

Pulmonary Rehabilitation

PROGRAM CHECKLIST

www.pulmonaryrehab.com.au



Can I offer this program?

Essential Requirements	Yes	No
Patient assessment		
Can I obtain a medical history and perform spirometry?	<input type="checkbox"/>	<input type="checkbox"/>
Can I conduct a field walking test to assess exercise capacity?	<input type="checkbox"/>	<input type="checkbox"/>
Can I assess breathlessness and oxygen saturation during the walking test (using the Borg dyspnoea scale and a pulse oximeter, respectively)?	<input type="checkbox"/>	<input type="checkbox"/>
Can I assess quality of life (using a questionnaire)?	<input type="checkbox"/>	<input type="checkbox"/>
Patient exercise training		
Can I develop an 8-week exercise program based on the results of the exercise assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Can I supervise the exercise program at least twice a week (home exercise should be performed on two or three other days)?	<input type="checkbox"/>	<input type="checkbox"/>
Can I include upper and lower limb endurance and strength training in the exercise program?	<input type="checkbox"/>	<input type="checkbox"/>
Patient education		
Can I include patient education in the program, with the aim of improving patient self-sufficiency?	<input type="checkbox"/>	<input type="checkbox"/>
Program evaluation		
Can I re-evaluate exercise capacity (including measures of breathlessness and oxygen saturation during exercise) and quality of life at the completion of the program?	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance		
Can I provide the patient with a home exercise program to help maintain the benefits achieved during the program?	<input type="checkbox"/>	<input type="checkbox"/>