**Written plan template**

**Name:**

**DOB:**

**Email:**

**Your clinic:**

**Your certified exercise professional:**

**Initial assessment date: 3-month follow up assessment date:**

**What you will be provided as part of this Chronic Disease Management Program**

Once your eligibility has been confirmed by your treating exercise professional, you will be provided:

1. An initial assessment, where two physical function tests (30sec chair stand test and 40m walk test), and other assessments to determine a starting point for exercise sessions.
2. A link emailed to you to complete a baseline questionnaire about your current condition (~20 min), which should be completed prior to starting education and exercise therapy components of the program.
3. 2 x group education sessions, ~60-90mins duration, delivered during the program.
4. 12 x supervised and individualised group exercise sessions, ~60 mins duration, delivered twice weekly over 6-weeks.
5. A follow-up assessment, 3 months after your initial assessment, where the two physical function tests will be taken again, and your goals entered in the Table on the following page will be reviewed.
6. Additional links to questionnaires about your current condition (~20 min) will be emailed to you at 3- and 12-months after starting the program.

**SMART Goals**

|  |  |
| --- | --- |
| **Goals (2-3)** | **Achieved and/or variations** |
|  |  |
|  |  |
|  |  |

**Checklist of program components (add dates completed)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Baseline | | | | 3-month review | | | | 12-month review | | | |
| GOAL setting and review |  | | | |  | | | |  | | | |
| Questionnaire based outcomes |  | | | |  | | | |  | | | |
| Physical function tests |  | | | |  | | | |  |  |  |  |
| **Group components** | | | | | | | | | | | | |
| Education sessions | First | | | | Second | | | | Third (optional) | | | |
|  | | | |  | | | |  | | | |
| Supervised exercise therapy sessions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Final notes, and any additional SMART goals following 3-month assessment**

**Program outcomes (remind patient to save a PDF of their REDCap survey responses)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome** | **Baseline** | **3-months** | **12-months** |
| 30 second chair stand |  |  |  |
| 40m fast-pace walk |  |  |  |
| KOOS-12/HOOS-12 |  |  |  |
| Pain intensity |  |  |  |
| Global Rating of Change |  |  |  |