

#### **10A NCAC 14F .1802 EXERCISE THERAPY**

- (a) The medical director, in consultation with program staff, shall establish staff to patient ratios for exercise therapy sessions based on medical acuity, utilizing an acceptable risk stratification model.
- (b) The patient's first exercise session shall include an objective initial assessment of hemodynamic data, ECG, and symptom response data.
- (c) The patient's exercise therapy shall be developed based on needs identified by the initial assessment. Guidelines regarding exercise testing and prescription for exercise therapy are identified in the American College of Sports Medicine 10<sup>th</sup> edition, incorporated herein by reference including subsequent amendments and editions. Copies of the American College of Sports Medicine guidelines are available from <http://www.acsmstore.org/ProductDetails.asp?ProductCode=9781496339072> at a cost of forty seven dollars and ninety nine cents (\$47.99). The following chapters of these guidelines apply to the cardiac rehabilitation program:
- (1) Chapters 3 through 7 that describe the "Pre-exercise Evaluation," "Health-Related Physical Fitness Testing and Interpretation," "Clinical Exercise Testing and Interpretation," "General Principles of Exercise Prescription," and "Exercise Prescription for Healthy Populations with Special Considerations;" and
  - (2) Chapter 9 that describes "Exercise Prescription for Patients with Cardiac, Peripheral, Cerebrovascular and Pulmonary Disease."
- (d) The patient shall be monitored through the use of electrocardiography during each exercise therapy session. The frequency of the monitoring, continuous or intermittent, shall be based on medical acuity and risk stratification.
- (e) At two week intervals, the patient's adherence to the cardiac rehabilitation care plan and progress toward goals shall be monitored by an examination of exercise therapy records and documented in accordance with hospital or cardiac rehabilitation program policy.
- (f) The program staff shall be responsible for consultation with the medical director or the patient's personal physician concerning changes in the patient's treatment plan. Feedback concerning changes in the patient's treatment plan shall be discussed with the patient and documented.
- (g) Diabetic patients who are taking insulin or oral hypoglycemic agents for control of diabetes shall have blood sugars monitored for at least the first week of cardiac therapy sessions in order to establish the patient's level of control and subsequent response to exercise. Cardiac rehabilitation staff shall record blood sugar measurements pre- and post-exercise. Patients whose blood sugar values are considered abnormal per hospital or cardiac rehabilitation program policy shall be monitored. A carbohydrate source shall be available in case of a hypoglycemic response.

*History Note: Authority G.S. 131E-169;  
Eff. July 1, 2000;  
Readopted Eff. June 1, 2018.*