

Bundaberg Health Promotions Place  
14 Branyan Street Bundaberg Q 4670  
Tel 4150 1800  
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Medical Objects secure messaging

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_



**Pulmonary Rehabilitation**

- COPD
- Bronchiectasis
- Interstitial Lung Disease
- Chronic asthma
- Lung cancer
- Other:

**Heart Failure Rehabilitation**

- HFpEF
- HFrEF

**Cardiac Rehabilitation**

- Acute Coronary Syndrome
- CABG
- Angioplasty
- Stent
- Valve replacement/repair
- Ablation or cardioversion

**Re-entry criteria for Phase 2 Rehabilitation <12mths since previous participation:**

- Recent hospitalisation related to cardiac/respiratory condition. Please enclose hospital discharge summary.
- Specialist referral

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**To assist clinical triage and prevent delay in the patient accessing the service, please enclose:**

- Relevant specialist correspondence
- Relevant hospital discharge summaries
- Patient Health Summary or equivalent
- Up-to-date medication list.
- Relevant investigations. Eg. Lung function, imaging, echocardiogram, angiography/surgery details, exercise testing.

**Referrer comments:**

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In referring this patient, I acknowledge the patient is medically stable, meets clinical criteria (see overleaf), and is willing and able to participate in clinical rehabilitation.

**Referrer signature:**

**Referral date:**

Name: \_\_\_\_\_

Referrer stamp: \_\_\_\_\_

Practice: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Phase 2 Clinical Rehabilitation programs** involve patient assessment, supervised group-based exercise training, education, behaviour change, and psychosocial support. The aim of rehabilitation is to improve the physical and psychological condition of people with chronic respiratory and cardiac disease and to promote the long-term adherence to health-enhancing behaviours. Exercise training is considered to be the cornerstone of rehabilitation. Standard rehabilitation comprises supervised group-based exercise sessions completed twice weekly over an eight-week period. Assessment consultations are completed before and after the program to accurately assess and monitor symptoms using validated clinical measurements and protocols.

#### Eligibility for public funding:

- ✓ Phase 2 Cardiac Rehabilitation after an acute coronary event.
- ✓ Phase 2 Pulmonary or Heart Failure Rehabilitation participation every 12 months for symptomatic patients, who have a confirmed eligible diagnosis and are medically stable.
- ✓ Re-entry to Phase 2 Pulmonary or Heart Failure Rehabilitation within 12 months of previous participation may be considered if requested by their treating specialist, or after hospitalisation related to their cardiac/respiratory condition.

#### General exclusion criteria:

- ✗ Significant cognitive, psychotic or mental health impairment. Patients must be safe to participate in group exercise sessions with a supervisor:patient ratio of 1:8.
- ✗ Relevant infectious disease.
- ✗ Unstable cardiovascular disease including but not limited to unstable angina, uncontrolled hypertension (systolic >180; diastolic >110 mmHg), resting heart rate >120bpm, severe aortic stenosis, unstable exercise induced arrhythmia, unstable or severe pulmonary hypertension, or heart failure NYHA IV.
- ✗ Severe hypoxia (resting SpO<sub>2</sub> <88%) on room air or despite prescribed long term oxygen therapy.
- ✗ Musculoskeletal or neurological disorders that prevent low-moderate intensity group exercise.

#### Clinical inclusion criteria:

**Phase 2 Pulmonary Rehabilitation** is considered a key component of the management of people with symptomatic chronic respiratory disease. It is recommended for conditions such as COPD (regardless of severity)<sup>1</sup> and has been shown to reduce symptoms of breathlessness and fatigue, improve health-related quality of life (HRQoL)<sup>2</sup>, peripheral muscle function and exercise capacity, and reduce hospital readmissions after an exacerbation<sup>3</sup>. Following hospitalisation for infective exacerbation, pulmonary rehabilitation should be commenced within 2 weeks of hospital discharge. It is recommended that people with bronchiectasis, interstitial lung disease, chronic asthma, lung cancer or pulmonary hypertension also be considered for pulmonary rehabilitation.<sup>4</sup>

**Phase 2 Heart Failure Rehabilitation** is recommended in patients with heart failure associated with high-risk features, to decrease mortality and rehospitalisation. Regular performance of up to moderate intensity continuous exercise is recommended in patients with stable chronic HF, particularly in those with reduced LVEF, to improve physical functioning and quality of life, and to decrease hospitalisation.<sup>5</sup>

**Phase 2 Cardiac rehabilitation** can reduce hospital readmissions and death within the first year after a coronary event by as much as 56% and 30%, respectively.<sup>6</sup> Cardiac rehabilitation reduces mortality, accelerates recovery, improves clinical outcomes (e.g. improved cholesterol, blood pressure), improves behavioural outcomes (e.g. exercise tolerance, smoking cessation), reduces repeat cardiovascular events and hospital readmissions, strengthens adherence to medication, and enhances mental health and quality of life.

<sup>1</sup> Yang IA, George J, McDonald CF, McDonald V, O'Brien M, Smith B, McNamara R, Zwar N, Dabscheck E. The COPD-X Plan: Australian and New Zealand Guidelines for the management of Chronic Obstructive Pulmonary Disease 2021. Version 2.65, December 2021.

<sup>2</sup> McCarthy B, Casey D, Devane D, Murphy K, Murphy E, Lacasse Y. Pulmonary rehabilitation for chronic obstructive pulmonary disease. *Cochrane Database Syst Rev*. 2015; CD003793.

<sup>3</sup> Puhan MA, GimenoSantos E, Cates CJ, Troosters T. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. *Cochrane Database of Syst Rev*. 2016(12) CD005305.

<sup>4</sup> Alison, J.A., McKeough, Z.J., Johnston, K., McNamara, R.J., Spencer, L.M., Jenkins, S.C., Hill, C.J., McDonald, V.M., Frith, P., Cafarella, P., Brooke, M., Cameron-Tucker, H.L., Candy, S., Cecins, N., Chan, A.S.L., Dale, M., Dowman, L.M., Granger, C., Halloran, S., Jung, P., Lee, A., Leung, R., Matulik, T., Osadnik, C., Roberts, M., Walsh, J., Wootton, S., Holland, A.E. On behalf of the Lung Foundation Australia and the Thoracic Society of Australia and New Zealand (2017) Australian and New Zealand Pulmonary Rehabilitation Guidelines. *Respirology*, doi: 10.1111/resp.13025.

<sup>5</sup> Atherton J et al. National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the prevention, detection and management of heart failure in Australia 2018. *Heart Lung Circ* (2018) 27, 1123–1208.

<sup>6</sup> NHS Improvement Heart. Making the case for cardiac rehabilitation: modelling potential impact on readmissions, 2013.