



EXPLANATION OF PULMONARY REHABILITATION PROGRAM

Patient Name: _____ Date: _____

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By voluntarily enrolling in the Lifeline Therapy Pulmonary Rehabilitation Program (“Program”), I understand that I will be evaluated by a Respiratory Therapist and Physical Therapist. I will participate in both educational and exercise sessions and will be provided with a prescription for exercise.

I understand that the exercise prescription will be based on my body’s response to an initial exercise walk test, associated laboratory data, my past medical history, and the advice of the physician. I have made Lifeline Therapy aware of this advice. I will be supervised during the daily exercise sessions. Information collected during my exercise sessions will be reviewed on a regular basis. Modifications will be made as necessary to my exercise program based on this information and any additional information I provide with respect to any advice of my primary care physician or other medical provider. I acknowledge that the Program is not a substitute for either the treatment or medical advice of my physician.

MONITORING

My heart rate, blood pressure, oxygen saturation, symptomatic response to exercise, and rate of perceived exertion will be monitored throughout each rehabilitation session. These exercise records will be reviewed by Lifeline Therapy’s staff.

RISKS AND DISCOMFORTS

There is a possibility of certain symptoms occurring during the exercise sessions. These include: excessive shortness of breath, abnormal blood pressure, oxygen desaturation, or cardiac symptoms. Every effort will be made to minimize these abnormal symptoms by the preliminary examination and by observation during testing and exercise training. Emergency equipment and trained personnel are available to deal with unusual situations that may arise; basic cardiopulmonary resuscitation (CPR) and/or defibrillation will be performed if appropriate and necessary, unless a notarized living will/advance directive is present in the chart.

ATTENDANCE AND CALL-IN POLICY

Some of the potential benefits of the pulmonary rehabilitation program including improving the quality of my life, reducing my pulmonary symptoms, maintaining or improving my present level of exercise tolerance and my ability to perform activities of daily living. Although no guarantee can be made that I will achieve these benefits, widespread evidence indicates that some improvement is usually achieved. Only by **full attendance** to **all** exercise sessions, activities, and tests can I hope to achieve the best potential outcome. I will call Lifeline Therapy **in advance of my scheduled session** if I am unable to attend.

SMOKING CESSATION

I understand that becoming and/or continuing to be a non-smoker is essential to my health and well being. As part of the pulmonary rehabilitation program, it is advised that I remain and/or become a non-smoker.

Recommendations will be made for enrollment in a smoking cessation program if I am currently a smoker, and I will be provided with resources for a program.

DATA COLLECTION

Aside from the series offered to me, Lifeline Therapy is involved in the preparation and publication of research papers to share with other health care professions. I authorize the use of my medically related case history and records (without identifying me) in the preparation of this research, and I waive any right to review and/or approve the use of this data prior to publication. I waive any claim or right to any publication or other product produced as a result of Lifeline Therapy’s research.

CONSENT FOR TREADMILL EXERCISE TESTING

1. I will participate in a treadmill exercise test to determine my level of fitness, and the nature and extent of any lung, heart, or circulatory problems. If I am unable to walk on a treadmill, a walk test over land will be substituted.
2. The test and equipment use will be explained to me before I start the test.
3. There is limited risk in the exercise test. If I have heart disease, the test could cause chest pain or irregular beats of the heart. The presence of the physical or respiratory therapist at my side monitoring blood pressure, heart rate and rhythm, and saturation of oxygen in my blood is intended to minimize these risks. If I have chest pain, irregular heartbeats, dizziness, drop in blood pressure or in blood oxygen, the test will be stopped.
4. After the test, within 24 hours, a period of increased fatigue is common as well as sore, stiff muscles. This will go away as you continue your normal activities.
5. I fully understand why this test is being done. I’ve been informed how it will be done, and the risks have been explained to me. I agree to complete the exercise test as described under the supervision of Lifeline Therapy staff.
6. My treating physician has not placed any restriction on me or provided any advice that would prevent me from participating in the Program and, to the extent any advice of my physician would affect my participation in the program, I have made Lifeline Therapy aware of such limitation(s).

AFTER DISCUSSING THE PULMONARY REHABILITATION PROGRAM WITH A PROGRAM REPRESENTATIVE AND READING THIS CONSENT FORM, I UNDERSTAND THE NATURE OF THE PROGRAM AND AGREE TO PARTICIPATE. ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION AND I HAVE NO MORE QUESTIONS AT THIS TIME.

(Patient Signature)

(Date)

(Staff Signature)

(Date)