



UWA

## Healthy Hearts

Cardiovascular Exercise  
Rehabilitation



## What?

Supervised, gym-based cardiovascular rehabilitation program including individual and/or group sessions.

## Why?

Cardiovascular rehabilitation programs designed and facilitated by exercise physiologists are highly successful in;

- Changing physical activity behaviours
- Preventing or delaying subsequent cardiac arrest
- Improving activity tolerance, muscle atrophy and circulation
- Improving quality of life, and
- Significantly reducing risk factors for comorbidities<sup>1</sup>

<sup>1</sup>Soan et al., 2014.

## Program & Costs

- Medical clearance may be required before participation.
- Initial assessments are available by appointment Monday to Saturday, and include measures of cardiovascular fitness, body composition, physical function and muscle strength.

*Medicare and/or private health rebates may apply (Accredited Exercise Physiology/Physiotherapy)*



## Student Training at the UWA Exercise & Performance Centre

The EPC is linked with the School of Human Sciences providing clinical training to postgraduate students undertaking Master of Clinical Exercise Physiology.

Initial Assessment

Group Sessions  
or Studio Sessions  
(3ppl)

Follow Up Assessments

# Rebates & Referral Pathways

- Exercise plans are paid for up-front with itemized receipts available for private health claiming.
- Medicare, Bulk Billing, and private health rebates may apply depending on individuals policy, and the choice of service (see below).
- Under the discretion of GP Medicare pathways may include;
  - ▷ Chronic Disease GP Management Plan (721) – Allied Health Services (Exercise Physiology – 10953, Physiotherapy 10960)

	Medicare Rebate & Codes <i>*If applicable</i>	Private Health Rebate & Codes <i>*If applicable</i>
Service	Chronic Disease Management Plan (721 – 723)	Rebate dependent on fund and cover
Individual/subsequent consultations or assessments	10953/10960	102/500 initial consultation & assessment 202/505 subsequent consultation
Supervised Group Sessions	N/A	502/560
Exercise Studios/Group Classes	N/A	N/A

## Referral &/or Medical Clearance

**Client Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Specific referral information:** \_\_\_\_\_

I have examined \_\_\_\_\_ and clear them of any obvious condition that would prevent participation in a physical activity program. Based on my assessment his/her health status is stable; however I understand you will undertake a thorough assessment to ensure your prescriptions meet their current health need.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Referrer/DR** (Stamp if available):

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Preferred method of communication:**

Phone     Email     Fax     Mail

## Contact Details for more information.

**UWA Exercise & Performance Centre**  
- University of Western Australia (Crawley)

Entrance #4, Parkway (street and ACROD parking available)

**P.** 6488 3333

**E.** epc-sseh@uwa.edu.au

**W.** www.uwa.edu.au/facilities/uwa-exercise-and-performance-centre

