

**Exercise Referral Inclusion Criteria**

- Be a Camden or Islington resident or registered with a Camden or Islington GP; **and**
- Be classified as sedentary (defined as doing less than 150 minutes of moderate intensity physical activity per week- DOH guidelines 2011);
- Have expressed a willingness to exercise and are motivated to increase physical activity levels; **and**
- Meet at least one of the co-morbidity inclusion criteria with none of the exclusion criteria listed in the table below.

INCLUSION CRITERIA	EXCLUSION CRITERIA
<b>Individuals at increased risk of developing cardiovascular disease</b>	
Q-Risk score $\geq 10\%$ identified via NHS Health Checks programme or their GP	As for CVD see below
<b>Diabetes</b>	
<b>Diabetes Type I</b>  With adequate instructions regarding modification of insulin dosage depending on timing of exercise. Advice given on warning signs and symptoms.	Uncontrolled or poorly controlled
<b>Diabetes Type II</b>  Diet/lifestyle & medication controlled	Uncontrolled or poorly controlled with accompanying generalised neuropathy and untreated retinopathy
<b>Non-diabetic hyperglycaemia</b>  FPG (fasting plasma glucose) between 5.5 – 6.9 mmol/l or HbA1c between 42 - 47 mmol/mol (6-6.4%)  Q risk score $\geq 15\%$	

<b>Cardiovascular Disease (CVD)</b>	
<p><b>Stable, controlled coronary heart disease, including mild angina</b></p> <p>The following cardiac participants will only be accepted onto EoR after completion of phase IV Cardiac Rehabilitation in Islington and post phase III Cardiac Rehabilitation in Camden :</p> <ul style="list-style-type: none"> <li>• Post-acute myocardial infarction</li> <li>• Post revascularisation (CABG and angioplasty)</li> <li>• Post interventional procedures – transplant, valve replacement, ICDs etc.</li> <li>• Stable heart failure and cardiomyopathy, including medication controlled</li> </ul>	<p>A recent significant change in a resting ECG, recent myocardial infarction or other acute cardiac event (less than three months post revascularisation or six months post-surgery)</p> <p>Symptomatic severe aortic stenosis.</p> <p>Acute pulmonary embolus or pulmonary infarction.</p> <p>Acute myocarditis or pericarditis.</p> <p>Hypertrophic obstructive cardiomyopathy.</p> <p>Uncontrolled, unstable angina.</p> <p>Unstable or acute heart failure. Unstable or uncontrolled arrhythmias. Uncontrolled resting tachycardia <math>\geq 100</math>bpm. Suspected or known dissecting aneurysm.</p>
<p><b>Intermittent claudication and peripheral vascular disease</b></p> <p><b>Pulmonary Arterial Disease</b>, with no symptoms of unstable cardiac dysfunction.</p>	<p>With symptoms of unstable cardiac dysfunction</p>
<p><b>Hypertension</b></p> <p>(systolic <math>&lt; 180</math> and diastolic <math>&lt; 100</math> mmHg)</p>	<p>Uncontrolled/poorly controlled hypertension (resting systolic blood pressure <math>\geq 180</math> mmHg; DBP <math>\geq 100</math>mmHg)</p> <p>NB: If BP reading exceeds 180/100 mmHg further testing should be carried out by Referrer before exclusion. If later readings are within acceptable limits, patient should be referred to EoR. If referrer is not the patient's GP, notice of abnormal BP readings should be provided to the GP.</p>

<p><b>Stroke/CVA</b></p> <p>Self-ambulatory, ≥3 months post event and after rehabilitation</p> <p>Deemed appropriate for referral to EoR by health care professional who carries out discharge</p>	<p>Stroke &lt;3 months ago</p> <p>Non ambulatory</p>
<p><b>Respiratory Disease</b></p>	
<p><b>COPD/Emphysema/Bronchiectasis or Pulmonary Fibrosis</b> with MRC Dyspnoea Score 1-2</p>	<p>COPD/emphysema/Bronchiectasis or Pulmonary Fibrosis with true ventilatory limitations (Desaturate on exercise or on long term/ambulatory oxygen. Chronic respiratory failure and/or need domiciliary NIV).</p>
<p><b>COPD</b> with MRC Dyspnoea Score &gt;3 upon completion of Pulmonary Rehabilitation</p> <p>Deemed appropriate for referral to EoR by health care professional who carries out discharge</p>	<p>Desaturate on exercise or on long term/ambulatory oxygen</p> <p>Chronic respiratory failure and/or in need of domiciliary non-invasive ventilation.</p> <p>Co-existing cardiac disease that is not well controlled (see exclusions) or other restrictions to exercise or compliance (see exclusions)</p>
<p><b>Asthma:</b></p> <p>Well-controlled with no recent history of acute exacerbation requiring hospital admission</p>	<p>Uncontrolled exercise-induced asthma to be excluded until appropriate treatment has been commenced.</p> <p>Asthmatics with history of recurrent exacerbations needing hospital admission or ITU care should only be referred on advice from respiratory consultant.</p>
<p><b>Mental Health</b></p>	
<p><b>Depression/anxiety</b></p> <p>Mild/moderate depression and/or anxiety</p>	<p>Uncontrolled and/or severe mental health condition</p>
<p><b>Stable psychiatric illness</b> accompanied by other condition/co-morbidity listed in EoR inclusion criteria</p>	<p>Acute, uncontrolled psychiatric illness.</p> <p>Cognitive impairment.</p> <p>Dementia</p>

<b>Musculoskeletal conditions</b>	
<b>Low back pain</b> Upon completion of rehabilitation; referral from hospital or community physiotherapist	Specific spinal pathology. Nerve root pain
<b>Osteoporosis</b> Clinical diagnosis ( T score $\leq$ -2.5)	T score $\geq$ 2.5
<b>Osteoarthritis/Rheumatoid arthritis</b> Mild, where physical activity will provide symptomatic relief	Neuromuscular, musculoskeletal or rheumatoid disorders that are exacerbated by exercise.
<b>Spinal injury</b> With written approval of a spinal injury rehab consultant	
<b>Older people aged 65+ with a history of or at risk of falls</b> Upon completion of 'Staying Steady' phase 4 falls programme in Islington and upon Completion of Phase III (Falls) in Camden and deemed appropriate for referral to EoR by health care professional who carries out discharge	Unknown cause of falls requiring further clinical assessment  Or Outstanding assessment by physiotherapy or occupational therapy
<b>Cancer</b>	
Has received a cancer diagnosis within the past 5 years	Those who have completed the former Cancer Survivorship programme within the past 12 months

**Absolute contra indications for exercise:**

- Significant drop in BP during exercise
- Pain dizziness or excessive breathlessness experienced during exertion
- Other rapidly progressing terminal illness
- Any unstable or uncontrolled condition
- Any other condition that restricts ability to exercise safely

Service users who are physically active at a level meeting or exceeding the UK physically active guidelines are not eligible for the service.

Any service user who is eligible for the Weight Management Stream will be entered into the Weight Management Service, and is therefore ineligible for the Exercise on Referral Stream.