

Haematology rehabilitation group exercise programme

i Information for patients
Therapy Services



Name:	
Consent to leave telephone message: Yes / No	
Transport required: Yes / No	
Hospital number:	Date:

Assessment

Previous fitness / Activity	Current fitness / Activity: Limitations:
Occupations / Hobbies / Activities:	ADLs / Functional ability:
Physical goals:	Functional goals:
Updates:	

Visit	0	1	2	3	4	5	6	7	8	9	10	11	12	
Date														
6MWD										6MWD				
FSI										FSI				
EQ5D										EQ5D				

Resting heart rate:	Age:	HR max:
HRR=HR max-resting HR:		Training zone-HRRx0.4 +resting HR:
HRRx0.6+resting HR:		
Training zone: _____ → _____		

Signature:	Print:	Date:
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Rating for perceived exertion

	10	I am absolutely exhausted and gasping for breath, I am going to have to stop and feel I can do nothing else with my day.
	9	I am gasping for breath and I am going to have to stop in a matter of seconds.
	8	I can grunt in response to your questions and can only keep up this pace for a short period of time.
	7	I can still talk but I don't really want to and I am sweating.
	6	I am slightly breathless but I can still talk, I am definitely sweating.
	5	I am just above comfortable, I am sweating more but can talk easily.
	4	I am sweating a little but I can carry on a conversation normally and maybe even sing.
	3	I am still comfortable but I am breathing a little harder.
	2	I am comfortable and I can maintain this pace all day long.
	1	I am watching TV and eating chocolate.

Exercise	Session 1			Session 2			Session 3					
	Date:	Time/Reps	BORG	HR	Date:	Time/Reps	BORG	HR	Date:	Time/Reps	BORG	HR
Warm up												
Cool down												

Gym induction completed

Target heart rate: _____ to _____

Exercise	Session 4			Session 5			Session 6					
	Date:	Time/Reps	BORG	HR	Date:	Time/Reps	BORG	HR	Date:	Time/Reps	BORG	HR
Warm up												
Cool down												

Target heart rate: _____ to _____

Exercise	Session 7			Session 8			Session 9					
	Date:	Time/Reps	BORG	HR	Date:	Time/Reps	BORG	HR	Date:	Time/Reps	BORG	HR
Warm up												
Cool down												

Target heart rate: _____ to _____

Exercise	Session 10			Session 11			Session 12					
	Date:	Time/Reps	BORG	HR	Date:	Time/Reps	BORG	HR	Date:	Time/Reps	BORG	HR
Warm up												
Cool down												

Target heart rate: _____ to _____

Discharge summary

	Yes	No	Notes
Has the patient achieved their goals?			
What are the patient's on going plans for exercise/physical activity?			
Referrals/signposting to services?			
Attended 12 sessions?			

Additional notes

Signature:	Print:	Date:
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Alternative formats can be available on request. Email: alternativeformats@sth.nhs.uk

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