

Self-Management Plan for Therapy

Name: _____

Date: _____

<p>Green Zone = All Clear</p> <ul style="list-style-type: none">• Pain returns to prior exercise levels 15 to 30 minutes after exercising.• Fatigue returns to prior exercise levels 15 to 30 minutes after exercising.• You have significant increase in shortness of breath.• There is decrease in your ability to maintain normal activity level.	<p>Green Zone Means</p> <ul style="list-style-type: none">• Keep therapy appointments.• Keep physician appointments.• Continue your exercise program.
<p>Yellow Zone = Caution</p> <ul style="list-style-type: none">• Pain is at increased levels one hour after exercising.• You are still tired one hour after exercising.• You are unable to do your normal activities because of shortness of breath.• Your ability to do normal activities has decreased.	<p>Yellow Zone Means</p> <ul style="list-style-type: none">• There could be complications from your illness.• Call your Home Care Therapist and/or your physician. <p>24-hour phone number is Primary Physician: _____ Phone Number: _____ <i>(Please notify your Home Care Nurse or go see your physician.)</i></p>
<p>Red Zone = Medical Alert</p> <ul style="list-style-type: none">• Severe shortness of breath• Severe pain that significantly decreases your ability to perform normal activities• Severe decrease in your ability to perform normal activities	<p>Red Zone Means</p> <p>You need to be evaluated by a physician right away.</p> <p>Primary Physician: _____ Phone Number: _____</p> <p>24 hour phone number is: <i>(Please notify your Home Care Nurse if you go to the emergency room or are hospitalized.)</i></p>