



YMCA LiveWell Community Exercise Referral Pathway*

What does it mean to refer to LiveWell?

You have a patient who is currently inactive and would benefit from accredited exercise guidance from a clinical exercise physiologist and supervised exercise participation to improve their quality of life.

What is a Clinical Exercise Physiologist (CEP)?

A CEP is a Kinesiology graduate with further education and certification through the Canadian Society of Exercise Science. Their extensive knowledge opens their scope of practice and liability insurance to manage exercise for individuals living with medical conditions, functional limitations or disabilities associated with musculoskeletal, cardiopulmonary, metabolic, neuromuscular, and aging conditions.

Will my patients be safe?

Absolutely. All referrals will be reviewed and managed by the CEP to ensure all referred individuals are provided with the appropriate exercise support based on their current abilities. The CEP will perform initial intakes that include a complete medical history to screen for health risks, as well as assessing their physical functioning, fitness and capacity through objective and subjective measurements. The CEP will then place the individual in the appropriate exercise program(s) led by the CEP or another qualified exercise professional with experience and skills to safely guide individuals living with chronic disease through exercise.

What if they are too 'complex' for group programs?

The CEP, in collaboration with the patient/participant, might determine that a group exercise program may not be best suited for an individual and can then refer the patient to one-on-one lifestyle and behaviour change counselling as well as individualized exercise prescription and management, if resources are available to do so.

How do I refer?

Our Exercise Professional Referral Form is a fillable PDF that can be emailed or faxed to the CEP. The CEP Navigator is also responsible for maintaining a continuous feedback loop of communication with the referring HCPs who have indicated that they would like feedback, based on the Exercise Professional Referral Form.

**This best practice referral pathway from HCPs to CEPs is based on applied research by Acadia University's Centre of Lifestyle Studies*



(Patient Label or Complete)

Date:

Name:

DOB (Month/Day/Year):

Patient Phone Number:

Patient ID#:

Exercise Professional Referral Form

Referral Information

Reason for referral (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Deconditioning | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Acute Injury | <input type="checkbox"/> Return to Work/School |
| <input type="checkbox"/> Chronic disease (e.g. cancer, T2DM) | <input type="checkbox"/> Cognitive dysfunction |
| <input type="checkbox"/> Balance problems | <input type="checkbox"/> Neurological impairment |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pregnancy | |

Comments:

Medical Comorbidities (if known)

| | | |
|---|---|--|
| Cardiac <ul style="list-style-type: none"><input type="checkbox"/> Hypertension<input type="checkbox"/> Myocardial infarction<input type="checkbox"/> Valvular heart disease<input type="checkbox"/> Coronary artery disease<input type="checkbox"/> Arrhythmia<input type="checkbox"/> Congestive heart failure<input type="checkbox"/> Vascular disease<input type="checkbox"/> Stroke<input type="checkbox"/> Pre-syncope/Syncope<input type="checkbox"/> Deep vein thrombosis Other <ul style="list-style-type: none"><input type="checkbox"/> _____ | Metabolic <ul style="list-style-type: none"><input type="checkbox"/> Pre-Diabetes<input type="checkbox"/> Type 2 Diabetes<input type="checkbox"/> Type 1 Diabetes<input type="checkbox"/> Thyroid disease Musculoskeletal/Neurologic <ul style="list-style-type: none"><input type="checkbox"/> Osteoarthritis<input type="checkbox"/> Inflammatory arthritis<input type="checkbox"/> Osteoporosis<input type="checkbox"/> Osteopenia<input type="checkbox"/> Chronic myofascial pain<input type="checkbox"/> Neuropathy<input type="checkbox"/> Bone metastases | Mental Health <ul style="list-style-type: none"><input type="checkbox"/> Anxiety<input type="checkbox"/> Depression<input type="checkbox"/> Cognitive dysfunction<input type="checkbox"/> Fatigue Pulmonary <ul style="list-style-type: none"><input type="checkbox"/> COPD<input type="checkbox"/> Asthma<input type="checkbox"/> Pulmonary hypertension<input type="checkbox"/> Pulmonary embolus Renal <ul style="list-style-type: none"><input type="checkbox"/> Kidney disease |
|---|---|--|

Notable Medications:

Activity Clearance

- Unrestricted progressive physical activity
- Progressive physical active with consideration of:

Referring Health Care Professional

Would you like to receive communication regarding this patient? Yes No

Health Care Professional: _____ Signature: _____

Billing#: _____ Contact (fax/email): _____