

**Lung  
Foundation  
Australia**

**Lungs in Action**

# **Lungs in Action Referral Package**

## **This referral package includes;**

1. Referral flowchart to determine where to refer your patient
2. Eligibility criteria for referring to Lungs in Action
3. Referral Form for Lungs in Action
4. Participant information & informed consent

This referral package is to be used by rehabilitation clinicians and medical practitioners to refer their patients onto their local Lungs in Action (Pulmonary Maintenance) class.

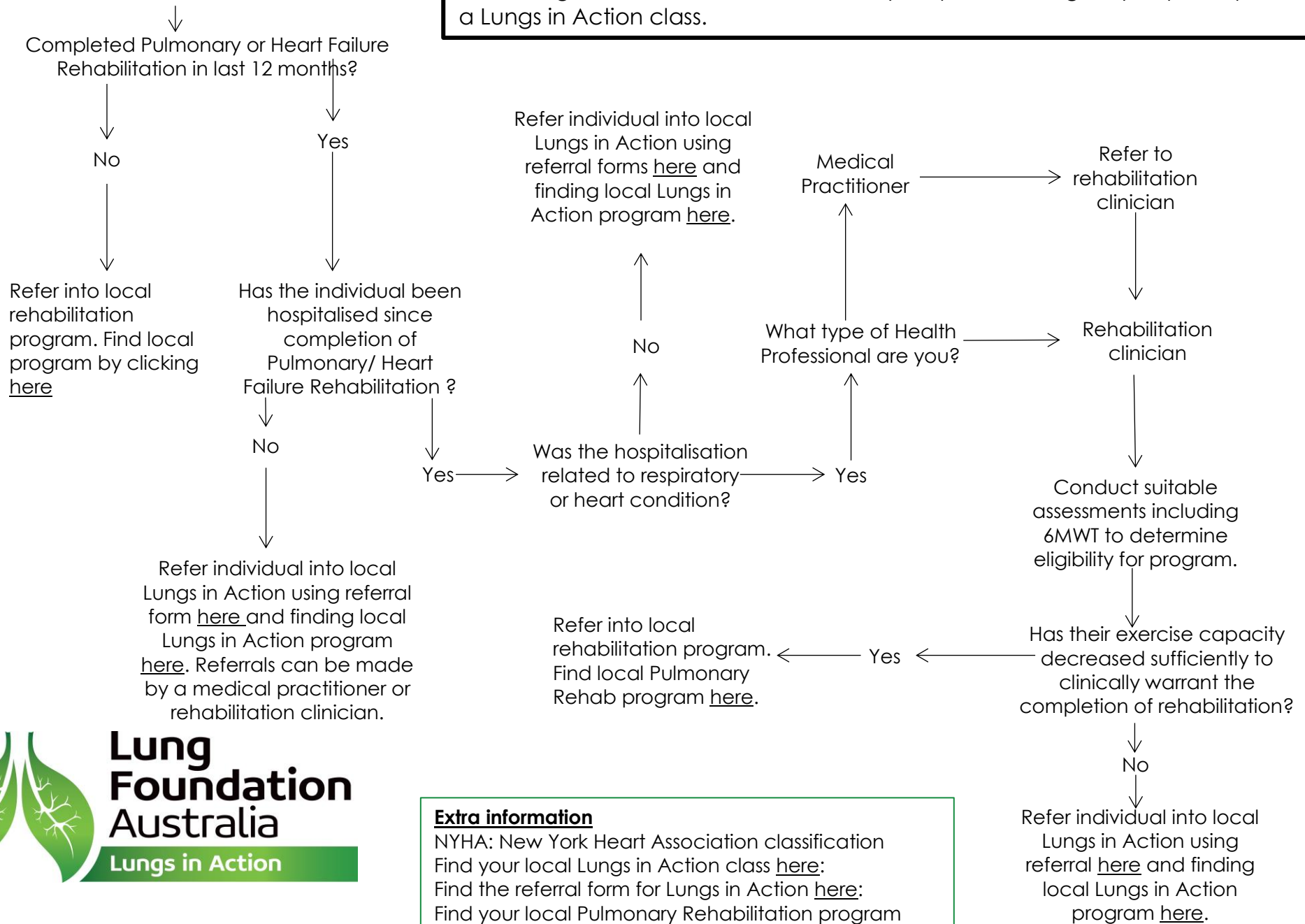
Send completed referral form with supporting documentation directly to your local Lungs in Action instructor. To find details of your local instructor

visit [www.lungfoundation.com.au](http://www.lungfoundation.com.au) or contact Lung Foundation Australia on freecall 1800 654 301 or email [enquiries@lungfoundation.com.au](mailto:enquiries@lungfoundation.com.au)

# Flowchart referral process for Lungs in Action

Go through this flowchart to determine your patient's eligibility to participate in a Lungs in Action class.

**START HERE:** Individual with stable chronic lung condition, or heart failure (NYHA I-III)



**Extra information**  
 NYHA: New York Heart Association classification  
 Find your local Lungs in Action class [here](#):  
 Find the referral form for Lungs in Action [here](#):  
 Find your local Pulmonary Rehabilitation program [here](#)

## Lungs in Action Eligibility Criteria

### ELIGIBILITY CRITERIA FOR LUNGS IN ACTION

#### **Eligible for Lungs in Action**

Anyone is eligible for Lungs in Action if they meet the list of conditions below and display the following attributes:

- Have completed rehabilitation within the last 12 months without hospitalisation (in the case of respiratory conditions and heart conditions). If hospitalisation occurred or exceeded 12 months, an assessment by the rehabilitation physiotherapist is required prior to admission to Lungs in Action.
- Understand the limitations of their conditions
- Can follow instructions
- Can self-manage to maintain their perceived level of exertion to the appropriate level on the original or modified BORG Scales
- Have medical clearance to exercise

And have one or more of the following conditions:

- COPD
- Bronchiectasis
- Asthma
- LAM
- Lung Transplant
- Pulmonary Fibrosis
- Alpha-1 Antitrypsin Deficiency
- Stable chronic heart failure

Anyone with stable chronic heart failure including

- At least 2 months following hospital discharge for acute myocardial infarction, unstable angina pectoris, coronary bypass surgery, heart valve surgery or other cardiac surgery and have completed rehabilitation.
- At least 1 month following hospital discharge for coronary angioplasty, stenting with stable CAD
- Heart Failure NYHA Class I, II, III who have completed rehabilitation

Anyone who is frail or elderly but otherwise healthy and able to safely mobilize independently with or without a walking aid.

#### **Not eligible for Lungs in Action**

- Anyone with a chronic respiratory or heart failure condition who has NOT completed pulmonary or heart failure rehabilitation Anyone with NYHA Class IV Heart Failure
- Anyone with NYHA III Heart Failure with poorly controlled symptoms
- Anyone with psychological conditions that may impact on their ability to safely follow exercise guidelines and who may impact on the safety of others
- Anyone within the time guidelines given above (i.e. within 2-3 months of AMI, UAP, CABG, heart valve surgery etc)
- Complex ventricular arrhythmia or new onset of other arrhythmia
- Significant drop in systolic blood pressure below resting levels during exercise
- Other medical conditions that are poorly controlled or impact upon safety (eg poorly controlled diabetes, poorly controlled or worsening angina, poorly controlled chronic pain, falls risk)
- A medical problem that may be life threatening.

For more information on 'Lungs in Action' visit

[www.lungfoundation.com.au](http://www.lungfoundation.com.au) or contact  
[lungsinaction@lungfoundation.com.au](mailto:lungsinaction@lungfoundation.com.au) | 1800 654 301

**Lungs in Action Referral Form**

Patient Name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact Number \_\_\_\_\_ Gender  Male  Female

Address \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to client \_\_\_\_\_

Has the client completed a full course of Pulmonary or Heart Failure Rehabilitation within the last 12 months?  
 Yes  No

If no, please refer your patient to the closest rehabilitation program. Contact Lung Foundation Australia for current rehabilitation listings or click [here](#) to find the closest program.

**Please tick all that apply to this client**

Lung Conditions	Heart Conditions	Other Medical Conditions
<input type="checkbox"/> Asthma <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> COPD : <input type="checkbox"/> Emphysema <input type="checkbox"/> Chronic Bronchitis <input type="checkbox"/> Chronic Asthma <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Pulmonary Fibrosis <input type="checkbox"/> Interstitial Lung Disease <input type="checkbox"/> Lung Transplant <input type="checkbox"/> Sleep Apnoea <input type="checkbox"/> Uses Supplemental Oxygen (uses oxygen during exercise? Y/N) <input type="checkbox"/> Frequent exacerbations <input type="checkbox"/> O <sub>2</sub> Sat continue to drop during recovery <input type="checkbox"/> Action Plan Y/N	<input type="checkbox"/> Cardiac Procedures <input type="checkbox"/> CABG <input type="checkbox"/> Stenting <input type="checkbox"/> Angioplasty <input type="checkbox"/> Devices <input type="checkbox"/> Pacemaker <input type="checkbox"/> AICD <input type="checkbox"/> IHD/ Angina <input type="checkbox"/> Previous MI <input type="checkbox"/> Heart Failure (EF: _____) <input type="checkbox"/> AF <input type="checkbox"/> Stroke <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Valve Disease <input type="checkbox"/> Other _____ _____ <input type="checkbox"/> Action Plan Y/N	<input type="checkbox"/> Anxiety <input type="checkbox"/> Arthritis <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes (Insulin dependent? Y/N) <input type="checkbox"/> Frequent exacerbations <input type="checkbox"/> Incontinence <input type="checkbox"/> Illiterate <input type="checkbox"/> Kidney Condition <input type="checkbox"/> Malnutrition <input type="checkbox"/> Musculoskeletal (please specify) <input type="checkbox"/> Obesity <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Panic Attack <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Personal response plan <input type="checkbox"/> Vision impaired

Comments and other considerations \_\_\_\_\_

If a box above is checked, please provide more information about any necessary medication and/or how any of the above may relate to the patient's ability to exercise. This includes; any necessary modifications or movements that should be avoided and approximate recovery times during exercise. (Please attach additional information to this form.)

**Please attach a copy of the Final Week of Rehabilitation Exercise record sheet if available. Use tick box below to indicate designated referrer.**

**Medical Practitioner**

Name \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

**Rehabilitation Clinician**

Name \_\_\_\_\_  
 Designated Role \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

I the above identified health professional certify that this patient has completed Pulmonary or Heart Failure Rehabilitation within the last 12 months and has medical clearance to participate in Lung Foundation Australia's Lungs in Action exercise maintenance program.

\_\_\_\_\_  
 Signature of referrer ticked above \_\_\_\_\_  
 Date

## Participation information and informed consent

### To be completed with your Lungs in Action Instructor prior to commencing

#### Program Information & Benefits:

Lung Foundation Australia's Lungs in Action is a community based maintenance exercise program for people with stable chronic lung conditions and stable heart failure, who have completed rehabilitation. Lungs in Action enables you to maintain an exercise routine that aims to keep you well, socially connected and out of hospital. You have now completed rehabilitation and you are safe and ready to join Lungs in Action.

#### Please be aware there are some key differences between Lungs in Action classes and rehabilitation

1. Lungs inaction classes are generally run by one instructor who is an exercise professional. All Lungs in Action instructors are specially trained by Lung Foundation Australian which includes mentoring by your local rehabilitation program.
2. Lungs in Action is not a health program and therefore instructors are not allowed to provide medical advice. Please note: some instructors are physiotherapists and Accredited Exercise Physiologists who within their scope may choose to provide clinical assessment and monitoring, although this is not expected.
3. Lungs in Action instructors are **not** permitted to adjust oxygen levels at any time.
4. Lungs in Action classes may have different exercises and/or class formats to those that you were used to in Pulmonary and Heart Failure Rehabilitation.

#### Risks:

- Although your doctor and rehabilitation clinician have deemed you safe and suitable for community exercise, please be aware that with any physical activity there is a remote, un predicable possibility of an adverse physical reaction to exercise such as a risk of injury, to your muscles, ligaments, tendons and joints.
- Every effort to minimise these risks has been made within the Lungs in Action training program and classes. Exercises prescribed are tailored to each individual person to allow for their abilities and current health status. All Lungs in Action clients must be shown how to use equipment and preform an exercise before first attempting, and must then be able to display that they can use the equipment safely and correctly before proceeding.
- Exercise and activities of daily living can sometimes result in injury requiring you to visit another physiotherapist or physician for treatment. It is important that your new health professional speaks with your referring pulmonary or heart failure rehabilitation clinician and/or specialist if their treatment plan is requesting you to alter or cease your pulmonary or heart failure treatments. In most cases you can still continue with your Lungs in Action program, modifying for rehabilitation of any injury.
- As a Lungs in Action participant it is your responsibility to utilise the 'reminders' sheet displayed by the instructors and to report any unusual pain and to abide by the 'STOP Exercising' contraindication guidelines displayed.

#### Confidentiality:

Any information obtained within the Lungs in Action program will be treated as privileged and confidential. It will not be released to any non-medical personnel without your written consent. The information obtained may be used for statistical analysis or scientific purposes with your privacy protected. Your Lungs in Action instructor has the ability to communicate with your referring health professional regarding your progress within the program at any time.

**Consent:** I acknowledge that I have read this form in its entirety or it has been read to me and I understand its terms. I understand my responsibility within Lungs in Action class & I accept the risks and regulations that have been set forth. Knowing these, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in Lungs in Action. Participation in this class is voluntary and I can at any time cease my involvement.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date