**PM&RS CARDIOPULMONARY REHABILITATION CLINIC NOTE**

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**REASON FOR REFERRAL**

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**CHIEF COMPLAINT**

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**HPI**

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**The patient is a |AGE| y/o |PATIENT SEX| w/ PMH of**

**REVIEW OF SYSTEMS**

**The patient denies chest pain, palpitations, dyspnea, DOE, orthopnea, PND, edema, lightheadedness, syncope.**

**CORONARY RISK FACTORS**

**[] HTN []HLD []DM [] Obesity**

**[] h/o CAD, PVD, stroke**

**[] Age (Men>45, Women>55)**

**[] Gender (Male) [] Family History**

**[] Tobacco Use [] Sedentary Lifestyle**

**ASSESSMENT OF MEDICAL STABILITY**

**[] No pending procedures or significant medical workup**

**[] No recent fevers/chills/cough or symptoms of infection**

**[] No recent hospitalizations**

**ASSESSMENT OF PARTICIPATION ABILITY**

**[] Patient has a car and or reliable transportation**

**[] Patient amenable to proposed plan of:**

**[] Phase II Hybrid Cardiac Rehab**

**[] Home-Based Cardiac Rehab**

**[] Home-Based Pulmonary Rehab**

**[] KT Wellness Program**

**[] None of the above**

**MEDICAL HISTORY**

**|ACTIVE PROB LIST-SHORT|**

**SOCIAL HISTORY**

**Tobacco:**

**EtOH:**

**IVDA/other substance abuse:**

**Occupation:**

**Living Situation:**

**FAMILY HISTORY**

**FUNCTIONAL HISTORY**

**ALLERGIES**

**|ALLERGIES/ADR|**

**MEDICATIONS**

**Provided and reviewed printed medlist with patient. Patient reports compliance.**

**|ACTIVE OUTPATIENT MEDICATIONS|**

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**PHYSICAL EXAM**

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**T: |TEMPERATURE|**

**P: |PULSE|**

**R: |RESPIRATION|**

**BP:|BLOOD PRESSURE|**

**Pulse Ox: |PULSE OXIMETRY|**

**Pain: |PAIN|**

**General: NAD. Calm and cooperative.**

**HEENT: NCAT. EOMI. MMM.**

**CV: RRR. S1 and S2 present. No murmurs, rubs, or gallops.**

**Pulmonary: Able to speak in complete sentences. Comfortable, non-labored respirations on room air. No increased WOB.**

**CTAB. No wheezes, rales, or rhonchi.**

**GI: Non-distended. Bowel sounds present. Soft. Non-tender to palpation. No rebound tenderness or guarding.**

**GU: No suprapubic tenderness.**

**Extremities: WWP. No erythema. No peripheral edema. No calf tenderness.**

**Neurologic:**

**Gait/Transfers:**

**CN: II-XII grossly intact.**

**Mental Status: A&Ox4**

**Sensory: SILT throughout dermatomes of BUE and BLE.**

**Motor: There was normal tone of the affected limbs examined.**

**Cerebellum: Finger-to-nose intact b/l. Heel-to-shin intact b/l.**

**Strength:**

**Delt Bic WE WF Tri FF  Inteross  HF  Quad TA  EHL GS Hams**

**R     5    5   5  5  5   5   5         5   5    5   5   5  5**

**L     5    5   5  5  5   5   5         5   5    5   5   5  5**

**MSR:**

**Pat Ach  Bic  Brach  Tri**

**R   2   2    2    2       2**

**L   2   2    2    2       2**

**Hoffman: Negative**

**Babinski: Negative**

**Clonus: Negative**

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**LABS**

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**DIAGNOSTIC STUDIES/IMAGING**

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**ETT**

**(ORDER if age>40 and (a) +3 CRFs (b) + 2 CRFs including DM**

**or family hx or (c) symptoms or CAD)**

**ETT CRITERIA**

**[] Active cardiopulmonary symptoms (e.g. angina, palpitations, presyncope, desaturations, etc.)**

**[] Acuity (recent cardiac event or procedure/surgery)**

**[] Pacemaker, ICD, significant beta blockade, h/o heart transplant**

**[] High grade stenosis on echocardiogram**

**[] Specific request by patient to ensure safety of exercise**

**ETT CONTRAINDICATIONS**

**[] None**

**[] Unstable angina**

**[] Unstable cardiac arrythmia**

**[] Orthostatic blood pressure drop > 20 mmHg**

**[] Uncompensated CHF**

**[] Advanced A-V block**

**[] Acute myocarditis/pericarditis**

**[] Critical Aortic stenosis (gradient > 50 mm Hg)**

**[] Severe hypertrophic obstructive cardiomyopathy**

**[] Uncontrolled HTN 200/110**

**[] Acute MI**

**[] Active endocarditis**

**[] Acute PE**

**[] Acute systemic illness**

**[] Orthopedic problem that would prohibit exercise**

**Six Minute Walk Test -**

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**ASSESSMENT**

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**The patient is a |PATIENT AGE| y/o |PATIENT SEX| w/ with known cardiopulmonary risk**

**factors of [ ], EF [ ] who was seen in Cardiopulmonary Rehab Clinic for evaluation to**

**consider initiating \_.**

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**PLAN**

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**[] Per discussion with cardiology and PM&R cardiopulmonary team members, safe and**

**effective exercise prescription parameters can be developed without baseline ETT**

**prior to enrollment in a carefully graded exercise and education program via Phase II Hybrid Cardiopulmonary Rehab**

**program or Home-Based Cardiac and Pulmonary Rehabilitation programs (reference: Mytinger M, Nelson RK, Zuhl M.**

**“Exercise Prescription Guidelines for Cardiovascular Disease Patients in the Absence of a Baseline Stress Test”. J**

**Cardiovasc Dev Dis. 2020;7,15).**

**[] Consult placed for Phase II Hybrid Cardiac Rehab/Home-Based Cardiac Rehab/Home-Based Pulmonary Rehab/KT Wellness**

**Program using alternative exercise parameters, namely Resting Heart Rate + 20-30 BPM and Borg Rating of**

**Perceived Exertion (RPE) of 11-14.**

**[] PM&RS ETT consult entered to assess functional capacity and clear for**

**conditioning program.**

**[] Will create Phase II Hybrid Cardiac Rehab exercise prescription based upon ETT**

**performance and enroll in program for nutrition counseling, psychosocial support**

**groups, smoking cessation, stress reduction, cardiopulmonary education and**

**monitored aerobic exercise. 3x/week for two hour morning sessions for 6 weeks.**

**[] Offered ETT with transition to Phase II Cardiac Rehab program with exercise**

**prescription based upon ETT performance; however, the patient declined.**

**[] Will create KT (Kinesiotherapy) Wellness Program prescription based on ETT**

**performance for general conditioning program.**

**[] (only if already cleared by ETT): Will CC exercise physiologist, Amanda**

**Phillips, PhD, to help coordinate orientation and enrollment in Phase II Hybrid**

**Cardiopulmonary Rehab program.**

**Weeks:        Target Heart Rate (BPM)**

**0-2           40%**

**3-4           50%**

**5-6           60%**

**PRECAUTIONS**

**- Hold for BP >180/100 or <90/50**

**- Hold for any concerning cardiopulmonary symptoms. Polar monitor. Seated**

**machines preferred given fall risk.**

**[] Offered an appointment in the future to PM&R if other rehab intervention is**

**indicated such as focused evaluation, adaptive equipment, further diagnostic**

**work-up, medication trials, and/or other recommendations.**

**[] Educate patient regarding preventative health and encourage self-directed,**

**symptom-limited exercise program with the goal to walk 20-30 minutes 5x/week on**

**level ground in a safe environment with appropriate assistive device as needed.**

**[] Provided preventative health education regarding importance of exercise,**

**healthy weight and diet, fall prevention, and smoking cessation.**

**[] Continue current medications per PCP and cardiology/pulmonology.**

**[] f/u with primary care and other medical providers as directed.**

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**FUTURE APPOINTMENTS**

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**|FUTURE APPOINTMENTS|**