# Exercise Preparticipation Screening Tool

**Use this screening tool to help decide whether LAM*Fit* is right for your patient!**

**LAM*Fit*** is a home-based, remotely monitored exercise program that incorporates daily activity goal setting, reminder messaging, and social connection.

**Purpose:** This tool helps you decide whether a patient with lymphangioleiomyomatosis (LAM) is medically appropriate to participate in a home exercise program delivered on a digital health platform with remote monitoring.

**Background:** In May 2023, a two-round modified Delphi study was conducted to develop consensus recommendations for remote exercise preparticipation screening in LAM. A panel consisting of 16 health care providers, researchers, and other experts in LAM convened in Washington, D.C at the American Thoracic Society International Conference. A consensus decision algorithm was developed to help referring medical providers choose whether a patient with LAM is appropriate to start LAM*Fit*, or whether they are better suited for referral to an outpatient rehabilitation center for supervised exercise training.

**Steps for provider use:**

1. Identify a patient with LAM that might be interested in and appropriate for LAM*Fit,* a home-based, remotely monitored exercise program.
2. Conduct an in-person medical screen and consider risk factors for exercise intolerance.
3. Use the results of a clinical exercise test within the last 3 months to prescribe home supplemental oxygen to the patient, if necessary.
4. Use the following exercise preparticipation screening tool to determine medical appropriateness for participation in LAM*Fit*.
5. If the patient is eligible for LAM*Fit,* contact the study team for referral: lamfit-study@uw.edu

*For higher risk patients, consider referral to an outpatient, supervised rehabilitation program (e.g., pulmonary rehabilitation)

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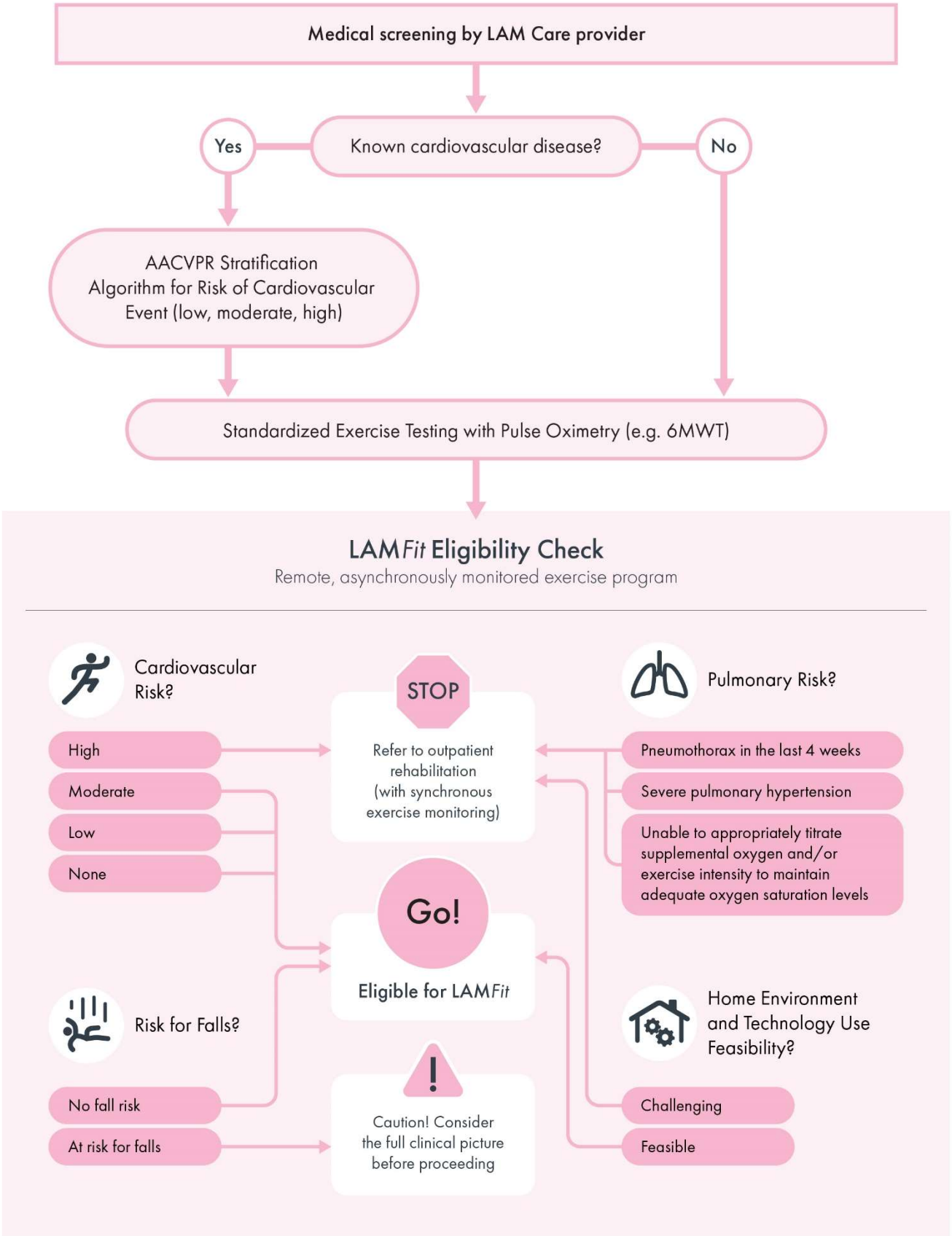
Funded by an Established Investigator Award from The LAM Foundation to Dr. Brown

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**AACVPR Stratification Algorithm for Risk of Cardiovascular Event**

❶ Patient is at **HIGH RISK** if ANY ONE OR MORE of the following factors are present:

- Left ventricular ejection fraction < 40%
- Survivor of cardiac arrest or sudden death
- Complex ventricular dysrhythmias (ventricular tachycardia, frequent [> 6/min] multiform PVCs) at rest or with exercise
- MI or cardiac surgery complicated by cardiogenic shock, CHF, and/or signs/symptoms of post-procedure ischemia
- Abnormal hemodynamics with exercise, especially flat or decreasing systolic blood pressure or chronotropic incompetence with increasing workload
- Significant silent ischemia (ST depression 2mm or grater without symptoms) with exercise or in recovery
- Signs/symptoms including angina pectoris, dizziness, lightheadedness, or dyspnea at low levels of exercise (< 5.0 METs) or in recovery

❷ Patient is at **LOW RISK** if ALL of the following factors are present:

- Left ventricular ejection fraction > 50%
- No resting or exercise-induced complex dysrhythmias
- Uncomplicated MI, CABG, angioplasty, atherectomy, or stent:
    - Absence of CHF or signs/symptoms indicating post-event ischemia
- Normal hemodynamic and ECG responses with exercise and in recovery
- Asymptomatic with exercise or in recovery, including absence of angina

❸ Patient is at **MODERATE RISK** if they meet neither High Risk nor Low Risk standards:

- Left ventricular ejection fraction = 40-50%
- Signs/symptoms including angina at “moderate” levels of exercise (60-75% of maximal functional capacity) or in recovery
- Mild to moderate silent ischemia (ST depression less than 2mm) with exercise or in recovery

Adapted from the 2012 American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) Stratification Algorithm for Risk of Event, available at:
https://registry.dev.aacvpr.org/Documents/AACVPR%20Risk%20Stratification%20Algorithm_June2012.pdf