**Physical Activity Recommendations Form**

*PARF-US Adapted with permission from: Heart research.uk (2014)*



**Name:** ……..…………..…………..………………………...……..

**Congenital Heart Defect** : ………………………………..….…..……… Date: ………….………………

|  |  |
| --- | --- |
| **Intensity of activity/exercise recommended** | ***Check Appropriate Box(s)*** |
| Low intensity | Active, moving about, but no increase in HRor breathing i.e. home chores, strolling, tai chi |  |
| Moderate intensity | Breathing harder but can still talk or singi.e. light jogging, leisure biking, swimming, dancing |   |
| Vigorous intensity | Heart beats much faster - difficult to talk i.e. running, bike: spinning/mountain, Zumba |  |
|  **Amount of activity/exercise recommended**  | ***Check Appropriate Box*** |
| At least 30mins/day or150 min/week  | American College of Sports Medicine- (2008)Physical Activity Guidelines |  |
| 10-30 minutes /day | Any activity is better than no activity/ dose- response |  |
| ***Other :*** | ***Please specify:*** |  |
| **Types of activity/exercise to recommend** | ***Circle as appropriate*** |
| Aerobic- (walking, swimming, running, jumping rope, racquet sports, etc.)  | Safe Best Avoided |
| Anaerobic (Weight lifting: with dumbbells/machine, stretch-bands, pull/push up body weight, etc.) | Safe Best Avoided |
|  **Types of activity/exercise to avoid**  | ***Circle as appropriate*** |
| Activities with a high risk of impact (football, hockey, boxing, Martial arts) |  Safe Best Avoided |
| Activities with a high risk of cuts, scrapes and bruises (rock climbing, etc.) |  Safe Best Avoided |
|  **Competitive sport**  | ***Check appropriate box*** |
| Avoid all competitive sports (team sports leagues, masters swimming competitions, marathons, triathlons, bike races, etc.) |  |
| May participate, but rest when necessary |  |
| May participate fully in all competitive sports |  |
| **Exercise capacity considerations for vigorous activity/exercise/sports** |
|  Peak Heart Rate (bpm) \_\_\_\_\_\_\_\_ Six-minute walk test (m) \_\_\_\_\_\_\_\_\_\_\_ VO2peak (ml/kg/min) \_\_\_\_\_\_\_\_\_ Other:  |
| **Additional Comments/Recommendations:** |

**Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid until / Review date: \_\_\_\_\_\_\_\_\_\_\_\_\_**