

POST-MI EXERCISE TRACKER

Phase II Cardiac Rehab

Patient Name: _____

Week Starting: _____

Target Heart Rate: _____ to _____ bpm

RPE Goal (6-20 scale): 11 - 13

| DAY | ACTIVITY TYPE | DURATION (MIN) | RESTING HR | PEAK HR | RPE* | SYMPTOMS? |
|-----------|---------------|----------------|------------|---------|------|-----------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |

*RPE: Rate of Perceived Exertion (Scale 6-20)

STOP EXERCISE IMMEDIATELY IF:

- Chest pain, pressure, or discomfort (Angina)
- Extreme shortness of breath or sudden dizziness
- Irregular heartbeats or palpitations
- Unusual leg pain or sudden weakness

Physician/Therapist Notes:

TEMPLATE ONLY - ALWAYS CONSULT YOUR CARDIOLOGIST BEFORE STARTING
AN EXERCISE REGIMEN