

ACPICR Standards for Physical Activity and Exercise in the Cardiovascular Population (2023)

Addendum for section 2.2

Please note the contraindications contained within **section 2.2** refer to the contraindications ACSM [10] recommends for symptom limited maximum exercise testing. The ACSM also provides recommended contraindications for inpatient and early outpatient cardiovascular rehabilitation [10]:

- Unstable angina
- Uncontrolled hypertension (resting systolic blood pressure >180mmHg and/or resting diastolic blood pressure >110 mmHg)
- Orthostatic blood pressure drop of >20 mmHg with symptoms
- Significant aortic stenosis (aortic valve area <1.0cm²)
- Uncontrolled atrial or ventricular arrhythmias
- Uncontrolled sinus tachycardia (>120 bpm)
- Uncompensated heart failure
- Third degree atrioventricular block without pacemaker
- Active pericarditis or myocarditis
- Recent embolism (pulmonary or systemic)
- Acute thrombophlebitis
- Aortic dissection
- Acute systemic illness or fever
- Uncontrolled diabetes mellitus
- Severe orthopaedic conditions that would prohibit exercise
- Other metabolic conditions, such as acute thyroiditis, hypokalemia hyperkalemia, or hypovolemia (until adequately treated)
- Severe psychological disorder

Experienced clinicians are urged to use clinical judgement when assessing suitability for structured exercise prescription, and may decide it is appropriate to proceed with an adapted exercise prescription rather than consider exercise absolutely contraindicated.

Reference: American College of Sports Medicine (ACSM) guidelines [10]