

Risk Classification for Exercise Training (AHA/ACSM Guidelines)

Risk Classification for Exercise Training			
Class A: Apparently Healthy Individuals.	Class B: Presence of Known, Stable Cardiovascular Disease With Low Risk for Complications With Vigorous Exercise, but Slightly Greater Than for Apparently Healthy Individuals	Class C: Moderate-to-High Risk for Cardiac Complications During Exercise and/or Unable to Self-Regulate Activity or to Understand Recommended Activity Level	Class D: Unstable Disease With Activity Restriction*
<p>Includes:</p> <ol style="list-style-type: none"> Children, adolescents, men <45 years, and women <55 years who have no symptoms or known presence of heart disease or major coronary risk factors. Men >45 years and women >55 years who have no symptoms or known presence of heart disease and with <2 major cardiovascular risk factors. Men >45 years and women >55 years who have no symptoms or known presence of heart disease and with >2 major cardiovascular risk factors. <p>Activity guidelines: No restrictions other than basic guidelines.</p> <p>Supervision required: None*.</p> <p>ECG and blood pressure monitoring: Not required.</p> <p>Prerequisites: Persons classified as Class A-2 and particularly Class A-3 undergo a medical examination and possibly a medically supervised exercise test before engaging in vigorous exercise.</p>	<p>Includes:</p> <ol style="list-style-type: none"> CAD (MI, CABG, PTCA, angina pectoris, abnormal exercise test, and abnormal coronary angiograms) whose condition is stable and who have the clinical characteristics outlined below Valvular heart disease, excluding severe valvular stenosis or regurgitation with the clinical characteristics as outlined below Congenital heart disease; risk stratification for patients with congenital heart disease should be guided by the 27th Bethesda Conference recommendations¹⁴⁵ Cardiomyopathy: ejection fraction <30%; includes stable patients with heart failure with clinical characteristics as outlined below but not hypertrophic cardiomyopathy or recent myocarditis Exercise test abnormalities that do not meet any of the high risk criteria outlined in class C <p>Clinical characteristics (must include all of the following)</p> <ol style="list-style-type: none"> NYHA class 1 or 2 Exercise capacity ≥6 METs No evidence of congestive heart failure No evidence of myocardial ischemia or angina at rest or on the exercise test at or below 6 METs Appropriate rise in systolic blood pressure during exercise Absence of sustained or nonsustained ventricular tachycardia at rest or with exercise Ability to satisfactorily self-monitor intensity of activity <p>Activity guidelines: Activity should be individualized, with exercise prescription provided by qualified individuals and approved by primary healthcare provider.</p> <p>Supervision required: Medical supervision during initial prescription session is beneficial. Supervision by appropriate trained nonmedical personnel for other exercise sessions should occur until the individual understands how to monitor his or her activity. Medical personnel should be trained and certified in Advanced Cardiac Life Support. Nonmedical personnel should be trained and certified in Basic Life Support (which includes cardiopulmonary resuscitation).</p> <p>ECG and blood pressure monitoring: Useful during the early prescription phase of training, usually 6 to 12 sessions.</p>	<p>Includes:</p> <ol style="list-style-type: none"> CAD with the clinical characteristics outlined below. Valvular heart disease, excluding severe valvular stenosis or regurgitation with the clinical characteristics as outlined below. Congenital heart disease; risk stratification for patients with congenital heart disease should be guided by the 27th Bethesda Conference recommendations. Cardiomyopathy: ejection fraction <30%; includes stable patients with heart failure with clinical characteristics as outlined below but not hypertrophic cardiomyopathy or recent myocarditis. Complex ventricular arrhythmias not well controlled. <p>Clinical characteristics (any of the following):</p> <ol style="list-style-type: none"> NYHA class 3 or 4. Exercise test results: <ul style="list-style-type: none"> Exercise capacity <6 METs Angina or ischemic ST depression at a workload <6 METs Fall in systolic blood pressure below resting levels during exercise Nonsustained ventricular tachycardia with exercise Previous episode of primary cardiac arrest (ie, cardiac arrest that did not occur in the presence of an acute myocardial infarction or during a cardiac procedure). A medical problem that the physician believes may be life-threatening <p>Activity guidelines: Activity should be individualized, with exercise prescription provided by qualified individuals and approved by primary healthcare provider</p> <p>Supervision: Medical supervision during all exercise sessions until safety is established.</p> <p>ECG and blood pressure monitoring: Continuous during exercise sessions until safety is established, usually 12 sessions. NYHA indicates New York Heart Association.</p> <p>*Class C patients who have successfully completed a series of supervised exercise sessions may be reclassified to Class B providing that the safety of exercise at the prescribed intensity is satisfactorily established by appropriate medical personnel and that the patient has demonstrated the ability to self-monitor</p>	<p>Includes:</p> <ol style="list-style-type: none"> Unstable ischemia. Severe and symptomatic valvular stenosis or regurgitation. Congenital heart disease; criteria for risk that would prohibit exercise conditioning in patients with congenital heart disease should be guided by the 27th Bethesda Conference recommendations.¹⁴⁵ Heart failure that is not compensated. Uncontrolled arrhythmias. Other medical conditions that could be aggravated by exercise. <p>Activity guidelines: No activity is recommended for conditioning purposes. Attention should be directed to treating the patient and restoring the patient to Class C or better. Daily activities must be prescribed on the basis of individual assessment by the patient's personal physician.</p> <p>*Exercise for conditioning purposes is not recommended</p>