

Eligibility criteria for Exercise on Referral services in Camden and Islington

All service users who access the programme should be:

- Aged over 18
- A Camden or Islington resident and/or be registered with an NHS Camden or Islington General Practitioner (GP)
- Expressed a willingness and motivation to increase levels of physical activity
- Classified as sedentary (defined as doing less than 150 minutes of moderate intensity physical activity per week- DOH guidelines 2011)
- Meet at least one of the co-morbidity inclusion criteria with none of the exclusion criteria listed in the table below
- Do not pose a risk to themselves or the public
- All medical conditions must be stable

Absolute contra indications for exercise:

- Significant drop in BP during exercise
- Pain dizziness or excessive breathlessness experienced during exertion
- Other rapidly progressing terminal illness
- Any unstable or uncontrolled condition
- Any other condition that restricts ability to exercise safely

Other exclusion criteria

- Service users who are physically active at a level meeting or exceeding the UK physically active guidelines are not eligible for the service

Condition	Inclusion	Exclusion
Increased risk of developing cardiovascular disease	<ul style="list-style-type: none"> • Q-Risk score $\geq 10\%$ identified via NHS Health • Check or through GP 	As for CVD see below
Diabetes Type I	<ul style="list-style-type: none"> • With adequate instructions regarding modification of insulin dosage depending on timing of exercise. Advice given on warning signs and symptoms. 	Uncontrolled or poorly controlled
Diabetes Type II	<ul style="list-style-type: none"> • Diet/lifestyle & medication controlled 	Uncontrolled or poorly controlled with accompanying generalised neuropathy and untreated retinopathy
Non-diabetic hyperglycaemia	<ul style="list-style-type: none"> • FPG (fasting plasma glucose) between 5.5 – 6.9 mmol/l or HbA1c between 42 - 47 mmol/mol (6-6.4%) • Q risk score $\geq 10\%$ 	
Stable, controlled coronary heart disease, including mild angina	The following cardiac patients will ONLY be accepted onto EoR after completion of phase IV Cardiac Rehabilitation in Islington OR post phase III Cardiac Rehabilitation in	<ul style="list-style-type: none"> • A recent significant change in a resting ECG, recent myocardial infarction or other acute cardiac event (less than three months post revascularisation or

	<p>Camden :</p> <ul style="list-style-type: none"> • Post-acute myocardial infarction • Post revascularisation (CABG and angioplasty) • Post interventional procedures – transplant, valve replacement, ICDs etc. • Stable heart failure and cardiomyopathy, including medication controlled 	<p>six months post-surgery)</p> <ul style="list-style-type: none"> • Symptomatic severe aortic stenosis. Acute pulmonary embolus or pulmonary infarction. • Acute myocarditis or pericarditis. • Hypertrophic obstructive cardiomyopathy. • Uncontrolled, unstable angina. • Unstable or acute heart failure. • Unstable or uncontrolled arrhythmias. • Uncontrolled resting tachycardia ≥ 100bpm.
Intermittent claudication and peripheral vascular disease	No symptoms of unstable cardiac dysfunction	With symptoms of unstable cardiac dysfunction
Hypertension	Systolic < 160 and diastolic < 100 mmHg)	<ul style="list-style-type: none"> • Uncontrolled/poorly controlled hypertension (resting systolic blood pressure ≥ 180 mmHg; DBP ≥ 100mmHg) <p>NB: If BP reading exceeds 180/100 mmHg further testing should be carried out by Referrer before exclusion. If later readings are within acceptable limits, patient should be referred to EoR. If referrer is not the patient's GP, notice of abnormal BP readings should be provided to the GP.</p>
Stroke/CVA	<ul style="list-style-type: none"> • Self-ambulatory, ≥ 3 months post event and after rehabilitation • Deemed appropriate for referral to EoR by health care professional who carries out discharge 	<p>Stroke < 3 months ago – N.B. this exclusion can be waived with a letter of approval from secondary care physician</p> <p>Non ambulatory</p>
COPD/Emphysema/Bronchiectasis or Pulmonary Fibrosis	<ul style="list-style-type: none"> • COPD/Emphysema/Bronchiectasis or Pulmonary Fibrosis with MRC Dyspnoea Score 1-2 	<p>COPD/emphysema/Bronchiectasis or Pulmonary Fibrosis with true ventilatory limitations (Desaturate on exercise or on long term/ambulatory oxygen. Chronic respiratory failure and/or need domiciliary NIV).</p>

	<ul style="list-style-type: none"> • COPD with MRC Dyspnoea Score >3 upon completion of Pulmonary Rehabilitation AND Deemed appropriate for referral to EoR by health care professional who carries out discharge 	<ul style="list-style-type: none"> • Desaturate on exercise or on long term/ambulatory oxygen • Chronic respiratory failure and/or in need of domiciliary non-invasive ventilation. • Co-existing cardiac disease that is not well controlled (see exclusions) or other restrictions to exercise or compliance (see exclusions)
Asthma	Well-controlled with no recent history of acute exacerbation requiring hospital admission	<ul style="list-style-type: none"> • Uncontrolled exercise-induced asthma to be excluded until appropriate treatment has been commenced. • Asthmatics with history of recurrent exacerbations needing hospital admission or ITU care should only be referred on advice from respiratory consultant.
Depression/anxiety	Mild/moderate depression and/or anxiety	Uncontrolled and/or severe mental health Condition
Stable psychiatric illness	Accompanied by other condition/co-morbidity listed in EoR inclusion criteria	Acute, uncontrolled psychiatric illness. Cognitive impairment. Dementia
Low back pain	Upon completion of rehabilitation; referral from hospital or community physiotherapist	Specific spinal pathology. Nerve root pain
Osteoporosis	Clinical diagnosis (T score <-2.5)	T score \geq 2.5
Osteoarthritis/Rheumatoid arthritis	Mild, where physical activity will provide symptomatic relief	Neuromuscular, musculoskeletal or rheumatoid disorders that are exacerbated by exercise. History of high risk or low trauma fracture.
Spinal injury	With written approval of a spinal injury rehab consultant	
Aged 65+ with a history of or at risk of falls	<ul style="list-style-type: none"> • Upon completion of 'Staying Steady' phase 4 falls programme in Islington and upon Completion of Phase III (Falls) in Camden AND deemed appropriate for referral to EoR by health care professional who carries out discharge 	<ul style="list-style-type: none"> • Unknown cause of falls requiring further clinical assessment • Outstanding assessment by physiotherapy or occupational therapy

Cancer	Has received a cancer diagnosis within the past 5 years	Those who have completed the former Cancer Survivorship programme within the past 12 months
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