為改善健康,請按此處方調整你的運動量

病人姓名:		-	※請於覆診時出示此處方※			
		1. 帶氧體制				
毎周累積最少	〉	時運動,可:	考慮分 _	天進	行。	
	輕度 / 🗆 中等 行/ 🗆 緩步跑/ 🗅	•	(中運動/ 🗆	跳舞/口罩	踏單車/ 其	[他:
2. 肌肉強化活動:						
每周最少有	天鍛鍊聶	最少 個	別肉群。			
建議您鍛鍊以下身體部分: (可図選多項)						
り 例如 異肢 提舉	例如 屈膝掌上壓 剛部		腹部		例如 仰臥髖提	
每次做組,每組		組,每組做下		每組做下		目·每組做下
□ 肩膀	例如 臂屈 手臂		□ 前大腿 前大腿		□ 後大腿	
每次做組,每組	故下 每次做	組,每組做下	每次做組,	每組做下	每次做	且,每組做下
3. 伸展活	動: 每周	最少有	天進行	ī、每次d	故	分鐘。
温馨提示						
 運動前後各做5至15分鐘熱身及緩和運動是安全運動不可或缺的部份。 挑選自己喜歡和可以融入日常生活的體能活動,並找出每天最適合或最方便做運動的時段。 要量力而為,初時應以較輕鬆的活動為主,目標是達到盡最大努力(10分)的4至7分。 即使每次只做少量運動,也能每周累積起來計算。努力吧!做一些運動總好過完全不做! 運動時若感到不適,應立即停止,並請教醫生。 						
醫生簽署:						
日期:						
您						
的						向醫生報告:
您 您是否 進 度 評 估] [我完全做到。 我只做到一部份。 我完全做不到。				

Be Healthy · Please Follow this Exercise Prescription! Please bring this prescription at Name: No.: the next consultation X 1. Aerobic Physical Activity: Do at least _____ hours of aerobic physical activity a week, and do it over____ days. Recommended Intensity: ☐ Mild/ ☐ Moderate/ ☐ Vigorous Type: \square Walking/ \square Jogging/ \square Stair-climbing/ \square Water aerobics/ \square Dancing/ \square Cycling/Others: 2. Muscle-strengthening Physical Activity: Do it on at least days of the week involving at least muscle groups. You are recommended to exercise the following body parts: (Can choose more than 1 option) Back e.g. Contralateral limb raises Chest e.g. Bent-knee push-up Abdomen e.g. Abdominal crunch Hips e.g. Butt lift Do sets per session Do ___ sets per session Do sets per session Do sets per session Do __repetitions per set Do __repetitions per set Do ___repetitions per set Do __repetitions per set ☐ Arms ☐ Quadriceps Shoulders e.g. Wall squat e.g. Shoulder press e.g. Biceps curl e.g. Leg curl Do sets per session Do sets per session Do sets per session Do sets per session Do repetitions per set repetitions per set Do repetitions per set repetitions per set Do 3. Stretching Activity: Do at least minutes per session over days of the week. Reminders You should do 5-15 minutes of warm-up and cool-down activities before and after any exercise session as essential parts of a safe physical activity plan. Pick an activity you like and one that fits into your life. Find the time that works best for you. Start by doing what you can. Start slowly to achieve a perceived exertion score of 4-7 out of 10. Every little bit adds up and doing something is better than nothing at all. Stop and consult your doctor if you do not feel well during exercise. **Doctor's Signature:** Clinic: Date: Please follow up on ____(d) / ____(m) / ____(y). **Your Progress** Have you read the following health educational information? Please report your progress **☑** at your next visit: (available in Chinese only) □「開展運動之旅」 ☐ I have fully complied with the exercise prescription. 「慢性病友運動須知」

□「鍛鍊肌肉保健康」

☐ I have only followed some of the exercise recommendations.

☐ I cannot follow this exercise prescription.