

A.C.P.I.C.R.



**Association of
Chartered Physiotherapists
in Cardiac Rehabilitation**

Peer Review:

**Resource to benchmark ACPICR Standards
for Physical Activity and Exercise
in the Cardiovascular Population**

**Association of Chartered Physiotherapists in Cardiac Rehabilitation (ACPICR)
Peer Review: Resource to benchmark ACPICR Standards for Physical Activity
and Exercise in the Cardiovascular Population**

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Abbreviations

AACVPR	American Association of Cardiovascular and Pulmonary Rehabilitation
ACPICR	Association of Chartered Physiotherapists in Cardiac Rehabilitation
ALS	Advanced Life Support
BACPR	British Association for Cardiovascular Prevention and Rehabilitation
BACPR EPG	BACPR Exercise Professionals Group
BLS	Basic Life Support
BP	Blood Pressure
CHD	Coronary Heart Disease
CPET	Cardiopulmonary Exercise Test
CR	Cardiac Rehabilitation
CSP	Chartered Society of Physiotherapy
CV	Cardiovascular
DBP	Diastolic Blood Pressure
ECG	Electrocardiogram
Echo	Echocardiogram
ETT	Exercise Tolerance Test
FCT	Functional Capacity Test
FITT	Frequency, Intensity, Time, Type
GTN	Glyceryl Trinitrate
HF	Heart Failure
HIIT	High Intensity Interval Training
HR	Heart Rate
MSK	Musculoskeletal
NACR	National Audit Cardiac Rehabilitation
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NSF	National Service Framework
PA	Physical Activity
RPE	Rating of Perceived Exertion
SBP	Systolic Blood Pressure
SIGN	Scottish Intercollegiate Guidelines Network
SMARTER	Specific, Measurable, Achievable, Realistic, Timely, Empowering, Revisable
THR	Training/Target Heart Rate
T1DM	Type 1 Diabetes Mellitus
T2DM	Type 2 Diabetes Mellitus
1RM	One Repetition Maximum

Feedback

Overall Comments:	
Signed:	
Print Name:	Date:
Confirmation of Verbal Feedback in Addition to this Completed Template Given To Reviewee:	
Reviewee Signature:	
Print Name:	Date:

Introduction

Cardiac rehabilitation is an expanding speciality within physiotherapy. In 1995 the Association of Chartered Physiotherapists Interested in Cardiac Rehabilitation was established to develop the interests of all physiotherapists involved in cardiac rehabilitation. This has since changed its name to the Association of Chartered Physiotherapists in Cardiac Rehabilitation (ACPICR). The group is recognised by the CSP as a professional network within the cardio-respiratory alliance. Over the years it has produced standards and competencies and now works closely with the British Association for Cardiovascular Prevention and Rehabilitation (BACPR), the national multi-disciplinary organisation for cardiac rehabilitation professionals.

This 2017 ACPICR Resource, to benchmark ACPICR Standards for Physical Activity and Exercise in the Cardiovascular Population, is the 2nd update of the original 2008 publication "ACPICR Peer Review for the Exercise Component of Phase III". This latest review has been produced by a working party of members of the ACPICR and intends to provide benchmarks for exercise professionals involved in the delivery of exercise programmes for individuals with cardiovascular conditions. Its overall aim is two-fold; firstly, to support peer observations of exercise delivery for the cardiovascular conditions, and secondly to encourage sharing of best practice between the health professionals who work in this field.

A number of international publications guide the design and implementation of cardiac rehabilitation and underpin the basis for good practice. This Peer Review reflects the evidence of good practice documented in the 2015 ACPICR Standards for Physical Activity and Exercise in the Cardiovascular Population and therefore should be used in conjunction with the Standards document.

References - please refer to ACPICR Standards for Physical Activity and Exercise in the Cardiovascular Population 2015 (3rd Edition)

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End note:

This document has been produced by members of the ACPICR with considerable experience and expertise in the field of cardiac rehabilitation. This tool has been written for clinicians involved in the delivery of the exercise component of cardiac rehabilitation. It is based on the currently available research evidence and a consensus of best practice. Those using the document should always use clinical reasoning skills to assess their relevance to their particular patient(s) and settings. This document is designed to be used in conjunction with the ACPICR Standards, competencies, the CSP Standards of Physiotherapy Practice and other relevant speciality standards and directives.

For more information: www.acpicr.com

©Anticipated Revision – Following next edition of ACPICR Standards

Appendix 1

The following are contraindications which preclude an individual from joining or continuing the exercise component (with the exception of allowances as determined in consultation with appropriate doctor/GP or cardiologist):

- Unstable angina
- Uncontrolled hypertension, that is, resting systolic blood pressure (SBP) >180mmHg, or resting diastolic blood pressure (DBP) >110mmHg
- Orthostatic blood pressure drop of >20mmHg with symptoms
- Significant aortic stenosis (aortic valve area <1.0cm²)
- Acute systemic illness or fever
- Uncontrolled atrial or ventricular arrhythmias
- Uncontrolled sinus tachycardia (HR>120bpm)
- Acute pericarditis or myocarditis
- Uncompensated HF
- Third degree (complete) atrioventricular (AV) block without pacemaker
- Recent embolism
- Acute thrombophlebitis
- Resting ST segment displacement (>2mm)
- Uncontrolled diabetes mellitus
- Severe orthopaedic conditions that would prohibit exercise
- Other metabolic conditions, such as acute thyroiditis, hypokalaemia, hyperkalaemia or hypovolaemia (until adequately treated)
- Severe grade 3 rejection (cardiac transplant recipients)

Standard 2: Initial assessment

		Standard achieved?	Comments
2.1	Is there an assessment that encompasses the relevant sections identified in the CSP Quality Assurance Standards 7?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.2	Are any contraindications to exercise identified? (See Appendix 1)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.3	Are results of investigations interpreted and taken into consideration?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.4	Has the individual's understanding of his/her diagnosis, investigations and treatment been ascertained?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.5	Has the individual's current health status been considered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.6	Has all medication (including dosage and frequency) and supplements been documented and the individual's understanding and compliance been discussed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.7	Have all relevant signs and symptoms been established? (Including: angina, shortness of breath/dyspnoea, palpitations, arrhythmias, dizziness / lightheadedness, orthopnoea, ankle swelling, fatigue, weight gain of >2kg in two/three days, ascites)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.8	Have co-morbidities been identified, including any mobility issues, use of aids and adaptations and any input from relevant support services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11.3	Reducing risk of adverse events when exercising Covered in Standards 2, 6 and 7		
11.4	Venue and Environment Has a risk assessment of the area been carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.4.1	Does the exercise area allow for appropriate space around individuals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.4.2	Are temperature (18-23°C) and humidity (65%) maintained within the guidelines?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.4.3	Is exercise equipment maintained in accordance with local protocols? Is exercise equipment appropriately risk assessed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.4.4	Are infection control procedures followed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.4.5	Is drinking water available at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.5	Lone Working		
11.5.1	Are local policies and procedures for working alone adhered to?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.5.2	Are safe systems of work in place to eliminate or reduce the risk associated with lone working?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.5.3	Are staff appropriately trained to reduce risks associated with lone working?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.5.4	Are personal protective equipment, such as lone worker devices, mobile phones, and personal alarms available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.5.5	Does a full risk assessment take place when visiting an individual's home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Standard 11: Health and safety

		Standard achieved?	Comments
11.1	Staffing		
11.1.1	Is each exercise session appropriately staffed: <ul style="list-style-type: none"> • With a minimum of one appropriately trained exercise professional? • With a minimum of two appropriately trained and competent CR professionals who meet the criteria of the BACPR-EPG, at all supervised group sessions? • With a staff: individual ratio appropriate for the risk stratification and supervision level of individuals? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.1.2	Are all supervising staff up to date in BLS and defibrillator training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Is there access to ALS services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.2	Emergency Protocols		
11.2.1	Is there appropriate resuscitation equipment, including a defibrillator?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.2.2	Is there a locally agreed protocol for medical emergencies during an exercise session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.2.3	Are appropriate incident reporting systems used to report any clinical events or adverse events that may occur?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.2.4	Is there a written emergency procedure clearly displayed in the exercise area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.2.5	Is resuscitation equipment maintained in accordance with local protocols?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.2.6	Is there access to a telephone during the exercise session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

2.9	Have physical measures been taken including: <ul style="list-style-type: none"> • Heart rate, rhythm? • Blood pressure? • Weight? • Body mass index? • Waist circumference? • Blood glucose if relevant (only if T1DM or T2DM and on sulphonylurea and/or insulin)? • SpO2 (if relevant)? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.10	Have questionnaires used as part of the assessment process been analysed and discussed with the individual?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.11	Has the individual's prior and current physical activity (PA) been established?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.12	Has the individual's readiness to participate in both PA and exercise been established? (Including psychological status, health beliefs and stage of change.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.13	Have specific, measurable, achievable, realistic, timely, empowering and revisable (SMARTER) goals been established in relation to PA and exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.14	Has each individual undergone risk stratification for exercise using recognised criteria?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.15	Has a training heart rate been calculated using recommended methods?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.16	Has an appropriate functional capacity test been performed, exercise response monitored and results interpreted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Standard 3: Informed consent

		Standard achieved?	Comments
3.1	Has consent been achieved through non-verbal, explicit (written or oral) or implied behaviour?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.2	Have all forms of consent been documented in the individual's records?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.3	Has it been checked that no one has given consent on behalf of another adult over the age of 18 (16 in Scotland) unless with qualified power of attorney (for example the disabled or cognitively impaired)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.4	Have children under 16 not 'Gillick competent' had consent gained from a parent or guardian?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.5	Is the individual fully informed and understanding towards their role in the decision making process?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.6	Are all treatment options explained; including risks, benefits and side effects and the individual's understanding of the explanation established?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.7	Was the individual given the opportunity to ask questions prior to giving consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.8	Was consent given voluntarily and freely without pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.9	Was the individual informed of their right to decline treatment at any stage and if they did decline, was it documented in the individual's record, including reasons, if known?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.10	If an individual's condition or treatment plan changes significantly, or the individual reports new information has further consent been given and documented?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.11	Has written consent been obtained if photographs or other visual or audio recordings have been made?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Standard 10: Outcome measures

		Standard achieved?	Comments
10	Do CR outcomes include: <ul style="list-style-type: none"> • Patient reported health related quality of life? • Clinical outcomes? • Achievement of patient centred goals? • Patient reported experience? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.1	Are reliable and valid outcomes used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.2	Is there participation in the national audit of cardiac rehabilitation (NACR)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.3	Is a repeat FCT undertaken?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.4	Do outcome measures for the older adult include the achievement of functional independence and prevention of premature disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

9.4	Is information available for carers and families to enable them to encourage adherence to long-term physical activity goals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.5	Is there evidence that advice on long term physical activity has been given to the individual, carer and family?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.6	<p>When transferring an individual to ongoing CR exercise sessions:</p> <ul style="list-style-type: none"> • Is the individual transferred to an appropriately qualified exercise professional? • Is a transfer form completed? • Is the exercise professional able to refer an individual back for further assessment? 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
9.7	Has a rehabilitation summary been produced and made available to primary care, secondary care and community services involved in long term support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3.12	Was written consent obtained if the individual was involved in educational or study days?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Standard 4: Health behaviour change to assist individuals to become more physically active

		Standard achieved?	Comments
4.1	Have evidence-based health behaviour change interventions been utilized, for example the Transtheoretical Model?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.2	Does the communication style promote an individual centred approach, for example Motivational Interviewing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.3	Has the individual's beliefs about exercise been considered in order to address fears, misconceptions and to solve problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.4	Does the exercise consultation include previous activity levels, interests, barriers, self-confidence and social support, thereby developing personal and realistic goals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.5	Has informed choice regarding all physical activity options been given so this may lead to improved uptake and adherence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.6	Has the physical activity been enjoyable, non-inhibiting, non competitive and individualised so that confidence and success can be promoted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.7	Are the goals set SMARTER with regular follow ups to assess progress and advise on further goal setting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.8	Have relapse prevention strategies and problem solving been discussed in order to facilitate long-term physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Standard 9: Long-term physical activity planning

		Standard achieved?	Comments
9.1	Are individuals at point of transfer to long-term care able to: <ul style="list-style-type: none"> Identify appropriate modes of physical activity to participate in? Recognise and monitor their optimum level of exercise intensity? Recognise the signs and symptoms of over-exertion and take appropriate action? Self-pace their own physical activity and exercise? Able to progress their exercise effectively? Able to demonstrate compliance with home-based activities? Able to indentify goals for long term physical activity and exercise? 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
9.2	Is a detailed discharge assessment of changes and improvements undertaken with the individual?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.3	Are individuals provided with: <ul style="list-style-type: none"> Contact details of the CR team? Details of medical follow up? Advice on long term exercise prescription and modification? Information on appropriate local physical activity sessions? Advice on how to deal with a relapse? Advice on the importance of social support? Information on local support groups? Onward referral/access to additional support services where appropriate? 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

8.5	<p>Are individuals issued with:</p> <ul style="list-style-type: none"> • Copy of the exercise routine / DVD / manual? • Written safety advice? • RPE monitoring scale? • Home exercise diary? • Any equipment needed (i.e. weights/resistance bands)? 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
8.6	<p>Is adherence and compliance to the home physical activity plans regularly monitored?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
8.7	<p>Do lower functioning, higher risk and more vulnerable individuals have:</p> <ul style="list-style-type: none"> • More regular contact and supervision? • Exercises for balance, posture and co-ordination? • Exercises incorporated into their daily routine? • Access to services for aids and adaptations? • Access to hospital or community based group programmes, once a suitable level of function has been achieved? 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
8.8	<p>Is referral to appropriate exercise opportunities in the individual's local community considered?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

4.9	<p>Have education and support been provided to enable individuals to become more physically active with the consideration of referral to other professionals?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
4.10	<p>Was achievable activity encouraged?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
4.11	<p>Was the individual educated regarding the benefits of regular physical activity and understand that his/her programme is individualised to his/her needs and their condition?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Standard 5: Safety information for physical activity

		Standard achieved?	Comments
5.1	Is there documented evidence that the individual has received and understood information relating to the following:		
5.1.1	Preparation <ul style="list-style-type: none"> Suitable clothing and footwear? Pre and post exercise eating and drinking? Exercise environment, circuit and equipment where appropriate? Benefits and purpose of physical activity? No smoking for ≥ 1 hour? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.1.2	How to exercise safely <ul style="list-style-type: none"> Importance of the warm up, cool down and appropriate exercise intensity? Self monitoring using HR monitoring (where appropriate) and RPE scales? Recognition of signs and symptoms of over-exertion, metabolic dysfunction (hypoglycaemia and hyperglycaemia) or circulatory disorders? Management of chest pain and severe breathlessness? Adaptation of neuromuscular, MSK, and/or vascular limitations? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	

Standard 8: Home-based programmes and independent exercise

		Standard achieved?	Comments
8.1	Is the exercise prescription based on a validated FCT, or if unable to carry out FCT, based on assessment of current physical activity levels?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.2	Are several options for a home-based exercise considered? (for example, individualised prescribed physical activity plan, a validated home-based programme, a CR exercise DVD or recreational activities)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.3	Are the following considered when developing a home based programme: <ul style="list-style-type: none"> Individual's choice of type of home based programme? Home environment including availability of equipment? Minimising interruptions from telephone, family members and pets? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.4	Has the individual received: <ul style="list-style-type: none"> Demonstration and correction of exercise technique? Instruction on self-monitoring during exercise? Education on normal response to exercise? Education on the recognition of signs and symptoms of over-exertion? Education on appropriate warm up and cool down in relation to the activity to be undertaken? Advice on progression/modification of physical activity/exercise? Activity advice and safety information? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	

7.3	Progression		
7.3.1	Is individual progression based upon the agreed individual goals and evaluation of outcome measures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.3.2	Does progression consider all aspects of the FITT principle, ensuring the primary aim of increasing duration and intensity of exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.3.3	Is progression achieved by increasing ratios of:		
	• CV: active recovery time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• Work: active rest?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• Standing: seated exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.3.4	Is there evidence that HR and BP monitoring is weaned off once an appropriate response has been established and when individuals are competent at self-monitoring?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

5.1.3	Pre-screen		
	• Relevance of change in medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• Relevance of progressive symptoms, for example suspected angina, arrhythmias or excessive breathlessness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• Relevance of deteriorating exercise performance/functional capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• Appropriate monitoring, for example blood glucose testing kit and monitoring of weight in HF individuals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• When not to exercise, for example onset of fever?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• Ensure essential medication is available during physical activity, for example GTN?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Standard 6: Structured exercise programming

		Standard achieved?	Comments
6.1	Warm Up Is the purpose of the warm-up explained?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.1.1	Is the duration of the warm-up a minimum of 15 minutes and proportionally reduced for lower functioning individuals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.1.2	Are all major joints and large muscle groups included in the warm-up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.1.3	Does the warm-up include pulse-raising activities of gradually increasing intensity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.1.4	If stretches are included in the warm up, are they appropriate in duration and interspersed with pulse raising moves?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.1.5	Is a re-warm performed after preparatory stretching before commencing the conditioning component?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.1.6	Are there alternative intensities of aerobic work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.1.7	Is the increase in effort gradual to reach the appropriate end points by the end of the warm up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.2	Conditioning Phase Is exercise prescribed on an individual basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.2.1	Is the frequency of the exercise prescribed at least 2-3 times week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.2.2	Are THR ranges and/or RPE prescribed, documented for each individual, based on assessment and risk stratification?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.2.3	Is the minimum duration of the conditioning phase 20 minutes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Standard 7: Screening, monitoring and progression

		Standard achieved?	Comments
7.1	Screening		
7.1.1	Has pre-screening taken place prior to the physical activity/exercise session? This should include: <ul style="list-style-type: none"> • Presence of systemic illness • Change in signs and symptoms • Impact of changes in co-morbidities since assessment • Change in medication or medication dose • Medication availability, for example GTN • Details of health status reviews • Results of further investigations • Wound healing • Appropriate glucose check for those with diabetes • Response to recent physical activity • Change in psychological status 	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.1.2	Is physical activity/exercise adapted in light of pre-screening findings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.1.3	Have individuals been educated to self monitor the above when undertaking physical activity alone?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.2	Monitoring		
7.2.1	Is exercise intensity monitored? Is a combination of the following used:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.2.2	HR response?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.2.3	BP response?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.2.4	RPE achieved?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.2.5	Observation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

6.8.6	Are sustained breath holding and isometric exercises avoided?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.8.7	Are rapid changes in position avoided?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.8.8	Are exercises in lying performed after a cool down period rather than during the conditioning phase?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.8.9	Is there appropriate adaptation and supervision of exercise for individuals with co-morbidities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.8.10	Is the music tempo and volume appropriate to the component of the session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

6.2.4	Does the exercise prescribed include CV and strength training components?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.3	Cool Down		
6.3.1	Is the duration of the cool down a minimum of 10 minutes (or moderated to the length of the conditioning component)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.3.2	Is exercise effort gradually decreased relating to the individual's exercise prescription?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.3.3	Is stretching for the purpose of improving flexibility incorporated into the cool down?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.3.4	Are individuals supervised for a minimum of 15 minutes from the end of the cool down?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.4	Considerations for High Intensity Interval Training		
	Is a maximal cardiorespiratory analysis (CPET) carried out prior to HITT being prescribed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Is exercise prescription determined from the CPET?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Is there close monitoring and supervision during the exercise session?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.5	Resistance Training		
6.5.1	Frequency		
	Are each major muscle groups trained at least twice a week and no more than four times per week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.5.2	Intensity		
	When initiating strength training are these intensities used:		
	• Upper body 30-40% 1RM?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• Lower body 50-60% 1RM?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

	<p>If not able to perform 1RM are other estimations used -</p> <ul style="list-style-type: none"> Working the selected muscle group to fatigue within 10-15 repetitions? Yes <input type="checkbox"/> No <input type="checkbox"/> Choosing a weight which elicits a BORG RPE 14-16 or 4-6 (CR10) after 2 repetitions? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
6.5.3	<p>Is training progressed to 50-80% 1RM for both upper and lower body? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Time</p> <p>Sets</p> <ul style="list-style-type: none"> Is each set of repetitions for a given muscle group performed once in the circuit? Yes <input type="checkbox"/> No <input type="checkbox"/> To increase strength and power are 2-4 sets performed? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>Repetitions</p> <ul style="list-style-type: none"> To improve strength and power are 8-12 repetitions performed? Yes <input type="checkbox"/> No <input type="checkbox"/> To improve muscular endurance are 15-20 repetitions performed? Yes <input type="checkbox"/> No <input type="checkbox"/> For older adults or those starting out, are 10-15 repetitions performed to improve strength? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
6.5.4	<p>Type</p> <ul style="list-style-type: none"> Does the circuit include 8-10 different key muscle groups? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this adapted for low functioning and less able individuals to key muscle groups, promoting function and independence? Yes <input type="checkbox"/> No <input type="checkbox"/> 	

6.5.5	<p>Is the resistance training performed:</p> <ul style="list-style-type: none"> in a rhythmical manner? Yes <input type="checkbox"/> No <input type="checkbox"/> by alternating between lower and upper body? Yes <input type="checkbox"/> No <input type="checkbox"/> considering muscle balance? Yes <input type="checkbox"/> No <input type="checkbox"/> with good technique (good posture, avoiding excessive gripping of weights, avoiding breath holding)? Yes <input type="checkbox"/> No <input type="checkbox"/> with 48 hours between training sessions? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
6.6	<p>Flexibility</p> <p>Are flexibility exercises performed 2-3 times a week? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are stretches held for 30 seconds to point of tightness or slight discomfort? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is venous return maintained whilst stretching? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are stretches repeated 2-4 times, accumulating 60 seconds per stretch? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
6.7	<p>Seated Exercise</p> <p>Does the programme include CV, resistance and flexibility exercises? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the programme include a warm up, conditioning phase and cool down? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
6.8	<p>Key Exercise Considerations</p>	
6.8.1	<p>Is good posture ensured throughout? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
6.8.2	<p>Is balance of opposing muscle groups ensured throughout? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
6.8.3	<p>Is overuse of any one muscle group avoided? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
6.8.4	<p>Is a variety of different muscle groups used throughout session? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
6.8.5	<p>Are individuals advised to keep feet moving during upper body exercise? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	