

## **CARDIOVASCULAR EXERCISE PATIENT HANDOUT**

Complete your cardiovascular home exercise program as prescribed by your healthcare team. Begin with walking outside or using an exercise machine such as a stationary bike, treadmill, or elliptical in an environment that is not visually stimulating. Do not attempt resistance training until speaking to your healthcare team. Avoid exercising when you are feeling significant symptoms. Make sure you have your exercise Journal, a stopwatch and the Post-Concussion Symptom Scale/Inventory with you.







1. Using the list provided on page 2, rate any current pre-workout symptoms from 1 (mild) to 10 (severe) and record them in your exercise journal. Avoid exercising if your current overall symptoms burden is  $>7/10$  according to the visual analogue scale on page 3.
2. Complete a 5-minute warm-up at a self-selected and comfortable pace.
3. Perform 20 minutes of sustained cardiovascular exercise at the target heart rate provided by your healthcare team.
4. A slight increase in symptoms with exercise (i.e. 1 or 2 points) is okay. Stop exercising if you feel a *significant* increase in symptoms (i.e. 3 or more points on the 10-point visual analogue scale found on page 3) and document the following:
  - a. The duration of exercise before stopping.
  - b. Your heart rate at the time of stopping.
  - c. Which symptoms caused you to stop and their severity (1= mild, 10 = worst symptoms imaginable).
  - d. How long it took for those symptoms to settle down to the way they were before you started exercising.
5. After 20 minutes of sustained exercise (assuming you did not have to stop earlier due to symptoms), complete a 5-minute cool-down at a self-selected and comfortable pace.
6. Once you are finished, document the following in your exercise journal:
  - a. Total exercise duration.
  - b. Average and peak heart rate you attained.
  - c. Any new or worsening symptoms that you experience in the 24-hour period after your exercise session, their intensity, and how long they lasted.

**List of common symptoms:**

Headache
Nausea
Vomiting
Balance Problems
Dizziness
Fatigue
Trouble falling asleep (last night vs. tonight)
Excessive Sleep
Drowsiness
Sensitivity to Light
Sensitivity to Noise
Irritability
Sadness
Nervousness
Feeling more emotional
Numbness or tingling
Feeling "slow"
Feeling "foggy"
Difficulty concentrating
Difficulty remembering
Visual Problems

## Visual Analogue Scale for Symptom Rating

### Rate Your Overall Condition

					
0	1-2	3-4	5-6	7-8	9-10
Feel terrific, no symptoms	Feel some symptoms but quite tolerable	Symptoms a little worse	Symptoms much worse	Feeling quite symptomatic	Feel terrible, worst I ever felt