



CHAIR EXERCISE VIDEO SCREENING TOOL

-for health care professionals

Question #1 • IS THE PATIENT/CLIENT ORDERED ACTIVITY AS TOLERATED (AAT)?

Question #2 • CAN THE PATIENT/CLIENT SIT IN A CHAIR FOR 15 MINUTES?

PRECAUTIONS:

•Does the patient/client have significant **PAIN** issues at rest and/or with activity?
Consider pre-medication and appropriateness of this exercise program.

•Does the patient/client have significant **DYSPNEA** and increased oxygen requirements with exertion? Consider increasing oxygen flow to avoid oxygen desaturations while doing this exercise program.

FOR PATIENTS/CLIENTS WITH THE FOLLOWING PRECAUTIONS, PLEASE DISCUSS WITH YOUR UNIT NURSE OR PHYSIOTHERAPIST:

•Does the patient/client have **HIP FLEXION RESTRICTIONS** from recent hip surgery?
These patients/clients can do this program but must omit the marching exercise. (#8)
This must be reviewed with the patient/client (* this precaution is noted during the exercise program).

• Does the patient/client have **STERNAL** precautions?

• Is the patient/client wearing a **NECK OR BACK BRACE** or have an arm(s) in a **SLING**?

• Does the patient/client have **SHOULDER MOVEMENT RESTRICTIONS** from vascular surgery, shoulder surgery or pacemaker insertion? (*the shoulder exercises in this video are all at or below 90° of flexion)