

## **Cardiopulmonary Rehabilitation Advice for Primary Care Referrals**

The criteria for assessing a patient's suitability to access community based Cardiopulmonary Rehabilitation (Phase IV) via Primary Care are:

- Patients more than 6 months post event.
- Being clinically stable (no change in symptoms or significant change in medication in preceding month).
- Being able to achieve activities of moderate intensity (40%-70% HRR or RPE Borg scales 11-14 or 2-4).
- Showing a commitment to self-monitor and regulate the intensity of their activity.

The following patient groups are known to benefit from Cardiopulmonary Rehabilitation irrespective of age, sex, ethnic group, and clinical condition\*

- acute coronary syndrome.
- coronary revascularisation.
- heart failure.
- stable angina.
- pre/post-implantation of cardiac defibrillators and resynchronisation devices.
- post-heart valve repair/replacement.
- post-heart transplantation and ventricular assist devices.
- adult congenital heart disease (ACHD).

There is evidence that other patient groups may also benefit. These include:

- atrial fibrillation.
- non-obstructive coronary artery disease (NOCAD).
- peripheral artery disease (PAD).
- spontaneous coronary artery dissection (SCAD).

\*The BACPR Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation 2023 (4th Edition)

## When not to refer to community based Cardiopulmonary Rehabilitation (Phase IV)

- Patients less than 6 months post event who did not participate in Phase III rehabilitation or undergo a functional assessment. These patients should be referred to Secondary Care Cardiac Rehab services. \*
- Patients awaiting urgent or emergency cardiology treatment.
- Patients who have an absolute exercise contraindication\*\*
  - Ongoing unstable angina
  - Uncontrolled cardiac arrhythmia with haemodynamic compromise
  - Active endocarditis
  - Symptomatic severe aortic stenosis
  - Decompensated heart failure
  - Acute pulmonary embolism pulmonary infarction or deep venous thrombosis
  - Acute myocarditis or pericarditis
  - Acute aortic dissection

\* Patients may be suitable for community referral if they have undergone a functional assessment and personalised risk factor management and goal setting at Phase III/core rehab but have not completed a full Core CR exercise programme.

\*\* BACPR Protocol for Transition from Core/Phase III to Long Term Exercise/Phase IV (2023) and ACSM Guidelines for Exercise Testing and Prescription 11<sup>TH</sup> Edition (2021). List is not exhaustive.