

**McLAREN FLINT**  
 Flint, Michigan  
**PULMONARY REHABILITATION**  
**POST PROGRAM REPORT**

Dear Dr.: \_\_\_\_\_

Date: \_\_\_\_\_

The Pulmonary Rehab Staff at McLaren Rehab Center are pleased to inform you that your patient, \_\_\_\_\_ has completed \_\_\_\_\_ sessions in the Pulmonary Rehab Program.

**We have educated your patient on the following topics:**

- ◆ Energy Conservation / ADL's
- ◆ Nutrition
- ◆ Breathing Techniques
- ◆ Infection Control
- ◆ Lung Anatomy / Physiology / disease process
- ◆ Respiratory Medications / using MDI with spacer
- ◆ Home Exercise Program
- ◆ Emotions & Lung disease / Coping Strategies

**Your patient's Pre /Post program parameters were as follows:**

**O2 REQUIREMENTS WITH EXERCISE:**

O2 Saturation: \_\_\_\_\_ % On \_\_\_\_\_ At Rest Prior to Exercise: \_\_\_\_\_

<b>Average Resting Data:</b>	<b>PRE</b>	<b>POST</b>
Heart Rate	_____	_____
Blood Pressure	_____	_____
<b>Average Exercise Data:</b>	<b>Initial Visit</b>	<b>Current Workloads</b>
Treadmill	_____	_____
NuStep	_____	_____
Arm Ergometer	_____	_____
Strength Training	_____	_____

<b>OUTCOME DATA:</b>	<b>PRE PROGRAM</b>	<b>POST PROGRAM</b>
6 Minute Walk Distance	_____ ft.	_____ ft.
Health Knowledge Test	_____ %	_____ %
Quality of Life Questionnaire**	_____ #	_____ #
{**score of <27 is desirable-----score of >27 shows concern}		

**Progress Notes / Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for referring your patient to our program. It was our pleasure to educate him/her about the management of their disease and exercise. We look forward to working with you in the future. If you have any questions, please feel free to call us at (810) 342-5370.

\_\_\_\_\_  
*RRT Signature*  
 Pulmonary Rehab Staff

\_\_\_\_\_  
 Date/Time

**POST PROGRAM REPORT**



480b

PT.  
 MR#:  
 REF DR.  
 PCP DR.