

**McLAREN FLINT
PULMONARY REHAB MAINTENANCE EXERCISE RECORD**

NAME: _____

TARGET HR: _____

TELEPHONE: _____

PHYSICIAN: _____

Date:												
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Beginning Resting

FLOW RATE - O2												
O2 / HR	/	/	/	/	/	/	/	/	/	/	/	/
BP												

Treadmill

TIME												
DISTANCE												
SPEED												
LOWEST O2												
HIGHEST HEARTRATE												
FLOW RATE O2												

NuStep – Arms and Legs

TIME												
LEVEL												
STEPS												
LOWEST O2												
HIGHEST HEARTRATE												

SciFit

TIME												
LEVEL												
MILES												
LOWEST O2												
HIGHEST HEARTRATE												

Rex / Arm Ergo

TIME												
LEVEL												
MILES												
LOWEST O2												
HIGHEST HEARTRATE												

Blood Glucose

PRE – BLOOD SUGAR												
POST – WEIGHT / BLOOD SUGAR												

Ending Recovery

SATURATION O2 / HR	/	/	/	/	/	/	/	/	/	/	/	/
BP												

