



Cardiopulmonary Rehabilitation Guidelines

This document is a simplified summary for WACHS Physiotherapy for the provision of Cardiopulmonary Rehabilitation (CpR). This provides a recommended structure and content, and it identifies resources of value.

For comprehensive details please refer to:

- Heart On Line <http://www.heartonline.org.au/>
- St Vincent's Heart Health <https://www.svhhearthealth.com.au/>
- My heart, my life e-learning [My heart, my life e-learning](#)
- Pulmonary Rehabilitation Toolkit <https://pulmonaryrehab.com.au/>
- Lung Foundation Australia <https://lungfoundation.com.au/>

Cardiac Rehabilitation has Level 1A evidence – it works!

Important to know:

- In WA 43% of all cardiac events are recurrences¹
- In regional WA, WACHS physiotherapists are most often the only providers of CR
- Research confirms that patients need exercise , psychosocial support & education to benefit from CR

CR can reduce readmissions by 30% - 56% in the 12 months after cardiac related admission²

(1 Briffa TG et al 2011, 2 Cardiac Rehabilitation Factsheet Heart Foundation)

The evidence for Pulmonary Rehab is compelling.

The evidence-based benefits include:

- Reduced breathlessness and fatigue
- Increased functional exercise capacity
- Improved quality of life
- Increased self-efficacy
- Reduced depression/anxiety

Participation in pulmonary rehabilitation after exacerbation reduces readmission rates to 16% compared to 40% for a control group³.

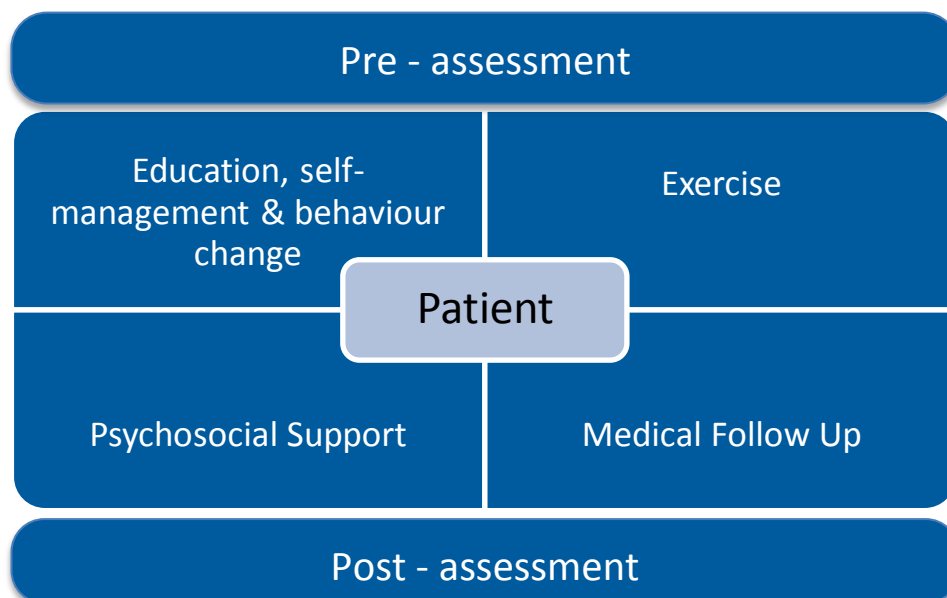
(3 Lung Foundation PRT online training)

Clinical Expert Contacts – available to answer your questions

Timothy Newing (FSH)
Robin Fowler (Armadale)
Anita Dinsdale (CPS)
Hazel Mountford (SCGH)

Nola Cecins (SCGH)
Sue Jenkins (SCGH)

What does cardiopulmonary rehabilitation includes?



Staffing Required For Class

Rolling program - 2x staff for 12 participants.
 Block program – 3x staff for 12 participants at beginning
 Current CPR certificate

Environment Required

Flat ground of distance for walking, protected from weather, consider falls risks and a suitable room for class exercise

Equipment Required For Assessment

Essential
Mobile pulse oximeter - ensure accuracy with patients with poor peripheral circulation ?ear probe Sphygmometer, Blood glucometer, Large tape measure 1x stop watch, 1x laminated BORG sheet, 1x clipboard Seat for rest

Equipment Required For Class

Essential
Mobile pulse oximeter (Ensure accuracy with patients with poor peripheral circulation ?ear probe) Sphygmometer, Blood glucometer, Hypo Kit Exercise sheets to pin up (Ensure clear and simple picture & language, large font) Seat for rest / exercise For each participant – Pencil, Clipboard, Beads on string, Laminated BORG sheet, Stop watch, name tag, class exercise log sheets, 1x laminated symptom warning sheet 3x Erasers, 1x Pencil sharpener Theraband Dowel stick
Additional Preferable Items
Step Stationary bike Hand weights (0.5, 1, 1.5, 2. 3)

Equipment / Items patient to provide

Appropriate shoes and clothes for exercise
 Emergency medication (Ventolin puffer +/- spacer, GTN Spray /tablets, blood glucometer if diabetic and on BG lowering medications, food for low BG)

Eligibility

Cardiac Rehabilitation	Pulmonary Rehabilitation
<p>Myocardial infarction (ST & non-ST elevation MI) Re-vascularization procedures (PCI and CABG) Medically managed CAD eg. Stable angina Controlled heart failure Pacemaker & implantable defibrillator Heart transplant Atrial fibrillation Pts at high risk of CAD Familial hypercholesterolaemia Other vascular or heart diseases & interventions</p>	<p>Confirmed diagnosis of respiratory disease – limited by breathlessness of physical activity COPD Bronchiectasis Lung transplant Interstitial lung disease Chronic Asthma Pulmonary Hypertension – stable Symptom-limited, stable on medication Clients may be included if oxygen dependent Community based – resting SpO₂ ≥ 92% and SpO₂ ≥ 85% during 6MWT- Hospital based – if unable to attain >85% (exertional) with interval training</p>

Contraindications to Physical Exercise Component of CpR

Absolute Contraindications to physical activity	Relative Contraindications to physical activity:
<p>Worsening of exercise tolerance or dyspnoea at rest or on exertion over previous 3-5 days Significant ischaemia at low exercise intensities (<2 METS, or ~50W) Uncontrolled diabetes – Hypoglycaemia BGL <4mmol/L Type 1 – hyperglycaemia >15mmol/L Acute systemic illness or fever Recent embolism (<4 weeks) Thrombophlebitis Uncontrolled HF Unstable angina Unstable pulmonary HTN Active pericarditis or myocarditis Severe aortic stenosis Regurgitant valvular heart disease requiring sxy Complicated or recent (<4/52) MI or surgery New onset atrial fibrillation (AF) Investigated arrhythmias Resting HR >120 bpm Uncontrolled HTN (SBP >200mmHg, DBP >110 Unexplained resting tachycardia (>120bpm) or bradycardia (<60bpm) Severe cognitive impairment or psychosis Severe musculoskeletal (eg inflammatory joint disease, severe osteoarthritis) and/or neurological impairments (eg significant residual deficit following cerebrovascular accident)</p>	<p>2kg increase in weight over prior 1-3 days Concurrent continuous or intermittent dobutamine therapy Decrease in systolic BP with exercise NYHA functional class IV Complex ventricular arrhythmia at rest or appearing with exertion Supine resting HR ≥100 bpm Pre-existing co-morbidities Moderate aortic stenosis BP >180/110 mmHg (evaluated on a case-by-case basis)</p>
<p>Patients should not undertake exercise until they have undergone medical review and their condition is stabilised.</p>	<p>Carefully review the situation and proceed with caution. Some patients will be unable to undertake exercise without stabilisation or medical review, while others may undertake exercise, though usually at a reduced level under close supervision.</p>
<p>http://www.heartonline.org.au/media/DRL/Guidelines_for_exercise_program_participation.pdf</p>	

Assessment (1:1 session 1 – ½ hours)

Item	Comment	When to do it
Cardiac Rehab Needs Assessment Tool	Help patient & clinician ID what patient knows / wants	Provide to patient to complete prior or during initial Ax
Cardiac Rehab Ax MR 62.25	Select most appropriate if comorbid patient, consider items from each	During initial assessment During initial assessment Initial assessment
Pulmonary Rehab Ax MR 62.20		
6MWT WACHS MR 62.9	Note complete 2 repeats unless not indicated. Calculate 20 MWD	
Discuss pts goals, needs & preferences	How / can the patient access CPR What the patient prefers	

Guided Exercise Program

- Low or moderate physical activity
- Supervised group or individual program or guidance of a home based program

Timeframes to start exercise

- >4/52 post uncomplicated MI/cardiac surgery or >2/52 post PCI
http://www.heartonline.org.au/media/DRL/Guidelines_for_exercise_program_participation.pdf
- >2/52 post-acute exacerbation of COPD

Condition Specific Considerations for Exercise

- <https://www.heartfoundation.org.au/images/uploads/publications/physical-activity-in-patients-with-cvd-management-algorithm.pdf>

Following open chest procedures

- <http://www.heartonline.org.au/articles/exercise/post-surgical-care#prevention-of-musculoskeletal-complications>

Emergency procedures and equipment

A medical emergency plan must be developed, in consideration of the resources available specific for your site. This plan must be documented, visible and communicated to all staff who are involved in the program

Monitoring (HR, SpO2, RPE and BP)

Pre-exercise: Before any exercise the patient measures their HR, BP, SpO2, dyspnea (if PR) and records this on their class exercise log sheet.

Post cardiovascular exercise: At completion of cardiovascular exercise: the patient re-measures HR, SpO2 and RPE, and records number of laps / time on their class exercise log sheet.

At any time if symptomatic measure the above and BP. Medications that affect HR and BP must be noted on the patient exercise record sheet.

http://www.heartonline.org.au/media/DRL/Exercise_response_to_cardiac_medications.pdf

Exercise Prescription

The following is a guide only; all exercises must be individualized to the patient's presentation and current ability. Patients are encouraged to be self-directed throughout the program that is they learn the level at which they should exercise and they then progress themselves accordingly with guidance and supervision.

Component	Prescription	Choose From	Notes
Pre-exercise monitoring			
Warm Up	3 – 5 minute very easy walk / activity	Walk, walk on spot, seated walk	
Stretches	1 repeat 10-15 second hold	Standing - Calf, hamstring, trunk side flexion, pecs, shoulder rolls Seated - Cx side flexion, Tx rotation	
Cardiovascular	Initially 10 min Progress to 20 min Encourage rests to achieve longer time in total Home: progress to <u>total</u> of daily 30 min across 5 /7 days	CPR Walking or cycling Exercising at a moderate level= Borg RPE 11-13* Patient uses beads on string to count laps	6 MWT result used to calculate 20MWD *CHF patients: NYHA Class I-II RPE 11-14 NYHA Class III-IV RPE ≤13
Post Cardiovascular Exercise Monitoring			
Strengthening	Minimum a single set of each exercise performed twice a week UL: 10-15x 2x sets LL: 5-8x 2x sets	UL: Bicep Curls Wall Pushups Forward stick raises* Overhead push Triceps kickback Forward arm punch LL: Step ups Sit to stand Freestanding or Wall Squat High knee lift Seated KE Heel raises	Include 8-10 exercises to target major muscle groups Encourage alternating UL:LL Avoid isometric exercises Progress reps before resistance In any week only progress 2 or 3 exercises *PR
Cool down	3-5 minute very easy walk / activity		Important to avoid post-exercise hypotension, arrhythmias

Home Exercise Program

Have the person commence home based exercise after their second supervised exercise session (unless they have already been undertaking some exercise at home). Ideally progress the patient to complete exercise a total of 5 days out of 7. For many this will take several weeks to achieve and at all.

Provide a home exercise log sheet to help support the patient with physical activity goal setting. Ensure the home exercise log is consistent to the class exercise resources (same exercise, pictures and prescription).

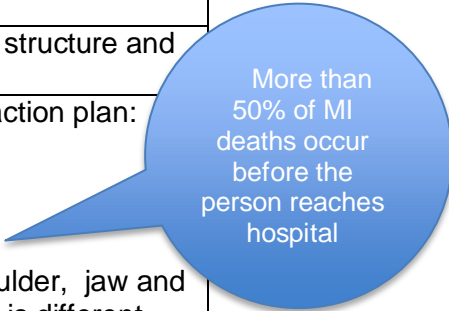
<https://lungfoundation.com.au/patient-support/copd/better-living-with-exercise-your-personal-guide/>

Education Sessions

Consider flexible and alternative formats to provide the following topics or opportunity for education. The following topics fall within the scope of physiotherapy to cover. Staff resourcing may determine how these topics are covered. Dependant on your patients' needs, this may be done in one: one session, or via groups or via activities within the exercise sessions

Cardiopulmonary Rehabilitation Education Topics:

Education Topics	The aim
Heart/lung anatomy & function	Develop basic understanding of heart/lung structure and function and pathology
Action Plans:	Patient must have and understand their action plan: <ul style="list-style-type: none"> ▪ sign and symptom awareness ▪ emergency medication ▪ access to health service when
Chest Pain Action Plan	Awareness of key symptoms of chest, shoulder, jaw and arm pain, tightness, pressure, every attack is different
My Heart Failure Action Plan/ My Home Plan	Awareness of monitoring SOB, daily weight, lower leg swelling, moist cough
COPD Action Plan	Awareness of SOB, moist cough, fatigue, loss of appetite
Resumption of activities of daily living – work, driving, sex, physical activities post MI	Must review this as most MI recurrences occur during ADLs – when patients are not focused on their signs and symptoms
Medication awareness	Develop self-awareness and understanding of medication actions (maintenance/prevention vs emergency) and need for compliance Refer to GP or pharmacy for medication support when needed
Psychosocial Support	Screening with PHQ-2 (2 point screening questionnaire) Encourage discussion on depression, anxiety, anger, frustration, hopelessness Referral to services as appropriate via GP
Diet Behaviour Change	CHF & IHD Salt restriction – reinforce knowledge & understanding of salt intake & how to reduce Additional for CHF Daily Fluid limit – how to manage fluid restrictions Fats – Basic understanding of the types of fats, their impact on CHD (Chol) and choosing healthier fats Eat more fruit & veg Maintain health weight COPD Side effects and how this can impact on intake (SOB, decreased appetite, dry mouth, fatigue)



More than 50% of MI deaths occur before the person reaches hospital

	Easy to prepare meals If experiencing weight loss refer to Dietitian If overweight refer to Dietitian
Smoking Behaviour change	Engage patient in their understanding of smoking and heart & lung health, value of reduction / cessation Complete A&TBI Refer to GP for smoking cessation / reduction support Refer to QUITLINE
Physical activity behaviour change	To facilitate patients understanding and value of exercise & explore barriers to physical activity
Health care engagement	To facilitate patients meaningful engagement with their GP, medical specialist and other health care providers
Additional Pulmonary Rehab Specific Topics	
Asthma COPD TH WA	Encourage and facilitate referral of patient to ACTHWA
Spacer Use	Encourage patients to use spacer, review technique and correctly care / clean
Breathing Techniques	Develop awareness of breathing patterns and techniques to assist in managing dyspnoea
Airway Clearance Techniques	Instruct patients in airway clearance techniques

Post Program Reassessment, Follow Up and Discharge

End of 6-8 week program

Review CRNAT – have you met the patients' needs and wants?
Repeat 6MWT
Repeat QOL tools
Discuss and facilitate transition to ongoing community options
Discuss patient's achievements and gains
Discuss and plan 3 and 6 month follow up options
Patient Evaluation and Feedback
Communication with GP and specialists
Recording of patient outcomes into databases

3 and 6 month follow-up

Preferable face to face follow up with repeating of 6MWT, alternatively phone follow up.
Review behaviour changes and ongoing exercise program

Symptom Management During CPR Exercise

Desaturation

- Client desaturates below 85% on 6MWT – Ask client if they are currently well, complete assessment, consider interval walking, review with their GP
- Client consistently desaturates below 85% on 20 minute endurance walk despite the implementation of interval walking, and in the absence of current illness – ask client if they are currently well, review with GP
- Client attends class and resting SpO₂ is < 90% despite adequate recovery time - Suggest patient not exercise that day. Discuss any signs and symptoms of an exacerbation – refer to GP. If this trend continues the patient may need to be assessed for oxygen therapy via GP.

Client reports new symptoms during class

- Chest pain – cease exercise immediately
History of angina and rescue medication available
Ask patient to take recommended dose
If pain does not subside - follow emergency procedure
If pain does subside do not allow client to continue exercise that day, unless otherwise advised by medical staff
If client's angina does not appear to be well controlled request that they visit their GP
No history of angina
Monitor symptoms – attempt to establish origin (cardiac vs pleural vs musculoskeletal)
If pain increases or persists and appears cardiac follow emergency procedure
- Client feels unwell
If feverish or increased coughing and sneezing suggestive of acute viral infection – request that patient go home. Suggest patient see GP if does not improve.
If worsening breathlessness – reduce the amount or intensity of exercise within symptom limitation. If next day no improvement GP review / commence Action Plan.
- Diabetic client displays signs of hypoglycaemia (eg, weakness, trembling, sweating, dizziness, vagueness, hunger, rapid pulse)
Encourage client to eat usual snack
If no snack available – rescue medication
Keep client in supervised area until feeling well (at least 30 min)
Discuss reasons, need to visit diabetes educator or GP

Client very breathless and unable to walk far. (SpO₂ >85% on 6MWT, CVS stable). May be suitable to trial 4-wheeled walker if acceptable to patient. Generally indicated if: 6MWD<350m, Dx – COPD and hyper inflated – may benefit. Trial in class. If helpful and acceptable to client provide information on where to purchase.

Client reports a change in symptoms:

- CHF client notices an increase in peripheral oedema and/or breathlessness
Ask client if they have been monitoring their weight. If a change of more than 1.8kg has been recorded over the last 1-3 days, this may be an indication of worsening heart failure. Advise client to see GP as soon as possible. Cease exercise classes until issue addressed.
- ACS client reports increasing frequency of angina/chest pain over the last week
Advise client to see GP as soon as possible. Cease exercise classes until issue addressed.

Tips on encouraging patients to engage & self-manage

Take time during initial assessments to ask and understand what the patient wants / needs. Meeting their need will greatly increase the likelihood of ongoing engagement.

Where ever possible:

- from the first session let the patient take themselves through the exercise program by reading exercise sheets / following the group
- let the patient take and record their own biometrics measurements
- let the patient record info on their exercise sheets (ensure sheets are easy to read and follow)

Whilst they will initially take longer and perhaps not complete everything, they will be much more likely to continue with their program at home

Cardiac Rehab Resources

Assessment Tool	Description	Link or Document
Cardiac Needs Assessment Tool	Helps you identify what the patient wants	http://www.heartonline.org.au/media/DRL/Cardiac_rehabilitation_needs_assessment_tool.pdf
WACHS Cardiac Rehab MR 62.25		https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/WACHS/MR62.25%20WACHS%20Cardiac%20Rehabilitation%20Assessment.pdf
WACHS 6MWT MR 62.9		https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/WACHS/MR62.9%20WACHS%20Physiotherapy%20-%206%20Minute%20Walk%20Test.pdf
New York Heart Association (NYHA) Classification	Classifies CHF & identifies limitations and exercise prescription	http://www.heartonline.org.au/media/DRL/New_York_Heart_Association_(NYHA)_classification.pdf
Sternal Stability	Following surgical procedures including CABG, mitral & aortic valve repair/replacement (MVR/AVR) Important re UL exs prescription	<p>Sternal Stability Assessment http://www.heartonline.org.au/articles/exercise/post-surgical-care#sternal-stability-assessment</p> <p>Sternal Precautions Algorithm http://www.heartonline.org.au/media/DRL/Sternal_precautions_algorithm.pdf</p> <p>Patient Handout on Sternal Precautions http://www.heartonline.org.au/media/DRL/Activity_guidelines_for_the_sternum_following_open_heart_surgery.pdf</p>
PHQ 2	2 point screening tool for depression	https://www.heartfoundation.org.au/images/uploads/publications/Depression-screening-support-tool.PDF
SF-36	Generalised QOL Ax tool	WACHS GS Allied Health Forms http://wachs.hdwa.health.wa.gov.au/index.php?eID=tx_nawsecuredl&u=7720&file=fileadmin/sections/great_southern/him/Forms/Allied_Health/GS_MR_62.45_SF_-_36_Questionnaire.pdf&t=1532071619&hash=a54b8b308773a1ced31cc3aa7c45a9e1
MLHFQ Minnesota Living With Heart Failure Questionnaire	21 point QOL tool specific for CHF	WACHS Resource Share – Physiotherapy https://webspark/rshare/

15% of MI & CABG patients have MAJOR depressive symptoms
Up to 40% of patients have mild depressive symptoms

Education Tool	Description	Link or Document
My Heart My Life (MHML)	Post ACS Comprehensive booklet	https://www.heartfoundation.org.au/images/uploads/main/HF_Myheartmylife.pdf
Love Your Heart Booklet	Education resource for lower literacy	<p>Full – available in 14 languages https://www.heartfoundation.org.au/images/uploads/programs/Love_your_heart_2016_WEB.pdf</p> <p>Short – available in 48 languages https://www.heartfoundation.org.au/images/uploads/programs/Love_your_heart_quick_guide_WEB.pdf</p>
The Heart Education Videos	Video education for Aboriginal people 14 different videos / topics	http://www.wacrh.uwa.edu.au/aboriginal-health-projects/understand-your-heart-heart-disease

Chest Pain Action Plan	ACS Action Plan	Available in 11 languages https://www.heartfoundation.org.au/your-heart/heart-attack-symptoms
Heart Failure Action Plans	Living Well With CHF	https://www.heartfoundation.org.au/images/uploads/publications/CHF_IS-346_InfoSheet_LivingWell_CHF_FINAL.pdf
	My Heart Failure Action Plan For Aboriginal people	https://www.heartfoundation.org.au/images/uploads/publications/Living-everyday-with-my-heart-failure-ActionPlan.pdf
	My Heart Failure Management Book	\\hdwa\dfs\Shared\WACHS-SW\BYHC\IT\Databases\PRD\Brochures\PDF\HF_DBooklet03.06.2015.pdf
Resumption of ADLS Refer to GP if concerned		http://www.heartonline.org.au/articles/treatment-management/resuming-activities-of-daily-living#travel
Medication Awareness	My Medications	https://www.heartfoundation.org.au/images/uploads/publications/Living-everyday-with-my-heart-failure-MyMedicines.pdf
Psychosocial Support	PHQ – 2	https://www.heartfoundation.org.au/images/uploads/publications/Depression-screening-support-tool.PDF
	Mindspot	Free telephone & online services https://mindspot.org.au/
	MoodGYM	Free online self-help program https://moodgym.com.au/
	Coronary Heart Disease Moods and Emotions Video Resource	http://www.heartonline.org.au/resources/videos/coronary-heart-disease-moods-emotions
	Beyond Blue	https://www.beyondblue.org.au/home
	Looking After Yourself for Your Family For Aboriginal people	http://www.wacrh.uwa.edu.au/aboriginal-health-projects/understand-your-heart-heart-disease
Diet Behaviour Changes	My Fluid Plan	https://www.heartfoundation.org.au/images/uploads/publications/Living-everyday-with-my-heart-failure-FluidPlan.pdf
	Healthy Fats	https://www.heartfoundation.org.au/healthy-eating/food-and-nutrition/fats-and-cholesterol
	Salt	https://www.heartfoundation.org.au/healthy-eating/food-and-nutrition/salt
	MHML	https://www.heartfoundation.org.au/images/uploads/main/HF_Myheartmylife.pdf
	Weight Loss : Label reading & menu plans	https://livelighter.com.au/
Smoking Behaviour Change	A&TBI	Refer to WACHS regional specific A&TBI MR
	ACOSH Aboriginal Pictorial Resource	Information for health professionals
	Cost of Smoking Calculator	http://www.heartonline.org.au/resources/calculators/cost-of-smoking-calculator
	Quitline Referral	https://d1pz9rwztkrv8y.cloudfront.net/static/pdfs/AQ739_Quitline_Referral_Form_update_FA2.pdf

Pulmonary Rehab Resources

Assessment Tool	Description	Link or Document
WACHS Pulmonary Rehabilitation MR		https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/WACHS/MR62.20%20WACHS%20Physiotherapy%20-%20Respiratory%20Assessment.pdf
WACHS 6MWT MR 62.9		https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/WACHS/MR62.9%20WACHS%20Physiotherapy%20-%206%20Minute%20Walk%20Test.pdf
SF-36	Generalised QOL Ax tool	WACHS GS Allied Health Forms http://wachs.hdwa.health.wa.gov.au/index.php?eID=tx_nawsecuredl&u=7720&file=fileadmin/sections/great_southern/him/Forms/Allied_Health/GS_MR_62.45_SF_-_36_Questionnaire.pdf&t=1526717965&hash=2696a1f511bb5a71b6307eaaf0774644
SGRQ	St Georges Respiratory Questionnaire COPD QOL	Resource Share https://webspark/rshare/
CAT	COPD Assessment Test 8 pt Ax tool	Resource Share https://webspark/rshare/
mMRC	Modified Medical Research Council Dyspnoea Scale	Resource Share https://webspark/rshare/
CRDQ	Chronic Respiratory Disease Questionnaire	

Education Tool	Description	Link or Document
Better Living with COPD	Comprehensive Patient Education Resource	https://lungfoundation.com.au/patient-support/copd/better-living-with-copd-a-patient-guide/
C.O.P.E	COPD Online Patient Education	https://pulmonaryrehab.com.au/importance-of-education/resources/
COPD The Basics	24 page patient handout	https://lungfoundation.com.au/wp-content/uploads/2014/07/LFA-COPD-The-Basics_24pp_0316_web.pdf
COPD Action Plan	COPD Action Plan Standard and Aboriginal specific	https://lungfoundation.com.au/health-professionals/clinical-resources/copd/copd-action-plan/
Medication Awareness		
Inhaler Technique	Handouts and Video resources for all devices	https://lungfoundation.com.au/patient-support/copd/inhaler-technique-fact-sheets/
Breathing Control		https://pulmonaryrehab.com.au/importance-of-education/resources/
ACBT and Forced Expiratory Technique		
Cycle of Inactivity and breathlessness		
Psychosocial Support		As per cardiac rehab
Diet Behaviour Changes	Over view of Nutrition	https://pulmonaryrehab.com.au/importance-of-education/education-topics/nutrition-and-healthy-eating/
	Nourishing Diet	https://www.health.qld.gov.au/_data/assets/pdf_file/0021/145830/hphe_hphe.pdf

	Nourishing Convenience Foods	https://www.health.qld.gov.au/_data/assets/pdf_file/0017/150335/hphe_convfoods.pdf
	Nutritional Supplement drinks	https://www.health.qld.gov.au/_data/assets/pdf_file/0026/147860/hphe_mmofsupps.pdf
	Overweight	https://www.health.qld.gov.au/_data/assets/pdf_file/0029/149753/wtmgt_getstart.pdf
Smoking Behaviour Change	A&TBI	As per cardiac rehab
	Cost of Smoking Calculator	
	Quitline Referral	

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 Helen McLean
 Corrina Michael

To provide feedback to modify and improve this document, please contact nicole.jeffree@health.wa.gov.au

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