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**8th October 2021 Mental Health Day 3**

**[Contained within the document are links to video clips and academic evidence concerning mental health disorders]**

**MOOC Course - Understanding Dementia MOOC** [**Link**](https://www.utas.edu.au/wicking/understanding-dementia)

**PD Warrior Course** [**Link**](https://pdwarrior.com/)

**Motivational Interviewing**

* Motivational interviewing in brief consultations: role-play focussing on engaging [Link](https://youtu.be/bTRRNWrwRCo)
* Advanced Motivational Interviewing: Depression [Link](https://www.youtube.com/watch?v=3rSt4KIaN8I)
* Dr. Jonathan Fader Demonstrates Motivational Interviewing Skills [Link](https://youtu.be/ZxKZaKFzgF8)
* Motivational Interviewing: Recommendations and conclusion [Link](https://youtu.be/se7gJCjNo2Q)
* Psychiatric Interviews for Teaching: Depression [Link](https://youtu.be/4YhpWZCdiZc)

**Clips to Enhance Motivation/ Self Reflection [if you have a few minutes listen and watch some of these]**

* How to Get Your Brain to Focus | Chris Bailey | TEDxManchester [Link](https://youtu.be/Hu4Yvq-g7_Y)
* The psychology of self-motivation | Scott Geller | TEDxVirginiaTech [Link](https://youtu.be/7sxpKhIbr0E)
* Nick Vujicic - No arms and no legs - MOTIVATION - If you fail, try again. [Link](https://youtu.be/VbRxXPmgLe4)
* Tony Robbins [2mm Rule Difference between winning and losing] [Link](https://youtu.be/Qx46FoXhZyw)
* BELIEVE YOU CAN DO IT - Best Motivational Video [Link](https://www.youtube.com/watch?v=a9m4TzR0COU)
* Dwayne "The Rock" Johnson's Eye-Opening Speech - Best MOTIVATION Ever 2019 [Link](https://youtu.be/W5tlGJwvmCQ)
* Overcoming Our Fear of Failure | Anne Guerrant | TEDxArrowheadRanch Link
* Overcoming Our Fear of Failure | Anne Guerrant | TEDxArrowheadRanch [Link](https://youtu.be/Mje4WKlcCTk)

"Motivation gets you through the day, but inspiration lasts a lifetime." - Nick Vujicic

"In life you have a choice: Bitter or Better? Choose better, forget bitter." - Nick Vujicic

* Tyson Fury opens up about his battle with depression | Boxing on ESPN [Link](https://youtu.be/N5qTvdFFW8c)
* **Surviving Abuse and PTSD -** Gratefully shared by a member of the course [A well written piece] [Link](https://www.snowdrophouse.co.uk/blog/surviving-abuse-and-ptsd/)

**Academic Studies**

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**Community Mental Health Initiatives [Possibly Use for Observation]**

* How Mental Health is Fuelling a Fitness Revolution [Link](https://youtu.be/-oheH-lHjVU)
* Mental fitness programme helps Rugby League fans to 'offload' [Link](https://youtu.be/ckdXXX6n-sE)
* Walking Netball: the scheme combatting loneliness [Link](https://youtu.be/uCoeOJiZvD8)
* How walking football is helping men with mental health problems [Link](https://youtu.be/UO0fC0F6UWk)
* Walking Football Scotland's Mental Health Charter for Physical Activity and Sport [Link](https://youtu.be/NfnGimAkN7I)
* Premiership football stars and Prince William discuss mental health - BBC [Link](https://youtu.be/GEUoV7zJ8R0)
* Mental Health Community Rehabilitation | NHS [Link](https://youtu.be/7u4YEagO9WY)
* Stockport County Community Foundation Mental Health Programme [Link](https://youtu.be/VSl1gXkhSRU)
* Heads Up [Heads Together & the FA [Link](https://www.youtube.com/watch?v=BKeHpj6aUpc)
* Paths for All [Link](https://youtu.be/jfXrPLmZCHk)

**Understanding Eating Disorders**

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**Green Space and Mental Health**

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**Understanding Addiction**

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* The Role of Exercise Alcoholism Treatment and Recovery [Link](http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.1037.2373&rep=rep1&type=pdf)
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**Vascular Dementia and Exercise**

* Aarsland, D., Sardahaee, F.S., Anderssen, S., Ballard, C. and the Alzheimer's Society Systematic Review group, 2010. Is physical activity a potential preventive factor for vascular dementia? A systematic review. Aging & mental health, 14(4), pp.386-395. [Link](https://nih.brage.unit.no/nih-xmlui/bitstream/handle/11250/170787/Anderssen%20AgingMentalHealth%202010.pdf?sequence=1)
* Choi, D.H., Lee, K.H. and Lee, J., 2016. Effect of exercise-induced neurogenesis on cognitive function deficit in a rat model of vascular dementia. Molecular medicine reports, 13(4), pp.2981-2990. [Link](https://www.spandidos-publications.com/10.3892/mmr.2016.4891)
* Graff-Radford, N.R., 2011. Can aerobic exercise protect against dementia?. Alzheimer's research & therapy, 3(1), pp.1-6. [Link](https://link.springer.com/article/10.1186/alzrt65)
* Hasnain, M. and Vieweg, V.R., 2014. Possible role of vascular risk factors in Alzheimer's disease and vascular dementia. Current pharmaceutical design, 20(38), pp.6007-6013. [Link](https://www.researchgate.net/profile/Mehrul-Hasnain/publication/260913632_Possible_Role_of_Vascular_Risk_Factors_in_Alzheimer%27s_Disease_and_Vascular_Dementia/links/5ec2a57ca6fdcc90d67e3af5/Possible-Role-of-Vascular-Risk-Factors-in-Alzheimers-Disease-and-Vascular-Dementia.pdf)

**Open Water Swimming**

* Massey, H., Kandala, N., Davis, C., Harper, M., Gorczynski, P. and Denton, H., 2020. Mood and well‐being of novice open water swimmers and controls during an introductory outdoor swimming programme: A feasibility study. Lifestyle Medicine, 1(2), p.e12. [Link](https://onlinelibrary.wiley.com/doi/pdfdirect/10.1002/lim2.12)
* Gerrard, D.F., 1999. Open water swimming: Particular medical problems. Clinics in sports medicine, 18(2), pp.337-347. [Link](https://www.researchgate.net/profile/David-Gerrard-3/publication/13067149_Open_water_swimming_Particular_medical_problems/links/00463516f097903457000000/Open-water-swimming-Particular-medical-problems.pdf)

Exercise Prescription for **Obesity**

|  |  |
| --- | --- |
| **Specific / Clinical Objectives** | ↓BF / Weight; ↑MSE ∴(↑LBM);↑CV conditioning ∴↓ CHD risk profile; Advice on healthy eating; ↑QOL / self confidence; ↑ Volitional PA levels. |
| **Modes** | **Aerobic** | NWB / PWB / low impact / large muscle group activities: e.g., Walking, Cycling, Swimming or Water Aerobics1; → X-training, Rowing, Group-based aerobics1;(↑ ability to perform ADL). |
| **Resistance** | Mixed circuit-based (↑ ability to perform ADL);Machine → Free (see course manual for conflict issues) |
| **Contraindications** | * Valsalva manoeuvre & Isometric contractions

(relative to the client’s blood pressure: hypertension). |
| **Frequency** | **Aerobic** | 2-5 d.p.w. (off-peak1) |
| **Resistance** | 2-3 d.p.w. (off-peak1) |
| **Duration** | **Aerobic** | Thorough warm-up;5-10 → 40-60 min main section;Thorough cool-down. |
|  | **Resistance** | Main section: 1-3 sets of 10-15 reps (not restricted to this, as client’s goals/needs may require more strength work or more endurance work). |
| **Intensity** | **Aerobic** | Low-Moderate:Observation, Talk Test, RPE, HR, METs; |
|  | **Resistance** | Low-Moderate (rep range / RPE) |
| **Progression** | Duration, Frequency, Mode / Intensity |
| **Comments** | 1. Be aware of client self-concept (low self esteem, etc.).

Info: 3500 kcal = 0.45kg (1lb) of fat |
| **Specific Testing Modalities** | CV capacity; BMI; Body composition. |

Exercise Prescription for **Arthritis (OA & RA)**

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| **Specific / Clinical Objectives** | ⇔ ↑ Joint function / Mobility and ROM; ↓ B.F% (possibly); ↑ Muscular strength; ↑ Balance / Co-ordination;↑ General fitness; ↑ QOL / Management of condition. |
| **Modes** | **Aerobic** | NWB / PWB / low impact / large muscle group activities:e.g., Walking, Cycling, Swimming1 or Aqua-aerobics1; → X-training, Rowing, Group-based aerobics;(↑ ability to perform ADLs & emphasise daily mobility). |
| **Resistance** | Circuit-based (speed controlled: slow to begin with); Machines → Free Weights (progression based on client competence and ability);Calisthenics and resistance bands. |
| **Contraindications** | * Do not overstretch joints;
* High repetition / High resistance / High impact;
* During flare-ups for RA.
 |
| **Frequency** | **Aerobic** | 3-5 d.p.w.:(OA: Late AM / Early afternoon, generally);(RA: Late afternoon / Evening, generally). |
| **Resistance** | 2-3 d.p.w. (time of day: as above, and generally when the client feels least pain, stiffness and tiredness). |
| **Duration** | **Aerobic** | **Prolonged warm-up;**5 → 30+ min main section (intermittent: Start, Stop...);Thorough cool-down. |
|  | **Resistance** | **Prolonged warm-up;**3 sets of 2-3 reps → 10-12 reps;Thorough cool-down. |
| **Intensity** | **Aerobic** | Low-Moderate (pain free):Observation, Talk Test, RPE2, HR, METs |
|  | **Resistance** | Low-Moderate (rep range / RPE):As a guideline, but use pain tolerance as a marker, also. |
| **Progression** | Frequency (little and often), Duration, Mode / Intensity |
| **Comments** | 1. Warmer water is preferable.
2. Accuracy of RPE may be affected by condition / medication (pain killers).
	* Be aware of entry/exit ability on equipment;
	* Steroids can increase risk of stress fracture;
 |
| **Specific Testing Modalities** | ROM; Flexibility |

Exercise Prescription for **Joint Replacement**

Note that the type of replacement and details of patient/client will need to be considered.

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| **Specific / Clinical Objectives** | Normalise BF / Weight; ↑MSE specifically with an ADL bias;↑CV conditioning ∴↓ CHD risk profile; Advice on healthy eating; ↑QOL / self confidence; ↑ Volitional PA levels and reduce sedentary behaviours. |
| **Modes****From 12 weeks (post-operative)** | **Aerobic** | NWB / PWB / low impact / large muscle group activities: e.g., Walking, Cycling, Bowls, Swimming or Water Aerobics; → Group-based aerobics;(↑ ability to perform ADL). |
| **Resistance** | Circuit-based (↑ ability to perform ADL);Machine → Free (watch kinetic pathway on machines and set range of motion restrictions to preclude extremes of range). |
| **Contraindications** | * Extremes of motion around the replaced joint
* Jarring or high impact activities and sports with the potential for high impacts
* Avoid crossing of legs (relative)
 |
| **Frequency** | **Aerobic** | 2-5 d.p.w. (off-peak) progressing to daily, out of the gym |
| **Resistance** | 2-3 d.p.w. (off-peak) |
| **Duration** | **Aerobic** | 5-10 → 40-60 min main section (use pain or swelling as a time guide)Thorough warm-up and cool-down. |
|  | **Resistance** | 1-3 sets of 10-15 reps (watch range, do not go to extremes)Thorough warm-up and cool-down. |
| **Intensity** | **Aerobic** | Low-Moderate (all low impact):Observation, Talk Test, HR, RPE, METs, pain or swelling; |
|  | **Resistance** | Low-Moderate (rep range / RPE) |
| **Progression** | Duration, Frequency, Mode / Intensity |
| **Comments** | Consider all other conditions/co-morbidities, particularly in the older patient/clientYou must have a thorough, recorded, falls prevention assessment annually. |
| **Specific Testing Modalities** | CV capacity; task-specific timed activities, BMI; Self esteem |

Exercise Prescription for **Osteoporosis**

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| **Specific / Clinical Objectives** | ⇔ BMD (or reduce decline);Falls prevention (↑ strength / co-ordination / mobility);Reinforce changes in other lifestyle-related risk factors; ↑ ⇔ CV conditioning ∴ ↓ CHD risk profile. |
| **Modes** | **Aerobic** | PWB / WB / low impact:e.g., Walking, Cycling1; Swimming2; → X-training, Group-based aerobics. |
| **Resistance** | Machines → Free;Bands / Floor exercises3; Emphasise compression-based exercises and good posture. |
| **Contraindications** | * Loaded Forward Flexion of spine: Yoga; Sit ups/curls;
* Treadmill, if excessive kyphosis (MP-referred advice only);
* Rapid trunk rotation.
 |
| **Frequency** | **Aerobic** | 3-5 d.p.w. (quiet / tidy times in gyms; avoid trip hazards) |
| **Resistance** | 2-3 d.p.w. (quiet / tidy times in gyms; avoid trip hazards) |
| **Duration** | **Aerobic** | Thorough warm-up;5-30+ min main section (continuous, although not exclusively);Thorough cool-down. |
|  | **Resistance** | 1-3 sets / 20-40 min;Thorough warm-up & cool-down |
| **Intensity** | **Aerobic** | Low-Moderate (pain free):Observation (technique as well as intensity), Talk Test, RPE, HR, METs |
|  | **Resistance** | Low-Moderate (rep range / RPE);Calisthenics for lower body activities, as a start;Optimal progression to 2-3 sets of 5-8 reps per site (ACSM). |
| **Progression** | Duration, Frequency, Mode / Intensity |
| Comments | 1. Maintain good posture.2. Useful as CHD profile modifier for more pronounced clients.3. Care with transitions and wrist loading.Info: Any change in BMD takes at least 9 months to validate;Assess client anxiety state (e.g., fear of falling). |
| **Specific Testing Modalities** | N/A |

Exercise Prescription for **Simple Mechanical** **Back Pain**

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| **Specific / Clinical Objectives** | ↓ Back Pain, ↓ Inactivity Levels; ↓ BF; ↑ SE;↑ ROM; ↑ Balance and Coordination. |
| **Modes** | **Aerobic** | Walking, Swimming1, Cycling (avoid high impact activities) |
| **Resistance** | Specific Calisthenics2, Bands |
| **Contraindications** | * Ensure client has been cleared from ‘Red Flags’ by MP;
* Un-supported back hyperextension.
 |
| **Frequency** | **Aerobic** | 3-5 d.p.w. |
| **Resistance** | 2-3 d.p.w. |
| **Duration** | **Aerobic** | 5-30+ min main sectionThorough warm-up & cool-down |
|  | **Resistance** | 8-12 reps per major muscle group |
| **Intensity** | **Aerobic** | Low3; RPE 9-11 |
|  | **Resistance** | Low3; RPE 9-11 |
| **Progression** | Repetitions,Duration, Frequency, Mode / Intensity |
| **Comments** | 1. Avoid breast stroke as this can cause hyperextension of the back and exacerbate injury;2. Review: Klaber Moffett, J.A & Frost, H. (2002) Back to Fitness Programme: The manual for physiotherapists to set up classes. Physiotherapist, 86(6): 295-305 and McGill, S. (2002) Low back disorders: evidence based prevention and rehabilitation. Human Kinetics. Leeds.3. There is presently no evidence for intensity setting; programmes should focus on individual client abilities and ensure correct posture and form during activities. |
| **Specific Testing Modalities** | N/A |

Exercise Prescription for **Asthma**

|  |  |
| --- | --- |
| **Specific / Clinical Objectives** | ⇔ ↑ CR conditioning; ↑ QOL and well-being; ↑ breathing performance; ⇔ ↑ MSE to improve O2 uptake |
| **Modes** | **Aerobic** | Large muscle group activity: e.g., Walking, Cycling, Swimming1; → X-training, Rowing, Arm ergometry, Running, Group-based aerobics, etc. |
| **Resistance** | Machine2 → Free2; Isokinetic machines2Pay attention to core & respiratory muscles;PHA as a progression, depending on skill/fitness. |
| **Contraindications** | * Cannot exercise unless client is in possession of their prescribed fast-acting bronchodilator (see inclusion criteria).
 |
| **Frequency** | **Aerobic** | 3-5 d.p.w. (time of day is trigger-dependent, although peak expiratory performance is best between 2-5pm, generally). |
| **Resistance** | 2-3 d.p.w. (time of day, as above). |
| **Duration** | **Aerobic** | Thorough warm-up5-30+ min main section (intermittent)Thorough cool-down |
|  | **Resistance** | ≈15-20 reps for muscular endurance, but not exclusive.Thorough warm-up & cool-down |
| **Intensity** | **Aerobic** | Low-Moderate → High (trigger-dependent):Observation (dyspnoea/breathing difficulties), Talk Test (care not to disturb breathing), RPE, HR (medication-dependent), METs (medication-dependent). |
|  | **Resistance** | Low-Moderate → High |
| **Progression** | Duration, Frequency, Mode / Intensity |
| **Comments** | 1. Swimming may be beneficial due to warm, moist atmosphere; however, be aware of potential negative effects of chlorine and other cleaning agents.2. Encourage rhythmical breathing synchronized to upper body movement: breathing out during highest effort phase (i.e., positive phase of press).* Pilates, yoga and Tai Chi assists to provide strength, good posture and control of breathing
 |
| Specific Testing Modalities | Gas analysis (MP provision); Micro-Spirometry (peak flow, etc.). |

Exercise Prescription for **COPD**

|  |  |
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| **Specific / Clinical Objectives** | ⇔ ↑ CR conditioning; ↑ QOL and well-being; ↑ breathing performance/control; ⇔ ↑ MSE to improve O2 uptake; ↑ muscle size and strength; ↑ gait & balance (possibly) |
| **Modes** | **Aerobic** | Large muscle group activity: e.g., Walking, Cycling, Swimming; → X-training, Rowing, Arm ergometry, Running, Group-based aerobics1 |
| **Resistance** | Machine → Free |
| **Contraindications** | * MMF (relative to hypertension/OA);
 |
| **Frequency** | **Aerobic** | 3-7 d.p.w.; (mid to late afternoon, generally). |
| **Resistance** | 2-3 d.p.w. (mid to late afternoon, generally). |
| **Duration** | **Aerobic** | Thorough warm-up;5-30+ min main section (intermittent);Thorough cool-down. |
|  | **Resistance** | 3 sets of 10-15 reps, initially to develop skill/control →8-12 reps (traditional hypertrophy/overload principle); Progress to possible MMF training2. |
| **Intensity** | **Aerobic** | Low-Moderate:Observation (dyspnoea/breathing difficulties), Talk Test, RPE, HR (medication-dependent), METs (medication-dependent) |
|  | **Resistance** | Moderate → High (hypertrophy emphasis) |
| **Progression** | Duration, Frequency, Mode / Intensity |
| **Comments** | 1. Management/sputum limitations;2. Only if client is able & willing to perform safely. Provision for a ‘spotter’ is highly recommended. |
| **Specific Testing Modalities** | Micro-Spirometry (peak flow, etc.);ECG (COPD may have co-existent CHD; MP provision);Gas analysis (MP provision);  |

Exercise Prescription for **Mental Health Disorders**

|  |  |
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| **Specific / Clinical Objectives** | ↑ Mood; ↑ SE; ↓ Stress, Anxiety & Depression; ↓ BF (possibly); ↓ Inactivity; ↓ CHD risk and risk of Chronic Physical Illness |
| **Modes** | **Aerobic** | Open choice1, but see course manual section for discussion of factors affecting selection of appropriate exercise. |
| **Resistance** | Machine → Free, Calisthenics (especially traditional circuit training) |
| **Contraindications** | * Client may have problems with voluntary movements, as well as excessive fatigue and dehydration;
* Ensure adequate hydration and correct form / posture.
 |
| **Frequency** | **Aerobic** | 3-5 d.p.w. |
| **Resistance** | 2-3 d.p.w. |
| **Duration** | **Aerobic** | Thorough warm-up5-30+ min main sectionThorough cool-down |
|  | **Resistance** | Any, depending on client fitness, ability, needs and goals. |
| **Intensity** | **Aerobic** | Low-Moderate → High:Observation, Talk Test, RPE, HR (medication-dependent), METs |
|  | **Resistance** | 1-2+ sets of 8-12 reps per major muscle group |
| **Progression** | Duration, Frequency, Mode / Intensity |
| **Comments** | 1. Note that some medication can result in dyskinesia (movement disorder), making the treadmill excessively challenging.* Note that the TTM cannot necessarily be used to assess SOC with these clients;
* Review the NSF for Mental Health;
* Client may be prescribed Beta Blocking medication;
* Overriding goal is to achieve government guidelines for participation of physical activity/exercise.
 |
| **Specific Testing Modalities** | Standard exercise testing, but other pathologies will dictate the choice of suitable testing modalities. |

Exercise Prescription for **Diabetes Mellitus**

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| **Specific / Clinical Objectives** | ↑ Muscular conditioning ∴↑ Insulin / Glucose sensitivity;↓ B.F (Type 2); ↓ CHD risk profile; ↑ Disease management / QOL; ↑ CV conditioning; ↑ balance and co-ordination |
| **Modes** | **Aerobic** | Large muscle activities1: e.g., Walking, Cycling2; → X-training, Rowing, Stepping, Running; → Group-based aerobics; → Swimming3, Water Aerobics; |
| **Resistance** | Machine → Free; Circuit-based; |
| **Contraindications** | * Refer to pre-exercise blood glucose levels;
* Do not exercise within 3 hours of intended sleep (see exercise considerations);
* Valsalva manoeuvre (relative to hypertension);
 |
| **Frequency** | **Aerobic** | 4-7 d.p.w. (same time of day) |
| **Resistance** | 2-3 d.p.w. (same time of day) |
| **Duration** | **Aerobic** | Thorough warm-up;5-30+ min main section;Thorough cool-down (60min maximum session duration)4 |
|  | **Resistance** | 1-3 sets of 10-12 reps → higher level if interested in sports/performance, once fitness and skill gains are achieved. |
| **Intensity** | **Aerobic** | Low-Moderate:Observation (signs of hypoglycaemia), Talk Test (for coherence / slurred speech), RPE (may be affected by impairment of cognition), HR (blood-glucose-level dependent), METs |
|  | **Resistance** | Low-Moderate (rep range / RPE); |
| **Progression** | Frequency / Duration, Mode / Intensity |
| **Comments** | 1. PWB or NWB for obese type 2 clients;2. Loosen or remove foot straps;3. Risk of drowning, due to hypoglycaemia;4. Risk of exercise-induced hypoglycaemia is increased with long exercise sessions.* Yoga / Pilates / Tai Chi for balance / co-ordination.
 |
| **Specific Testing Modalities** | CHD risk profile assessment. |

Exercise Prescription for **Hypertension**

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| **Specific / Clinical Objectives** | ↓ BP; ↓ CHD risk profile; ↑ CV-based PA; ↓ BF (possibly); ↓ Smoking (if applicable); ↑ MS conditioning; ↓ Stress;↑ Overall Kcal expenditure; Advice on healthy eating; |
| **Modes** | **Aerobic** | Large muscle group activity: e.g., **LSD, especially**,**Walking**, Cycling; → X-training, Rowing, Stepping, Arm ergometry, Group-based aerobics → Swimming |
| **Resistance** | Circuit-based, but see precautions in course manual. |
| **Contraindications** | * SBP >180 mmHg or DBP >110 mmHg (pre-exercise);
* Valsalva manoeuvre (breath-holding);
* Isometric contractions (minimise);
* Overhead resistance exercise (relative to technique);
* Do not use resistance as only form of exercise;
 |
| **Frequency** | **Aerobic** | 3-7 d.p.w. (preferably not early morning) |
| **Resistance** | 2-3 d.p.w. (preferably not early morning) |
| **Duration** | **Aerobic** | Warm-up length depends on prescribed medication;5-60+ min session (emphasise continuous, LSD, if possible)Cool-down length depends on prescribed medication. |
|  | **Resistance** | 15-25 reps, 1-3 sets (emphasise muscular endurance & see precautions in course manual)→ 10-15 reps, 1-3 sets. |
| **Intensity** | **Aerobic** | Low-Moderate:Observation, Talk Test, RPE (medication dependent), HR (medication dependent), METs (test and medication dependent). |
|  | **Resistance** | Low resistance, high reps (endurance-based) |
| **Progression** | Duration, Frequency, Mode / Intensity |
| **Comments** | * Aerobic exercise at 40-70% MHR (or equiv.) most effective;
* No further dose response evident.
 |
| **Specific Testing Modalities** | BP; 12-lead ECG (MP provision); Gas analysis (MP provision); ETT or GXT (MP provision). |

Exercise Prescription for **CHD/Angina Pectoris**

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| **Specific / Clinical Objectives** | ↑ CV conditioning ∴↑ Angina / Ischaemic threshold; ↓ CHD risk profile; ↓ BP (possibly); ↓ Stress; ↓ BF (possibly); Advice on healthy eating  |
| **Modes** | **Aerobic** | **You must supervise 1st and during sessions with significant progressions (particularly intensity)**Large muscle group activity: **LSD, especially****Walking**, Cycling; → X-training1, Rowing1, Stepping, Arm ergometry, Group-based aerobics → Swimming1 |
| **Resistance** | Light (endurance-based) circuits; |
| **Contraindications** | * Unstable angina (absolute)
* Client must have their GTN (or equiv.) with them
* Valsalva manoeuvre (breath-holding);
* Isometric contractions (minimise).
 |
| **Frequency** | **Aerobic** | 3-7 d.p.w. |
| **Resistance** | 2-3 d.p.w. |
| **Duration** | **Aerobic** | **Prolonged warm up**5-60+ min session (emphasise continuous, LSD, if possible)**Prolonged** **cool down** |
|  | **Resistance** | 15-25 reps, 1-3 sets (emphasise muscular endurance)→ 10-15 reps, 1-3 sets. |
| **Intensity** | **Aerobic** | Low-Moderate:Observation, Talk Test, RPE (medication dependent), HR (medication dependent), METs.Safe HR = 10-15 bpm below ischaemic threshold (MP-referred advice only from results of ETT. |
|  | **Resistance** | Low → Moderate (rep range / RPE) |
| **Progression** | Duration, Frequency, Mode / Intensity |
| **Comments** | 1. Consider cardiac load/demand on whole body activities;* **Client must have GTN medication with them**
* Encourage client not to exercise in a cold environment
 |
| **Specific Testing Modalities** | 12 lead ECG (MP provision); ETT or GXT (MP provision);CHD risk profile assessment. |