Cardiac Fitness
& Rehabilitation
Participant Resource
Handbook

Be Heart Healthy!!
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Introduction
Welcome to the Cardiac Fitness and Rehabilitation Program at St. Francis Hospital – The Heart Center® (SFH). Many of you have had a life-changing event. Whether it was a heart attack, open heart surgery, or coronary artery stenting, or a diagnosis of heart failure, you have come to the crossroads in your life where you know should make some changes in your lifestyle – stress, nutrition and physical activity in particular. Enrolling in a medically supervised program is a smart decision. Your program is carefully designed based on your specific medical history. This program provides experiences in learning about heart disease and physical activity choices as well as participation in a wide variety of exercises all designed to improve overall wellness. Participants in the SFH program have seen improvements in knowledge of heart disease and exercise safety. Improvements have also been achieved in resting blood pressure, aerobic exercise tolerance, strength, weight, mood, lipids, blood sugar and overall quality of life.

During your stay, whether it is two weeks or twelve weeks, maximize your time during each session. All of the clinical staff are formally trained and experienced in the areas you’ll want to become knowledgeable in to follow a healthy cardiovascular lifestyle. As a result of your experience in this program, you will have the tools to become independent when making choices about appropriate exercise training levels and recreational activities as well as dietary choices.
Cardiac Rehabilitation is a Medical Treatment

What is Cardiac Rehabilitation?
Cardiac Rehab is a comprehensive exercise, education, and behavioral modification program designed to improve the physical and emotional condition of patients with heart disease.

Why does Cardiac Rehabilitation work?
Each participant’s program is individually prescribed based on medical history, physical abilities and personal goals. Education on medications, nutrition, stress reduction techniques and a safe exercise routine helps people get started on the right foot. Providing a safe environment to exercise helps participants adapt to the physical stress of exercise. This adaptation improves the cardiovascular system and lowers the risk of fatal heart attack.

A Snapshot of Cardiac Rehabilitation at St. Francis Hospital:
1) Participants receive an individually prescribed program.

2) The individual treatment plan is based on several assessments.

3) The facility provides a large variety of exercise stations that help the body to improve in strength, flexibility, balance, and aerobic exercise tolerance.

4) The cardiac rehab clinical staff is trained specifically in the assessment and management of patients with cardiovascular disease. This staff has many years of clinical experience. Our Registered Nurses possess and maintain a wide variety of specialty training and certifications that includes Diabetes Education, Counseling, Heart Failure, Pharmacology, Pulmonary Rehabilitation, Advanced Cardiac Life Support, and Nutrition. All of our Exercise Physiologists have Bachelors and/or Masters Degrees with specialty courses and clinical training in applied Kinesiology, Exercise Physiology, and Biomechanics. Among them, they possess additional training and maintain certifications in exercise prescription, weight management, sleep apnea, balance training, strength training and pulmonary rehabilitation.

5) Participants are assigned to a clinical staff member who supervises their program and documents their progress.

6) Cardiac Rehabilitation has been available at St. Francis Hospital for over 30 years and is among the largest hospital-based specialty facilities in the State!
Are there any risks of exercise?

Although there are small risks in some medical treatments or procedures, the benefit of the treatment usually far outweighs the risk. This risk: benefit ratio is usually described in numbers. For example the risk of complication requiring an urgent response by a physician during exercise testing is about 2-3 per 10,000 tests and only 0.4 in 1,000 procedures for angiography. Although these risk levels are considered low, by comparison, the same complication rate during exercise in cardiac rehabilitation is much lower reported at 1 incident per 60,000 to 80,000 hours of exercise. Since the benefits of exercise in cardiac rehabilitation have been shown to reduce cardiovascular morbidity (illness) and mortality (death), it has been determined that the benefits of exercise far outweigh the risks reported during exercise. (See Acknowledgement of Services in Orientation section beginning on page 29).

What type of benefits should be expected and how long will it take?

The number of improvements and time it takes to reach a particular goal can vary quite a bit. For example, within a few weeks of entering cardiac rehabilitation some participants improve their attitude and symptoms of fatigue tend to decrease or even disappear. With respect to cardiovascular fitness, individuals that start the program with a low aerobic fitness level tend to improve the most.

Improvements in cardiovascular efficiency usually take several weeks. As the skeletal muscle improves its use of oxygen there is less strain on the heart making it easier to perform the physical activity. Emotional stress can also put a substantial strain on the heart. Improved cardiovascular fitness reduces the heart rate and blood pressure response to this stress.

Most participants experience some measurable improvements within 8 to 12 weeks. For others, it could take six months before improvements reach a meaningful level. The amount of improvement depends upon several factors, i.e. the individual’s preprogram fitness level, adherence to attendance, exertional symptoms, and other physical conditions that limit the activity intensity.

Human beings have developed physical qualities that protect the body from injury. If an injury does occur, the body tends to overcompensate in its repair. With respect to aerobic exercise or strength training, the muscles and circulation adapts to the repeated bouts (sessions) of physical stress (exercise) in an attempt to protect the body from being harmed. This adaptation occurs slowly over weeks and months, but is only preserved if a person exercises on a regular basis. After 24 hours of bed rest, the body’s adaptations begin to diminish. If the inactivity continues for just a few more days, the muscles and aerobic fitness level will return to its pretrained state.
The quality of exercise is actually based on the number of calories expended per exercise session or total time spent in physical activities per week. It has been shown that when 1,000 to 2,000 calories are expended per week, long term weight loss occurs; blood pressure lowers, coronary artery disease progression is arrested and the incidences of fatal heart attacks decrease by 15%. These studies demonstrate that physical activities throughout the day, every day, must be incorporated in your lifestyle.

**Remember:**

Cardiac Rehab exercise therapy is Physician prescribed, medically supervised and dose dependant for your safety.
Understanding Insurance for Cardiac Rehabilitation

Insurance coverage pertains to Phase II, a physician prescribed program with physician supervised exercise classes and continuous ECG telemetry monitoring. The charge for each exercise session must be attached to the correct diagnosis codes which are often limited to coronary bypass surgery, angioplasty/stent, valvular repair or surgery, heart attack with blood test results, heart transplant, and symptoms (chest pain/discomfort) documented on a post procedure stress test. A procedure code is required to bill insurance for each Phase II exercise session. This code is 93798. Some insurance companies will only approve a specific number of exercise sessions based solely on the diagnosis/procedure, while others also require a preprogram treadmill stress test. Phase II cardiac rehabilitation is a different medical treatment than physical therapy and are often confused.

The Registrar at St Francis Hospital will call to confirm that you have coverage. Your insurance carrier will not guarantee payment until they receive the charges. Your insurance company may require a preauthorization.

You should also call your insurance carrier to be sure you are covered.

a. When you call, tell them that you were referred to St. Francis Hospital Cardiac Rehab because you have had a cardiac event (be specific) and the treatment procedure code is 93798.

b. Be sure to get the person’s name you’re speaking with, the date and time of the conversation. Ask this person to record the conversation or have the highlights of your conversation entered into their record. Sometimes they can provide you with a reference number.

c. Some questions to ask:

- “Is cardiac rehab coverage a benefit in my plan?”
- “Would my diagnosis be acceptable for coverage? How soon after my event/diagnosis must I have my first exercise session?”
- “How many sessions am I entitled to? Do I require a post event/procedure treadmill test?”
- “Has my deductible or out-of-pocket been met for this year? Do I have a copay each session?”
**Medicare:**

There are only six acceptable admission criteria for Phase II cardiac rehab to be reimbursed by Medicare.

These criteria include:
- heart attack (myocardial infarction)
- angioplasty/stent
- coronary bypass surgery
- valve repair or replacement
- heart transplant surgery
- stress test that shows impaired blood flow (ischemia)
- congestive heart failure class II to IV

A patient must have his/her first exercise session within six months of the event date except for heart attack and heart transplant which is twelve months.

Medicare covers for 36 sessions within an 18-week period. It is advisable to contact both your primary and secondary insurance carriers to confirm payment and extension policies.
Orientation
PARTICIPANT ORIENTATION RECORD

I. Facility:
   A. DeMatteis Center:
      1. Waiting and reception in Registration area for Women’s Center, Pulmonary Rehab, Pain Management, Nutrition, MRI, some outpatient Cardiology Services and Research Cardiology.
      2. Parking: front and a small back lot with handicap spaces
   B. Cardiac Fitness and Rehabilitation
      1. Open Monday to Saturday morning & Monday, Wednesday, Friday evenings
      2. Male and female locker rooms. Bring locks for class time only.
      3. Valuables should be locked in your car.

II. Insurance reimbursement, and Fees are determined before admission
   A. Phase II Program: Deductibles, co-pays are paid when billed
      1. Charge entered for each Phase II session attended, CPT 93798. Insurance confirmation that cardiac rehab is a covered service is obtained by Registrar prior to admission.
      2. Insurance information provided by any SFH employee on reimbursement to the participant is not a guarantee of payment from the participant’s insurance.
      3. Participants sign registration statement guaranteeing payment for services rendered.
      4. Patients are strongly recommended to call their private/commercial insurance to confirm stress test requirement, number of sessions, deductible, out-of-pocket, co-pays before the first visit. Get the person’s name you are speaking with and ask that your conversation be entered in their record. A reference number can be requested.

III. Financial Hardship
   A. Patients may be excused from partial or full costs of Phase II. See Rehab Services Manager.
   B. Phase III/IV is not considered a medically essential service and fees cannot be excused
   C. Applications for “Charity Care” may be obtained from the secretaries.

IV. Admission Process
   A. Physician referral and relevant medical reports are required
   B. Registrar: Confirm extent of insurance coverage, Medicare eligibility or self pay program
   C. Medical Director evaluates medical history, test reports, and related medical information
   D. New patient Orientation
   E. All patients are assigned to a clinical case manager and a “Health History Interview (HHI)”
   F. The first exercise session is typically immediately following the HHI.

V. Description of Services
   A. Medical review and Prescription for treatment plan by Medical Director and HHI case manager
   B. Phase II: 6 – 36 sessions, ECG monitored, physician supervised classes and prescribed care plans that include assessments, interventions, blood pressure measures and a home exercise program.
   C. Phase III: 12 consecutive weeks, periodic ECG monitoring, BP measurements, & self-pay
   D. Phase IV: 4 – 16 consecutive week, self-pay-maintenance, BP measurements

VI. Patient Education:
   A. Each patient receives a knowledge assessment and educational interventions.
   B. Poster Presentations, and handouts are provided on a different topic each month.
   C. Educational lectures and other programs available at SFH (i.e. Smoking Cessation, Individual and Group Dietary Instruction, CPR classes, Stress Management, Diabetes, and Weight Management)
VII. The Exercise Session:
   A. Exercise Modalities (equipment) see Handbook
   B. Lightweight and loose fitting clothing recommended. Sneakers recommended
   C. Review Exercise Prescription Worksheet for intensity and time/station
   D. Patient will receive instruction to record the following:
      1) Patient records on daily training data sheet heart rate, blood pressure, rating of perceived exertion (RPE), Signs, symptoms and use of the Discomfort Scale
      2) Instruction provided on pulse by palpation, RPE and Discomfort Scale
   E. Exercise Session Components:
      1. Warm Up: 5 – 7 minutes: light calisthenics or use of aerobic exercise modality
      2. Training Component: 45 minutes
         a. Overview: Include aerobic and/or strength training exercise stations to improve cardiovascular fitness and strength.
            1) Exercise Regime is individualized, 3 to 6 stations
            2) In most cases 3 – 5 minutes of exercise/station
            3) Regime includes intervals of stationary exercise and walking
            4) Exercise stations may include prescribed strength training program
      3. Cool Down: 5 – 7 mins: Flexibility/relaxation exercises or aerobic modality

VIII. Emergency Procedures:
   A. Inform staff promptly if patient experiences “angina”, chest discomfort, lightheadedness, shortness of breath, joint or muscle pain. Any symptom, new or returning, that is disproportionate to the level of effort should be reported to a staff person
   B. Location of emergency call system in men’s and women’s locker room.
   C. Staff will call 911 in an emergency. The ambulance personnel may decide on the hospital the patient will be going to.
   D. A patient should not attend an exercise class if they are not feeling well. When a patient is home and feels that medical attention is required; his/her personal physician should be called or go to the nearest emergency room. Do not come to DeMatteis, there is no emergency room.

IX. Risks and Benefits of exercise (See Patient Acknowledgement of Services)
   A. Risks: Multiple large population studies report a low risk of complication
      1. Dependent largely on patient screening, adherence to medication and exercise prescription
      2. Patients report to staff: angina, atypical symptoms, any illness, hospitalization, medical procedure, change or if patient forgot to take prescribed med(s).
   B. Benefits:
      Improvements have been seen in many areas ranging from decreased blood pressure to reduced incidence of angina and even fatal heart attack. At St. Francis’s Cardiac Rehab improvements have been documented in exercise tolerance or aerobic fitness, improved resting systolic and diastolic blood pressure, improved quality of life survey score, improved recovery heart rate, strength, and reduced exertional symptoms and depression risk.

X. Outcome Measures:
   A. Provides measurement of change as a result of participation for the individual and the patient group.
      1) Data collected and reported, orally or in writing, in scientific forums with no identification of patients
         a. Psycho/Social tool measures depressive mood and/or anhedonia (loss of interest)
         b. Physical Activity measure; time spent in physical activity
         c. Functional Assessment. low-level exercise used to determine cardiovascular fitness
         d. Sleep Apnea Awareness and Adherence to Attendance

XI. Comments:
   I have had all my questions answered by the Clinical staff. I have been told that I may request additional information from the managerial, secretarial or clinical staff at any point during my program.
NOTICE OF PRIVACY PRACTICES
ST. FRANCIS HOSPITAL

Effective Date: May 31, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice that describes the health information privacy practices of our facility, its medical staff, and affiliated health care providers that jointly provide health care services with our facility. A copy of our current notice will always be posted in our reception area. You will also be able to obtain your own copy by accessing our website at stfrancisheartcenter.com, calling our office at (516) 562-6655, or asking for one at the time of your next visit.

*If you have any questions about this notice or would like further information, please contact Privacy Officer, at (516) 562-6655.*

**WHO WILL FOLLOW THIS NOTICE?**

The Facility provides health care to patients jointly with physicians and other health care professionals and organizations. The privacy practices described in this notice will be followed by:

- Any health care professional who treats you at any of our locations;
- All employees, medical staff, trainees, students or volunteers at any of our locations;
- All employees, medical staff trainees, students or volunteers at entities that are a part of Catholic Health Services (CHS) or Long Island Health Network (LIHN) that may require access to patient health information to perform a service on behalf of CHS or LIHN;
- Any business associate of our facility (which are described further below).

**IMPORTANT SUMMARY INFORMATION**

**WHAT HEALTH INFORMATION IS PROTECTED**

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- information indicating that you are a patient at the facility or receiving treatment or other health-related services from our facility;
- information about your health condition (such as a disease you may have);
- information about health care products or services you have received or may receive in the future (such as an operation); or
- information about your health care benefits under an insurance plan (such as whether a prescription is covered);

*when combined with:*

- demographic information (such as your name, address, or insurance status);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver’s license number); and
- other types of information that may identify who you are.
HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Requirement For Written Authorization. We will generally obtain your written authorization before using your health information or sharing it with others outside the facility. You may also initiate the transfer of your records to another person or entity by completing a written authorization form. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to Privacy Officer, at 100 Fort Washington Blvd, Roslyn, New York 11576. We may not disclose any of your health information for marketing purposes if we will receive direct or indirect financial remuneration not reasonably related to our cost of making the communication. Additionally, we will not sell your protected health information to third parties. The sale of protected health information, however, does not include a disclosure for public health purposes, for research purposes where we will only receive remuneration for our costs to prepare and transmit the health information, for treatment and payment purposes, for the sale, transfer, merger or consolidation of all or part of our medical group, for a business associate or its subcontractor to perform health care functions on our medical group’s behalf, or for other purposes as required and permitted by law.

Exceptions To Written Authorization Requirement. There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

Exception For Treatment, Payment, And Business Operations. We may use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. In some cases, we also may disclose your health information to another health care provider or payer for its payment activities and certain of its business operations. Below are further examples of how your information may be used and disclosed for these purposes.

Treatment. We may share your health information with doctors, nurses and allied health professionals at the facility who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor at our facility may share your health information with another doctor inside our facility, or with a doctor at another facility, to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care.

Payment. We may use your health information or share it with others so that we may obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to the facility for a particular type of surgery. However, we may not share information with your health insurance company for any services for which you paid directly. Finally, we may share your information with other health care providers and payers for their payment activities.

Business Operations. We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. Finally, we may share your health information with other health care providers and payers for certain of their business operations if the information is related to a relationship the provider or payer currently has or previously had with you, and if the provider or payer is required by federal law to protect the privacy of your health information.

Appointment Reminders, Treatment Alternatives, Benefits And Services. In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment, services, or refills at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Fundraising. To support our business operations, we may use demographic information about you, including information about your name, address, other contact information, age, gender, and date of birth, the dates that you received treatment, the department of service where you received treatment, the treating physician, outcome information, and health insurance status in order to contact you to raise money to help us operate. With each fundraising communication made to you, you will have the opportunity to opt-out of receiving any further fundraising communications. We will also provide you with an opportunity to opt back in to receive such information if you should choose to do so.

Business Associates. We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information. If our business associate discloses your health information
to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.

Exception For Patient Directory And Disclosure To Family And Friends Involved In Your Care. We may include information about you in our Patient Directory or share your health information with family and friends involved in your care or payment for your care. Although we are not required to obtain your written authorization, we will ask you whether you have any objection to the use or disclosure of your health information in this way.

We may use your health information in, and disclose it from, our Patient Directory, or share it with family and friends involved in your care or payment for your care. We will always give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

Patient Directory. If you do not object, we will include [your name, your location in our facility, your general condition (e.g., fair, stable, critical, etc.) and your religious affiliation] in our Patient Directory while you are a patient in the facility or one of the facilities listed at the beginning of this notice. This directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she doesn’t ask for you by name.

Family and Friends Involved In Your Care. If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care, including following your death. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition here at the facility, or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

Exception For Public Need. We may use or disclose your health information in certain situations to comply with the law or to meet important public needs. For example, we may share your information with public health officials at the New York State or city health departments who are authorized to investigate and control the spread of diseases.

Proof of Immunization. We may disclose proof of a child’s immunization to a school, about a child who is a student or prospective student of the school, as required by State or other law, if a parent, guardian, or other person acting in loco parentis, or an emancipated minor, authorizes us to do so, but we do not need written authorization.

As Required By Law. We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims Of Abuse, Neglect Or Domestic Violence. We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of such abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair And Recall. We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.
Lawsuits And Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement. We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your general written consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an on-site medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert A Serious And Imminent Threat To Health Or Safety. We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officials if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security And Intelligence Activities Or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military And Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates And Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers’ Compensation. We may disclose your health information for workers’ compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners And Funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Organ And Tissue Donation. In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research. In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your written authorization if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

Exception If Information Is Completely Or Partially De-Identified. We may use or disclose your health information if we have removed any information that might identify you so that the health information is “completely de-identified.”
We may also use and disclose “partially de-identified” information if the person who will receive the information agrees in writing to protect the privacy of the information as required by law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

How To Access Your Health Information. You generally have the right to inspect and copy your health information.

You have the right to inspect and obtain a paper and/or electronic copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to Correspondence Unit, Health Information Management Department, St. Francis Hospital, 100 Port Washington Blvd., Roslyn, New York 11576. To obtain a paper or electronic copy of your billing information, please submit your request in writing to Director of Patient Accounts, CHS Service Center, 1000 North Village Avenue, Rockville Centre, New York 11570. If you would like an electronic copy of your health information, we will provide you a copy in the electronic form and format as requested as long as we can readily produce such information in the form requested. Otherwise, we will cooperate with you to provide a readable electronic form and format as agreed. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. Under New York State law, the fee may not exceed $0.75 per page when patients or their personal representatives request copies of health information.

We will respond to your request for inspection of records within 10 days from receipt of your request. We ordinarily will respond to requests for copies within 30 days if the information is located in our facility, and within 60 days if it is located off-site at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

How To Correct Your Health Information. You have the right to request that we amend your health information if you believe it is inaccurate or incomplete.

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to Director of Health Information Management, St. Francis Hospital, 100 Port Washington Blvd., Roslyn, New York 11576. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or your entire request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.
How To Identify Others Who Have Received Your Health Information. You have the right to receive an “accounting of disclosures,” which identifies certain persons or organizations to whom we have disclosed your health information in accordance with the protections described in this Notice of Privacy Practices.

The accounting of disclosures identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices. An accounting of disclosures does not describe the ways that your health information has been shared within and between the facility and the facilities listed at the beginning of this notice, as long as all other protections described in this Notice of Privacy Practices have been followed (such as obtaining the required approvals before sharing your health information with our doctors for research purposes). The accounting of disclosures will only include disclosures made within the last six (6) years of your request.

An accounting of disclosures also does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures made for treatment, payment or business operations;
- Disclosures made from the patient directory;
- Disclosures made to your family in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your health information;
- Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers;
- Disclosures made before April 14, 2003.

To request an accounting of disclosures please write to Director of Health Information Management, St. Francis Hospital, 100 Port Washington Blvd., Roslyn, New York 11576. Your request must state a time period within the past six years for the disclosures you want to include. You have a right to receive one accounting within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

Right to Receive Notification of a Breach. You have the right to be notified if there is a probable compromise of your unsecured protected health information within sixty (60) days of the discovery of the breach. The notice will include a description of what happened, including the date, the type of information involved in the breach, steps you should take to protect yourself from potential harm, a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches and contact procedures to answer your questions.

How To Request Additional Privacy Protections. You have the right to request further restrictions on the way we use your health information or share it with others. We are not required to agree to the restriction you request, but if we do, we will be bound by our agreement.

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. You have the right to request that your health information not be disclosed to a health plan if you have paid for the services in full, and the disclosure is not otherwise required by law. The request for restriction will only be applicable to that particular service. You will have to request a restriction for each service thereafter. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please write to Privacy Officer, at St. Francis Hospital, 100 Port Washington Blvd., Roslyn, New York 11576. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.
**How To Request More Confidential Communications.** You have the right to request that we contact you in a way that is more confidential for you, such as at home instead of at work. We will try to accommodate all reasonable requests.

You have the right to communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please write to Privacy Officer, at St. Francis Hospital, 100 Port Washington Blvd., Roslyn, New York 11576. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

**How To Learn About Special Protections For HIV, Alcohol and Substance Abuse, Mental Health, Sexually Transmitted Diseases And Genetic Information.** Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, sexually transmitted diseases information and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with separate notices explaining how the information will be protected. To request copies of these other notices now, please contact Privacy Officer, at (516) 562-6655.

**How Someone May Act On Your Behalf.** You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

**How To Obtain A Copy Of This Notice.** You have the right to a paper insert or electronic copy of this notice. You may request a paper or electronic copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please call Privacy Officer, at (516) 562-6655. You may also obtain a copy of this notice from our website at stfrancisheartcenter.com, or by requesting a copy at your next visit.

**How To Obtain A Copy Of Revised Notice.** We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information. You will also be able to obtain your own copy of the revised notice calling our office at (516) 562-6655, or asking for one at the time of your next visit. The effective date of the notice will always be noted in the top right corner of the first page. We are required to abide by the terms of the notice that is currently in effect.

**How To File A Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact Privacy Officer, St. Francis Hospital, 100 Port Washington Blvd., Roslyn, New York 11576, (516) 562-6655. No one will retaliate or take action against you for filing a complaint.
ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the facility and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, sexually transmitted diseases, alcohol and substance abuse treatment information, mental health information, and genetic information.

________________________________________________________________________
Signature of Patient or Personal Representative

________________________________________________________________________
Print Name of Patient or Personal Representative

________________________________________________________________________
Date / Time

________________________________________________________________________
Description of Personal Representative’s Authority

________________________________________________________________________
Signature of Facility Representative  Date / Time

DO NOT WRITE IN THIS AREA
Patients voluntarily decide to participate in Cardiac Fitness & Rehabilitation (CFR) programs at St. Francis Hospital. Their enrollment has been approved by their personal physician and the CFR Medical Director. Participants in the CFR authorize their personal physician to periodically submit to St. Francis Hospital such medical reports or records as may be required prior to being accepted in and while engaged in a program at the Center.

PROGRAM DESCRIPTION: Individual CFR exercise programs will be personalized and prescribed at levels based on a patient’s medical history, tests, information provided by a physician, and the patient. Based on the clinical need of the participant, the patient will be admitted to either Phase II, III, or IV. The Phase II program is physician authorized and the exercise sessions are physician supervised with continuous ECG telemetry monitoring. Phase III and IV are supervised by the clinical staff nurses and exercise physiologists. ECG monitoring is not indicated for patients in Phase III or IV, though it may be offered at the discretion of the program medical director or a clinical staff member. Each class meets three times per week and is 50 - 60 minutes long with a specific time to start and stop. The exercise session includes a warm-up, training component, and cool-down. The length of stay for Phase II varies from 2 to 12 consecutive weeks or 6 to 36 sessions and 4 to 12 weeks (36 sessions) for Phase III for Phase IV. The individual response to an exercise program may vary and will be evaluated periodically and reported to the patient’s referring physician. The patient’s exercise program will be adjusted as needed. The type, duration and intensity of those exercise activities included in an individual’s program are selected and intended to improve the cardiovascular and or musculoskeletal system and function. The exercise program may include participation in some or all of the following: aerobic and resistance training exercises, various tests of fitness, and other physical activities in an organized and supervised group (class) setting.

RISKS: A small adverse risk to a participant during physical activity or exercise in cardiac rehabilitation programs has been described in the medical literature. These changes may include abnormalities of the electrocardiogram, blood pressure or heart rate, dizziness, fatigue, musculoskeletal soreness and injury, chest discomfort and in rare instances serious cardiovascular complications. Several large population studies have reported a low risk of complications during the exercise session. Where physician intervention is required in an urgent situation, the incident rate is reported to be about once per year (1:60,000 hrs). The occurrence rate for a heart attack is about one in five years and stroke and death is about 1 in ten years (1:785,000 hrs). Although the risk and incident rate can vary, exercise in a cardiac rehab setting would be considered low. Stress testing, for example, may also be thought as a low risk procedure and many patients have this test before entering cardiac rehabilitation, but the risk of complication during exercise testing is approximately 2:10,000 tests. To minimize these risks and to assure a safe environment a trained clinical staff is present at all times. Although ECG telemetry monitoring is required of some patients, it may not be the most important contributing factor to safety. The medical screening by a physician knowledgeable in cardiac rehabilitation and the patient’s physician is an important first step. The exercise program is individualized based on the patient’s health history and medical information provides an appropriate starting point as well as a rate of progression. A major reason why cardiac rehab is safe is because the participants follow several basic rules. 1) The body adapts to the stress of exercise only if the patient exercises regularly, so adherence to attendance is critical. 2) Taking medications as prescribed can protect the participant on a day-to-day basis as well as (3) following the instructions for exercise intensity using the target heart rate. 4) Finally reporting symptoms brought on by exercise, no matter how mild they may be, can prevent a heart attack.
PATIENT ACKNOWLEDGEMENT OF SERVICES

BENEFITS
There are several benefits for those engaged in regular exercise. Depending on the patient’s medical condition, benefits may include: an increase in tolerance to physical activity, improved local muscular (arm and leg) endurance, reduced shortness of breath, weight loss, lower resting blood pressure and improved lipid profile (Good vs. bad cholesterol). Some diabetic patients report improved control of blood glucose and others describe fewer mood swings or bouts of depression. It has been suggested through several studies that there is also a reduced rate of coronary artery disease progression and a reduced risk of fatal heart attack. Many participants also enjoy the social aspects of a fitness program such as meeting and making new acquaintances and sharing experiences with them. However, the cardiovascular and psychological response to exercise can not always be predicted with complete accuracy and no guarantee of improvements can be made.

CONDITIONS
The explanation that patient participants receive is not exhaustive and that other, more remote risks and consequences may arise. Participation in any CFR program is voluntary and participants may stop at any time without jeopardizing any medical care they may require at St. Francis Hospital. Participants authorize this Hospital to release to governmental agencies, insurance carriers, or others who are financially liable for their hospitalization and medical care, all information needed to substantiate payment for services rendered by the CFR and to permit representatives thereof to examine and make copies of all records relating to such care and treatment. Participants also release St. Francis Hospital from any responsibility for the safety or security of any personal property which may be placed in the building.

The undersigned agrees whether signed as an agent or as a patient, that in consideration of the services to be rendered to the patient, the patient hereby individually obligates her/himself to pay the account when due in accordance with the rates and terms of St. Francis Hospital. Should the account be referred to any attorney for collection, the undersigned shall pay reasonable attorney’s collection expense. Any delinquent account will bear interest at the legal rate.

While participating in the CFR program, participants have certain responsibilities. They are expected to follow the instructions of their physician(s), regarding medical care as prescribed including but, not limited to taking all medications at the prescribed time intervals. Each patient is assigned a clinical case manager who is complementary to the patient’s personal physician and responsible for the rehabilitation treatment throughout the duration of the program. Regardless of the day, time or place, patients are expected to notify their physician if they are experiencing discomfort that requires urgent care before attending an exercise session.

It is expected that participants will follow the instructions/recommendations of the CFR clinical staff regarding their exercise program and to inform a member of the clinical staff if:
1. Any prescribed medications are not taken on the day of the exercise session.
2. Physician orders to discontinue taking any medication, vitamin, etc. whether or not prescribed
3. Prior to, during or after an exercise class, they experience angina/chest pain or discomfort.
4. Participants miss two consecutive scheduled exercise class (by phone or in person).
5. Participants are scheduled to or undergo a surgical procedure, are admitted to a hospital and/or required medical attention.

All questions should be answered fully and the participant’s must acknowledge that they have read this document fully and carefully and that they fully understand its content. For additional information patient participant’s are instructed to contact the CPF&RC Manager, Dawn Coyle, MS at 629 - 2041, or Sue Palo, RN, MA, Department Director of CPF&RC and Education, 629-2042 or Jorge Secchi, MD, Medical Director of the CFR, 629 - 2044.
Better Information for Better Health

Catholic Health Services (CHS) offers CHS MyChart, which allows you to take charge of your health. Using this portal, you can easily view test and lab results for yourself and your children from the convenience of home. CHS MyChart also enables you to review details of past or upcoming appointments and schedule new ones. If you are actively a patient of a participating physician practice, you can e-mail your doctor's office and request medication renewals online.

Greater control of your health
- View portions of your electronic medical records (EMR)
- If you are a current patient of a participating practice, you can manage your prescriptions online
- See test or lab results without waiting for a phone call or letter

Convenient access to information
- Your medical history is available to you 24/7
- Review hospital discharge instructions

Better care for families
- Link family members' accounts to yours to better manage appointments and care instructions
- Keep important medical information such as immunizations and allergies at your fingertips
- Attend to the care of elderly parents

Enhanced communication with your physician
- View details of your past or upcoming doctor visits
- Schedule appointments online
- E-mail your doctor's office with questions

MyChart is secure
- Your EMR is password-protected for your use only
- Your information is safely delivered to you via an encrypted connection

Improved wellness
- You are better able to care for yourself and your loved ones with access to information and connectivity offered by CHS MyChart
- Greater awareness of your health enables you to stay well

Getting started
- Ask for more details at your doctor's office
- Caregivers at participating physician practices can activate CHS MyChart accounts

About CHS
Catholic Health Services (CHS) comprises six hospitals, three nursing homes, a regional home care and hospice network, and a community-based agency for persons with special needs and has earned numerous awards and honors. Please visit www.chsl.org for more information.

About Epic
Epic is the leading EMR in the nation, serving more than 42% of the U.S. population, and has been rated by KLAS, a leading research firm, as the number 1 ambulatory EMR for 13 consecutive years.  

1 Jean T. Haycox at KLAS...
General Information
Ask ME 3 Good Questions for your Good Health

Every time you speak with a doctor, nurse or pharmacist, use the ASK ME 3 questions to better understand your health.

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?

When to ask questions:
- When you see your doctor, nurse or pharmacist.
- When you prepare for medical tests or procedures.
- When you get your medication.

What if I ask, but still don’t understand?
- Let your doctor, nurse or pharmacist know of you if you still don’t understand what you need to do.
- You might say, “This is new to me, will you please explain that to me one more time?”

Who needs to Ask 3?
- Everyone needs help with health information. You are not alone if you find things confusing at times.
- Asking questions helps you understand how to stay well or get better.
CARDIAC FITNESS & REHABILITATION PROGRAMS
St. Francis Hospital – The DeMatteis Center

For the last 30 years, St. Francis Hospital at the DeMatteis Center has provided over one million rehabilitation sessions in a comprehensive multidisciplinary Cardiac Rehabilitation Program. This program has again received certification from the American Association of Cardiovascular and Pulmonary Rehabilitation. Although patients with a recent cardiac event or procedure are often covered by insurance, there are very affordable exercise programs available for those that do not meet their insurance requirement. All exercise sessions are conducted in a group setting. In addition, a physician is present during all classes. There are three different levels described below.

**Phase II Cardiac Rehabilitation:** This is a comprehensive program that includes a physician prescribed exercise program, free nutrition lecture, individual nutrition consultation and educational materials and workshops. Participants in this program are those recovering from a recent (within six to twelve months of program entry) cardiac surgery (bypass, valve), procedure (angioplasty, stent), a positive stress test for ischemia or a recent heart attack or heart transplant. Each patient receives an individualized treatment plan that includes initial and follow-up evaluations. Sessions meet three times/week from 6 to 36 sessions with continuous ECG telemetry monitoring and blood pressure measures.

**Phase III Cardiac Fitness:** This is an individualized exercise program that meets three times per week from four to twelve weeks. Supervised by exercise physiologists and nurses, this program is for individuals that do not need a physician prescribed program with ECG monitoring during each session. These participants are referred by a physician and are currently receiving treatment for heart disease or its risk factors (high blood pressure, diabetes, elevated cholesterol, obesity) or a chronic heart or vascular condition. Participants receive initial and follow-up evaluations, educational materials and a free nutrition lecture and individual nutrition consultation. Blood pressure measures are taken before each session.

**Phase IV Cardiac Fitness:** Individuals that have completed Phase II or Phase III may enroll in an exercise program that meets three times/week for one hour each class. The length of the program can be any number of (consecutive) weeks between 4 and 16. Blood pressure measures are taken before each session.

Upon discharge from Phase II, III, or IV, participants will receive a “home exercise program”.
EXERCISE SESSION PROCEDURE

Important points to be addressed prior to every exercise session:
- If you are not feeling well, or have a change in medical status (i.e. procedures, tests, injury, etc.) inform a clinical staff member prior to beginning the exercise session.
- If you have missed or had any changes to your medication regime, inform a clinical staff member prior to beginning the exercise session.
- Each exercise class begins on the hour.
- Arrive approximately 15 minutes before your session begins.
- If you are more than 15 minutes late, you may be asked to train at the next class time.
- You may not be permitted to train beyond the end of your class.
- Please stand clear of the track until your exercise session begins.
- Do not use exercise equipment before the start of your exercise session.

ECG Monitoring:
ECG telemetry is a method of monitoring a patient’s heart rate and rhythm during exercise. ECG strips are retained as a part of the patient’s permanent record and may be forwarded to the referring physician.

Phase II participants:
- Continuous ECG telemetry monitoring is required throughout each exercise session.
- Electrodes and instructions for placement are located in the locker rooms.
- Affix the electrodes before presenting to the monitoring station.

Phase III participants:
- Continuous ECG telemetry monitoring is scheduled on a periodic basis.
- A “∞ M” symbol is found on the training sheet on the days that Monitoring is required.

Phase IV participants:
- Continuous ECG telemetry monitoring is NOT required.
- In certain situations, telemetry monitoring may be deemed necessary by the clinical staff.

Blood Pressure (BP):
- All participants are required to have a pre exercise (resting) blood pressure.
- Patients BP’s will begin to be taken about 15 minutes prior to each exercise session.
- Exercise blood pressure measurement is required for Phase II participants.
- Exercise blood pressure measurements for Phase III and IV participants will be taken as clinical staff deems necessary.
**Individualized Exercise Prescription:**
- The exercise prescription is formulated based on your exercise stress test and/or medical history.
- Approved by the Medical Director, this prescription includes exercise intensity (target heart rate or Rating of Perceived Exertion), minutes per session, sessions per week and exercise station selection.
- Exercise prescriptions are evaluated periodically and can be adjusted as necessary.

**Warm-up (5 min-10 min):**
- The warm-up is an important part of the beginning of each exercise session.
- The class warm-up is led by an Exercise Physiologist and consists of standing gentle/balance exercises followed by walking.
- An alternative warm-up routine is available and will be decided on an individual basis.

**Exercise Training Period (45 minutes):**
- There are several aerobic exercise stations from which to choose. There are also weight-training stations which include hand-held weights and machines.
- Typically 4-6 stations can be completed each session.
- Exercise training intensity can be self-monitored by palpating pulse (heart rate), perceived exertion (page 83), and symptoms.

**Cool-Down (5min-10 min):**
- An active cool-down is important at the end of every exercise session.
- Once the cool-down has been called, you may complete the time remaining on your current exercise station.
- The cool-down is led by an Exercise Physiologist and consists of stretching/relaxation exercises that are completed in a group setting.
- This active cool-down is done with mats on the floor.
- An alternative cool-down may be available on an individual basis.
Available Exercise Class Times

All classes meet on the hour (for one-hour sessions):

- Monday, Wednesday and Friday morning classes meet:
  8:00, 9:00, 10:00 and 11:00am.
- Tuesday, Thursday and Saturday classes meet:
  8:00, 9:00 and 10:00am.
- Evening classes are only available on:
  Monday, Wednesday and Friday 4:00, 5:00, and 6:00.

Exercise Class and Staff Assignment

- All Phase II patients must wear an ECG telemetry transmitter. Because there are a limited number of these transmitters available in each exercise session, patients are expected to adhere to their assigned class time.
- Each patient is assigned to a clinical case manager. The case manager is responsible for assessing the patient’s needs, implementing the treatment plan, adjusting the exercise prescription documenting progress, and communicating with the referring physician as needed.
- If you need to change your assigned class scheduled please see your case manager.

Make-up Session Policy

- Phase II patients may be required to complete their sessions within a specified time frame.
- The number of sessions and the end date, if any, are determined prior to the start of the program.
- If a class or classes are missed, the participant should discuss the options available with their case manager.
- Generally, the most effective solution is to make up a missed class within a week.
- Some insurance carriers do not specify an end date but it is recommended that a 36 session program be completed between 12 and 18 weeks.
Holiday Closings

All programs offered by the Cardiac and Pulmonary Fitness and Rehabilitation Center are cancelled on the day of the holidays listed below. When the holiday falls on a Saturday, the Center will be closed on Friday. If the Holiday falls on a Sunday the Center will cancel all programs the Monday following the holiday.

New Year’s Day
President’s Day
Good Friday
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Day
Unscheduled Closings for Inclement Weather

The DeMatteis Center rarely closes for inclement weather. Participants can call the Front Desk 516-629–2040 and listen to the answering machine message. Regardless of the reason if any classes are cancelled a telephone recording will indicate this. If the schools are closed in your district or in our area (Roslyn, Greenvale, Port Washington, or Glen Cove) then the roads are probably too severe and risky to travel on. When in doubt, stay at home.

If you miss a class and you want to make-up, please see your case manager for the best day and time.
General Rules of Locker Rooms:

1) There are Men’s and Women’s locker rooms with private shower stalls.

2) In strategic locations within each locker room there are switches with pull cords that will activate an emergency call system if activated. When you walk in the locker room, look around and take note of the location of these emergency switches.

3) Lockers are available for personal use and only during an exercise session.
   a) Participants are responsible for bringing their own lock and all valuables should be locked in lockers.
   b) Valuables that cannot be locked in your locker should be locked in your car.
   c) St. Francis Hospital and staff are not responsible for safety or security of personal property.

1) If you shower, follow these important tips:
   • Bring your own towel.
   • Be brief and use lukewarm water.
   • Do not shower if you are feeling weak, dizzy or have chest pain.
   • Showers are not permitted after 8:00 PM because the supervising physician has left the building.
   • The bathroom floor can be slippery when wet. Wear sandals or flip-flops and be careful.
Parking Information

The DeMatteis Center is focused on providing services for outpatients. These patients may be recuperating from a number of medical problems such as: open heart surgery, a heart attack, a recent stroke, joint replacement or orthopedic surgery or injury. Other patients may be battling chronic neurological pain, lung disease in need of continuous oxygen supply, or heart failure and possibly waiting for a transplant.

There is a large parking lot in the front of the DeMatteis Center and a much smaller lot in the back of the facility. As you drive in, you will quickly see the lot in front of the DeMatteis Center, which contains over 200 non-handicapped spaces and 4 handicap designated spaces. The lot in the back has only about 27 spaces and about 12 of these are designated for handicapped parking.

The handicapped spaces in the back parking lot should be used by those patients that require:

♥ assistance from another person,
♥ assistive devices when walking
♥ supplemental oxygen, or
♥ have physical limitations that make it difficult to walk distances over 50 feet.

Since a large number of patients visiting the DeMatteis Center could possess a handicap permit, we ask that only those with severe physical disabilities park in the lot behind the building.
Safety During Exercise & Physical Activity
PATIENT RESPONSIBILITIES

As a patient in the Cardiac Fitness and Rehabilitation Program, you are required to assume certain responsibilities. You are expected to follow the instructions of your physician(s) regarding your medical care.

It is expected that you will follow the instructions/recommendations of the Cardiac Rehabilitation clinical staff regarding your exercise program.

Report to the staff if:
- Any prescribed medications have not been taken on the day of the exercise session. Our supervising physician must approve of your participation for that day.
- Your physician ordered you to discontinue, change a dosage, or change the timing of any of your prescribed or over-the-counter medications.
- You develop or experience symptoms either prior to, during, or after an exercise session (i.e. chest pain/discomfort, breathlessness, dizziness, or lightheadedness, fatigue, pain).
- You missed two consecutive scheduled classes (planned or unplanned).
- You are scheduled or have had any elective medical procedure. *
- You required urgent or emergent medical attention.*
- You were admitted to any medical facility.*

*Return to the program may require medical clearance from the physician who treated you or from your referring physician.

PLEASE NOTE:

IF YOU ARE ILL, DO NOT REPORT TO THE CARDIAC FITNESS FACILITY. Contact your physician or go to the nearest hospital for evaluation and/or treatment.

The DeMatteis Center building does not have an Emergency Room.
It is important to develop a safe effective system of organizing and identifying your medications and over-the-counter supplements. Taking the correct medications at the prescribed dosage and time of day maximizes your safety and the therapeutic benefits.

In order to help you better understand your medications, you should know the following:

- The BRAND and GENERIC names of your medications.
- The prescribed dosage of each medication and the number of pills to reach that dosage.
- What the medication is used for, how it will help your condition, is it working, what is the therapeutic goal?
- How it is best taken i.e. with or without food; the time of day.
- What to do if you miss a dose.
- Side effects: which are more common and which side effects are rare or severe.
- Reasons to call your physician immediately.
- The amount of time it takes for the medication to reach a therapeutic level.
- If there are any food or drug interactions (See Food and Drug Interaction pamphlet provided in the orientation folder).
- How to store the medications: Generally, most medications should be stored at room temperature, protected from moisture and away from direct sunlight. The bathroom and the kitchen are not the best choice for storage.

If you have any allergies to any type of medication, an ID bracelet may be helpful to indicate this. DO NOT SHARE your medications with others and do not take anyone else’s medications. Keep an up-to-date list of all your medications with you at all times. The clinical staff can provide you with educational materials on any of your medications. A weekly or daily pill organizer can be helpful to maintain your medication schedule.
SMOKING

One of the primary risk factors for developing coronary artery disease is smoking. The level of risk increases two-fold over a nonsmoker. Smoking thickens the blood and the lining of the lung. Platelets (blood cells needed for clotting) become abnormally sticky and the risk of dangerous blood clots increases. Smoking changes the inner walls of the arteries by contributing to a build-up of foreign substances such as clots and plaque. Eventually this reduces the blood flow to the heart.

Studies have indicated that patients who were still smoking one year after coronary artery bypass surgery were more than twice as likely to require another surgery as compared to those patients who quit immediately after their surgery!

The most common and most harmful elements found in tobacco smoke include nicotine, carbon monoxide, and tar.

◊ NICOTINE is a stimulant. It stimulates the heart causing it to beat faster and may disturb the heart’s rhythm. It also causes the heart to pump harder which can elevate blood pressure. Nicotine causes arteries to constrict which makes blood flow more difficult thus, placing greater strain on the heart’s function.

◊ CARBON MONOXIDE depletes the amount of available oxygen in the blood because red blood cells bind more easily with carbon monoxide than they do with oxygen. The heart must work harder to supply the body with its much needed oxygen levels. This is particularly problematic during exercise.

◊ TAR coats the lungs making it more difficult to breathe.

Studies have indicated that patients who were still smoking one year after their coronary artery bypass surgery were more than twice as likely to require another surgery when compared to those patients who quit immediately after their surgery! This may also apply to those exposed to secondhand smoke.
ALCOHOL

There have been a number of studies that have suggested that a moderate level of alcohol consumption can actually help to protect coronary arteries by raising HDL (the “good” cholesterol). However, prolonged drinking habits can cause serious damage to the heart and adversely affect the body’s cardiovascular responses to exercise. Here are some of the negative short and long-term effects of alcohol:

Short-term:

- Depresses heart rate and blood pressure, which impedes exercise performance
- Has a diuretic effect which puts an individual at greater risk of dehydration
- Decreases your sensitivity to pain which can blunt or mask symptoms (i.e. chest pain) which would ordinarily tell you to stop your exercise.
- Slows down the information processing ability of the brain. This can affect your reactions, coordination, accuracy and balance — all things that decrease your safety during exercise.
- Can provoke arrhythmia (irregular heart rhythm)

Long-Term

- A contributing factor in the development of hypertension
- Increases the risk of stroke
- May raise the triglyceride level, which leads to a greater chance of plaque build-up.
- Can weaken and enlarge the heart which reduces its pumping efficiency and may lead to heart failure

PLEASE DO NOT CONSUME ALCOHOL BEFORE YOU EXERCISE!
Caffeine

The most common sources of caffeine are coffee, tea, cola drinks, and chocolate. Many over-the-counter supplements such as cold and allergy remedies, aspirin and appetite-suppressant pills contain caffeine as well.

**Adverse effects of caffeine include:**

- Stimulation of the central nervous system contributing to restlessness, headaches, and irritability
- Elevation of heart rate and blood pressure temporarily
- Dehydration which can lower blood pressure, cause lightheadedness, and arrhythmias

These effects increase the probability of altering your exercise performance during class sessions. It is recommended that you not consume caffeine containing substances prior to exercise. We advise that you drink decaffeinated beverages as an alternative or just plain water.
ENVIRONMENTAL CONDITIONS

HEAT

The combination of air temperature and humidity dictates how hot it feels outside. The cardiovascular system regulates body temperature in hot weather in two ways. First, blood vessels in the skin dilate thereby increasing blood flow allowing heat to escape. Secondly, if sweating occurs and evaporates the body will be cooled. When the humidity is high, however, sweat is not easily evaporated and the body’s cooling effectiveness is compromised. It can be very dangerous if your body does not sweat.

GUIDELINES FOR EXERCISE IN THE HOT/HUMID WEATHER:

- Drink plenty of fluids (ideally water). Dehydration caused by excessive sweating can lead to heat illness. Drink fluids before, during and after exercise even if you do not feel thirsty.

- Avoid caffeine and alcoholic drinks which increase dehydration.

- Dress for the heat. Wear loose-fitting, porous, lightweight clothes. Clothes that have a high “wicking” capacity (absorption) may assist in evaporative heat loss.

- Find a covered or shady area to exercise. Find cool places for rest periods or better yet, exercise in a temperature controlled or air-conditioned facility. Refrain from midday exercise when heat is greatest.

- To maintain your heart rate within your prescribed range, decrease the intensity of exercise.

- Do not skip warm-up and cool-down. Cool-down is particularly important to avoid blood pooling in the legs.

- Be aware of the symptoms of heat stress: lightheadedness, confusion, muscle cramps, nausea, clammy skin, chills.
The Heat Index:

The Heat Index is a measure of how hot it feels when relative humidity is factored in with actual air temperature. The higher the air temperature, the lower the humidity must be to avoid the risk of a heat-related injury. The heat index values below were formulated for shady and light wind conditions. Use your discretion when exercising outdoors.

### Heat Index Chart

<table>
<thead>
<tr>
<th>Humidity %</th>
<th>70</th>
<th>75</th>
<th>80</th>
<th>85</th>
<th>90</th>
<th>95</th>
<th>100</th>
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<tr>
<td>0</td>
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<td>69</td>
<td>73</td>
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<td>5</td>
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<td>104</td>
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<td>67</td>
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</tr>
</tbody>
</table>
COLD WEATHER

The coldness of the environment is created by the combination of humidity, air temperature, and wind speed or wind chill index (see chart). The cardiovascular system responds to the cold by reducing blood flow to the skin through constriction of blood vessels. This allows blood to remain in the body’s core where it is needed for warmth. The heart must work harder, (increased heart rate/blood pressure) to move an adequate amount of blood to organs and working muscles.

Exposure to the cold can also affect the pulmonary system. The airway passages of the respiratory system tend to narrow making inhalation of air more difficult. Individuals with lung diseases may experience more shortness of breath in cold weather.

Cold Weather Exercise Guidelines:

- Use a scarf to cover the nose and mouth to pre-warm and prehumidify the cold air making it more comfortable to breathe.

- Insulate your body against the cold by layering clothing. This traps warm air next to your skin and decreases heat loss. Typical cold-weather clothing consists of 3 layers: an inner layer (i.e. lightweight polyester or polypropylene); a middle layer (i.e. polyester fleece or wool), which provides the primary insulation and an outer layer, designed to allow moisture transfer to the air while repelling wind and rain.

- Wearing a hat will prevent about 50% of all heat lost in your body.

- Protect your hands with gloves or mittens to reduce the risk of frostbite.

- Activities that involve the upper body and/or have intense physical demands puts a cardiac patient at great risk.

- SNOW SHOVELING IS PARTICULARLY DANGEROUS because of the physical demand of lifting and pushing the snow in cold weather!

- Warm up is essential to decrease the risk of muscle, tendon, and ligament injuries in addition to preparing the heart for exercise.

- It is essential that exercise and cool-down occur in the same environmental conditions. Do not go from a cold environment to a warm one to cool down.
WIND CHILL INDEX

The Wind Chill Index, what the temperature actually feels like, is determined by the combination of air temperature and the wind speed. Although your core body temperature will increase with exercise, those areas (face, nose and ears) that receive less blood can be at risk for frostbite. The chart below depicts the Wind Chill Index. When the air temperature is down to 20 degrees at 0 mph wind speed, the Wind Chill Index is 20 and light to moderate physical activities should be limited to less than 30 minutes.

<table>
<thead>
<tr>
<th>Wind Speed (Mph)</th>
<th>Air Temperature (°F)</th>
<th>40</th>
<th>30</th>
<th>20</th>
<th>10</th>
<th>0</th>
<th>-10</th>
<th>-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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<td>40</td>
<td>30</td>
<td>20</td>
<td>10</td>
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<td>-10</td>
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<td>34</td>
<td>21</td>
<td>9</td>
<td>-4</td>
<td>-16</td>
<td>-28</td>
<td>-41</td>
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<tr>
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<td></td>
<td>30</td>
<td>17</td>
<td>4</td>
<td>-9</td>
<td>-22</td>
<td>-35</td>
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<td>-12</td>
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<td>-57</td>
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<td>-31</td>
<td>-45</td>
<td>-60</td>
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<td>-4</td>
<td>-19</td>
<td>-33</td>
<td>-48</td>
<td>-62</td>
</tr>
</tbody>
</table>
ALTITUDE

Individuals may be exposed to the challenging effects of altitude in various activities i.e. hiking, skiing or by simply visiting an area that is geographically located at a high elevation.

For most individuals, the effects of altitude exposure appear at and above 5,000 feet. At this altitude, the air is “thinner” meaning that the number of oxygen molecules in the air is less concentrated. The lower “pressure” of oxygen in the atmosphere results in less oxygen being inhaled and transported in the blood. The amount of oxygen available to the blood cells is diminished. Since less oxygen is available at high altitudes, the heart has to beat faster and your breathing rate has to increase in order to deliver a sufficient amount of oxygen to the working muscles. Since the air is cooler and drier at higher altitudes, dehydration can also occur.

Recommendations:

◊ Slow your exercise pace for the first few days at high altitude.

◊ Be mindful of cooler temperatures and drier air. Drink plenty of fluids.

◊ Monitor pulse and symptoms more frequently.

◊ It usually takes 1-2 weeks for the body to acclimatize to altitude.
CLOTHING AND FOOTWEAR

CLOTHING

The cardiac fitness area is generally maintained at a temperature between 65 — 70 degrees. Although the body can generate a fair amount of heat during exercise, it is recommended to wear layers of light clothing rather than one or two heavy layers.

- Exercise clothing should be loose-fitting to make movement easier.
- A lightweight or cotton tee shirt, or a buttoned down collared shirt is recommended.
- A sweater, long-sleeved shirt, sweatshirt, or warm-up jacket can be added.
- Shorts, warm-up pants, or casual lightweight pants can be worn on the legs.

FOOTWEAR

The required footwear during exercise is sneakers or soft rubber soled shoes that are fastened snuggly to the foot.

Wearing the wrong shoes can cause problems to your feet such as blisters, calluses, bunions and, may subsequently lead to hip, knee, and/or back pain.

Here are some general guidelines to consider when selecting a proper sneaker or walking shoe:

♥ **FIT**: Measure for the exact size and width of your feet. The width of the shoe should accommodate the widest part of the foot. It should allow you to wiggle your toes, yet fit snugly in the heel.

♥ **CUSHIONING**: Sneakers should absorb the shock of your body weight whether you are walking, jogging or using exercise equipment. They should be well cushioned in the heel and forefoot.

♥ **STABILITY**: It should prevent excessive foot movement and provide stability from side to side. There should be good arch support and a good heel counter (the rounded, firm material at the back of the shoe that stabilizes the heel to prevent excessive tilt of the heel).

♥ **FLEXIBILITY**: It should easily bend in half to ensure easy foot movement.

♥ **BREATHABILITY**: A mesh-type or any lightweight material can permit aeration of the sneaker to prevent excessive sweating of the feet when exercising.
FALL PREVENTION TIPS

More than one third of adults 65 and older fall each year in the United States. Among older adults, falls are the leading cause of injury and death.

Follow these guidelines to fall-proof your lifestyle:

• Exercise regularly, make sure to improve strength and balance.

• Have your vision checked by an eye doctor at least once a year.

• Talk to your doctor and pharmacist about possible side effects of your medicines.

• Limit your alcohol intake.

• Be cautious when getting up from sitting or lying down.

• Keep stairs and hallways brightly lit.

• Re-arrange furniture to provide ample walking room.

• Clear walkways and hallways of clutter and electrical cords.

• Remove small rugs and have carpets firmly tacked down.

• Raised toilet seat and handrails can be installed in a bathroom for increased safety.

• Use slip resistant strips or rubber mat in the tub. A shower seat may be needed.

• Store needed items in cabinets on shelves at a level that is easy to reach.

• Wear comfortable, supportive, flat shoes with non-skid soles for walking. Do not walk around in slippery socks or loose fitting slippers.

THINK PREVENTION!!
# My Falls-Free Plan

As we grow older, gradual health changes and some medications can cause falls, but many falls can be prevented. Use this to learn what to do to stay active, independent, and falls-free.

<table>
<thead>
<tr>
<th>Check “Yes” if you experience this (even if only sometimes)</th>
<th>No</th>
<th>Yes</th>
<th>What to do if you checked “Yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had any falls in the last six months?</td>
<td></td>
<td></td>
<td>□ Talk with your doctor(s) about your falls and/or concerns.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Show this checklist to your doctor(s) to help understand and treat your risks, and protect yourself from falls.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Review your medications with your doctor(s) and your pharmacist at each visit, and with each new prescription.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Ask which of your medications can cause drowsiness, dizziness, or weakness as a side effect.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Talk with your doctor about anything that could be a medication side effect or interaction.</td>
</tr>
<tr>
<td>Do you take four or more prescription or over-the-counter medications daily?</td>
<td></td>
<td></td>
<td>□ Review all of your medications with your doctor(s) or pharmacist if you notice any of these conditions.</td>
</tr>
<tr>
<td>Do you have any difficulty walking or standing?</td>
<td></td>
<td></td>
<td>□ Tell your doctor(s) if you have any pain, aching, soreness, stiffness, weakness, swelling, or numbness in your legs or feet—don’t ignore these types of health problems.</td>
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<tr>
<td></td>
<td></td>
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<td>□ Ask your doctor(s) if physical therapy or treatment by a medical specialist would be helpful to your problem.</td>
</tr>
<tr>
<td>Do you use a cane, walker, or crutches, or have to hold onto things when you walk?</td>
<td></td>
<td></td>
<td>□ Ask your doctor for training from a physical therapist to learn what type of device is best for you, and how to safely use it.</td>
</tr>
<tr>
<td>Do you have to use your arms to be able to stand up from a chair?</td>
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<td></td>
<td>□ Ask your doctor for a physical therapy referral to learn exercises to strengthen your leg muscles.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Exercise at least two or three times a week for 30 min.</td>
</tr>
<tr>
<td>Do you ever feel unsteady on your feet, weak, or dizzy?</td>
<td></td>
<td></td>
<td>□ Tell your doctor, and ask if treatment by a specialist or physical therapist would help improve your condition.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Review all of your medications with your doctor(s) or pharmacist if you notice any of these conditions.</td>
</tr>
<tr>
<td>Has it been more than two years since you had an eye exam?</td>
<td></td>
<td></td>
<td>□ Schedule an eye exam every two years to protect your eyesight and your balance.</td>
</tr>
<tr>
<td>Has your hearing gotten worse with age, or do your family or friends say you have a hearing problem?</td>
<td></td>
<td></td>
<td>□ Schedule a hearing test every two years.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>□ If hearing aids are recommended, learn how to use them to help protect and restore your hearing, which helps improve and protect your balance.</td>
</tr>
<tr>
<td>Do you usually exercise less than two days a week? (for 30 minutes total each of the days you exercise)</td>
<td></td>
<td></td>
<td>□ Ask your doctor(s) what types of exercise would be good for improving your strength and balance.</td>
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<td></td>
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<td></td>
<td>□ Find some activities that you enjoy and people to exercise with two or three days/week for 30 min.</td>
</tr>
<tr>
<td>Do you drink any alcohol daily?</td>
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<td></td>
<td>□ Limit your alcohol to one drink per day to avoid falls.</td>
</tr>
<tr>
<td>Do you have more than three chronic health conditions? (such as heart or lung problems, diabetes, high blood pressure, arthritis, etc. Ask your doctor(s) if you are unsure,)</td>
<td></td>
<td></td>
<td>□ See your doctor(s) as often as recommended to keep your health in good condition.</td>
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<tr>
<td></td>
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<td></td>
<td>□ Ask your doctor(s) what you should do to stay healthy and active with your health conditions.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>□ Report any health changes that cause weakness or illness as soon as possible.</td>
</tr>
</tbody>
</table>

The more “Yes” answers you have, the greater your chance of having a fall. Be aware of what can cause falls, and take care of yourself to stay independent and falls-free.

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Reviewed by: __________________________

12/20/2017
PARTICIPANTS WITH SPECIAL NEEDS

Patients with special needs (unrelated to their cardiac condition) receive modifications to their exercise program. They may also be required to provide a personal assistant for themselves. These include patients who may have:
- Visual/Hearing Impairments
- Language Barriers
- Physical or Neurological Impairments/Disabilities/Limitations

VISUAL:
These patients may include those who are legally blind; have macular degeneration; cataracts; or any type of decreased visual acuity. Exercise forms can be enlarged in print to make words/numbers easier to see. Patients are encouraged to bring and/or wear their own eyeglasses as well as a magnifying glass if necessary. A staff member will be available if assistance is required.

HEARING:
Hearing aid(s) should be worn at all times. Patients should tell the staff of their impairment and into which ear is best to speak. Each exercise station has written instructions regarding its proper use. Patients are encouraged to position themselves in front of the room when doing warm-up and cool-down exercises. A sign language interpreter may also be provided upon request.

LANGUAGE:
An individual who has difficulty understanding English may request an interpreter. A family member, friend, or caregiver can accompany the patient during the exercise session to assist the patient in understanding the class routine, and the safe use of the equipment.

ORTHOPEDIC IMPAIRMENTS/LIMITATIONS:
Prior to start of the program, patients will be screened and evaluated by their clinical case manager. A discussion will also occur prior to the first exercise session. The patient will alert the staff if there is any physical limitation(s) or pain associated with physical activity. Based on this information, the selection of exercise modalities will be limited to those that are best suited for the patient.

NEUROLOGICAL IMPAIRMENT(S):
These can include but are not limited to patients who have Dementia; Alzheimer’s disease; Parkinson’s disease; or Stroke. Balance may be a concern and it is advised that patients bring a cane or walker to assist in mobility. The exercise class routine will include training to improve balance. Exercise stations will be limited and a routine will be set up to minimize confusion and frustration. A family member, caregiver, or friend may be required to assist the patient during class sessions. A staff member will be available as well.
INFECTION CONTROL

The purpose of infection control is to reduce the occurrence of infectious diseases — diseases that are usually caused by bacteria or viruses and may be spread by human-to-human contact or by a human contact with an infected surface.

The Cardiac Fitness Program makes every effort to uphold hospital standards of infection control to shield its patients from potential infectious sources.

◊ **PROPER HAND HYGIENE:** The easiest and best way to decrease exposure to infection is to clean your hands in one of two ways: Washing your hands as often as possible with soap and water OR rub your hands with an alcohol-based hand sanitizer. Hand sanitizer dispensers are placed in several areas in and around the exercise floor and patient waiting areas.

◊ **GERMICIDAL/SANITIZING WIPES:** Located in containers, these wipes are visibly marked throughout the exercise floor near all of the exercise equipment. These wipes can be used to clean the surfaces of the exercise equipment before, during, or after you or another patient has used it. Wash your hands thoroughly after using these wipes.

◊ **SHARPS CONTAINERS:** These are puncture proof container used for the disposal of any sharp object — particularly for patients using needles to check their blood sugar levels. There are two of these containers located in the clinic area.

◊ **ILLNESS:** If you are sick, reduce your contact with other people, or better yet, stay home until you recover fully from your illness. Do not shake hands or touch others to prevent further spread of the illness.

◊ **COVER YOUR MOUTH AND NOSE:** Many illnesses are spread from sneezing and coughing. Use a tissue, or if you have to use your hands, clean your hands right away after coughing or sneezing. Sneezing into the “crook” of your arm is recommended.

◊ **VACCINATIONS:** All health care providers are required to have certain vaccinations. It is expected that patients receive any vaccinations that will help to prevent themselves and others from transmitting infections such as the flu.

◊ **GLOVES:** Health care providers wear gloves to protect themselves and patients when touching wounds, examining body parts, or when checking a patient’s blood sugar.

**THESE GUIDELINES HELP TO MAKE THE EXERCISE AREA A SAFER ENVIRONMENT FOR EVERY ONE!**
STOP GERMS!

STAY HEALTHY!

WASH YOUR HANDS!

WHEN?

✓ Before, during and after preparing food
✓ Before eating food
✓ Before and after caring for someone who is ill
✓ Before and after treating a cut or a wound
✓ After using the restroom
✓ After changing diapers or cleaning up a child who has used the restroom
✓ After blowing your nose, coughing or sneezing
✓ After touching an animal or animal waste
✓ After touching or throwing away the garbage

HOW?

✓ Wet hands with clean, running warm water and apply soap
✓ Rub hands together to make a lather
✓ Scrub back of hands, between fingers, under nails, the palms of your hands, fingers and wrists
✓ Continue scrubbing for at least 20 seconds, or sing “Happy Birthday to You” song from beginning to end
✓ Rinse hands of all soap under warm, running water
✓ Dry hands using a clean towel or paper towel or air dry
FIRE SAFETY

If you witness a fire in the building at any time, go to a “Pull Station” (located by the red exit signs) and/or alert a staff member and we will put the evacuation procedure into motion. There are also emergency call alarms in the men’s and women’s locker rooms.

In the unlikely event of a fire, there are specific procedures in place that need to be followed for the protection and safety of everyone involved.

- **ALARM:** A loud alarm will sound to alert the entire building that there is a fire (be it a drill or an actual fire) somewhere on the premises.

- **STOP ALL EXERCISE** and follow the instructions of the clinical staff.

There are two exits in the Cardiac Fitness area. One exit is the back door by Pulmonary Rehab that leads out behind the DeMatteis building. The other exit is located by the secretaries’ window at the entry to the Cardiac Fitness area. You will be directed to the appropriate exit.

Leave all personal belongings behind and file out towards the exit(s) as quickly and as orderly as possible. From that point on, further instructions will be given to everyone as to when it is safe to return to the building.

FIRE SAFETY IS EVERYONE’S RESPONSIBILITY!
Common Heart Attack Warning Signs

1. Pain or discomfort in chest
2. Lightheadedness, nausea, or vomiting
3. Jaw, neck or back pain
4. Discomfort or pain in arm or shoulder
5. Shortness of breath

Learn more at Heart.org/HeartAttack.
Warning Signs of a Heart Attack

Don’t wait to get help if you experience any of these heart attack warning signs. Although some heart attacks are sudden and intense, most start slowly, with mild pain or discomfort. Pay attention to your body — and call 911 if you feel:

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

- **Shortness of breath** with or without chest discomfort.

- **Other signs** may include breaking out in a cold sweat, nausea or lightheadedness.

**Symptoms Vary Between Men and Women**
As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.

**Act Fast**
Learn the signs, but remember this: Even if you're not sure it's a heart attack, have it checked out. Minutes matter! Fast action can save lives — maybe your own. Don't wait - call 911 or your emergency response number.

**Call 911**
Calling 911 is almost always the fastest way to get lifesaving treatment. Emergency medical services (EMS) staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. EMS staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too. It is best to call EMS for rapid transport to the emergency room.
When it comes to a stroke, every second counts. Nearly 2 million brain cells die each minute a stroke goes untreated. Rapid access to medical treatment often makes the difference between full recovery and permanent disability. Stroke Heroes are ready to take action by knowing the signs of stroke.

You don't need superpowers to be a Stroke Hero, just know how to spot a stroke:

F — Face Drooping
Does one side of the face droop or is it numb? Ask the person to smile. Is their smile uneven?

A — Arm Weakness
Is one arm weak or numb? Ask them to raise both arms. Does one arm drift downward?

S — Speech Difficulty
Is speech slurred? Is the person unable to speak or hard to understand? Can they repeat a simple sentence correctly, like “The sky is blue.”

T — Time to call 911
If someone shows any of these symptoms, even if the symptoms go away, call 9-1-1. For stroke, someone other than the patient makes the decision to seek treatment in a majority of cases. Stroke patients who receive tPA within 90 minutes of symptom onset are almost 3x more likely to recover with little or no disability.

Stroke is largely treatable. Acting fast improves chances for recovery.

ACTIVATE YOUR SUPERPOWER—Learn to spot the signs of stroke at StrokeAssociation.org/StrokeHero
Every 40 seconds, someone has a stroke in the U.S., but 80% of all strokes are preventable. You have the power to prevent stroke and be a Stroke Hero by controlling your high blood pressure and taking simple steps to live a healthier lifestyle.

Follow LIFE’S SIMPLE 7 and help PREVENT A STROKE

1. Manage Blood Pressure
Lowering your systolic (top) number by 10 or your diastolic (bottom) number by 5 can cut your risk of stroke death in half.

2. Control Cholesterol
By controlling your cholesterol, you are giving your arteries their best chance to remain clear of blockages.

3. Reduce Blood Sugar
High levels of blood sugar over time can lead to diabetes, which increases your risk for stroke.

4. Get Active
Increased walking time has been associated with reduced stroke risk. Thirty minutes a day, 5x a week is an easy goal to improve your heart and brain health and help prevent stroke.

5. Eat Better
A healthy diet is one of your best weapons for fighting stroke. Incorporating more fruits and vegetables into your diet, and decreasing your sodium intake to less than 1,500 mg per day is a great start to healthier eating.

6. Lose Weight
Nearly 70% of American adults are overweight or obese and obesity increases your risk for stroke. Losing weight can help lower blood pressure and reduce the burden on your heart, lungs, blood vessels and skeleton.

7. Stop Smoking
Stroke risk is 2x to 4x higher among smokers than nonsmokers or those who have quit for more than 10 years.

Become a STROKE HERO by learning more about stroke prevention at StrokeAssociation.org/StrokeHero
General Exercise Guidelines
Benefits of Exercise and An Active Lifestyle

There are several types of exercise. These include aerobic exercise, resistance training, flexibility, and balance exercises.

**Aerobic Exercise:** This type of exercise involves large muscles moving in a rhythmical manner for sustained (20–60 minutes) periods. Aerobic exercise is designed to improve the efficiency of the respiratory and circulatory systems. Benefits of aerobic exercise include:

- Lowers heart rate and decreases in systolic and diastolic blood pressures at rest and during exercise
- Reduces total body fat
- Utilizes fat as a fuel for exercise
- Improves blood sugar (glucose) control
- Decreases triglycerides (fats circulating in the blood)
- Increases HDL (“good”) cholesterol
- Decreases risk for depression and anxiety
- Decreases risk and effects of sleep apnea

**Resistance Training:** This type of exercise requires muscles to overcome a weight or resistance to move arms, legs, abdomen and/or back. Resistance exercises can cause muscles to contract without the body moving and is known as isometric exercise. This form of exercise is not recommended and is least efficient. The benefits resistance training include:

- Increases muscular strength and local muscular endurance
- Increases and preserves bone, tendon, and ligament density
- Decreases the risk of developing osteoporosis
- Increases lean body mass (muscle and bone) and decreases fat body mass
- Decreases anxiety and depression
- Reduces insomnia

**Flexibility:** This type of exercise that refers to activities designed to preserve or extend the range of motion (ROM) around a joint. Benefits of this type of exercise include:

- Increases in mobility
- Increases in physical independence
- Increases in agility
- Decreased risk of joint injury

**Balance Exercise:** This type of exercise refers to activities designed to increase lower body strength and reduce the likelihood of falling. Benefits of balance exercises include:

- Reduction in the risk of falls
- Increased agility
- Increased stability
Exercise and Meal Timing

When and what you eat can affect your exercise performance as well as the way you feel while exercising. If you eat too much before exercising you may feel sluggish. This happens because your muscles and your digestive system are competing for blood supply during exercise. Conversely, skipping a meal prior to exercise may lower blood sugar levels, which can cause weakness, fatigue, impaired mental function and lightheadedness.

Here are tips on exercise and meal timing:

- Eat a light breakfast one to two hours before exercise. (i.e.: yogurt with fruit, toast, cereal with skim milk)
- A large meal or foods that contain a large amount of protein and or fat may take a long time to digest. It is recommended that you wait 3-4 hours before exercising.

If not restricted by your physician, drink water during exercise. When you sweat, water is lost as well as electrolytes like sodium. If this fluid is not replaced, you may be at risk for dehydration, which is associated with muscle cramping, arrhythmias and hypotension (low blood pressure). Drinking water is generally the best way to replace lost fluid.

Exercise and Diabetes

Regular exercise is an important aspect in managing diabetes. A bout of exercise can enhance the utilization of blood sugar by the muscles. Physical activity has been found to increase the body’s sensitivity to insulin, both during and up to one day after the activity. These changes in blood sugar and insulin sensitivity can be of benefit to the diabetic. Blood sugar responses to exercise may vary a great deal and in some cases change too much. Self-monitoring blood sugar levels is essential to avoid hyperglycemia (high blood sugar) and hypoglycemia (low blood sugar).

Participants with diabetes are expected to bring their glucometer with them to monitor their blood sugar levels before and after exercise. Prior to beginning the exercise program, diabetics should let their case manager know their typical blood sugar levels (with and without exercise). A low blood sugar reaction may occur at any point during or after exercise. If you experience any symptoms (see below) alert a clinical staff member. It is important to know that blood sugar levels may continue to decease up to 24 hours after exercise.
Signs and symptoms of low blood sugar (hypoglycemia) include:

<table>
<thead>
<tr>
<th>Sweating or Clamminess</th>
<th>Dizziness/Lightheadedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Concentration/Confusion</td>
<td>Shaking</td>
</tr>
<tr>
<td>Headache</td>
<td>Increased heart rate</td>
</tr>
<tr>
<td>Nervousness</td>
<td>Numbness/Tingling around mouth or lips</td>
</tr>
</tbody>
</table>

To prevent low blood sugar:

- Be consistent about the amount and timing of meals.
- Do not skip or delay meals or snacks.
- Take your medication as prescribed.
- Always carry a quick source of carbohydrate such as glucose tablets or hard candy (not sugar-free).
- Carry a snack with you to eat before or after exercise.

Signs and symptoms of high blood sugar (hyperglycemia) include:

<table>
<thead>
<tr>
<th>Fatigue</th>
<th>Dry Mouth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent Urination</td>
<td>Blurred Vision</td>
</tr>
<tr>
<td>Increased Thirst</td>
<td>Increased Hunger</td>
</tr>
</tbody>
</table>

Be sure to speak with your physician to identify specific blood sugar parameters for pre exercise and post exercise. The timing of eating and taking medication before an exercise session can be critical to your post exercise blood sugar response.

Guidelines to follow for blood glucose management and exercise:

**If your blood sugar is:**

- **Below 90mg/dl**: This blood sugar level may be too low to exercise safely. Eat 15-30 grams of a carbohydrate snack. Recheck your blood sugar level about 15 minutes after the snack. Consult with a clinical staff member before exercising. If low blood sugar levels occur more than twice a week, inform your case manager and your doctor.

- **90-240mg/dl**: For most people, this is a safe pre-exercise blood sugar range.

- **Over 240mg/dl**: It may not be safe for you to exercise. Consult with a clinical staff member.

- **Over 300 mg/dl**: Drink water and consult your physician.
Snack Ideas

<table>
<thead>
<tr>
<th>15 gram carbohydrate</th>
<th>30 gram carbohydrate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 small fruit</td>
<td>1 large fruit</td>
</tr>
<tr>
<td>6 saltines</td>
<td>12 saltines</td>
</tr>
<tr>
<td>3 squares graham crackers</td>
<td>6 squares graham crackers</td>
</tr>
<tr>
<td>1 granola bar</td>
<td>1 fruit and grain bar</td>
</tr>
<tr>
<td>2/3 cup light yogurt</td>
<td>2/3 cup light yogurt and ¼ cup granola</td>
</tr>
<tr>
<td>8 oz skim milk</td>
<td>8 oz skim milk and ¾ cup cereal</td>
</tr>
</tbody>
</table>

Education and Cardiovascular Risk Factor Reduction

Several cardiovascular risk factors have been identified below. While some can be controlled by lifestyle (diet, medication and exercise), others cannot be changed (age, gender, heredity). It is important to understand what changes to make to adopt a heart healthy lifestyle. Please see a staff member for information pertaining to modifiable risk factors.

<table>
<thead>
<tr>
<th>Modifiable Risk Factors</th>
<th>Non-modifiable Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>Age</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Gender</td>
</tr>
<tr>
<td>Obesity</td>
<td>Heredity</td>
</tr>
<tr>
<td>Sedentary Lifestyle</td>
<td>Race &amp; Ethnicity</td>
</tr>
<tr>
<td>Sleep Apnea</td>
<td>Menopause</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Diabetes Type I</td>
</tr>
<tr>
<td>Diabetes Type II</td>
<td></td>
</tr>
</tbody>
</table>
## Facility Equipment: General Information

<table>
<thead>
<tr>
<th>Category</th>
<th>Cybex Bike</th>
<th>Arm &amp; Leg Upright Bike</th>
<th>Recumbent Bike</th>
<th>C2 Rower</th>
<th>Arm Crank</th>
<th>Pro 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Fitness</td>
<td>Highly Recommended</td>
<td>Highly Recommended</td>
<td>Highly Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
</tr>
<tr>
<td>Strength Improvement</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
</tr>
<tr>
<td>Muscles Involved</td>
<td>Thighs</td>
<td>Thighs, shoulders, chest and upper back</td>
<td>Thighs, and glutes</td>
<td>Thighs, shoulders, biceps, chest, upper back</td>
<td>Shoulders, chest, some upper back</td>
<td>Upper &amp; lower body exercised</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Stairclimber</th>
<th>Treadmill</th>
<th>NuStep/Rex Trainer</th>
<th>Weights</th>
<th>Elliptical</th>
<th>ARC Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Fitness</td>
<td>Highly Recommended</td>
<td>Highly Recommended</td>
<td>Highly Recommended</td>
<td>Not Recommended</td>
<td>Highly Recommended</td>
<td>Recommended</td>
</tr>
<tr>
<td>Strength Improvement</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Highly Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
</tr>
<tr>
<td>Muscle Involved</td>
<td>Calves, thighs, glutes</td>
<td>Thigh, chest, back, shoulder</td>
<td>Thigh, calves, shoulder, chest, back</td>
<td>Depends on Exercise Station</td>
<td>Thighs, calf, glutes</td>
<td>Thigh, chest, shoulder, back, biceps</td>
</tr>
</tbody>
</table>
Home Exercise Guidelines
Home Exercise Guidelines

General Overview

A physically active lifestyle (every day), including exercise (most days), is important for cardiovascular health and general wellness. Body movement helps to increase joint lubrication, which can decrease joint stiffness and soreness. Burning calories during activity is very important to improve and maintain cardiovascular and general wellness.

The American College of Sports Medicine and The American Heart Association define physical activity as “body movement that is produced by the contraction of skeletal muscles and increases energy expenditure” while “exercise refers to planned, structured, and repetitive movement to improve or maintain one or more components of physical fitness”. For adults it has been found most beneficial to include, aerobic exercise, resistance training, flexibility exercises (activities that maintain or increase the range of motion around a joint) and balance training (activities that increase lower body strength).

Tips for Increasing Lifestyle Activity

- Take the stairs instead of the elevator/escalator.
- Park at the far end of the parking lot and walk.
- Take up a hobby (gardening, photography).
- When watching TV walk in place during the commercials.
- Walk with a friend.
- Pursue a leisure activity such as golf, bowling, doubles tennis, cycling.

Planning for a well-rounded home exercise program is slightly more involved. It should include flexibility and balance exercises as well as aerobic and resistance training. Be sure to stay within the guidelines that have been provided by the clinical staff (ie: Target Heart Rate; Rating of Perceived Exertion; Talk Test; Symptomology).
Precautions Before Starting an Exercise Session:

Exercise is not recommended if:

😊 Your resting pulse/heart rate is more than 30 beats higher than usual and/or is above 100

😊 You are feeling any unusual symptoms such as shortness of breath, chest or jaw discomfort

😊 You have missed your medications

😊 You have a fever

😊 You have gained more than 2-3 pounds over night or notice swelling in your ankles or legs

Exercise should be modified if:

😊 You are experiencing emotional stress

😊 You are experiencing fatigue

Don’t Fall Into the “Excuse Trap”.

**Excuse: “I’m too old to exercise.”**  
**Answer:** Inactivity speeds the aging process. Exercise can be modified to suit your limitations. Regardless of your age, cardiovascular and general wellness will improve with regular exercise.

**Excuse: “I don’t have the time to exercise.”**  
**Answer:** Benefits have been shown for those who exercise in multiple 10-minute bouts... put aside 10 minutes three times a day!

**Excuse: “Exercise makes me tired, stiff and sore.”**  
**Answer:** When a proper warm-up and cool-down are implemented... muscle soreness is minimal.

**Excuse: “The weather is too hot/cold.”**  
**Answer:** There are many things that can be done to overcome these obstacles. (See pages 50-54 for more information).

**Excuse: “Exercise is boring.”**  
**Answer:** Exercise with a friend or group of friends. Choose activities that you enjoy and mix it up. Exercise should be fun!
How to Stick With Exercise

- Make sure exercise does not conflict with other interests/priorities.
- Make sure your program is specifically designed to meet your interests.
- Don’t expect too much, too soon.
- Set a goal and reward yourself when you reach it.
- Choose a variety of exercises to alleviate boredom.

Flexibility Exercises

Flexibility exercises are very important to muscle, tendon and ligament health and fitness. When done regularly, (2-3 days a week) stretching/flexibility exercises can:

- Improve range of motion
- Improve circulation
- Improve elasticity of tissues around the joint
- Decrease risk of soft tissue injury
- Decrease muscle soreness
- Decrease low back pain
- Decrease stress

There are several principles that should be considered when stretching:

- Warm up is very important. Stretching a cold muscle can cause injury.
- The best time to stretch is at the end of a bout of aerobic exercise.
- Stretching should never cause pain, while a mild pulling sensation is normal.
- Each position should be held for 10-30 seconds without any bouncing movements.
- Avoid locking any joints and never force a movement. Each movement should be a gentle fluid motion.
- Except for a licensed professional, do not let anyone stretch your muscles.
- **NOTE:** Some flexibility exercises may be inappropriate for you. If you have any history of pain or injury, speak with your physician before adding this type of movement to your exercise regime.
Flexibility Exercises That Can Be Done While Seated

Sit straight on the front edge of the chair with feet flat on the floor and knees shoulder width apart. Make sure the chair is on a non-slip surface.

Perform each exercise 2-5 repetitions.

**Head and neck:**

- **Head rotations:** Relax shoulders, turn chin to right shoulder and hold. Repeat on the left side.
- **Chin Drop:** Keeping shoulders relaxed, drop chin to the chest and hold. Return to starting position. Repeat.

**Torso:**

- **Shoulder Blade Pinch:** Pull shoulders back and try to pinch your shoulder blades together. Hold this position for three seconds and relax.
- **Upper Body Twist:** Gently twist the upper body to the right, and place your hands on the back of the chair. Hold for 10 seconds. Return to neutral. Repeat to the left.

**Legs:**

- **Hamstring stretch:**
  - Left knee bent with the foot flat on the floor.
  - Extend the right leg with toes pointed.
  - Gently lean forward with a straight back and hold.
  - Repeat with the left leg.
  - To increase the intensity of this stretch, gently flex the foot so the toes point toward the shin.

**Calf:**

- Sit on the edge of the chair and lean back, using pillows to support your back.
- Stretch legs out in front of you with your heels on the floor. Point the feet towards your shin (flex) and hold for a few seconds and the point your feet towards the floor (point).
Additional Flexibility Exercises While Standing

- **Side Bend:** Stand, feet shoulder width apart, knees slightly bent, and face forward. Place your left hand on your hip for support while extending the right arm up and over your head and gently bend to the left. Hold this position for 10 seconds. Repeat on the other side.

- **Doorway Chest Stretch:** Stand in a doorway; arms shoulder height with hands resting on the doorjamb. Carefully step forward to a point of feeling a gentle stretch in the chest and shoulders. Hold for 10 seconds, rest for 5 seconds then repeat.

- **Table Top stretch:** Stand with hands on the back of a chair. Walk back until your arms are extended, flexing at the hips to allow your back to be positioned parallel to the floor. Hold this position for 10 seconds, rest for 5 seconds, then repeat.
Balance

Balance is the ability to maintain the body’s position over the base of support (stance) whether the base is stationary or moving. Balance is a complicated process involving many systems and subsystems of the human body such as:

- Vision
- Somatosensory (your body’s internal sense of spatial orientation)
- Vestibular system (located in inner ear which identifies the position of the head)
- Postural strategies and alignment (postural response to environmental changes i.e. a nudge, change in pavement surface)
- Muscle strength
- Muscle strength imbalance
- Muscle flexibility

Regular exercise can improve four of these subsystems: posture, muscle flexibility, muscle strength, and muscle strength imbalance. Ankle, hip, leg and core strength and flexibility are important for posture and overall balance. To improve your balance the progression of exercises is important.

Use the following sequence to reduce your risk of falling while performing standing exercises. Do not progress to the next level until you are confident.

- With one hand, hold on to a counter or back of a chair for support.
- Then try steadying yourself with just one or two fingertips.
- When comfortable, try the exercises without holding on. (When you progress to this point, ask someone to watch you.)
Balance Exercises

The following exercises are examples of lower body strength/balance exercises. These exercises should be performed 5-7 times each week and can be done as part of a warm up or cool down routine.

- **Ankle Sequence To Be Done While Seated**
  - Circle the foot at the ankle without moving the lower leg.
  - Point and Flex the toes.
  - With the heels on the floor, tap the toes.
  - With the toes on the floor, tap the heels.

- **Toe Raises**
  - Stand feet shoulder width apart; raise heels off the floor pushing up on the toes.
  - Work up to 50 raises.

- **Chair Stands**
  - Sit at the edge of the chair, arms crossed over the chest (or hands placed on the thighs if necessary)
  - Stand up completely and sit back down

- **Side Leg Raises**
  - Stand straight; near table/chair for support, feet shoulder width apart.
  - Slowly lift one leg to the side 6-12 inches (Keep your back and both legs straight). Hold the leg up for 5 seconds.
  - Slowly return leg to starting position. Repeat with opposite side.
  - Repeat 8-15 times.

- **Knee Lifts**
  - Stand straight, near support surface.
  - Slowly bend one knee toward your chest, without bending at the waist.
  - Hold for 2 seconds.
  - Slowly return to starting position.
  - Repeat with the other leg.
  - Alternate until you have completed 8-15 repetitions.

- **Heel Forward, Toe Back**
  - Stand with feet a comfortable distance apart.
  - Reach forward with the right leg, tapping the heel to the front. (The supporting legs should bend slightly).
  - Reach back and tap the toe of the right foot behind. (Straighten the supporting leg).
Aerobic Exercise

Aerobic exercise refers to exercises in which the body’s large muscles move in a rhythmical manner for sustained periods. They are designed to improve respiratory and circulatory function. These activities can be as simple as a brisk walk around the block or as intricate an aerobic dance class. There are many options from which to choose. Mix it up, have fun, and do it as many days a week as possible.

The following activities are listed in order of intensity from very low to very high:

- Walking (2 mph)
- Leisurely cycling (5 mph)
- Aqua-aerobics
- Slow Dancing (fox-trot, waltz)
- Jogging/Running (less than 5 mph)
- Rowing
- Aerobic Class
- Spinning Class (stationary cycling at varying intensities)
- Elliptical/Stepping
- Fast Dancing (Lindy, Rumba)
- Swimming
- Skating (ice or roller)
Resistance Exercises to Improve Strength

Resistance exercises are used when the fitness goal is to increase muscle strength and improve bone health. These exercises are movements performed against a resistance such as weights or bands. Although strength can improve when muscles contract and there is no limb movement (isometric exercises), this form of exercise is not considered an optimal way to increase strength.

- Warm up 5 minutes before beginning a workout.
- A gradual progression is important.
  - Begin with 8-10 reps and increase to 12 reps.
  - Increase the resistance when 12 reps can be completed comfortably (and drop the reps back to 10).
- Work steadily and slowly.
- Do not hold your breath.
- Move with fluid motion and do not lock your joints.
- Work through the full range of motion.
Frequently Asked Questions About Home Exercise

“How do I know how much is enough?”
The amount of exercise is based on caloric expenditure. Factors such as total body weight, intensity of a given activity, and length of time in an activity determine the amount of calories expended or burned. Information pertaining to caloric expenditure and activity can be found in Appendix D beginning on page 106.

Review this chart and choose your goals:

<table>
<thead>
<tr>
<th>Caloric Expenditure</th>
<th>Goal</th>
</tr>
</thead>
</table>
| 1000 kcal /week for one year | ♥Improves weight control
♥Lowers resting blood pressure
♥Improved blood glucose utilization
♥Improves lipid profile |
| 1400 kcal/week for one year | Reduction in coronary artery disease progression                      |
| 2000 kcal/week for one year | Reduction in the incidence of fatal heart attack                      |

Caloric Expenditure Per Session and Week Required

<table>
<thead>
<tr>
<th>Goals Kcals/week</th>
<th>1000 kcal</th>
<th>1400 kcal</th>
<th>2000 kcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise days/week</td>
<td>Kcals/session</td>
<td>Kcals/session</td>
<td>Kcals/session</td>
</tr>
<tr>
<td>7</td>
<td>145 kcal</td>
<td>200 kcal</td>
<td>290 kcal</td>
</tr>
<tr>
<td>6</td>
<td>170 kcal</td>
<td>240 kcal</td>
<td>340 kcal</td>
</tr>
<tr>
<td>5</td>
<td>200 kcal</td>
<td>280 kcal</td>
<td>400 kcal</td>
</tr>
<tr>
<td>4</td>
<td>250 kcal</td>
<td>350 kcal</td>
<td>500 kcal</td>
</tr>
<tr>
<td>3</td>
<td>335 kcal</td>
<td>470 kcal</td>
<td>670 kcal</td>
</tr>
</tbody>
</table>

Example: If you only want to exercise 3 times/week, you must burn 335 calories/session to expend 1,000 calories/week. You can split the session to 2 or 3 times per day. See activity and caloric expenditure chart in Appendix C.
“What is moderate intensity?”
Moderate exercise intensity is 40%-60% of an individual's maximal work capacity. Practically speaking, moderate exercise is an effort that noticeably increases one’s heart rate and breathing. The goal is to train at a level of 4 - 7 on a Rating of Perceived Exertion (RPE) scale of 0-10. The RPE is how one feels in relation to the level of exertion.

<table>
<thead>
<tr>
<th>Rating of Perceived Exertion</th>
</tr>
</thead>
<tbody>
<tr>
<td>“This exercise feels like it is...?”</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

“How do I increase my exercise levels?”
The recommended rate of progression of an exercise program depends on one’s health status and fitness level. While exercising at home, increase the duration of each exercise session up to 60 minutes. Increments of 5-10 minutes are recommended every 1-2 weeks. Once a comfortable session length is achieved, gradually increase the intensity (ie: speed, resistance) of the exercise modalities. All increases should be made gradually to avoid muscle soreness and injury.
Developing a Well Rounded Home Exercise Routine

Each exercise session should consist of four stages:
- Warm-up
- Conditioning (exercise at moderate intensity)
- Cool-down
- Flexibility/ Balance

Warm-up:
- Check your heart rate before beginning exercise. (Exercise is not recommended if the resting pulse/heart rate is more than 30 beats higher than usual and/or is above 100.)
- At least 5-10 minutes. (Longer warm-ups are recommended for those with a low fitness level).
- Can consist of low intensity aerobic activity such as: walking, biking, or the calisthenics routine used for SFH Cardiac Fitness Program (CFP).
- The warm-up is important for orthopedic and cardiovascular reasons.
  - Warm-up exercises increase the blood flow to the muscles, which increases their temperature and increases joint lubrication. Both of these actions help in decreasing discomfort/injury with movement.
  - Warm-up exercises also allow the body to adjust to the changing physiologic demands placed on the cardiovascular system during movement.

Conditioning
- This component of the exercise session should consist of aerobic (examples on page 80) and resistance exercise (information on page 81).
- The conditioning phase should be 20-60 minutes in duration. Exercise bouts of 10 minutes are acceptable if you accumulate at least 20-60 minutes.
- When exercising at a lower intensity longer duration is necessary.

Cool-down:
- At least 5-10 minutes (Cool down until your heart rate slows to close to its pre-exercise rate.)
- Low intensity aerobic activity (i.e.: walk, bike, calisthenic routine used at SFH CFP).
- The cool-down is important for the following reasons:
  - Cool-down allows for the muscles to recover the energy used during exercise.
  - Cool-down is necessary for a gradual recovery of heart rate, blood pressure, and respiration rate. It prevents blood pooling in the extremities that helps to decrease the chance of lightheadedness and undesirable changes in blood pressure and cardiac rhythm.

Flexibility/ Balance Exercises
- A detailed explanation can be found on page 65.
- See examples on pages 75 - 79.
# Home Exercise Equipment for Improving Cardiovascular Fitness

<table>
<thead>
<tr>
<th>Aerobic Activity</th>
<th>Benefits</th>
<th>What to look for….</th>
<th>General Tips….</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stationary Bicycle</strong></td>
<td>♥ Lower body muscular endurance&lt;br&gt;♥ Low impact (reduced impact/trauma on the hips, knees and ankles)&lt;br&gt;♥ Recumbent models put less strain on the back, neck, and shoulders.</td>
<td>♥ Sturdy construction&lt;br&gt;♥ Seat comfort&lt;br&gt;♥ Smooth pedaling motion&lt;br&gt;♥ Adjustable handle bars&lt;br&gt;♥ Adjustable workload&lt;br&gt;♥ Optional programmable workouts</td>
<td>♥ Set seat height so that you knees are slightly bent when the leg is fully extended.&lt;br&gt;♥ Start at a low resistance and pedal 40-60 rpm.&lt;br&gt;♥ Avoid plastic parts in high wear areas.</td>
</tr>
<tr>
<td>(upright or recumbent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Air braked combined arms and legs ergometer</strong></td>
<td>♥ Upper and lower body muscular endurance&lt;br&gt;♥ Accommodates orthopedic limitations&lt;br&gt;♥ Can exercise arms and legs alone or combined&lt;br&gt;♥ Non weight bearing</td>
<td>♥ Same as above</td>
<td>♥ 20% effort from arms 80% effort from legs&lt;br&gt;♥ Arms only...reduce workload by one half of combined effort&lt;br&gt;♥ Legs only...reduce workload by one quarter of combined effort</td>
</tr>
<tr>
<td>(Airdyne)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rowing Machines</strong></td>
<td>♥ Upper and lower body muscular endurance</td>
<td>♥ Smooth low impact motion</td>
<td>♥ Proper rowing motion important to minimize risk of injury and to enhance fitness results</td>
</tr>
<tr>
<td>(Concept 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Home Exercise Equipment for Improving Cardiovascular Fitness

<table>
<thead>
<tr>
<th>Aerobic Activity</th>
<th>Benefits</th>
<th>What to look for….</th>
<th>General Tips….</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two arm crank</td>
<td>♥ Upper body local muscular endurance</td>
<td>♥ Sturdy construction ♥ Home versions typically table top</td>
<td>♥ Small muscles are utilized and tend to fatigue quickly</td>
</tr>
<tr>
<td>Treadmill (motorized)</td>
<td>♥ Lower body endurance ♥ Good caloric expenditure</td>
<td>♥ Adjustable speed and incline ♥ Belt length and width (larger size needed if jogging or running) ♥ Surface that absorbs shock well H1.5-2.0 Horse Power</td>
<td>♥ Check energy requirement of the machine. Some utilize 110 volts and some require 220 volts ♥ Many models have side or front rails that are helpful for balance.</td>
</tr>
<tr>
<td>Stair Climber/Elliptical</td>
<td>♥ Lower body muscular endurance ♥ Dual-Action models allow for upper and lower body exercise</td>
<td>♥ Smooth pedal action ♥ Large comfortable pedals ♥ Adjustable resistance</td>
<td>♥ Be careful not to overexert (blood pressure and heart rate may rise quickly. ♥ Stair climbing may aggravate knee problems.</td>
</tr>
<tr>
<td>Recumbent stepper (NuStep)/Recumbent elliptical (Rex)</td>
<td>♥ Low impact ♥ Upper and lower body endurance</td>
<td>♥ Sturdy frame ♥ Comfortable pedal action</td>
<td>♥ Wide range of resistance settings ♥ Less stressful on low back, knees and hips</td>
</tr>
<tr>
<td>DVDs</td>
<td>♥ Specific to focus of DVD</td>
<td>♥ Intensity level to suit your fitness level</td>
<td>♥ To decrease intensity, decrease the size of movements/steps ♥ Proper footwear important</td>
</tr>
</tbody>
</table>
Home Exercise Equipment for Improving Strength

<table>
<thead>
<tr>
<th>Aerobic Activity</th>
<th>Benefits</th>
<th>What to look for…</th>
<th>General Tips…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Weights</td>
<td>♥ Muscular Strength</td>
<td>♥ Handles that are easy to grip</td>
<td>♥ Proper technique and posture are necessary to avoid injury.</td>
</tr>
<tr>
<td></td>
<td>♥ Bone strength</td>
<td>♥ Easily cleaned</td>
<td>♥ Use slow and controlled movements.</td>
</tr>
<tr>
<td>Elastic Bands</td>
<td>♥ Muscle Strength</td>
<td>♥ Appropriate tension</td>
<td>♥ Use different tension bands for different muscle groups.</td>
</tr>
<tr>
<td></td>
<td>♥ Bone Strength</td>
<td>♥ Check regularly for wear and tear.</td>
<td></td>
</tr>
<tr>
<td>Multi-station Machines</td>
<td>♥ Muscle Strength</td>
<td>♥ Reputable company</td>
<td>♥ Follow guidelines for proper strength training found in this workbook</td>
</tr>
<tr>
<td></td>
<td>♥ Bone Strength</td>
<td>♥ Ease in use</td>
<td>♥ Sales person can advise regarding proper technique and usage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♥ Smooth action</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>♥ Versatility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>♥ Small weight increments</td>
<td></td>
</tr>
</tbody>
</table>

General considerations when purchasing home exercise equipment
♥ Choose an activity that you enjoy
♥ Do you have orthopedic limitations?
♥ Is it manufactured by a reputable company?
♥ Does it come with a warranty?
♥ Is it a low maintenance product?
♥ Is the construction sturdy?
♥ Is it comfortable?
NUTRITION
As part of our Cardiac Rehabilitation Program, we are offering a complementary nutrition consultation. What you eat is important. The benefits of healthy eating habits include a healthy body weight, desirable cholesterol and blood sugar levels and improved blood pressure.

If you are interested please call 516-629-2069 to set up an appointment. We will try to schedule it on the same day that you have your exercise class at the Fitness Center.

Denise Mokotoff, MS, RD, CDE
Registered Dietitian
Certified Diabetes Educator
THE HEART OF GOOD EATING

See Orientation Folder for a current schedule

This one-hour class will introduce you to the basic principles of heart-healthy nutrition. The class will include:

♥ The American Heart Association’s Nutrition Guidelines
♥ Label reading
♥ Tips for dining out & healthy substitutes

♥♥♥ CLASS SCHEDULE ♥♥♥

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Time</th>
<th>Month</th>
<th>Day</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Wednesday</td>
<td>11:00 AM-Noon</td>
<td>July</td>
<td>Wednesday</td>
<td>11:00 AM-Noon</td>
</tr>
<tr>
<td>February</td>
<td>Thursday</td>
<td>6:00 PM - 7:00 PM</td>
<td>August</td>
<td>Thursday</td>
<td>6:00 PM - 7:00 PM</td>
</tr>
<tr>
<td>March</td>
<td>Wednesday</td>
<td>11:00 AM-Noon</td>
<td>September</td>
<td>Wednesday</td>
<td>11:00 AM-Noon</td>
</tr>
<tr>
<td>April</td>
<td>Monday</td>
<td>6:00 PM - 7:00 PM</td>
<td>October</td>
<td>Thursday</td>
<td>6:00 PM - 7:00 PM</td>
</tr>
<tr>
<td>May</td>
<td>Wednesday</td>
<td>11:00 AM-Noon</td>
<td>November</td>
<td>Wednesday</td>
<td>11:00 AM-Noon</td>
</tr>
<tr>
<td>June</td>
<td>Thursday</td>
<td>6:00 PM - 7:00 PM</td>
<td>December</td>
<td>Monday</td>
<td>6:00 PM - 7:00 PM</td>
</tr>
</tbody>
</table>

This class is FREE for individuals who have been discharged from St. Francis Hospital or who are members of St. Francis Hospital’s Cardiac Fitness Program. You may bring guests to the class. Registration is accepted by mail. A phone call is not necessary. For further information or questions please call (516) 629-2069.

PLACE: DeMatteis Center, 100 Northern Blvd, Greenvale, NY (NOT at main hospital)

DIRECTIONS: LIE (495) to Exit 39 (Glen Cove Rd). Go North to Northern Blvd. (25A). Make a right turn onto Northern Blvd and proceed east for one mile to the second traffic light. Make a left turn into the Center’s parking lot.

Complete and mail to: Denise Mokotoff, MS, RD, CDE
St. Francis Hospital-DeMatteis Center
100 Port Washington Blvd.
Roslyn, N.Y. 11576

Class Date____________________  Number of people attending: ___________

Name________________________  Phone________________

Address_____________________________________________________________________

Town________________________  State_________________ Zip________________

Member of St. Francis Hospital’s Cardiac Fitness Program _____Yes _____No

Discharged from St. Francis Hospital _____Yes _____No
Cardiac and Pulmonary Fitness & Rehabilitation Programs
Cardiac & Pulmonary
Fitness & Rehabilitation Programs

See Seasonal Brochure for Additional Offerings

**Cardiac Fitness Phases II, III, IV**..........................................................(516) 629-2040
Exercise and education made available for those men and women who have had a heart attack, heart surgery, angina, atherosclerosis, cardiac transplant or those with risk factors such as elevated cholesterol, diabetes, or high blood pressure. This medically supervised program allows you to exercise without worry.

**Pulmonary Rehabilitation** .................................................................(516) 629-2435
For those with emphysema, chronic bronchitis, complicated asthma or other chronic lung disease a program that offers alternatives beyond medication, oxygen therapy and breathing aids. Respiratory specialists will work with you and your doctor to develop an individualized plan to improve physical fitness and exercise tolerance.

**Cardio-Circuit Class**..............................................................................(516) 629-2040
Come join us for a year-round indoor fitness program that utilizes stationary equipment. Classes are set up so that there is group interval training on various pieces of aerobic exercise equipment and resistive training stations. Participants must be independent and have stable medical conditions.

**Stress Management Workshops**..........................................................(516) 629-2023
Learn how to manage stress, rather than allowing it to manage you. All classes are given at 12:00pm –1:30pm. Various topics discussed. Must pre-register.

**Stepping On:** Building Confidence, Reducing Falls.................................(516) 629-2047
Stepping on is a program that has been researched and proven to reduce falls in older people.
The workshop meets for two hours a week for seven weeks. Workshops are led by health professionals and cover information on exercise, vision, safety and medications.
Yoga......................................................................................................................(516) 629-2042
Increase muscle flexibility and strength with yoga, a series of gentle stretches, postures, breath work, and relaxation. Beginning and experienced students are welcome.

Chair Yoga.............................................................................................................(516) 629-2067
Learn to breathe and meditate. Increase flexibility, balance and strength. Enhance relaxation and concentration.

Chair Pilates.............................................................................................................(516) 629-2067
Learn to strengthen your core. Increase flexibility, balance and strength. Promotes back health.

Tai-Chi......................................................................................................................(516) 629-2040
Tai Chi is a Chinese art form, which focuses on slow, flowing movements, breathing and meditation. This low-impact form of exercise can improve physical condition, muscle strength, coordination, flexibility, balance (and decrease the risk of falls), and overall wellness. Emphasis is placed on breathing, posture, balance, “opening” of the joints, “softening the body, as well as circulating the “chi” or “life force”.

![Tai Chi Image](image-url)
DeMatteis Center
Programs and Activities
DeMatteis Center Programs and Activities

Cardio Pulmonary Resuscitation………………………………………(516) 629-2036
St. Francis Hospital, an American Heart Association Community Training Center, offers emergency care classes to all health care providers, para-professionals and laypersons.
  - Cardiopulmonary Resuscitation (CPR)
  - Basic Life Support (BLS)
  - Heartsaver AED (Automatic External Defibrillator)
  - Heartsaver First Aid with AED

Center for Advanced Cardiac Therapeutics (CACT)
formally known as Congestive Heart Failure (CHF) Program..(516) 629-2090
This program offers a comprehensive approach to diagnosis and management of all stages of heart failure and pulmonary hypertension. Ask about Enhanced External Counter Pulsation (EECP) Therapy.

Diabetes Care Center………………………………………………..(516) 629-2070
A comprehensive educational program for diabetics and their families that emphasizes knowledge of disease, treatment, self-management and awareness of possible complications and their prevention.

Education and Support Groups......................(call for information)
  - Prostate Awareness (September)..........(516) 629-2038
  - Breast Cancer Awareness (October).................(516) 629-2038
  - Pulmonary Rehab Month (March)......................(516) 629-2040
  - Louis Acompora Day ........................................(516) 629-2036
  - Bridge the Gap ...................................................(516) 629-2040
  - Implantable Cardioverter Defibrillator.........(516) 629-2038
  - Stop Smoking Workshop..............................(516) 629-2013
  - Cardiac Rehab Month (February)...................(516) 629-2040
  - Stroke Support Group .....................................(516) 629-2013
Nutrition Learning Center

Heart of Good Eating
Heart of Good Cooking
The Weight is Over (10 week Weight Management Class)
Nutrition at Work (3 hr program for the workplace)

Women’s Health

The Women’s Center

Digital Mammography
Breast MRI and MRI guided breast biopsy
Stereotactic biopsy
Ultrasound (biopsy, breast, pelvic, abdominal, thyroid, and sonohysterograms)

Prevention and Diagnosis

Cardiac Magnetic Resonance Imaging (MRI)

Cardiac MRI produces defined images that are useful in the clinical evaluation of patients with coronary artery disease, cardiac masses, and cardiomyopathies (heart muscle disease).

Calcium Scoring of Coronary Arteries

The CT scanner detects calcification of the coronary arteries (that can be a prediction of coronary artery disease) years before symptoms appear.

Coronary Artery & Lung Cancer Screening

CT scanning is used to detect cardiac disease, lung cancer and obstructive pulmonary disease.

Physical Therapy / Orthopedic Rehab

The Physical Therapy Center features individualized treatments, prompt appointments, convenient hours, showers, locker rooms and a variety of equipment.
Appendix
# Appendix A

## Cardiac/Pulmonary Fitness & Rehabilitation Staff

### MANAGEMENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jorge Secchi, MD</td>
<td>Medical Director</td>
<td>516-629-2044</td>
</tr>
<tr>
<td>Suzanne Palo, RN, MA, BC</td>
<td>Director, Rehabilitation &amp; Community Services</td>
<td>516-629-2042</td>
</tr>
<tr>
<td>Dawn Coyle, MS</td>
<td>Manager</td>
<td>516-629-2041</td>
</tr>
</tbody>
</table>

### PROGRAM SECRETARIES

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terri McNamara</td>
<td>Front Desk Coordinator</td>
<td>516-629-2040</td>
</tr>
<tr>
<td>Jackie Koenig</td>
<td>Secretary</td>
<td>516-629-2040</td>
</tr>
<tr>
<td>Carol Thomas</td>
<td>Secretary</td>
<td>516-629-2040</td>
</tr>
<tr>
<td>Caren Elosua</td>
<td>Secretary</td>
<td>516-629-2040</td>
</tr>
<tr>
<td>Keri Rodriguez</td>
<td>Secretary</td>
<td>516-629-2040</td>
</tr>
</tbody>
</table>

### CARDIAC REHABILITATION REGISTERED NURSES

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>LaVonne Brown, RN, MSN</td>
<td>Registered Nurse</td>
<td>516-629-2157</td>
</tr>
<tr>
<td>Ann Careccia, RN, BSN</td>
<td>Registered Nurse</td>
<td>516-629-2124</td>
</tr>
<tr>
<td>Patty Carroll, RN, BSN</td>
<td>Registered Nurse</td>
<td>516-629-2192</td>
</tr>
<tr>
<td>Beth Ann Grady-Acker, RN, CDE</td>
<td>Registered Nurse</td>
<td>516-629-2045</td>
</tr>
<tr>
<td>Linda Nakamura, RN, BSN</td>
<td>Registered Nurse</td>
<td>516-629-2046</td>
</tr>
<tr>
<td>Anne Shea-Flynn, RN, BSN</td>
<td>Registered Nurse</td>
<td>516-629-2466</td>
</tr>
</tbody>
</table>

### CARDIAC REHABILITATION EXERCISE PHYSIOLOGISTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sulochana Bandoji, MS, MA</td>
<td>Sr. Exercise Physiologist</td>
<td>516-629-2432</td>
</tr>
<tr>
<td>Laurie Giambrone, MA</td>
<td>Sr. Exercise Physiologist</td>
<td>516-629-2043</td>
</tr>
<tr>
<td>Nicole Lapin, MS</td>
<td>Exercise Physiologist</td>
<td>516-629-2123</td>
</tr>
<tr>
<td>Joe Reale, MS</td>
<td>Exercise Physiologist</td>
<td>516-629-2159</td>
</tr>
<tr>
<td>Corinne Rey, MA</td>
<td>Exercise Physiologist</td>
<td>516-629-2482</td>
</tr>
</tbody>
</table>

### PULMONARY REHABILITATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Kuril, RRT, MPH</td>
<td>Coordinator</td>
<td>516-629-2102</td>
</tr>
<tr>
<td>Maryann Langis, RRT</td>
<td>Respiratory Therapist</td>
<td>516-629-2435</td>
</tr>
<tr>
<td>Deborah Bell, BS</td>
<td>Exercise Physiologist</td>
<td>516-629-2067</td>
</tr>
<tr>
<td>John Tavolacci, MS</td>
<td>Exercise Physiologist</td>
<td>516-629-2178</td>
</tr>
</tbody>
</table>

### DIETICIANS / NUTRITIONISTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denise Mokotoff, MS, RD, CDE</td>
<td>Dietician</td>
<td>516-629-2069</td>
</tr>
<tr>
<td>Jane Giordano-Trosten, RD, CDE</td>
<td>Diabetes Education Coordinator</td>
<td>516-629-2070</td>
</tr>
</tbody>
</table>

Registration: DeMatteis Center 516-629-2065
Billing Representatives: Catholic Health Services 888-681-1754
Appendix B

Patients’ Bill of Rights

As a patient in a hospital in New York State, you have the right, consistent with law, to:

1) Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.

2) Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.

3) Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

4) Receive emergency care if you need it.

5) Be informed of the name and position of the doctor who will be in charge of your care in the hospital.

6) Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.

7) Receive complete information about your diagnosis, treatment and prognosis.

8) SFH is a smoke free campus. All patients’ rooms are no smoking rooms.

9) Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.

10) Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet “Do Not Resuscitate Orders — A Guide for Patients and Families.”

11) Refuse treatment and be told what effect this may have on your health.

12) Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

13) Privacy while in the hospital and confidentiality of all information and records regarding your care.

14) Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.

15) Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.

16) Receive an itemized bill and explanation of all charges.

17) Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital’s response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.

18) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

19) Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital. Lb1ic Health Law(PHL)2803 (1)(g) Patient’s Rights, 1ONYCRR, 405.7,405.7(a) (1),405(c)13
Appendix C

Caloric Expenditure from Participation in Physical Activity

Participation in physical activities is associated with a decreased risk in coronary artery disease progression, as well as cardiovascular mortality and morbidity. The quantity of exercise associated with these benefits is described by caloric expenditure from 1,000 to 2,000 kcals/week. (Note: There are 3,500 Kcals in one pound of fat.) To reach the threshold level of caloric expenditure, increase the frequency of exercise sessions per week and/or time/session spent in physical activity rather than increasing the intensity of your effort during exercise.

Estimating caloric expenditure requires the patient’s weight and the MET level of the activity. The formula for caloric expenditure/hour is: METS x Body Wt in Kilograms. (Weight in pounds divided by 2.2 = weight in kilograms). It is easy to overestimate caloric expenditure if you do not use appropriate formulas. To give you an idea of caloric expenditure, review the table below.

### ESTIMATED CALORIC EXPENDITURE

#### MALES at 5.1 METS (Treadmill walking 3mph @ 5% grade)

<table>
<thead>
<tr>
<th>Hours</th>
<th>71.8kg/158lbs</th>
<th>88.2kg/194lbs</th>
<th>105kg/230lbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>366</td>
<td>450</td>
<td>536</td>
</tr>
<tr>
<td>1.5</td>
<td>549</td>
<td>675</td>
<td>804</td>
</tr>
<tr>
<td>2</td>
<td>732</td>
<td>900</td>
<td>1072</td>
</tr>
<tr>
<td>2.5</td>
<td>915</td>
<td>1125</td>
<td>1340</td>
</tr>
<tr>
<td>3</td>
<td>1098</td>
<td>1350</td>
<td>1608</td>
</tr>
<tr>
<td>3.5</td>
<td>1281</td>
<td>1575</td>
<td>1876</td>
</tr>
<tr>
<td>4</td>
<td>1464</td>
<td>1800</td>
<td>2144</td>
</tr>
</tbody>
</table>

#### 97 FEMALES at 4.7 METS (Treadmill walking 2.6mph @ 5% grade)

<table>
<thead>
<tr>
<th>Hours</th>
<th>60kg/132lbs</th>
<th>73kg/161lbs</th>
<th>86kg/190lbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>282</td>
<td>343</td>
<td>404</td>
</tr>
<tr>
<td>1.5</td>
<td>423</td>
<td>515</td>
<td>606</td>
</tr>
<tr>
<td>2</td>
<td>564</td>
<td>686</td>
<td>808</td>
</tr>
<tr>
<td>2.5</td>
<td>705</td>
<td>857</td>
<td>1010</td>
</tr>
<tr>
<td>3</td>
<td>846</td>
<td>1029</td>
<td>1212</td>
</tr>
<tr>
<td>3.5</td>
<td>987</td>
<td>1200</td>
<td>1414</td>
</tr>
<tr>
<td>4</td>
<td>1128</td>
<td>1372</td>
<td>1616</td>
</tr>
<tr>
<td>4.5</td>
<td>1269</td>
<td>1543</td>
<td>1818</td>
</tr>
<tr>
<td>5</td>
<td>1410</td>
<td>1715</td>
<td>2020</td>
</tr>
</tbody>
</table>

Note: Exercise training in cardiac rehabilitation is 135 minutes/week (45 mins/session). At 2.25 hrs/week of exercise, most men or women would not reach the minimal threshold of 1,000 kcals/wk. Supplemental exercise is therefore required.
Appendix D

**MET Levels and Caloric Expenditure**

The level of your activity can be expressed as a MET (metabolic energy equivalent). A MET is a measure of energy expenditure and oxygen consumption. The following table (D 1 and D 2) provides examples of home and exercise activities with their corresponding MET levels. This table can be used in conjunction with the following table (D 3) to calculate caloric expenditure of daily activities and exercise sessions. **Speak with your case manager to find out what range of MET levels is appropriate for you.**

**Table D1**

<table>
<thead>
<tr>
<th>1 MET</th>
<th>1-2 METs</th>
<th>2-3 METs</th>
<th>3-4 METs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Activities</strong></td>
<td><strong>Home Activities</strong></td>
<td><strong>Home Activities</strong></td>
<td><strong>Home Activities</strong></td>
</tr>
<tr>
<td>Bed Rest</td>
<td>Dressing Shaving</td>
<td>Bathing</td>
<td>General housework</td>
</tr>
<tr>
<td>Sitting</td>
<td>Making bed</td>
<td>Cooking</td>
<td>Cleaning windows</td>
</tr>
<tr>
<td>Eating</td>
<td>Desk work</td>
<td>Waxing floor</td>
<td>Light gardening</td>
</tr>
<tr>
<td>Sewing</td>
<td>Driving car</td>
<td>Playing piano</td>
<td>Pushing light power mower</td>
</tr>
<tr>
<td>Reading</td>
<td>Playing Cards</td>
<td>Sexual intercourse (with usual partner)</td>
<td></td>
</tr>
<tr>
<td>Watching TV.</td>
<td>Knitting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Exercise or Sports Activities</strong></td>
<td><strong>Exercise or Sports Activities</strong></td>
<td><strong>Exercise or Sports Activities</strong></td>
<td><strong>Exercise or Sports Activities</strong></td>
</tr>
<tr>
<td>None</td>
<td>Walk 1 mph level ground</td>
<td>Walk 2 mph level ground</td>
<td>Walk 3 mph level ground</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Biking 5 mph level ground</td>
<td>Biking 6 mph on level ground</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Playing Billiards</td>
<td>Sailing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fishing</td>
<td>Golf (pull cart)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bowling</td>
<td>Pitching horseshoes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Golf (with cart)</td>
<td>Archery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Riding horseback (at a walking pace)</td>
<td>Badminton (doubles)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Riding horse back (slow trot)</td>
</tr>
</tbody>
</table>
Caloric Expenditure and Weight Loss

In order to lose weight, you must balance between the amount of calories you take in and the amount of calories that you expend. Dieting alone can help you lose weight. 3,500 k/cals equals one pound of fat. Thus, reducing 500 calories from your daily diet can cause you to lose about one pound per week. Adding exercise to expend more calories will even further aid in weight loss. How many calories you burn depends on your current body weight, the frequency, duration, and intensity of your activities. The quantity of exercise associated with improvements in weight has been shown with caloric expenditure of 1000/week.

**Estimating caloric expenditure requires current body weight (in kilograms) X MET level of the activity.** MET level (metabolic energy equivalent), is considered a measure of energy and oxygen consumption. Refer to Tables D1, D2 and D3 for activities and their MET level.
# Table D3

**Caloric Expenditure per Minute by Body Weight and Met Level**

**Goal:** It is suggested that you try to reach 300 – 350 kcals from exercise per day and at least 1,000 kcals/week. This can be split up into two or three sessions per day.

<table>
<thead>
<tr>
<th>Body Weight pounds</th>
<th>MET Level</th>
<th>Kcal/min</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>125 – 150</strong></td>
<td>3</td>
<td>2.8-3.4</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>4.2-4.5</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>4.7-5.2</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>6.3-6.8</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>6.6-8.0</td>
</tr>
<tr>
<td><strong>151-175</strong></td>
<td>3</td>
<td>3.4-4.0</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>4.6-5.3</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>5.7-8.0</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>6.9-8.0</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>8.0-9.3</td>
</tr>
<tr>
<td><strong>176 - 200</strong></td>
<td>3</td>
<td>4.0-4.6</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5.3-6.1</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>6.7-7.6</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>8.0-9.1</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>9.3-10.6</td>
</tr>
<tr>
<td><strong>201 - 225</strong></td>
<td>3</td>
<td>4.6-5.1</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>6.1-6.8</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>7.6-8.5</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>9.1-10.2</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>10.6-11.9</td>
</tr>
<tr>
<td><strong>226 – 250</strong></td>
<td>3</td>
<td>5.1-5.7</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>6.8-7.6</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>8.6-9.5</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>10.3-11.6</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>12.0-13.3</td>
</tr>
<tr>
<td><strong>251 – 300</strong></td>
<td>3</td>
<td>5.7-6.8</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>7.6-9.1</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>9.5-11.4</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>11.4-13.6</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>13.3-15.9</td>
</tr>
</tbody>
</table>

**Kcals per hour** = MET level x Body Weight in Kilograms (pounds divided by 2.2)

3,500 calories = one pound of fat
Appendix E

Health Care Proxy
Appointing Your Health Care Agent in New York State

The New York Health Care Proxy Law allows you to appoint someone you trust — for example, a family member or close friend — to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent’s decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she has to follow. This form can also be used to document your wishes or instructions with regard to organ and/or tissue donation.

About the Health Care Proxy Form

This is an important legal document. Before signing, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless you say otherwise in this form. “Health care” means any treatment, service or procedure to diagnose or treat your physical or mental condition.

2. Unless your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube or intravenous line), he or she will not be allowed to refuse or consent to those measures for you.

3. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.

4. You may write on this form example of the types of treatments that you would not desire and/or those treatments that you want to make sure you receive. The instructions may be used to limit the decision-making power of the agent. Your agent must follow your instructions when making decisions for you.

5. You do not need a lawyer to fill out this form.

6. You may choose any adult (18 years of age or older), including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she will have to choose between acting as your agent or as your attending doctor because a doctor cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. Ask staff at the facility to explain those restrictions.

7. Before appointing someone as your health care agent, discuss it with him or her to make sure that he or she is willing to act as your agent. Tell the person you choose that he or she will be your health care agent. Discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.
8. If you have named your spouse as your health care agent and you later become divorced or legally separated, your former spouse can no longer be your agent by law, unless you state otherwise. If you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

9. Even though you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object, nor will your agent have any power to object.

10. You may cancel the authority given to your agent by telling him or her or your health care provider orally or in writing.

11. Appointing a health care agent is voluntary. No one can require you to appoint one.

12. You may express your wishes or instructions regarding organ and/or tissue donation on this form.

**Frequently Asked Questions**

**Why should I choose a health care agent?**
If you become unable, even temporarily, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members may express what they think your wishes are related to a particular treatment. However, in New York State, only a health care agent you appoint has the legal authority to make treatment decisions if you are unable to decide for yourself.

Appointing an agent lets you control your medical treatment by:
- allowing your agent to make health care decisions on your behalf as you would want them decided;
- choosing one person to make health care decisions because you think that person would make the best decisions;
- choosing one person to avoid conflict or confusion among family members and/or significant others. You may also appoint an alternate agent to take over if your first choice cannot make decisions for you.

**Who can be a health care agent?**
Anyone 18 years of age or older can be a health care agent. The person you are appointing as your agent or your alternate agent cannot sign as a witness on your Health Care Proxy form.

**How do I appoint a health care agent?**
All competent adults, 18 years of age or older, can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer or a notary, just two adult witnesses. Your agent cannot sign as a witness. You can use the form printed here, but you don't have to use this form.

**When would my health care agent begin to make health care decisions for me?**
Your health care agent would begin to make health care decisions after your doctor decides that you are not able to make your own health care decisions. As long as you are able to make health care decisions for yourself, you will have the right to do so.
What decisions can my health care agent make?
Unless you limit your health care agent's authority, your agent will be able to make any health care decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accordance with your wishes and interests. However, your agent can only make decisions about artificial nutrition and hydration (nourishment and water provided by feeding tube or intravenous line) if he or she knows your wishes from what you have said or what you have written. The Health Care Proxy form does not give your agent the power to make non-health care decisions for you, such as financial decisions.

Why do I need to appoint a health care agent if I’m young and healthy?
Appointing a health care agent is a good idea even though you are not elderly or terminally ill. A health care agent can act on your behalf if you become even temporarily unable to make your own health care decisions (such as might occur if you are under general anesthesia or have become comatose because of an accident). When you again become able to make your own health care decisions, your health care agent will no longer be authorized to act.

How will my health care agent make decisions?
Your agent must follow your wishes, as well as your moral and religious beliefs. You may write instructions on your Health Care Proxy form or simply discuss them with your agent.

How will my health care agent know my wishes?
Having an open and frank discussion about your wishes with your health care agent will put him or her in a better position to serve your interests. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interest. Because this is a major responsibility for the person you appoint as your health care agent, you should have a discussion with the person about what types of treatments you would or would not want under different types of circumstances, such as:

- whether you would want life support initiated continued/removed if you are in a permanent coma;
- whether you would want treatments initiated continued/removed if you have a terminal illness;
- whether you would want artificial nutrition and hydration initiated/withheld or continued or withdrawn and under what types of circumstances.

Can my health care agent overrule my wishes or prior treatment instructions?
No. Your agent is obligated to make decisions based on your wishes. If you clearly expressed particular wishes, or gave particular treatment instructions, your agent has a duty to follow those wishes or instructions unless he or she has a good faith basis for believing that your wishes changed or do not apply to the circumstances.

Who will pay attention to my agent?
All hospitals, nursing homes, doctors and other health care providers are legally required to provide your health care agent with the same information that would be provided to you and to honor the decisions by your agent as if they were made by you. If a hospital or nursing home objects to some treatment options (such as removing certain treatment) they must tell you or your agent BEFORE or upon admission, if reasonably possible.

What if my health care agent is not available when decisions must be made?
You may appoint an alternate agent to decide for you if your health care agent is unavailable, unable or unwilling to act when decisions must be made. Otherwise, health care providers will make health care decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.
What if I change my mind?
It is easy to cancel your Health Care Proxy, to change the person you have chosen as your health care agent or to change any instructions or limitations you have included on the form. Simply fill out a new form. In addition, you may indicate that your Health Care Proxy expires on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent or as your alternate, and you get divorced or legally separated, the appointment is automatically cancelled. However, if you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

Can my health care agent be legally liable for decisions made on my behalf?
No. Your health care agent will not be liable for health care decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

Is a Health Care Proxy the same as a living will?
No. A living will is a document that provides specific instructions about health care decisions. You may put such instructions on your Health Care Proxy form. The Health Care Proxy allows you to choose someone you trust to make health care decisions on your behalf. Unlike a living will, a Health Care Proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made.

Where should I keep my Health Care Proxy form after it is signed?
Give a copy to your agent, your doctor, your attorney and any other family members or close friends you want. Keep a copy in your wallet or purse or with other important papers, but not in a location where no one can access it, like a safe deposit box. Bring a copy if you are admitted to the hospital, even for minor surgery, or if you undergo outpatient surgery.

May I use the Health Care Proxy form to express my wishes about organ and/or tissue donation?
Yes. Use the optional organ and tissue donation section on the Health Care Proxy form and be sure to have the section witnessed by two people. You may specify that your organs and/or tissues be used for transplantation, research or educational purposes. Any limitation(s) associated with your wishes should be noted in this section of the proxy. Failure to include your wishes and instructions on your Health Care Proxy form will not be taken to mean that you do not want to be an organ and/or tissue donor.

Can my health care agent make decisions for me about organ and/or tissue donation?
No. The power of a health care agent to make health care decisions on your behalf ends upon your death. Noting your wishes on your Health Care Proxy form allows you to clearly state your wishes about organ and tissue donation.

Who can consent to a donation if I choose not to state my wishes at this time?
It is important to note your wishes about organ and/or tissue donation so that family members who will be approached about donation are aware of your wishes. However, New York Law provides a list of individuals who are authorized to consent to organ and/or tissue donation on your behalf. They are listed in order of priority: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor’s death, or any other legally authorized person.
Health Care Proxy Form Instructions

Item (1)
Write the name, home address and telephone number of the person you are selecting as your agent.

Item (2)
If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

Item (3)
Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

Item (4)
If you have special instructions for your agent, write them here. Also, if you wish to limit your agent’s authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment. If you want to give your agent broad authority, you may do so right on the form. Simply write: I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.

If you wish to make more specific instructions, you could say:
“If I become terminally ill, I do/don’t want to receive the following types of treatments....”
“If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don’t want the following types of treatments:....”
“If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don’t want the following types of treatments:
“I have discussed with my agent my wishes about __________ and want my agent to make all decisions about these measures.”

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:
• artificial respiration
• artificial nutrition and hydration (nourishment and water provided by feeding tube)
• cardiopulmonary resuscitation (CPR)
• antipsychotic medication
• electric shock therapy
• antibiotics
• surgical procedures
• dialysis
• transplantation
• blood transfusions
• abortion
• sterilization

Item (5)
You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.
**Item (6)**
You may state wishes or instructions about organ and/or tissue donation on this form. A health care agent cannot make a decision about organ and/or tissue donation because the agent’s authority ends upon your death. The law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor’s death, or any other legally authorized person.

**Item (7)**
Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed your agent or alternate agent cannot sign as a witness.
Health Care Proxy

(1) I,

hereby appoint

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy shall expire (specify date or conditions): __________

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. (If you want to limit your agent’s authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.) I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions (attach additional pages as necessary):

In order for your agent to make health care decisions for you about artificial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.
(5) **Your Identification** (please print)

Your Name ____________________________

Your Signature _________________________ Date/Time ____________

Your Address _________________________

(6) **Optional: Organ and/or Tissue Donation**

I hereby make an anatomical gift, to be effective upon my death, of:
(check any that apply)

☐ Any needed organs and/or tissues

☐ The following organs and/or tissues ____________________________

☐ Limitations ____________________________

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature _________________________ Date/Time ____________

(7) **Statement by Witnesses** *(Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)*

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date/Time ____________________________ Date/Time ____________

Name of Witness 1 (print) ____________________________ Name of Witness 2 (print) ____________________________

Signature ____________________________ Signature ____________________________

Address ____________________________ Address ____________________________