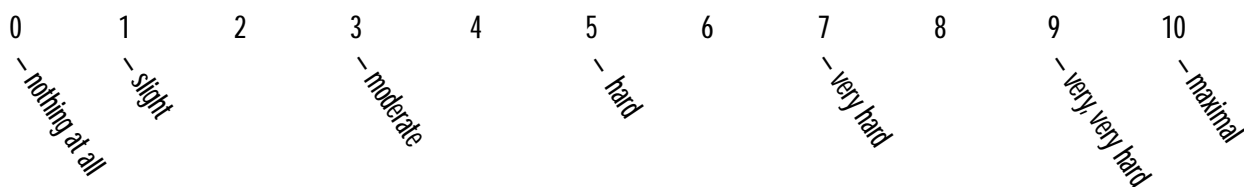
Start Date _____

Exercise can benefit almost everyone. After a thorough medical examination, you and your doctor can build an exercise plan that is right for you. The key is to start slow and begin to add time, intensity and types of exercise as you progress. Good luck and get started!

F – Frequency (number of days per week)	1	2	3	4	5	6	7	days/week
I – Intensity (how hard you work – Borg Scale*)	2	3	4	5	6	7	8	heart rate
T – Time (accumulated exercise time)	5	10	15	20	30	40	50	minutes/day
T – Type (type of exercise)	Walk	Bicycle	Swim	Class	Other:			

Rate of Progression:	Begin slow, work towards building up to 30 minutes. Always warm up and cool down at each session.	Gradually increase intensity and/or time. For safety, increase one variable (frequency, intensity or time) at a time.	After warm up, try increasing intensity for a few minutes, decrease to comfortably hard & repeat (intervals).
Add in:	Stretching muscles at the end.	Strength exercises 1x/ week Stretching muscles at the end.	Strength exercises 2x/ week Stretching muscles at the end.

* Measuring Intensity of Exercise Borg-Scale



Anything's possible.

STRONG  HEALTH



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Physical Fitness Evaluation Guidelines

A patient should be medically evaluated prior to starting an exercise program and should avoid exercise or be referred to a medically supervised

activity program if he or she is afflicted with any of the following symptoms.

General Guidelines

- Not independent with personal ADL's
- Not alert and oriented to self, time and place
- Open wounds
- Night pain
- Radiating pain
- Numbness or tingling
- Acute infection
- Significant emotional distress (psychosis)
- Clinically significant disease that requires medically supervised activity program with access to emergency oxygen and or medical monitoring

General Cardiovascular Contraindications

- Acute congestive heart failure
- Active or suspected myocarditis or pericarditis
- Recent significant changes in resting ECG suggesting infarction or other acute event
- Recent myocardial infarction
- Recent systemic or pulmonary embolus
- Recent TIA/ and or stroke
- Severe aortic stenosis
- Suspected or known aneurysm
- Third degree A-V block
- Thrombophlebitis or intracardiac thrombi
- Uncontrolled ventricular dysrhythmia that compromises cardiac function
- Unstable angina

Metabolic Syndrome

- Uncontrolled metabolic disease (diabetes, thyrotoxicosis, myxedema)
- Blood pressure is above 140/90
- Unable to self-monitor glucose levels
- Glucose levels are not within 90/240 mg/dl

Arthritis

- Disorders that are exacerbated
- Patient has sensory motor loss
- Severe swelling

Osteoporosis

- Patient has recent or acute fractures
- Sensory motor loss
- T score > -3.5