

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**  **Week 1** | **Warm up**  (5 minutes) | **Type of Exercise** | **Perceived Effort # (RPE)** | **Exercise Duration** | **Cool down**  (5 minutes) | **Symptoms or**  **Comments** |
| EXAMPLE Jan.1/18 | **** | Walking | 3 (moderate) | 30 minutes | **** | Knee pain, chest pain, fatigue, sick with cold/flu |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

10 Maximal Effort

Very Hard

Very, Very Hard

Hard

5

6

7

8

9

Rate of Perceived Effort

MY RPE Scale

1. No effort
2. Very light
3. Light
4. Moderate

4 Somewhat

Hard

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**  ***Week 2*** | **Warm up**  (5 minutes) | **Type of Exercise** | **Perceived Effort # (RPE)** | **Exercise Duration** | **Cool down**  (5 minutes) | **Symptoms or**  **Comments** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# NOTE:

**If you feel unwell or**

**have any symptoms of *shortness of breath, chest pain, fainting, dizziness or palpitations* during or following exercise, STOP and discontinue exercise.**

# Contact Milton Cardiac Care (905) 878-9805 or

**proceed to the**

**emergency department.**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**  ***Week 3*** | **Warm up**  (5 minutes) | **Type of Exercise** | **Perceived Effort # (RPE)** | **Exercise Duration** | **Cool down**  (5 minutes) | **Symptoms or**  **Comments** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**  ***Week 4*** | **Warm up**  (5 minutes) | **Type of Exercise** | **Perceived Effort # (RPE)** | **Exercise Duration** | **Cool down**  (5 minutes) | **Symptoms or**  **Comments** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

10 Maximal Effort

Very Hard

Very, Very Hard

Hard

5

6

7

8

9

Rate of Perceived Effort

MY RPE Scale

1. No effort
2. Very light
3. Light
4. Moderate

4 Somewhat

Hard

# MY HEART FITNESS

## Please bring your exercise logs to

your next session.

For more copies of

My Home Exercise Log, please go to our website: [www.myheartfitness.ca](http://www.myheartfitness.ca/)

Phone: (905) 875-0824

You can also email us:

[contact.myheartfitness@gmail.com](mailto:contact@myheartfitness.ca)