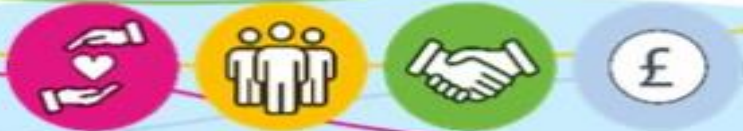


# Pulmonary Rehabilitation Lunch and Learn



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# Our Team

- 1 Service lead (Physiotherapist)
- 2 Physiotherapists
- 2 Therapy Assistants



# What Pulmonary Rehab is:

- 6 weeks group programme (*twice weekly*)
- DRI or MMH
- **Exercise based** – resistance and CV (2 hours per week) – max exercise test.
- Education (30mins per week)
- Clinically proven to reduce admissions, prevent re-admissions, reduce breathlessness, increase exercise tolerance, improve mood/QoL



# Inclusion Criteria



- COPD / ILD / Bronchiectasis
- MRC 3+
- Resp. meds optimised
- Stable comorbidities (CVS)
- **Committed** – 2 x week 6/5

## Contraindications

Severe aortic stenosis, unstable angina, TAA/AAA > 4.0cm/>4.5cm, unstable HF/PH



# Elevator Pitch

How would you introduce PR to patients?

*Discussion:*

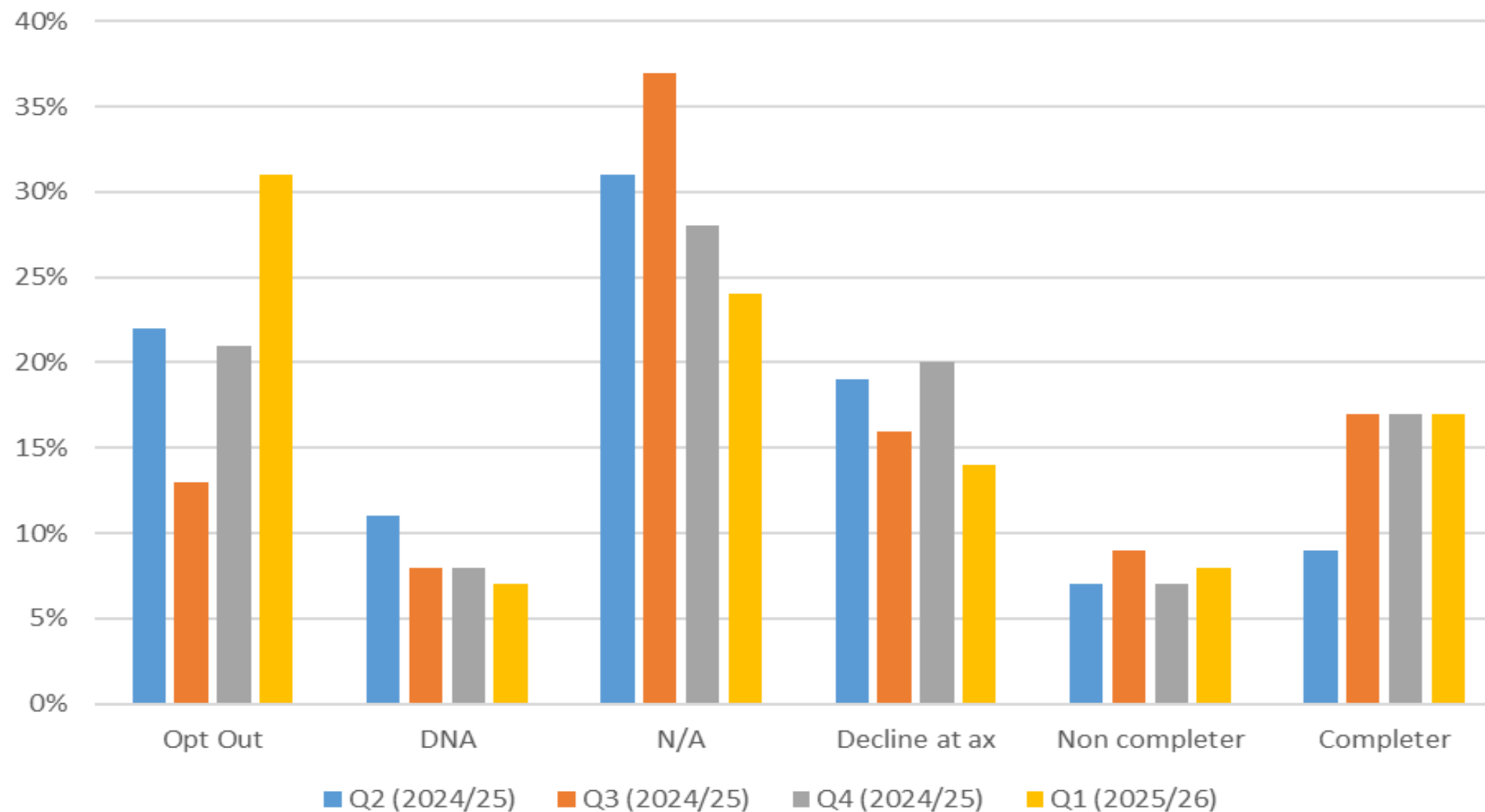
- A short memorable description
- Key points
- Focus on positives
- Be clear about commitment





# Our data

## Discharge Data July 2024 - June 2025





# How you can help us

- Blood pressure – check at the point of referral, optimize before referring
- Frequency of infections/resp admission history – Document for accurate triage
- Clinically reason appropriateness of patients- falls risk, neurological deficits. Exercise capabilities.
- Check contraindications – (TAA/AA, severe Aortic Stenosis)
- Email us if you are unsure re. referrals- we are more than happy to support- [dbth.physioreferrals@nhs.net](mailto:dbth.physioreferrals@nhs.net)





# Help us Improve PR Services

- Team capacity is stretched across three services
- Referring the right patients is crucial and frees up our capacity
- Referral quality will help us risk stratify high priority patients
- Having a discussion about PR before referring
- We are always striving to improve our service and welcome support and suggestions



Thank You.

Any Questions?

