



APEX Cardiac Program

_____ would like to participate in the *APEX Cardiac Program*
(patient's name) but is required to have physician's clearance to participate. As a result, we request that the patient confer with you to ensure that they can safely participate in a program specifically designed to improve aerobic capacity, upper and lower body strength, helping to decrease the risk of a future cardiac event.

The *APEX Cardiac program* is a three times per week progressive program designed for those that have completed the Woodbridge Cardiac Rehabilitation program or who have had another cardiac event/condition and are looking for an appropriate exercise program. The *APEX Cardiac program* is designed to give the participant a place to safely participate in physical activity with certified professional staff on hand. Each day will include cardiovascular exercises along with strength training exercises. All exercises are led by Canadian Society of Exercise Physiology Certified Exercise Physiologist (CSEP-CEP) and a CSEP-Certified Personal Trainer (CSEP-CPT). Pre and post-program testing is completed and is used as an objective measurement for improvement throughout the program.

APEX Cardiac program is designed to be a progressive program that builds on the Woodbridge Cardiac Rehabilitation program. Participant must be able to complete light to moderate exercise for approximately 60 minutes three times per week.

For more information please contact:

❖ **Caitlin Doyle, Clinical Exercise Physiologist, 453-4603 caitlin.doyle@unb.ca**

PARMed-X Physical Activity Readiness Conveyance/Referral Form

Based upon a current review of health status of _____, I recommend:

- No physical activity
- Only a medically-supervised exercise program until further medical clearance
- Progressive physical activity supervised by a CSEP-CPT
- Unrestricted physical activity – start slowly and build up gradually

Contraindications: _____

Activities to avoid: _____

Intensity:
Maximum Target Heart Rate: _____

(over)

Resting Heart Rate: _____

Resting Blood Pressure: _____

Physician/clinic stamp

_____, M.D.

NOTE: This physical activity clearance is valid for a maximum of six months from the date it is completed and becomes invalid if your medical condition becomes worse.