

CANCER REHAB PRESCRIPTION FORM



Patient Name

Date Last Seen

Diagnosis

Today's Date

Recent Surgeries

Patient Phone #

**** Physician's Office: PLEASE fill out this form completely, attach patient's current medication list, and then fax ASAP to CWC at 276-728-9298 ****

Please list recommendations or restrictions pertaining to your patient's exercise program:

Physician Signature

Physician Name (Printed)

Date

Phone

Our Exercise Guidelines:

Blood sugar not to go **below 100** or **above 250**

CARRIE PHIPPS
Diabetic Rehabilitation Coordinator
carrie@carrollwc.com

TOMMY SHARP
Assistant Diabetic Rehabilitation Trainer
tommy@carrollwc.com



CARROLL WELLNESS CENTER

164 Carter Pines Lane
PO Box 1266, Hillsville, VA 24343
phone: (276) 728-2500
fax: (276) 728-9298
www.carrollwc.org

REHAB HOURS OF OPERATION

Mon-Fri: 8:00am - 4:00pm

Program Consists of 8 Weeks With a Certified Trainer - 2 Times a Week

AMERICAN COLLEGE OF SPORTS MEDICINE GUIDELINES

For Apparently Healthy Individuals

- 5-10 minutes cardiovascular warm-up followed by stretching
- 20-60 minutes, 3-5 days/week cardiovascular with heart rate between 60% and 90% max heart rate.
- 2-3 days/week resistance training with 1-3 sets of 1 exercise of each major muscle group with resistance equal to a load of 8-12 reps.
- 5-10 minute cool-down followed by stretching.

Graded Exercise Treadmill Test (GXT) prior to engaging in an exercise program for the following reasons:

- 2 or more cardiac risk factors.
- Signs or symptoms suggestive of cardiopulmonary or metabolic disease.
- Documented heart disease.