

McLAREN FLINT  
PULMONARY REHABILITATION EXERCISE PRESCRIPTION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Target Heart Rate: (60-85% of Max Heart Rate) \_\_\_\_\_

Orientation to Rehab Date: \_\_\_\_\_

Maximum heart rate achieved on Six-minute Distance Walk: \_\_\_\_\_

- Timed 6 minute walk distance upon entering program: \_\_\_\_\_ ft.
- O2 Requirements:
  - O2 will be titrated to maintain SpO2 > 90%
  - SpO2 at rest: \_\_\_\_\_

Patient to exercise 2-3x a week for 30-60 minutes, for 8-12 weeks. Actual session # based on patient progress. Reassess patient with six-minute walk when patient goals met and/or reached plateau in exercise.

- **Treadmill workload**  
Begin at (0.6 mph-4. mph) with zero grade, with "moderate-somewhat hard" (RPD/RPE 3-4 ratings) and progressing with intervals of 1-5 minutes up to 30 minutes maximum.
- **Recumbent Stepper Workload**  
Begin at (Level \_\_\_\_\_) (70-80 steps per minute) with "moderate-somewhat hard" (RPD/RPE 3-4 ratings) and progressing with intervals of 3-5 minutes up to 30 minutes maximum.
- **Sci-Fit Workload**  
Begin at (Level \_\_\_\_\_) (15-45 RPMs) with "moderate-somewhat hard" (RPD/RPE 3-4 ratings) and progressing with intervals of 1-5 minutes up to 30 minutes maximum.
- **Arm Ergometer**  
Begin at (5-60 watts) with "moderate-somewhat hard" (RPD/RPE 3-4 ratings) and progressing with intervals of 3-5 minutes up to 30 minutes maximum.
- **Unsupported Arm Exercises and Chest Expansion**  
Begin with (0-3 lb) free weights and work on 8 exercises starting at 5 repetitions and progress up to 10 repetitions. Increase or decrease weight poundage according to muscle fatigue level.  
Begin resistance band exercises. Begin with low to medium resistance bands and progress to a resistance to induce sufficient muscle fatigue after completing routine for up to 10 repetitions.
- **Strength Training /Weight Machines:**  
Begin at lowest level (10-12 lbs) and do 1 set of 8-10 repetitions after the first week of exercise; Increasing in 2-5 lb increments, up to a maximum of 3 sets of 10 each exercise.

NOTE: Exercise duration goals are a minimum of 30 minutes total time and a maximum of 60 minutes. Allow for adequate rest periods between modalities as necessary.

I have reviewed the Initial Evaluation and I agree with the Exercise Prescription.

\_\_\_\_\_ YES \_\_\_\_\_ NO, If NO, please comment below

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Frazer Wadenstorer, M.D., Medical Director Date

\_\_\_\_\_  
Pulmonary Rehab Staff Date  
Phone: (810) 342-5370 Fax: (810) 733-6965



660B

PT.

MR.#/RM.

DR.