**AEROBIC EXERCISE PRESCRIPTION**

Your doctor has given you a prescription for ***light aerobic exercise***. It is very important that you exercise according to your prescription and follow the instructions given by your doctor very carefully. You can perform aerobic exercise that you choose (such as walking, jogging, stationary cycling), but it is important to avoid a lot of neck motion during exercise. If you are experiencing balance difficulties, avoid exercise that requires good balance (for example, bicycling).

Exercise should include a gradual warm-up to the target heart rate (HR), attempting to exercise for a minimum of **20 minutes** at the target HR, followed by a gradual cool-down. Aim to complete at least 20 minutes of exercise **5 days a week**. You can exercise for more than 20 minutes on a given day provided your symptoms do not increase more than mildly (by more than 2 points on a 0-10 scale when compared with your pre-exercise resting value).

You and your clinician can utilize the table below to determine at what target HR you should be exercising. **While you may increase the amount of time you choose to exercise, please do not increase the exercise target HR intensity without consulting your provider.**

**Heart Rate Prescription for Concussed Adolescents (13-18 years**

|  |  |
| --- | --- |
|  | **Mean HR Prescription** |
| **Females** |  |
| Week One | 116 - 119 |
| Week Two | 124 - 127 |
| Week Three | 132 - 135 |
| Week Four | 141 - 144 |
| **Males** |  |
| Week One | 123 - 126 |
| Week Two | 131 - 134 |
| Week Three | 140 - 143 |
| Week Four | 147 – 150 |

**Weekly Exercise Calendar**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_ **Sex**: \_\_\_\_

**Rx**: \_\_ BPM for \_\_ minutes \_\_ days per week

**Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Aerobic Exercise** | **Time** | **Max HR** | **RPE** | **Symptoms:**  **Pre - Exercise** | **Symptoms:**  **Post -Exercise** |
| **Monday** |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |

*When rating your* ***RPE, use 1-10 scale: 1 = light activity, 10 = maximum effort activity.***

*When rating your* ***symptoms, use 0-10 scale: 0 = no symptoms, 10 = worst I have ever felt.***

**When to stop**

If you experience an increase in your current concussion-related symptoms or any new symptoms appear (the combination of which adds up to more than 2 points on a 0-10 scale when compared with your pre-exercise resting value [below]), please stop exercising for the day and try again when your symptoms return to the pre-exercise level. Increasing severity of any symptom should be added to your total score, and the appearance of any new symptom raises the symptom score by 1. You can typically resume exercise as soon as the following day. If you experience a prolonged or severe increase of your concussion-related symptoms during exercise, stop and contact your provider.

