East Midlands Respiratory Programme
Flying the kite for respiratory care in the East Midlands

East Midlands Academic Health Science Network
Igniting Innovation

Top Ten Tips

Delivering Pulmonary Rehabilitation

1. Pulmonary rehabilitation should include exercise, education and goal-setting on an individual basis.
2. Key referral indications for pulmonary rehabilitation are:
    a. **People with COPD and self-reported exercise limitation (MRC dyspnoea 3-5)**
    b. **People with COPD following a hospital admission with an exacerbation**
    c. People with other chronic respiratory diseases (for example bronchiectasis, ILD and asthma) who can gain benefit
    d. People with COPD with less exercise limitation eg MRC dyspnoea 2 may benefit in the education as well as addressing anxiety and confidence if these are issues
3. The referral process is key:
    a. Ensure good communication with patient regarding the benefit and what the programme entails
    b. Provide information regarding rehabilitation availability, parking, transport etc
    c. How the rehabilitation is "sold" to the patient can make a difference on uptake
    d. Time from referral to assessment should be <12 weeks
4. A pulmonary rehabilitation course should be for 6 weeks minimum with twice weekly supervised sessions. In addition, a 3rd session of prescribed exercise is recommended - which can be unsupervised.
5. A standardised operating procedure should be drawn up including elements listed here but also staffing and risk assessment. Ensure the venue is accessible including parking close by.
6. Exercise should be individually tailored and prescribed and include progressive aerobic and resistance training. An unsupervised home programme between classes should be provided and a written, individualised plan of exercise provided on completion of pulmonary rehabilitation in order to maintain benefits.
7. Suggested educational topics to be covered in pulmonary rehabilitation are covered on page ii30 of the guidelines (see link below) and include, but not limited to:
    - The disease and medication (may need adapting for attendees with other diagnosis)
    - Symptom management
    - Goal setting
    - Relaxation and handling stress
    - Self efficacy and self management
    - Management of exacerbations
    - Smoking Cessation
    - Welfare rights
    - Follow on support ie exercise in a gym and Breathe Easy patient support groups
8. Standard measures of pulmonary rehabilitation success should include those of exercise function, quality of life and a measurement of dyspnoea

9. Each pulmonary rehabilitation team should audit their results to ensure standardisation and quality. The link for the Quality standards is listed below
10. There is evidence for pulmonary rehabilitation within a month of an acute exacerbation of COPD requiring hospitalisation in terms of:
    a. Reducing readmission
    b. Improving quality of life and exercise function.

    This is better accommodated in a rolling programme where there are opportunities to start throughout the programme

BTS Pulmonary Rehabilitation Guidelines:

https://www.brit-thoracic.org.uk/document-library/clinical-information/pulmonary-rehabilitation/bts-guideline-for-pulmonary-rehabilitation/

BTS Quality Standards for Pulmonary Rehabilitation

https://www.brit-thoracic.org.uk/document-library/clinical-information/pulmonary-rehabilitation/bts-quality-standards-for-pulmonary-rehabilitation-in-adults/

In addition there are several courses that are available.