

PRENATAL REHABILITATION SCREENING

Physio

Patient's Name: _____ Age: _____ Date: _____

Your Physio: _____

Please complete page 1 to the best of your ability and have your health care provider fill out page 2 based on current medical information.

Physio is pleased and excited to have you in our Prenatal Physio Program! Remember that healthy moms raise healthy children and that habits established during your pregnancy will carry over to your postnatal life.

Healthy women with uncomplicated pregnancies can integrate physical activity into their daily living and can participate without significant risks either to themselves or to their unborn child. Postulated benefits of such programs include improved aerobic and muscular fitness, promotion of appropriate weight gain, and facilitation of labour. Regular exercise may also help to prevent gestational glucose intolerance and pregnancy-induced hypertension.

Pre-Exercise Health Checklist

Part 1: General health status

In the past, have you experienced (check Yes or No):

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Miscarriage in an earlier pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Other pregnancy complications? | <input type="checkbox"/> | <input type="checkbox"/> |

if you checked Yes to any of the above questions, please explain:

Number of previous pregnancies? _____

Part 2: Status of current pregnancy

Due date: _____

During this pregnancy, have you experienced:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Marked fatigue? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bleeding from the vagina ("spotting")? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Unexplained faintness or dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Unexplained abdominal pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Sudden swelling of ankles, hands or face? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Persistent headaches or problems with headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Swelling, pain or redness in the calf of one leg? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Absence of fetal movement after 6 th month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Failure to gain weight after 5 th month? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, please explain:

Part 3: Activity habits during the past month

1. List only regular fitness/recreational activities:

Intensity	Frequency (times/week)			Time (minutes/day)		
	1-2	2-4	4+	<20	20-40	40+
Heavy	—	—	—	—	—	—
Medium	—	—	—	—	—	—
Light	—	—	—	—	—	—

2. Does your regular occupation (job/home) activity involve:

- | | Yes | No |
|----------------------------------|--------------------------|--------------------------|
| Heavy Lifting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent walking/stair climbing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Occasional walking (>once/hr)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Prolonged standing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Mainly sitting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Normal daily activity? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Do you currently smoke tobacco?*

Yes No

4. Do you consume alcohol?*

Yes No

Part 4: Physical activity intentions

What physical activity do you intend to do?

Is this a change from what you currently do? Yes No

***Note: Pregnant women are strongly advised not to smoke or consume alcohol during pregnancy and during lactation.**

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Patient's Name: _____ Health Care Provider's Name: _____

Contraindications to exercise: to be completed by your health care provider

Absolute Contraindications

Does the patient have:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Ruptured membranes, premature labour? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Persistent second or third trimester bleeding/placenta previa? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Pregnancy-induced hypertension or pre-eclampsia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Incompetent cervix? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Evidence of intrauterine growth restriction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. High-order pregnancy (e.g., triplets)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Uncontrolled Type I diabetes, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic disorder? | <input type="checkbox"/> | <input type="checkbox"/> |

Relative Contraindications

Does the patient have:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. History of spontaneous abortion or premature labour in previous pregnancies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Mild/moderate cardiovascular or respiratory disease (e.g., chronic hypertension, asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Anemia or iron deficiency? (Hb < 100 g/L)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Malnutrition or eating disorder (anorexia, bulimia)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Twin pregnancy after 28th week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other significant medical condition? | <input type="checkbox"/> | <input type="checkbox"/> |

Please specify: _____

Note: Risk may exceed benefits of regular physical activity. The decision to be physically active or not should be made with qualified medical advice.

Physical Activity Recommendation:

Recommended/Approved

Contraindicated

Health Evaluation Form:

(to be completed by patient and given to PHYSIO after obtaining medical clearance to exercise)

I, _____ *Please Print* (patient's name), have discussed my plans to participate in physical activity during my current pregnancy with my health care provider and I have obtained his/her approval to begin participation.

Signed: _____

(patient's signature)

Date: _____

Health care provider's comments:

Name of health care provider: _____

Address: _____

Telephone: _____

(health care provider's signature)

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Advice for Active Living During Pregnancy

Pregnancy is a time when women can make beneficial changes in their health habits to protect and promote the healthy development of their unborn babies. These changes include adopting improved eating habits, abstinence from smoking and alcohol intake, and participating in regular moderate physical activity. Since all of these changes can be carried over into the postnatal period and beyond, pregnancy is a very good time to adopt healthy lifestyle habits that are permanent by integrating physical activity with enjoyable healthy eating and a positive self and body image.

Active Living:

- see your doctor before increasing your activity level during pregnancy
- exercise regularly but don't overexert
- exercise with a pregnant friend or join a prenatal exercise program
- know safety considerations for exercise in pregnancy

Healthy Eating:

- you need about 300 more calories per day for a singleton pregnancy and 600 calories more if you are pregnant with twins
- choose healthy foods from the following groups: whole grain or enriched bread or cereal, fruits and vegetables, milk and milk products, meat, fish, poultry and alternatives
- drink 8 - 12 glasses of fluid, including water, each day
- salt intake should not be restricted
- limit caffeine intake i.e., coffee, tea, chocolate, and cola drinks
- dieting to lose weight is not recommended during pregnancy

Positive Self and Body Image:

- remember that it is normal to gain weight during pregnancy
- accept that your body shape will change during pregnancy
- enjoy your pregnancy as a unique and meaningful experience
- remember that healthy moms raise healthy children

Prescription / monitoring of intensity:

The best way to prescribe and monitor exercise is by combining the heart rate and rating of perceived exertion (RPE) methods (see below boxes)

TARGET HEART RATE ZONES

The heart rate zones shown below are appropriate for most pregnant women. Work during the lower end of the HR range at the start of a new exercise program and in late pregnancy.

Age	Heart Rate Range
< 20	140-155
20-29	135-150
30-39	130-145

RATING OF PERCEIVED EXERTION (RPE)

Check the accuracy of your heart rate target zone by comparing it to the scale below. A range of about 12-14 (somewhat hard) is appropriate for most pregnant women.

6		14	
7	Very, very light	15	Hard
8		16	
9	Somewhat light	17	Very hard
10		18	
11	Fairly light	19	Very, very hard
12		20	
13	Somewhat hard		

References:

Canadian Society for Exercise Physiology. (2002). Par-med-X for pregnancy: Physical activity readiness medical examination. Retrieved January 25, 2013, from <http://www.csep.ca/communities/c574/files/hidden/pdfs/parmed-xpreg.pdf>.
Wolfe L. and Davies G. Canadian Guidelines for Exercise in Pregnancy. Clinical Obstetrics and Gynecology. 2003; 46(2): 488-495