VANCOUVER ISLAND health authority

Home Exercise Program

Lung Health Program

Name: _____ **Date:** _____

DO ONLY THE ITEMS THAT ARE (✓) CHECKED

_____ 1. Pursed-Lip Breathing: ☐ With All Activities ☐ With Exertion

_____ 2. Oxygen Therapy: _____ flow rate at rest _____ with exercise

_____ 3. Walking Program: _____ minutes warm up
_____ minutes walk at own pace or briskly
_____ minutes cool down

_____ 4. Strengthening Exercises:

Upper Body	Sets/Repetitions	Weight
☐ Bicep Curls		
☐ Lat. Shoulder Raises		
☐ Seated Triceps		
☐ Seated Cross-Overs		
☐ Arm Raises - Cane		
☐ Wall Push Ups		

Lower Body	Sets/Repetitions	Weight
☐ Alternating Leg Extensions		
☐ Hip Flexion		
☐ Heel Lifts with Half Knee Bends		
☐ Knee Bends in Standing		
☐ Hip & Knee Extensions		

_____ 5. **Flexibility Exercises:**

Stretches	Repetitions
☐ Head Turn	
☐ Side Stretch	
☐ Shoulder Circles	
☐ Forward Stretch	
☐ Side/Trunk Stretch	
☐ Calf Stretch	