

**Supplementary File 4. REHAB-HF Intervention Log**

Patient Number: 10-120

Session Date: XX/XX/XXXX

Session #: 8

Location: Facility Home

**Stratification level for this session:**

Balance: 3 Strength: 4

Endurance: 2 Mobility: 4

**Pre-Exercise:**

Weight (lbs): 170; Resting HR: 74; O<sub>2</sub> Sat: 99%; Resting BP: 120/58

**Average # of steps/day since last visit:** 3.586, if not recording, why \_\_\_\_\_

**Endurance:**

1. Walking: Total duration 12 min; Longest period of continuous walking 7 min; RPE 13; HR 86; usual gait speed 0.95 m/sec

Method:  Overground  Treadmill- Speed \_\_\_\_\_ mph; incline \_\_\_\_\_% \*note- 1 foot/sec = 0.3048 m/sec

2. Other endurance exercise performed?  No  Yes- Total duration 5 min; Method:  bike  nustep  Other \_\_\_\_\_

**Notes/Comments:** Subject experiencing occasional coughing with walking activity in wake of clearing upper respiratory infection.

**Strength:**

1. Functional Strengthening

For the exercises below, follow the progression detailed in the manual. Circle below the highest progression level achieved in this session:

Sit-to-stand from chair: 1 2a 2b 2c 3a 3b 4a 4b

Step-ups: 1a 1b 1c 2a 2b 2c 3a 3b 3c 4a 4b 4c

Side step-ups: 1a 1b 1c 2a 2b 2c 3a 3b 3c 4a 4b 4c

Calf raises: 1a 1b 2a 2b 3a 3b 3c 4

Stand-to-squat: 1a 1b 1c 2a 2b 2c 3a 3b 3c 4a 4b 4c; Estimated degree of flexion: 30

2. Open chain strength exercises performed?  No  Yes- Method:  PNF  Theraband  Free Weights

**Notes/Comments:** Complaints of R foot discomfort with calf raises secondary to old injury – rated 2 on a 1 to 10 scale.

**Additional File 4. REHAB-HF Intervention Log continued**

Patient Number: 10-120

Session Date: XX / XX / XXXX

Session #: 8

Location: Facility Home

**Balance:**

For the exercises below, follow the progression detailed in the manual. Circle below the highest progression level achieved in this session:

- 1. Standing Balance: 1 2a 2b 3a 3b 4 maintenance
- 2. Stand and Reach Balance: 1a \_\_\_\_\_ (in) 1b 2 3 4

**Notes/Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mobility:**

Performed:  Accelerated gait  Start and stop  Turning      Total time: 3 min

**Notes/Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Post-Exercise:**

Resting HR: 60

Resting BP: 118 / 58 O<sub>2</sub> Sat: 99%

**Notes/Comments** Will be attending next session at 9am instead of 11am because of conflicting medical appointment. Feeling better as upper respiratory infection clears.  
\_\_\_\_\_

Intervention Staff: XX

Please enter this form into the REDCap database with the associated visit number.