

# ACHD Physical Activity Recommendations Form

Name: ..... Date: .....

Congenital Heart Defect : .....

Intensity of activity/exercise recommended		Check Appropriate Box(s)
Low intensity	Active, moving about, but no increase in HR or breathing i.e. home chores, walk/strolling, Tai Chi	<input type="checkbox"/>
Moderate intensity	Breathing harder but can still talk or sing i.e. Pilates, Yoga, light jogging, leisure biking, swimming, dancing	<input type="checkbox"/>
Vigorous intensity	Heart beats much faster - difficult to talk i.e. running, bike: spinning/mountain, Zumba, kickboxing	<input type="checkbox"/>
Amount of activity/exercise recommended		Check Appropriate Box
At least 30 mins per <u>day</u> . . . OR . . . 150 min per <u>week</u>	American College of Sports Medicine- Physical Activity Guidelines (2008)	<input type="checkbox"/>
10-30 minutes /day	"Any activity is better than no activity" Health & Human Services- Physical Activity Guidelines (2008)	<input type="checkbox"/>
<b>Other :</b>	<b>Please specify:</b>	
<b>Types of activity/exercise to recommend</b>		
Aerobic- (walking, swimming, running, jumping rope, racquet sports, etc.)	<b>Circle as appropriate</b>	
	OK	AVOID      OTHER
Comment:		
Resistance- (Weight lifting with dumbbells/machine, stretch-bands, pull / push up body weight, etc.)	<b>Circle as appropriate</b>	
	OK	AVOID      OTHER
Comment:		
<b>Types of activity/exercise to avoid</b>		
Activities with a high risk of impact (football, hockey, boxing, Martial arts)	<b>Circle as appropriate</b>	
	OK	AVOID      OTHER
Comment:		
Activities with a high risk of cuts, scrapes and bruises (rock climbing, etc.)	<b>Circle as appropriate</b>	
	OK	AVOID      OTHER
Comment:		
<b>Competitive sport</b>		
Avoid all competitive sports (team sports leagues, masters swimming competitions, marathons, triathlons, bike races, etc.)	<b>Check appropriate box</b>	
	<input type="checkbox"/>	Comment:
May participate, but rest when necessary.	<b>Check appropriate box</b>	
	<input type="checkbox"/>	Comment:
May participate fully in all competitive sports.	<b>Check appropriate box</b>	
Comment:		
Exercise capacity considerations for vigorous activity/exercise/sports		
Peak Heart Rate (bpm)_____Six-minute walk test (m)_____VO2peak (ml/kg/min) _____		
<u>Other:</u>		
<b>Additional Comments/Recommendations:</b>		

Authorized by: \_\_\_\_\_

Valid until / Review date: \_\_\_\_\_ (Rev.8.5.14)