



# ACPICR

Association of Chartered Physiotherapists  
In Cardiovascular Rehabilitation

2023  
3rd Edition



# Peer Review

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

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

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## Introduction

Cardiovascular Rehabilitation (CR) is a continually evolving specialty within physiotherapy. In 1995 the Association of Chartered Physiotherapists in Cardiac Rehabilitation (ACPICR) was established to develop the interests of all physiotherapists involved in CR. In 2019 the name was changed to the Association of Chartered Physiotherapists in Cardiovascular Rehabilitation.

The group is recognised as a professional network by the Chartered Society of Physiotherapy (CSP) and the British Association for Cardiovascular Prevention and Rehabilitation (BACPR), the national multi-disciplinary organisation for CR professionals.

This 2023 ACPICR resource, to benchmark the ACPICR Standards for Physical Activity and Exercise in the Cardiovascular Population, is the 3<sup>rd</sup> 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 CR and underpin the basis for good practice. This Peer Review reflects the current evidence documented in the 2023 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 2023 (4<sup>th</sup> Edition)

This third revision of the Peer Review has been written by:

**Fiona Brownlie**, MCSP, Team Lead Physiotherapist (Cardiac Rehabilitation), Ninewells Hospital, NHS Tayside

We acknowledge the original authors and the following ACPICR committee members for their helpful comments on this revised version:

Jenni Jones  
Sally Turner  
Susan Young

Lesley Simpson  
Margaret Upton

Melanie Reardon  
Catrin Warren

End note:

This document has been produced by members of the ACPICR with considerable experience and expertise in the field of cardiovascular rehabilitation. This tool has been written for clinicians involved in the delivery of the exercise component of cardiovascular 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, BACPR Core Competences for the Physical Activity and Exercise Component for Cardiovascular Disease Prevention and Rehabilitation Services, the CSP Standards of Physiotherapy Practice and other relevant speciality standards and directives.

For more information: [www.acpicr.com](http://www.acpicr.com)

Anticipated Revision – Following next edition of ACPICR Standards

## Standard 1: Recruitment and referral

|       |                                                                                                                                                                                                                                                                                                                                        | Standard achieved?                                                                                                                                                                                                                           | Comments |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1.1   | Is there an identified medical contact who assumes responsibility for clinical issues that arise from CR?                                                                                                                                                                                                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                     |          |
| 1.2   | Does the referral include: <ul style="list-style-type: none"> <li>• Source of referral?</li> <li>• Designation of referrer?</li> <li>• Contact details of referrer?</li> <li>• Agreed minimum individual information (including demographics and details of presenting condition)?</li> </ul>                                          | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 1.3.1 | Is there a protocol with clear referral criteria?                                                                                                                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                     |          |
| 1.3.2 | If so, does the protocol include mechanisms to deal with: <ul style="list-style-type: none"> <li>• Inappropriate referrals?</li> <li>• Individuals who are not ready to commence?</li> <li>• Individuals who are unable/unwilling to participate or continue with the programme?</li> <li>• Re-offer of and re-entry to CR?</li> </ul> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |          |

## 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?                                                                                                                                                                                                                              | 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 taken into consideration and interpreted?                                                                                                                                                                                                                                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 2.4 | Has the individual's understanding of their 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?<br>(Including: angina, shortness of breath/dyspnoea, palpitations, arrhythmias, dizziness / lightheadedness, orthopnoea, ankle swelling, fatigue, weight gain of >1.8kg in 2-3 days, ascites, paroxysmal nocturnal dyspnea (PND), cough, claudication, abnormal auscultatory findings) | 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"/> |          |

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

### Standard 3: Informed consent

|            |                                                                                                                                                                                  | Standard achieved?                                       | Comments |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|
| <b>3.1</b> | Has consent been achieved through explicit (written or oral) or implied behaviour?                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| <b>3.2</b> | Have all forms of consent been documented in the individual's records or on a relevant local consent form?                                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| <b>3.3</b> | 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"/> |          |
| <b>3.4</b> | 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"/> |          |

## Standard 4: Health behaviour change to assist individuals to become more physically active

|     |                                                                                                                                                                            | Standard achieved?                                       | Comments |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|
| 4.1 | Have evidence-based health behaviour change theories and techniques been utilised?                                                                                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 4.2 | Does the communication style promote an individual-centred approach?                                                                                                       | 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 to facilitate improved uptake and adherence?                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 4.6 | Is the physical activity 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 to 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"/> |          |
| 4.9 | Has education and support been provided to enable individuals to become more physically active with the consideration of referral to other professionals?                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |

|      |                                                                                                                                                                           |                                                          |  |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| 4.10 | Was the activity encouraged achievable?                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 4.11 | Was the individual educated regarding the benefits of regular physical activity and understand that their programme is individualised to their needs and their condition? | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

## Standard 5: Safety information for physical activity

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Standard achieved?                                                                                                                                                                                                                                                                                                                                                   | Comments |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>5.1</b>   | Is there documented evidence that the individual has received and understood information relating to the following:                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                      |          |
| <b>5.1.1</b> | Preparation for PA <ul style="list-style-type: none"> <li>• Benefits and purpose of physical activity?</li> <li>• Suitable clothing and footwear?</li> <li>• Pre and post exercise eating and drinking?</li> <li>• Exercise environment, circuit and equipment where appropriate?</li> <li>• No smoking for <math>\geq 1</math> hour prior to exercise?</li> <li>• Ensuring medication is available (e.g. glyceryl trinitrate [GTN])?</li> </ul> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| <b>5.1.2</b> | Pre-screening information <ul style="list-style-type: none"> <li>• When not to exercise (e.g. fever, concerning symptoms)?</li> <li>• Relevance of change in medication?</li> <li>• Relevance of progressive symptoms?</li> <li>• Relevance of deteriorating exercise performance/functional capacity?</li> <li>• Self monitoring or additional relevant measures (e.g. blood glucose testing)?</li> </ul>                                       | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                             |          |
| <b>5.1.3</b> | How to exercise safely <ul style="list-style-type: none"> <li>• Importance of the warm up, cool down and appropriate exercise intensity?</li> <li>• Self monitoring using HR monitoring (where appropriate) and RPE scales?</li> <li>• Recognition of signs and symptoms of over-exertion, metabolic dysfunction (hypoglycaemia and hyperglycaemia) or any relevant abnormal exercise response?</li> </ul>                                       | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                     |          |

|     |                                                                                                                    |                                                          |  |
|-----|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| 5.2 | <ul style="list-style-type: none"> <li>• Management of chest pain and severe breathlessness?</li> </ul>            | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
|     | <ul style="list-style-type: none"> <li>• Adaptation for co-existing morbidities?</li> </ul>                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
|     | Is the individual supported to self monitor and self manage, to become a confident and safe independent exerciser? | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

## Standard 6: Structured exercise programming

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Standard achieved?                                                                                                                                                                                                                                                                                                                                                                                                                                              | Comments |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>6.1</b>   | <b>Warm Up</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| <b>6.1.1</b> | <p>Does the warm up:</p> <ul style="list-style-type: none"> <li>• Mobilise joints and warm up all large muscle groups that will be engaged in the exercise training session?</li> <li>• Include pulse raising activities which are appropriate in content to the activities being performed in the conditioning phase?</li> <li>• Include stretching interspersed with pulse raising moves to maintain HR?</li> <li>• Perform a re-warm after preparatory stretching before commencing the conditioning component?</li> <li>• Allow for alternative intensities of aerobic work?</li> <li>• Increase exercise effort gradually, so that by the end of the warm up the following should have been reached: <ul style="list-style-type: none"> <li>○ HR within 20 beats per minutes (bpm) of training/target heart rate (THR)</li> <li>○ RPE - BORG &lt;11 (RPE scale) or &lt;3 (CR10)?</li> </ul> </li> </ul> <p>Is the duration of the warm up 15 minutes or proportionally reduced for lower functioning individuals?</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> |          |
| <b>6.1.2</b> | <b>Conditioning Phase – Aerobic or Cardiovascular (CV) Training</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| <b>6.2</b>   | <b>Frequency</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| <b>6.2.1</b> | Is the frequency of the exercise prescribed at least three times per week?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                        |          |

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                 |  |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6.2.2 | <p><b>Intensity</b></p> <p>Are these corresponding ranges used for moderate intensity aerobic exercise training:</p> <ul style="list-style-type: none"> <li>• 40-70% HRR (VO<sub>2</sub> max)</li> <li>• 11-14 (BORG RPE scale)</li> <li>• 2-4 (CR10 scale)?</li> </ul> <p>Is the prescription of THR and/or RPE based on individual assessment and risk stratification?</p> <p>Is the intensity progressed when an individual demonstrates improved aerobic endurance?</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> |  |
| 6.2.3 | <p><b>Time (Duration)</b></p> <p>Is the minimum duration of the conditioning phase 20 minutes?</p>                                                                                                                                                                                                                                                                                                                                                                          | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>                                                                                                                                 |  |
| 6.2.4 | <p><b>Type</b></p> <p>Does the aerobic training involve large muscle groups, performing dynamic activities?</p> <p>Are muscle strengthening exercises included?</p>                                                                                                                                                                                                                                                                                                         | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>                                                                 |  |
| 6.3   | <p><b>Conditioning Phase – Resistance Training (RT)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |  |
| 6.3.1 | <p><b>RT Assessment</b></p> <p>Is 1 repetition maximum (1RM) assessed?</p> <p>If not able to perform 1RM are other estimations used to predict 1RM (e.g. an estimated 1RM from a higher number of repetitions using a recognised formula, a Borg CR10 Scale 4-5 rating after two reps or use of repetitions in reserve scale)?</p>                                                                                                                                          | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>                                                                 |  |

|       |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          |  |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6.3.2 | <b>Frequency</b><br><br>Are 2-3 resistance training sessions per week recommended (allowing for sufficient recovery time between sessions)?                                                                                                                                                                                                                                                           | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                 |  |
| 6.3.3 | <b>Intensity</b><br><br>Are these the intensities used for determining initial weight load: <ul style="list-style-type: none"> <li>• Upper body 30-40% 1RM</li> <li>• Lower body 50-60% 1RM</li> </ul>                                                                                                                                                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                     |  |
| 6.3.4 | <b>Time</b><br><br><u>Sets</u><br>Does the RT programme start with 1 set, progressing to 3 sets for each muscle group?<br><br><u>Repetitions</u><br>Do individuals achieve 8-10 repetitions in each set?<br><br>Once the individual performs more than 10 repetitions is the weight load increased?<br><br><u>Recovery</u><br>Is there a minimum period of 1 minute between sets for recovery period? | Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 6.3.5 | <b>Type</b><br><br>Is consideration given to ensure all individuals receive specific and effective RT guidance based on their distinct needs and capabilities?                                                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                 |  |
| 6.4   | <b>Cool down</b><br><br>Is the duration of the cool down 10 minutes (or moderated to the length of the conditioning phase)?<br><br>Are individuals supervised for a minimum of 15 minutes from the end of the cool down?                                                                                                                                                                              | Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                 |  |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>6.5</b></p> | <p><b>Considerations for high intensity interval training (HIIT)</b></p> <p>Has the individual been appropriately screened and a FCT been conducted?</p> <p>Has the individual first commenced and been monitored exercising at moderate intensity, prior to progression on to HIIT?</p> <p>Is there close monitoring and supervision during the exercise session, using appropriate methods such as HR and RPE?</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><b>6.6</b></p> | <p><b>Balance and flexibility recommendations</b></p> <p>Where deemed pertinent, are stretching exercises included in the CR exercise session?</p> <p>If so, are the stretches:</p> <ul style="list-style-type: none"> <li>• Performed 2-3 times a week?</li> <li>• Held for approximately 30 seconds to point of tightness or slight discomfort?</li> <li>• Repeated 2-4 times, accumulating 60 seconds per stretch?</li> </ul> <p>Is venous return maintained while stretching?</p> <p>For older adults, where deemed beneficial, are balance exercises incorporated into CR?</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><b>6.7</b></p> | <p><b>Considerations for lower functioning individuals</b></p> <p>Are individuals unable to sustain a workload of 3METS advised to incorporate short frequent bouts of physical activity into their daily routine?</p> <p>Are these activities varied and functional, encompassing CV work, muscle strengthening, balance and flexibility?</p>                                                                                                                                                                                                                                      | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>                                                                                                                                                                                                                                                                 |  |

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <div>6.8</div> <div>6.9</div> | <p><b>Seated exercise considerations</b></p> <p>Does the seated exercise programme follow the same principles as ambulatory exercise and include a warm up, conditioning phase and a cool down component?</p> <p>Is the seated exercise performed appropriately to prevent an increase in intrathoracic pressures (e.g. with correct posture and breathing technique whilst maintaining venous return)?</p> <p>As the individual progresses, are they moved onto a mix of supported and unsupported ambulatory exercise?</p> <p><b>General exercise session considerations</b></p> <p>Does the exercise session ensure that:</p> <ul style="list-style-type: none"> <li>• correct posture is maintained throughout?</li> <li>• there is balance of opposing muscle groups, and use of a variety of different muscle groups throughout sessions to gain global strengthening and to allow individuals to exercise for longer?</li> <li>• feet are kept moving to maintain venous return?</li> <li>• adaptations and supervision of exercise are appropriate for those with co-morbidities?</li> <li>• music tempo and volume are appropriate to the session component?</li> <li>• when indicated, floor work (e.g. relaxation exercise and stretching) is done after a cool down period when the cardiovascular system has returned to near resting state?</li> </ul> | <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> |  |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|  |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                 |  |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  | <p>Does the exercise session avoid:</p> <ul style="list-style-type: none"> <li>• overuse of any one muscle group?</li> <li>• sustained breath holding and isometric exercises?</li> <li>• rapid changes in position?</li> <li>• exercises performed in lying during the main conditioning phase?</li> </ul> | <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> |  |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

## Standard 7: Screening, monitoring and progression

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Standard achieved?                                                                                                                                                                                                                                                                                                                                                                              | Comments |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>7.1</b>   | <b>Screening</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| <b>7.1.1</b> | <p>Has screening taken place prior to the physical activity/exercise session?</p> <p>This should include:</p> <ul style="list-style-type: none"> <li>• Presence of systemic illness</li> <li>• Change in signs and symptoms</li> <li>• Impact of changes in co-morbidities since assessment</li> <li>• Change in medication or medication dose</li> <li>• Medication availability, for example GTN</li> <li>• Details of health status reviews</li> <li>• Results of further investigations</li> <li>• Wound healing</li> <li>• Appropriate glucose check for those with diabetes</li> <li>• Response to recent physical activity</li> <li>• Change in psychological status</li> </ul> | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                        |          |
| <b>7.1.2</b> | Is physical activity/exercise adapted in light of pre-screening findings?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                        |          |
| <b>7.1.3</b> | Have individuals been educated to self monitor the above when undertaking physical activity alone?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                        |          |
| <b>7.2</b>   | <b>Monitoring</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| <b>7.2.1</b> | <p>Is exercise intensity monitored?</p> <p>Is a combination of the following used:</p> <p>HR and BP response?</p> <p>Rate Pressure Product (RPP)?</p> <p>RPE achieved?</p> <p>Observation/discussion?</p> <p>Pulse oximetry for SpO<sub>2</sub> levels where indicated?</p> <p>METs at a given HR or RPE?</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> |          |

|              |                                                                                                                                                                                                         |                                                                                                                                                                                  |  |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>7.3</b>   | <b>Progression</b>                                                                                                                                                                                      |                                                                                                                                                                                  |  |
| <b>7.3.1</b> | Is individual progression based upon the agreed individual goals and evaluation of outcome measures?                                                                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                         |  |
| <b>7.3.2</b> | 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"/>                                                                                                                         |  |
| <b>7.3.3</b> | Is progression achieved by increasing ratios of: <ul style="list-style-type: none"> <li>• CV: active recovery time?</li> <li>• Work: active rest?</li> <li>• Standing: seated exercise?</li> </ul>      | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>7.3.4</b> | Is there evidence that a gradual reduction in use of objective measures is considered, once an appropriate HR and BP response, and the individual relationship between HR and RPE has been established? | 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 in conjunction with clinical evaluation or using validated tools?                                                                                                                                                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                 |          |
| 8.2 | Are several options for a home-based exercise considered?<br>(for example, individualised prescribed physical activity plan, a validated home-based programme, digital exercise option, 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"> <li>• Individual's choice of type of home-based programme?</li> <li>• Home environment including availability of equipment?</li> <li>• The option of completing at a convenient time of day?</li> <li>• Minimising interruptions from telephone, family members and pets?</li> </ul> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                             |          |
| 8.4 | Has the individual received thorough instructions to ensure safe unsupervised exercise and has the practitioner ensured understanding of these instructions? (Instructions as outlined in standards 5 and 7)                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                 |          |
| 8.5 | Are individuals issued with: <ul style="list-style-type: none"> <li>• Exercise resources (e.g. copy of exercise routine / DVD / manual)?</li> <li>• Written safety advice?</li> <li>• RPE monitoring scale?</li> <li>• Home exercise diary?</li> <li>• Any equipment needed (i.e. weights/resistance bands)?</li> </ul>                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |          |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 |  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 8.6 | Is adherence and compliance to the home physical activity plans regularly monitored?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                        |  |
| 8.7 | <p>Do lower functioning, higher risk and more vulnerable individuals have:</p> <ul style="list-style-type: none"> <li>• More regular contact and supervision?</li> <li>• If required, the ability to allow family members to be part of the rehabilitation session?</li> <li>• Exercises incorporated into their daily routine (including exercises for flexibility, balance and posture)?</li> <li>• Access to services for aids and adaptations?</li> <li>• Access to hospital or community-based group programmes, once a suitable level of function has been achieved?</li> </ul> | <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 | Is referral to appropriate exercise opportunities in the individual's local community considered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                        |  |

## Standard 9: Long-term physical activity planning

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Standard achieved?                                                                                                                                                                                                                                                                                                                                                                                                                                              | Comments |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 9.1 | <p>Are individuals at point of transfer to a long-term programme able to:</p> <ul style="list-style-type: none"> <li>Identify appropriate modes of physical activity to participate in?</li> <li>Recognise and monitor their optimum level of exercise intensity?</li> <li>Recognise the signs and symptoms of over-exertion and take appropriate action?</li> <li>Self-pace during physical activity and exercise?</li> <li>Progress their exercise and physical activity effectively?</li> <li>Demonstrate adherence to home-based activities?</li> <li>Identify goals for long term physical activity and exercise?</li> </ul> | <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 | <p>Are individuals provided with:</p> <ul style="list-style-type: none"> <li>Contact details of their early CR team?</li> <li>Details of medical follow up?</li> <li>Advice on long term exercise prescription and modification?</li> <li>Information on appropriate local community physical activity and exercise opportunities?</li> <li>Advice on how to deal with a relapse and overcoming barriers?</li> <li>Advice on the importance of social support?</li> <li>Information on local support groups?</li> </ul>                                                                                                           | <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> |          |
| 9.4 | 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 long-term structured supervised exercise sessions:</p> <ul style="list-style-type: none"> <li>• Is the individual transferred to an appropriately qualified exercise professional?</li> <li>• Is a transfer form completed?</li> <li>• Is the exercise professional able to refer an individual back for further assessment?</li> </ul> | <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 and acute care and community services involved in the long-term support of the individual?                                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                        |  |

## Standard 10: Outcome measures

|             |                                                                                                                                                                                                                                                                                                           | Standard achieved?                                                                                                                                                                                                                                                                                       | Comments |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>10</b>   | Do CR outcomes include: <ul style="list-style-type: none"> <li>• Self-reported health-related quality of life?</li> <li>• Clinical outcomes?</li> <li>• Achievement of individual-centred goals?</li> <li>• The individual's care experience?</li> <li>• The individual's level of engagement?</li> </ul> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| <b>10.1</b> | Are reliable and valid outcomes used?                                                                                                                                                                                                                                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                 |          |
| <b>10.2</b> | Is there partnership working with national data systems to establish a robust audit system, measure uptake and evaluate adoption of the BACPR standards and core components?                                                                                                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                 |          |
| <b>10.3</b> | Is a repeat FCT undertaken?                                                                                                                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                 |          |
| <b>10.4</b> | 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"/>                                                                                                                                                                                                                                                 |          |

## Standard 11: Health and Safety

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

|               |                                                                                                                                       |                                                          |  |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| <b>11.3</b>   | <b>Venue and environment</b>                                                                                                          |                                                          |  |
| <b>11.3.1</b> | Has a risk assessment of the area been carried out?                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>11.3.2</b> | Does the exercise area allow for appropriate space around individuals and equipment?                                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>11.3.3</b> | Are temperature (18-23°C) and humidity (65%) maintained within the guidelines?                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>11.3.4</b> | Is drinking water available at all times?                                                                                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>11.3.5</b> | Is exercise equipment maintained in accordance with local protocols and in line with manufacturer's guidelines?                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
|               | Is exercise equipment appropriately risk assessed in keeping with standard health and safety practices?                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
|               | Are local infection control procedures followed at all times?                                                                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>11.4</b>   | <b>Risk of exercise –induced adverse events</b><br>Covered in Standards 2, 6 and 7                                                    |                                                          |  |
| <b>11.5</b>   | <b>Lone Working</b>                                                                                                                   |                                                          |  |
| <b>11.5.1</b> | Are local policies and procedures for working alone adhered to?                                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>11.5.2</b> | Are safe systems of work in place and reviewed regularly to eliminate or reduce the risk associated with lone working?                | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>11.5.3</b> | Do staff receive appropriate training and practical advice to enable them to recognise and reduce risks associated with lone working? | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>11.5.4</b> | 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 12: Documentation

|        |                                                                                                                                        | Standard achieved?                                       | Comments |
|--------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|
| 12.1   | Are records completed as soon as possible after an event has occurred?                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 12.2   | Are written records legible and written in permanent black ink?                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 12.3.1 | Are all entries in a record dated, timed accurately and signed?                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 12.3.2 | Are all amendments dated, timed and signed, and the original entry still clearly visible?                                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 12.3.3 | Is the individual's full name, date of birth, hospital number or NHS number documented on all pages?                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 12.4   | Do electronic recording systems show who has made the record, show any revisions or amendments, and have a means of locking the notes? | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 12.5.1 | Is the information contained within the record accurate and written in such a way that the meaning is clear?                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 12.5.2 | Is there an agreed list of short forms or abbreviations available?                                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 12.6   | Are clinical records stored in a secure and confidential manner, adhering to local protocols in place?                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| 12.7   | Are onward referrals to other services/agencies done in a secure and confidential manner, adhering to local protocols in place?        | Yes <input type="checkbox"/> No <input type="checkbox"/> |          |

## **Appendix 1**

The following are contraindications to exercise testing and training from the American College of Sports Medicine (ACSM) guidelines:

- **Absolute Contraindications**
  - Acute myocardial infarction (MI) within two days
  - Ongoing unstable angina
  - Uncontrolled cardiac arrhythmia with haemodynamic compromise
  - Active endocarditis
  - Symptomatic severe aortic stenosis
  - Decompensated heart failure
  - Acute pulmonary embolism, pulmonary infarction, or deep venous thrombosis
  - Acute myocarditis or pericarditis
  - Acute aortic dissection
  - Physical disability that precludes safe and adequate testing
- **Relative Contraindications**
  - Known obstructive left main coronary artery stenosis
  - Moderate-to-severe aortic stenosis with uncertain relationship to symptoms
  - Acquired, advance or complete heart block
  - Recent stroke or transient ischaemic attack
  - Mental impairment with limited ability to co-operate
  - Resting hypertension with systolic blood pressure >200mmHg or diastolic >110mmHg
  - Uncorrected medical conditions (e.g. significant anaemia, electrolyte imbalance or hyperthyroidism)

Reference:

American College of Sports Medicine [ACSM]. ACSM's Guidelines for Exercise Testing and Prescription. 11<sup>th</sup> Edition 2021; Williams and Wilkins: Baltimore

## 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:

## Abbreviations

|                     |                                                                            |
|---------------------|----------------------------------------------------------------------------|
| ACPICR              | Association of Chartered Physiotherapists in Cardiovascular Rehabilitation |
| ACSM                | American College of Sports Medicine                                        |
| 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                                                             |
| Bpm                 | Beats per minute                                                           |
| CPET                | Cardiopulmonary Exercise Test                                              |
| CR                  | Cardiovascular Rehabilitation                                              |
| CSP                 | Chartered Society of Physiotherapy                                         |
| CV                  | Cardiovascular                                                             |
| FCT                 | Functional Capacity Test                                                   |
| FITT                | Frequency, Intensity, Time, Type                                           |
| GTN                 | Glyceryl Trinitrate                                                        |
| HF                  | Heart Failure                                                              |
| HIIT                | High Intensity Interval Training                                           |
| HR                  | Heart Rate                                                                 |
| HRR                 | Heart Rate Reserve                                                         |
| MET                 | Metabolic Equivalent                                                       |
| MI                  | Myocardial Infarction                                                      |
| MSE                 | Muscle, Strength and Endurance                                             |
| NHS                 | National Health Service                                                    |
| PA                  | Physical Activity                                                          |
| PND                 | Paroxysmal Nocturnal Dyspnea                                               |
| RPE                 | Rating of Perceived Exertion                                               |
| RPP                 | Rate Pressure Product                                                      |
| RT                  | Resistance Training                                                        |
| SMARTER             | Specific, Measurable, Achievable, Realistic, Timely, Empowering, Revisable |
| THR                 | Training/Target Heart Rate                                                 |
| VO <sub>2</sub> max | Maximum rate of oxygen consumption                                         |
| 1RM                 | One Repetition Maximum                                                     |

