

Appendix J

Example of Home Exercise Program

Name: _____

Type of Exercise: _____

Intensity (How Hard to Exercise):

Warm-up: (heart rate) _____

Training or Target Heart Rate: _____

Cool-down: (heart rate) _____

The highest your heart rate should be at any time is: _____

Duration (How Long to Exercise):

Warm-up: (minutes) _____

Exercise Training: (minutes) _____

Cool-down: (minutes) _____

Frequency (How Often to Exercise): _____

This program has been designed specifically for you as of _____. It will need periodic review and revision, especially if there are any changes in your medications or condition.

Your program should be re-evaluated:

- Every 6 months
- After any type of exercise stress test
- Changes in medications, especially heart medications
- Changes or new onset of chest discomfort or other symptoms

Program Staff: _____

Phone Extension: _____

Date: _____ **THR:** _____

Date	Type of exercise	Resting pulse	Max pulse	Total time	Comments/symptoms

From *Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs, Fifth Edition*, by American Association of Cardiovascular and Pulmonary Rehabilitation, 2013, Human Kinetics, Champaign, IL.