

ExWell@Home

staying well



ACKNOWLEDGEMENTS

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ExWell@Home is kindly supported by:

TOWERVIEW



6 April 2020

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SECTION 1

EXWELL KEY MESSAGES



WELCOME TO THE EXWELL MEDICAL HOME PROGRAMME



Dr Noel McCaffrey

On behalf of our team, I would like to welcome you to ExWell@Home. I hope you will enjoy being an ExWell participant and that you will be with us for a long time. Our aim is to help you to rediscover the joy of regular physical activity if you were that person in the past. You may miss those times and you may have felt you would never see them again. On the other hand, you may have never been regularly active in the past and you will now, after all these years, become that person for the first time. Exercise is cheap and great fun.

A chronic illness is long-lasting. It doesn't go away. We have the evidence showing that our programme helps people with long-term illness in many ways. Our job is to improve your quality of life, through exercise, while you live with the illness, rather than trying to cure it. If you work with us and give our programme a real try, we can transform your life.

ExWell Medical is a not-for-profit social enterprise, formed in January 2019. We have 10 years working experience in the field of community-based chronic illness rehabilitation through exercise (in a centre that grew to become the largest of its kind in Europe, hosting 700 participant visits every week). ExWell was formed to drive the national roll-out of this programme. Our aim is to make ExWell accessible in all parts of Ireland as soon as possible.

ExWell is a medically led programme. This means we operate on the basis of receiving a referral from your doctor or health care professional and that the programme has been designed with medical input. Additionally, you will have the opportunity to meet or contact one of our doctors regularly, our doctor will be the link between your own doctor and our programme, and all our staff receive support from one of our doctors as they deliver the programme.

Perhaps you currently attend ExWell and the home programme might supplement your weekly attendance. Perhaps you have attended ExWell in the past, and now find it difficult to get to the group classes. Or maybe you live in a part of the country that has prevented you from ever being able to attend ExWell. ExWell@Home will allow you to overcome these barriers and take part. So please jump aboard and stay on board. You won't regret it.

How this booklet is laid out:

- **Section 1** gives you an essential overview of the programme.
- **Section 2** gives you individual exercises we recommend.
- **Section 3** summarises important reference and background information about chronic illnesses and the role of physical activity in treating these conditions, the different components of fitness, the evidence showing the effectiveness of the ExWell programme, the importance of resilience, safety advice and the challenges involved in changing behaviour and dealing with set-backs.
- **Section 4** contains information on the assessments and on how you can carry out these assessments at home yourself.
- **Section 5** has key information about some specific illnesses.
- **Section 6** gives you the exercise plan and physical activity logs/diaries.

WHAT YOU MUST UNDERSTAND

The following key points are critical to understanding what we do in ExWell and why we do it:

- **Most long-term or chronic illnesses do not go away.** If you have one, the essential approach to take is to improve your quality of life while living with the illness, rather than trying to cure it. However, there are important exceptions as some serious illnesses, such as cancer, may be cured fully, and some illnesses, such as type 2 diabetes, can be effectively cured with appropriate lifestyle changes.
- **Becoming deconditioned (unfit)** causes much of the unwellness and poor quality of life that occurs in any chronic illness and this is brought about by becoming less and less active over time.
- This **PROBLEM** (the reduced physical activity) is caused by 2 factors, which are:
 - 1 You, the person with the illness, have become afraid to exert yourself physically because you think this is bad for your illness. This is simply not true. You have become particularly nervous about becoming breathless. You must realise that becoming breathless is a perfectly normal experience. There is absolutely nothing wrong with becoming 'normally' breathless when you are physically active. In fact, it is quite enjoyable.
 - 2 You have been told by your family and (sometimes even by your medical advisors) to do very little. Unfortunately, this is bad advice, although often given with the best of intentions.
- The **SOLUTION** to the problem is to increase your physical activity and your fitness. We can help you do this, if you let us and if you work with us, without fixing (or needing to fix) the underlying illness.
- In this way **you will take some control over your own health**, you will have great fun, and your life will be transformed.

EXWELL@HOME: AN OVERVIEW

ExWell@Home aims to help you carry out our programme in and near your home. You will be in one of the following categories:

- you are now switching from our group classes to ExWell@Home.
- you now want to combine the group classes with ExWell@Home.
- you are new to ExWell and you are starting with ExWell@Home.

ExWell@Home is a medically led service. Our job is to help, encourage and support you. It can sometimes be confusing, knowing which exercises to do and how often to do them. However, our experienced team at ExWell have worked with you to create a tailored exercise programme that suits you as an individual. Before you start your exercise sessions, we will talk you through your personalised programme that outlines which exercises to do, how often you should do them, how long should you do them and how hard.

HOW DOES THE PROGRAMME WORK?

The following steps take place:

1 Referral

Your GP/hospital consultant/health care professional refers you to ExWell Medical. This is done by sending us a referral letter, which will tell us about your medical condition, and giving us your contact details.

2 Home assessments

You are then contacted by our team to let you know that we have received the referral. We ask you to carry out some simple assessments at home to measure your physical abilities. We provide you with simple written guidelines explaining how to do these assessments. We also ask you to complete some questionnaires over the phone looking at health related quality of life and other important information.

3 Phone Call

Once you let us know (by email/text/call) that the assessments are complete, we then arrange a phone call with you to discuss your results and to ask you for some further information.

4 Your personalised exercise programme is designed

We then give you advice about your own programme based on information from:

- your medical referral;
- your assessments;
- our phone call with you.

5 Consent

If you agree to get involved, we ask you to sign a consent form to indicate that you understand your involvement and give us permission to store your data on our online database.

6 Get Started

Next, you start your exercise programme. This involves daily exercise, incorporating aerobic and strength exercise, flexibility and core stability/balance work.

7 Linking with local activities in your community

Depending on your own preference, we can link you with activities going on in your community.

8 Using this ExWell@Home booklet

This booklet has a section giving details of all the exercises we suggest. You can refer to this to remind yourself of the exercises and suggested exercise sessions.

9 Linking with other ExWell participants

There may be other ExWell participants living nearby. If this is the case, we offer you the option of meeting them so that you can exercise together, if you wish. Alternatively, we can link you with another ExWell participant who can stay in touch with you by phone in order to encourage you and offer support while you are settling into the programme.

10 Ongoing telephone support

We phone you regularly to check how you are getting on with your exercise programme and to answer any questions you may have. Initially these calls are weekly.

11 Keeping an exercise log/dairy

We ask you to keep a simple log/diary of your exercises and to share with us every week. This helps motivate you and also helps us understand how well things are going. This may involve using a step counter (also known as a pedometer) every day.

12 Viewing video material

You can access any of the following video support material:

- A video of the induction talk that is delivered at face-to-face group inductions. Most of the material in the talk is included in this manual, but it can be helpful to hear it spoken as well as to reading it;
- Demonstrations of the individual exercises we recommend;
- Demonstrations of suggested exercise sessions, of different lengths;
- Testimonials from ExWell participants;
- Advice from different medical specialists.

13 Retesting and Reporting

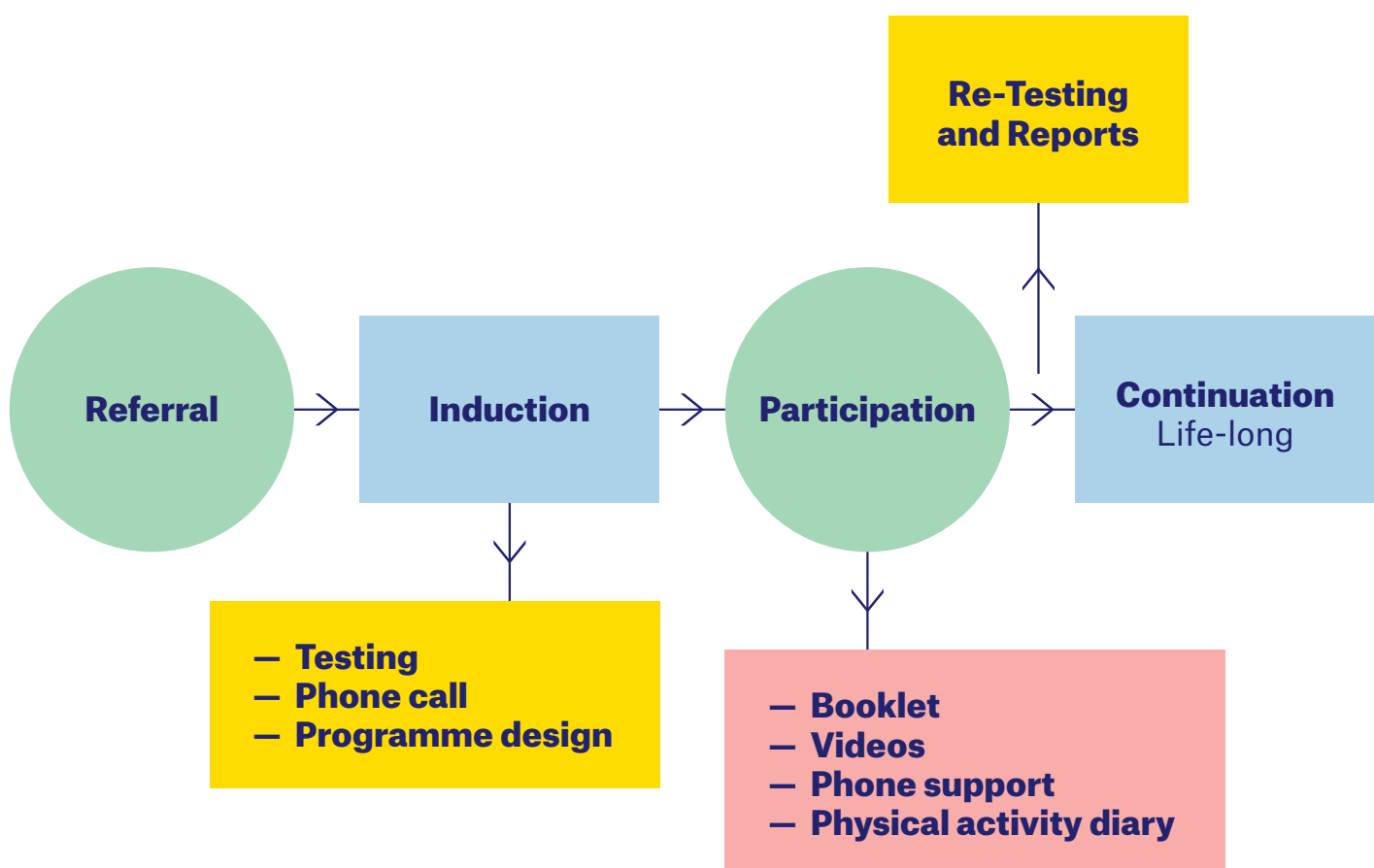
After 3 months, we ask you to repeat the assessments that you carried out at the start of the programme. Based on the results, we prepare a report for you and for your doctor. We also discuss the results with you by phone.

GROUP ASSESSMENTS / INTERACTION

Please note if you wish that you can attend some group exercise assessments/exercises sessions, even if you are following the ExWell@Home Programme which include the following:

- You have the option of attending a group, face-to-face induction session, at which you will hear a talk about the programme and the assessments. This is available instead of doing the assessments at home.
- You have the option of attending repeat assessments in a group setting at an ExWell centre.
- You have the option of attending occasional group exercise classes if this is convenient. This allows you to interact with other participants, discuss how you are getting on, and also to ask the ExWell team any questions you may have.

THE EXWELL@HOME PATHWAY



ExWELL MEDICAL

TOP 10 TIPS

- 1 Give it a real try.** You have been referred for a reason. Your doctor or health care professional believes this is the right programme for you. You would not have been referred to us if this was not the case.
- 2 Trust Us.** We know what we are doing. We have the experience and the scientific proof from our research that our programme works. You can contact us at any time for advice.
- 3 Make ExWell the centre-piece of your week.** It must take priority over other activities you now have. Being more active is a habit, it must be worked gradually into our daily routine. This programme will help you develop this habit to improve both physically and mentally.
- 4 Everyone can take part.** We will structure a programme to suit you. Even if you feel very unfit at present, we will ease you into the programme gently, in a way that will build up your confidence.
- 5 Enjoy yourself.** This is vital. Get your family or friends involved and build a social network around regular exercise. Build your programme around activities you like doing.
- 6 Easy as you go.** Build up gradually.
- 7 Be active in every way possible.** This includes your housework, your commuting and also in your workplace.
- 8 Measure your progress.** Use our assessments to measure your progress, or use your own, such as how long does it take you to walk the loop in the park for example.
- 9 Set goals.** There must be something you would like to achieve. Make sure it is realistic and involves action by yourself (not someone else). Your goals could be short term or long-term, or both.
- 10 Be ready for set-backs.** This happens for everyone at some stage. Have your family and friends ready you help get you going again.

PARTICIPANT TESTIMONIALS

“Since I have come here I’ve started to live again. Over winning the lottery ExWell would win hands down.”

“Since I started in ExWell about 2 years ago my health has improved. I’m healthier now than I was in my 40s. I haven’t had an antibiotic or a steroid in 2 years.”

“When I started I couldn’t complete the 6 minute walking test. Last weekend I did two 70 minute walks WITH hills and I feel great!”

“I wasn’t active before ExWell. I arrived on crutches and now I don’t even use my stick anymore. I think the programme is fabulous and I wish it was here 20 years ago! I can’t afford to attend a normal gym but I find this really affordable — but it’s also worth so much more to me.”

“Really enjoy the class, helps with my mental health. I always feel much better after the hour.”

“We have seen massive differences with Mammy doing the ExWell programme. She feels very safe doing the programme. She’s happier, she has way more energy and she’s fitter to do things than she was before.”

SECTION 2

EXERCISES



Your exercise specialist at ExWell has put together a personalised exercise programme, tailored for you, using some of the exercises shown below. Below, you will be signposted to the exercises that you should do. As there are different levels for the exercises, there are a selection of exercises below; however, you will not be completing all of these. The exercise session must include:

- A** Warm Up
- B** Aerobic
- C** Resistance
- D** Balance/Core
- E** Cool Down

Each exercise will have a name, a brief description, and a picture to demonstrate the correct technique for the exercise. Some exercises will have an 'adaptation' underneath. This is a different way to do the same exercise if you are finding the original too easy or difficult.

Some key tips before you start:

- Ensure you have sufficient space.
- Ideally work out on non-slippery floor such as a carpet or large rug.
- Make sure you're well hydrated! Drink plenty of water before, during and after exercise.
- Take breaks as often as you need to and carry on when you feel ready.
- Wear comfortable clothes that you can move about in.
- Wear shoes with a good grip (e.g. runners).

When to not exercise

It is not safe to exercise vigorously if you have a high temperature (shivering, feeling hot and cold, sweating to the point of changing your pyjamas or night dress, or changing the bed clothes). Separately, you should not exercise if you have:

- Chest pain at rest or on mild exertion (effort)
- Dizziness and/or fainting
- Severe and unusual headaches
- Nausea, vomiting or diarrhoea
- Unexplained bleeding or bruising

A) WARM UP

The purpose of the warm-up is to prepare the body for more intense exercise. The following exercises should be carried out in a slow and controlled way, allowing the muscles to warm up gradually before the main session. The intensity should be increased gradually so that at the end of the warm-up you feel a little red-faced and a little breathless.

1



Marching on the spot

Stand tall with the shoulders back.

Begin marching bringing your knees high and swinging your arms.

While marching on the spot, roll the shoulders forwards.

Change direction and roll the shoulders backwards.

Heel digs

Place the hands on the hips.

Tap the heel out in front.

Alternate between the left and right leg.

2



3



Heel flicks

Place the hands on the hips.

Bend the left knee and lift the left heel to the buttock.

Return to starting position and repeat with right leg.

Alternate between the left and right leg.

Side steps

Place the hands on the hips.

Step to the right and stand with your feet together.

Step to the left and stand with your feet together.

Repeat to both sides.

4



High knees to elbow

Stand tall and squeeze the tummy muscles tight.

Raise the left knee and tap it with your right hand.

Lower your leg.

Alternate to the opposite side by raising the right knee and tapping it with your left hand.

Lower your leg.

Repeat this action, alternating the arms and legs each time.

5



6



Full body stretch

Stand with your feet shoulder width apart.

Lock your fingers together with your hands in front of you.

Bring both arms over your head and stretch yourself as tall as possible.

Hold this stretch for 10-15 seconds.

Side tap and arm raise

Start with feet shoulder width apart and arms by your side.

Tap your left foot to one side. As you are doing this, slowly raise your arms out to the side and up over your head.

Slowly lower your arms and return to starting position.

Repeat on the right side and alternate.

7



8



Heel dig and bicep curl

Tap the heel out in front.

Alternate between the left and right leg.

Bend the arms at the elbow, bringing the hands up to the shoulders.

Straighten arms and repeat.

9



Heel dig stretch.

Tap the heel in front and hold it in that position.

Keep your front leg straight and lean your body forward until you feel a gentle stretch in the back of your leg below the buttock.

Keep your head and chest up.

Hold this stretch for 10-15 seconds.

Jogging and punching

Begin by jogging on the spot.

Next, punch out in front with alternating arms at a steady pace.

Lastly, for 10 seconds, pick up the pace and do this as fast as you can.

Slow down to a relaxed pace and march on the spot.

10



B) AEROBIC EXERCISE

Please refer to your personalised exercise plan for which exercises to perform and for how long. Typically each exercise should be done for 1 minute but your exercise specialist will prescribe you what they want you to do for each exercise. We recommend working towards an effort that make you feel a little out of breath, red face and some sweating. Another good way of checking whether you have reached this intensity is the “talk test”; you should be a little breathless, and able to speak a short sentence but not a conversation.



Half Jacks

Place your right hand on your right hip.

Tap the left toe out to the side and raise your left arm upwards.

This movement should reflect one half of a jumping jack.

Change to the opposite side.

Repeat and alternate between sides.

To make this exercise harder, increase the speed.

Hand to knee

Stand tall and squeeze the tummy muscles tight.

Raise the left knee and tap it with your right hand.

Lower your leg.

Alternate to the opposite side by raising the right knee and tapping it with your left hand.

Lower your leg.

Repeat, alternating each time.

To make this exercise harder, touch your knee with the opposite elbow, instead of hand.



3



Heel flicks

Place the hands on the hips.

Bend the left knee and lift the left heel to the buttock.

Return to starting position and repeat with right leg.

Alternate between the left and right leg.

To make this exercise harder, bend your elbows (hands-to-shoulders) up and down in a bicep curl as you go.

Side steps

Place the hands on the hips.

Step to the right and stand with your feet together.

Step to the left and stand with your feet together.

Repeat to both sides.

To make this exercise harder, raise your elbows as high as you can with your hands in front of your chest and lower back down again.

4



5



Jogging on the spot

Begin by marching on the spot.

Increase the pace and jog on the spot and maintain this.

To make this exercise harder, as you are stepping, alternate between raising your hands over your head and then out to the side at shoulder height

6



Foot Taps

Stand with your feet shoulder width apart.

Lift your left foot off the ground and reach down to touch it with your right hand.

Return to the starting position.

Repeat exercise with your right foot and left hand.

Alternate between the two.

To make this exercise harder, increase the pace.

Push backs

Start with hands on your hips and feet shoulder width apart

Lift one leg and reach your foot back comfortably, push your toes up from the floor and return to starting position.

Repeat with the other leg.

Alternate between the two.

To make this exercise harder, lift both arms out in front to shoulder height on each repetition.

7



8



Skipping

Begin by marching on the spot.

Imagine you have a skipping rope and begin skipping by lifting one leg at a time on the spot.

Rotate the hands in a skipping movement as you skip.

To make this exercise harder, skip by jogging on the spot instead of marching.

C) STRENGTH EXERCISES

Strength exercises will help to increase the strength and tone of your muscles. This will in turn improve your ability to perform everyday tasks such as getting out of a chair, carrying shopping bags or lifting heavier objects.

To increase strength and tone in your muscles, we need to get them doing a little more work than they are used to. This section includes exercises which will work your main muscle groups and help you gradually increase the strength and tone of your muscles.

To ensure that you do these exercises safely, follow the advice below:

- 1 Make sure that you are warm before doing these exercises, e.g. after a walk or after completing the warm-up exercises.
- 2 Work your muscles through as full a range of movement as is comfortable.
- 3 Take your time to control the movements; each movement should take 3-4 seconds to complete from beginning to end.
- 4 Try to maintain good posture (back straight, feet shoulder width apart, tummy in) throughout the exercises.
- 5 Don't hold your breath, breathe in a regular pattern.
- 6 By the end of the exercise you should feel that you have worked your muscles a little, but they should not feel painful.



Lateral Raise

Begin by standing with your feet shoulder width apart.

Have a slight bend in your knees.

Squeeze your tummy muscles tight.

Start with the arms/weights by your sides.

Raise the arms/weights out to the side to shoulder height.

Lower the arms down.

Repeat the action.

To make this easier, do this exercise sitting down or complete exercise one arm at a time.



Bicep Curl

Begin by standing with your feet shoulder width apart.

Have a slight bend in your knees.

Squeeze your tummy muscles tight.

Bend your elbows bringing your hands/weights towards your shoulders.

Lower the arms down.

Repeat.

To make this easier, do this exercise sitting down or complete exercise one arm at a time.



Sit to Stand

Begin by sitting on a chair, placed against a wall for safety.

Place your hands across your chest as demonstrated.

Stand up from the chair.

Sit back down.

Repeat.

To make this easier, place your hands on your knees for support or use a chair with armrests to help push up.



Wall Press

Find a clear space on a wall.

Stand in front of the wall with your feet shoulder width apart.

Squeeze your tummy muscles tight.

Place your two hands on the wall at shoulder height as shown.

Bend the elbows, bringing your body closer to the wall.

Keeping your hands on the wall, push off the wall to return to the starting position.

Remember to keep your back straight throughout this action.

To make this easier, stand closer to the wall to start off.



Shoulder Press

Begin by standing with your feet shoulder width apart.

Have a slight bend in your knees.

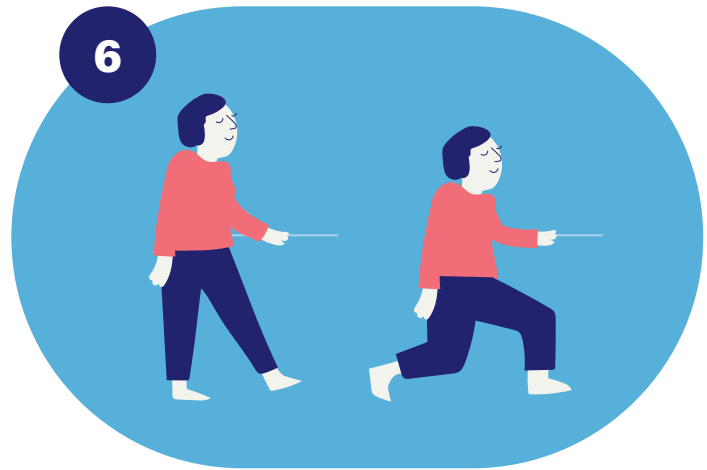
Squeeze your tummy muscles tight.

Start with the arms/weights at shoulder height with the elbow at a 90-degree angle.

Raise the arms/weights up, extending towards the ceiling.

Lower the arms/weights down.

To make this easier, do this exercise sitting down or complete exercise one arm at a time.



Forward Lunge

Stand with your feet hip width apart.

Hold onto a stable surface for support if needed e.g. kitchen counter or a heavy chair.

Take a comfortable step forward with one leg.

Bend both knees.

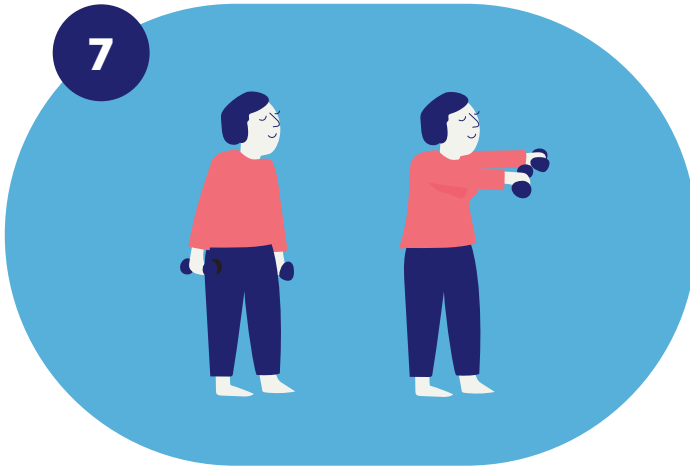
Keep your back straight and tall as you lower down.

Straighten your knees and return to starting position.

Repeat on the opposite leg.

To make this easier, bend the knees less.

7



Frontal Raise

Begin by standing with your feet shoulder width apart.

Have a slight bend in your knees.

Squeeze your tummy muscles tight.

Start with the arms/weights by your sides.

Raise the arms/weights out in front to shoulder height.

Lower the arms down.

Repeat the action.

To make this easier, do this exercise seated or complete exercise one arm at a time.

8



Upright Row

Begin by standing with your feet shoulder width apart.

Have a slight bend in your knees.

Squeeze your tummy muscles tight.

Straighten your arms/weights down keeping them close to your body.

Slowly raise your elbows up as high as you can, keeping the weights in front of your chest.

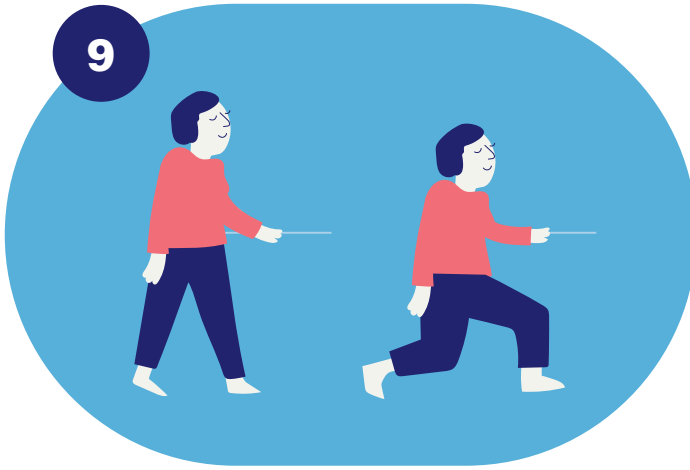
Your elbows should be pointing upwards.

Lower your arms/weights back down.

Repeat.

To make this easier, do this exercise seated or complete exercise one arm at a time.

9



Backward Lunge

Stand with your feet hip width apart.

Hold onto a stable surface for support if needed e.g. kitchen counter or a heavy chair.

Take a comfortable step backwards with one leg.

Bend both knees.

Keep your back straight and tall as you lower down.

Straighten your knees and return to starting position.

Repeat on the opposite leg.

To make this easier, bend the knees less.

10



Push Backs

Stand with your feet shoulder width apart.

Hinge at your hips, sending your backside back and keeping your back straight.

Bend your knees slightly.

Start with your elbows slightly bent and your hands/weights close to your body by your side.

Push one arm backwards to send your hands/weights behind you. Pause at the top.

Slowly lower the weight down to the starting position again.

Repeat with the other arm and alternate between the two.

Don't allow the weights to come in front of the body.

D) BALANCE/CORE EXERCISES

These exercises will challenge your balance and strengthen your core muscles. If we think of the core muscles as a belt with wraps around our middle; it includes the pelvic, lower back and abdominal (tummy) muscles. Having strong core muscles carries several benefits including:

- Reduced back pain and pressure
- Improved balance
- Better posture
- Enhanced ability for resistance and aerobic exercises.

The core exercises are to be performed on a sturdy chair, with your feet raised an inch or two above the floor. Try and suck your tummy in while breathing normally; this will have the effect of making you sit more upright in your chair.

If your balance is poor, you may want to hold onto a sturdy chair, a table top or kitchen counter when performing the balance exercises. Start slowly and push yourself a little further each time.



Seated hold

Sit upright, ideally away from the back of your chair.

Hold onto the sides of your chair.

Lift your feet an inch or two above the floor and straighten out your legs, toes pointed.

Hold this position, all the while breathing normally.

Bend your knees and return your feet to the floor.

To make this exercise easier, do one leg at a time.



Knee Tucks

Sit back in your chair so that your back is supported.

Hold onto the sides of your chair.

Lift your feet an inch or two above the floor and straighten out your legs, toes pointed.

Slowly bring both knees in towards your chest.

Extend both legs back out again

To make this exercise easier, do one leg at a time.



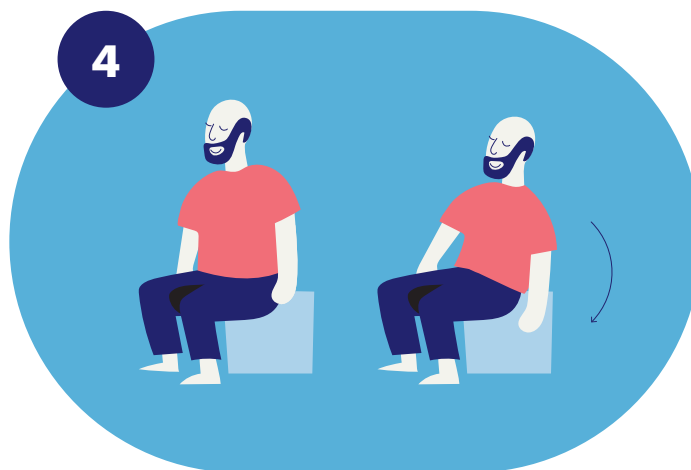
Scissor Kicks

Sit upright, ideally away from the back of your chair.

Lift your feet an inch or two above the floor and straighten out your legs, toes pointed.

Start to steadily move your legs up and down in a scissoring movement, keeping them straight.

Bend your knees and lower your feet to the floor.



Side Bends

Sit upright, ideally away from the back of your chair.

Lift your feet an inch or two above the floor and bend your knees a little and have your arms by your side.

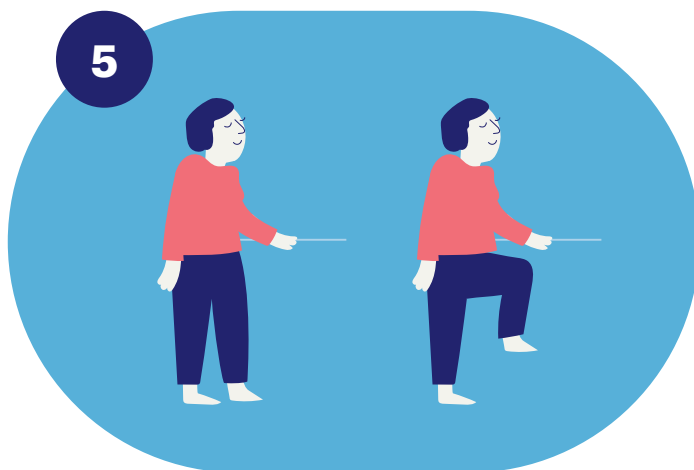
Keeping your hips stable, slowly bend to your right side with your hand reaching towards the floor.

Return to the starting position.

Repeat this to the left side.

Note — this will not be a big movement to either side. You are not trying to touch the floor!

To make this exercise easier, slightly rest your toes on the floor throughout.



Single Leg Stand

Stand with your feet hip width apart.

Draw your tummy in towards your spine.

Hold onto a sturdy chair or wall for support.

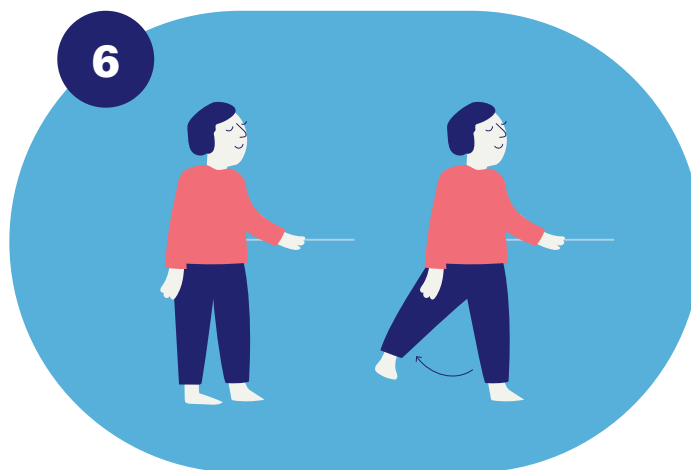
Slowly draw your knee up to the level of your hips.

Hold this position and slowly lower your foot back to the floor.

Repeat on the opposite leg.

*Adaptations to make this exercise harder: **Speak to the ExWell team before trying these adaptations.***

- *Try taking your hand off the support.*
- *Try this exercise with your eyes closed.*



Leg Side Raise

Perform this exercise beside a wall/ counter/sturdy chair for support.

Start with your feet shoulder width apart.

Lift your foot off the floor and take your leg out to the side as shown.

Slowly return it to the starting position.

Try and keep your foot off the floor as you bring your leg back towards you.

Repeat on the opposite leg.

To make this exercise harder, increase the number of repetitions (times), or wear an ankle weight.



Kick Backs

Face a wall or hold onto a kitchen counter/tabletop for balance.

Slowly lift your foot off the floor.

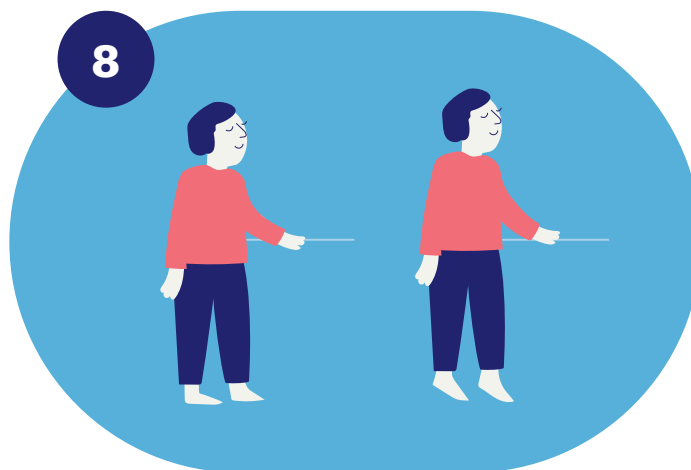
Push your leg straight out behind you as demonstrated.

Keep your back straight and chest upright, looking straight ahead.

Slowly return to the starting position.

Repeat on the opposite leg.

To make this exercise harder, increase the number of repetitions, or wear an ankle weight.



Calf Raise

Use a chair or stand beside a wall for balance support if needed.

Begin by standing with your feet shoulder width apart.

Have a slight bend in your knees.

Squeeze your tummy muscles tight.

Lift the heels off the ground as demonstrated.

Lower the heels to the ground.

Repeat.

E) COOL DOWN

It is important to cool down after an exercise session. This means not stopping your exercise too suddenly, but instead reducing the intensity gradually and bringing your heart rate back to its resting level. This section includes some light exercises and stretches.

1



Slow marching on the spot

Stand tall with the shoulders back.

Place the hands on the hips.

Begin a slow march.

While marching on the spot, roll the shoulders forwards.

Change direction and roll the shoulders backwards.

Heel digs

Place the hands on the hips.

Tap the heel out in front.

Alternate between the left and right leg.

2



3



Heel dig stretch

Tap the heel in front and hold it in that position.

Keep your front leg straight and lean your body forward until you feel a gentle stretch in the back of your leg below the buttock.

Keep your head and chest up.

Hold this stretch for 10-15 seconds.

Calf stretch

Stand with hands on hips.

Step out in front with the left leg.

Keeping both heels on the ground and both feet facing forward, push forward with the left knee.

You will feel the stretch on the back of your right leg.

Change to the opposite leg.

4



5



Side steps

Place the hands on the hips.

Step to the right and stand with your feet together.

Step to the left and stand with your feet together.

6



Chest stretch

Stand with feet shoulder width apart.

Lock the fingers of the hands together behind your back.

Push the hands away from you as far as you can.

You will feel the stretch across the top of your chest.

Upper back stretch

Stand with feet shoulder width apart.

Lock the fingers of the hands together.

Push the hands away from you as far as you can. You will feel the stretch across the top of your back.

7



8



Hip circles

Stand with the feet shoulder width apart and the hands on the hips.

Make circles with the hips.

Change direction.

SECTION 3

IMPORTANT BACKGROUND INFORMATION



CHRONIC ILLNESS

A chronic illness is an illness that is with you for a long time. It is typically not contagious, which means it cannot be spread from one individual to another. The most common chronic illnesses are cardiovascular disease (such as heart disease or high blood pressure), peripheral vascular disease, pulmonary (lung) disease, diabetes and neurological conditions like Parkinson's Disease or Multiple Sclerosis). Some chronic illnesses can be mild while some are severe. The approach to treating them is to manage them, not cure them. A key focus of management is to maintain or improve the patient's quality of life. Exercise is hugely important and this is where ExWell@Home has a vital role to play. Exercise also has a key role in the care of cancer patients. Most cancers are curable, but some tend to be long lasting and are treated like chronic illnesses

WHY PEOPLE WITH A CHRONIC ILLNESS BECOME PHYSICALLY INACTIVE

Unwellness, disability and poor quality of life in any chronic illness is caused in part by becoming deconditioned (unfit) because of physical inactivity. We all become less active as we get older. What we call the physiology of aging – when the muscles simply become unable to do as much they could at a younger age – explains only a very small part of this trend. Much of the reduction in physical activity has nothing to do with this and is instead due to habit. It is completely avoidable, totally unnecessary and extremely bad for our physical and mental health.

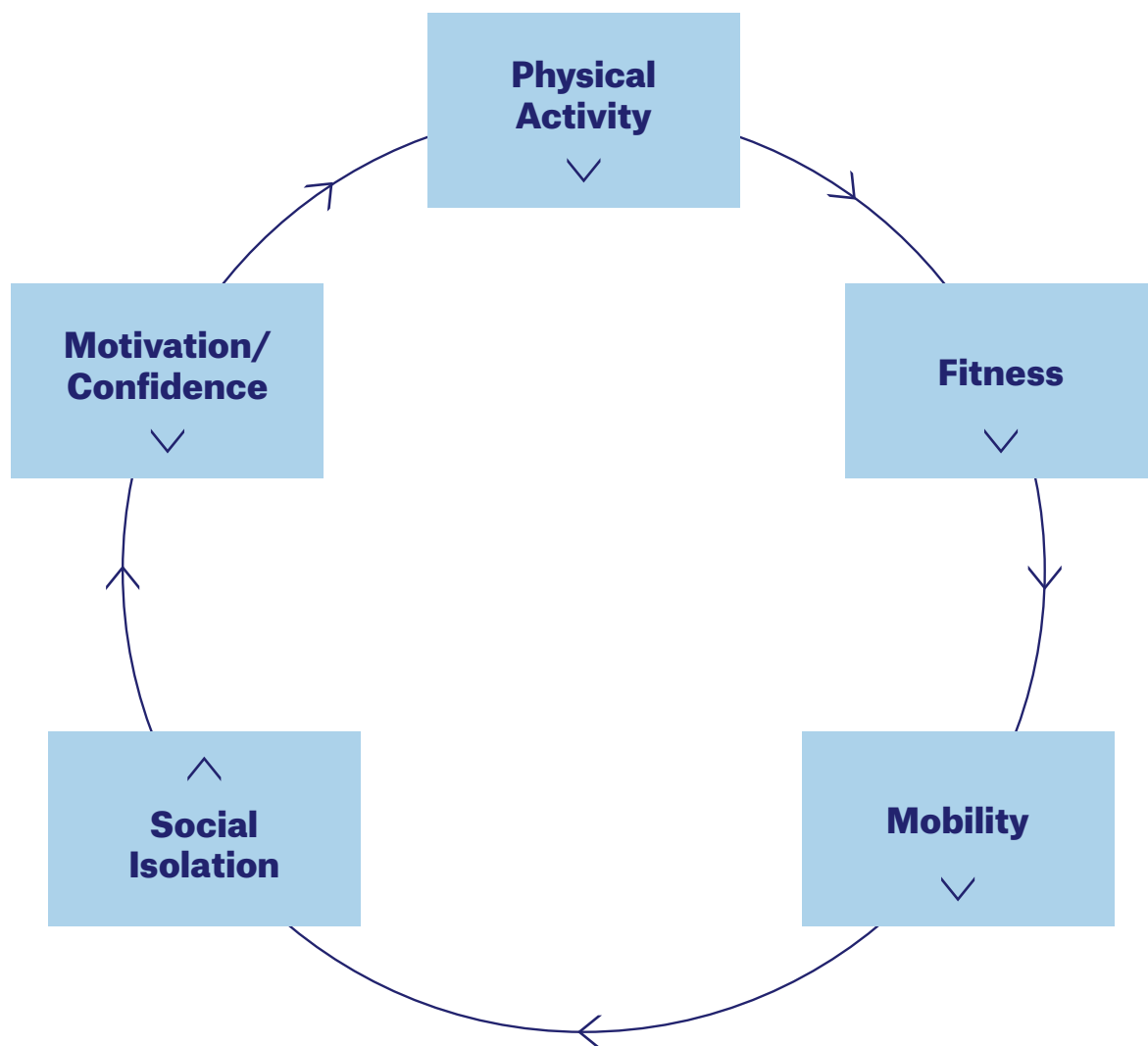
If you have a chronic illness it is likely that you have become even less active than other people who do not have such an illness. The reasons for this are as follows

- 1 The illness genuinely limits what you can do.
- 2 You may have become afraid of physical exertion and exercise, believing this is bad for your illness and that you should take it easy and do as little as possible. This is not true and usually makes matters worse, not better.
- 3 You may have been told not to exert yourself, either by family or, sometimes, by doctors. This is flawed advice, though often given with the best of intentions.
- 4 You may have lost confidence and motivation and have a fear of exercise and exertion (effort). In particular, people with long term illness develop a fear of becoming breathless, even though being breathless is a perfectly normal experience and not at all dangerous when it occurs naturally with exercise. In fact, we use the achievement of breathlessness as a very accurate way to determine how hard we should exercise. This loss of confidence means the person becomes even less physically active. The cycle starts again, and the downward spiral of chronic illness continues.

THE DOWNWARD SPIRAL OF CHRONIC ILLNESS

As described in the graphic opposite, physical inactivity in chronic illness leads to reduced fitness which then causes impaired mobility. The consequence is loss of independence, with knock-on effects on the person's family (including emotional distress and a financial burden of care), followed by social isolation, which inevitably causes loneliness and poor mental health. Social isolation contributes hugely to poor health.

Next comes a loss of confidence and motivation and a fear of exercise and exertion. This loss of confidence means the person becomes even less physically active. The cycle starts again, and the downward spiral of chronic illness continues.



Fortunately, this situation is reversible. If you work with us and trust our expertise and experience, we can fix this inactivity, reverse the deconditioning and transform your life. We can do this in group settings, which are great fun, or we can help you to follow our programme in or near your own home.

GENERAL EXERCISE INFORMATION

PHYSICAL ACTIVITY AND EXERCISE: WHAT'S THE DIFFERENCE?

Physical activity is any movement that is carried out by the skeletal muscles that requires energy. Normal daily activities that involve movement, such as household chores, shopping, gardening or walking between offices at work are examples of physical activity.

Exercise is one type of physical activity and is defined as planned, structured, repetitive and intentional movement intended to improve or maintain **physical fitness**. Examples include jogging, cycling, swimming, strength work in the gym etc.

COMPONENTS OF FITNESS

You may be familiar with some of the components of your fitness. The main ones are:

Strength

This describes how strong you are, what weight you can lift etc.

Flexibility

This describes how far you can reach in certain directions (depending which muscles you are stretching).

Aerobic capacity

This describes your ability to carry out aerobic exercise. This is exercise that involves large muscle groups (such as your arm muscles above the elbow [biceps at the front and triceps at the back] or your thigh muscles [quadriceps at the front and hamstring at the back]) in rhythmic activity (such as walking, swimming, cycling, jogging) for a relatively long period of time (at least 10 minutes).

THE IMPORTANCE OF AEROBIC FITNESS

Remember, one of the best predictors of **how long you will live** and also of **how well you will live** (i.e. your quality of life) is your **current** (today) level of aerobic fitness. You get no credits for how good you were 5 years ago. Nor do you get any for your good intentions for next year. Today is what matters. This is why you need to be physically active every day in order to enjoy the health benefits. This applies to everyone, including people with chronic illness.

RELEVANCE OF FITNESS COMPONENTS TO CHRONIC ILLNESS

Let's consider strength. Taking the pelvic and thigh muscles as an example, the practical impact of progressively falling strength is that eventually, when the strength of these muscles falls below a certain threshold, you cannot stand up. This means you cannot stand up from the toilet seat, get out of bed, get out of a car or stand up at the kitchen table. You therefore become unable to live on your own. Likewise, if your flexibility decreases, you eventually cannot put a shoe on (because you cannot reach your foot), do your hair, get a cup off the top shelf etc. Someone must do these tasks for you. If you lose your aerobic fitness, you become unable to do the housework, cut the grass, walk with your friends or walk to the shops or to the church.

The effect of all this is that you become socially isolated. You then get out of the house less often and meet fewer people. As time passes this causes loneliness. If we ask you to compare yourself now with what you were like 5 years ago, you might recognise a different person back then who was more energetic, more enthusiastic, more engaged with friends and neighbours, sleeping and eating better and just enjoying life more. With chronic illness, your overall mood often just slowly flattens.

There are 3 questions that need to be answered about the exercise programme, which are as follows:

1 How much exercise should you do?

The first point to make is that every bit of exercise you do helps, no matter how little it is. Sitting still is called sedentary behaviour. The only energy being consumed is that required to keep your heart beating and your various organs working at rest. We know that anti-sedentary behaviour, which means simply not sitting still, is extremely beneficial to your health compared with sedentary behaviour. This is why we ask you to just stand up and walk about during the ad breaks while watching television, to avoid using lifts and escalators while shopping etc. Building extra physical activity into your everyday activities in this way is really beneficial to your health compared with not doing it.

The experts advise that we all try to do 30 minutes or moderately vigorous aerobic exercise 5 times every week. Even if you are unable to walk for 30 minutes, several small walks of say 5-10 minutes throughout the day are equally beneficial. The ExWell group exercise programme offers you 2 supervised classes per week, and hopefully you will add the rest yourself. The ExWell@Home Programme provides guidelines for daily exercise.

2 What type of exercise should you do?

We know that you need to include 3 different types of exercise on a regular basis, as follows:

- Aerobic exercise: this is explained above.
- Strength work: this is extremely important and is often forgotten. It is particularly important in women, who have less muscle mass as adults than men anyway, and therefore tend to suffer more from age-related and inactivity-related muscle loss than men.
- Core stability and balance: this is very helpful in reducing the risk of falls in those who are at risk of falling.

3 How hard (intense) should the exercise be?

For aerobic exercise, we use a simple method which is very easy to understand. We advise that you will know you are exercising at the correct intensity if the answer to each of the questions below is yes:

- Do I have a red face?
- Am I sweating a little?
- Am I a little breathless?

There are many ways to judge exercise intensity. A very good test is called the Talk Test, which means that when exercising you should be able to talk but not sing a song. Another way is to measure your heart rate using a technical device and aim to achieve 50–65% of your age-related maximal heart rate when starting the programme.

SUMMARY

The typical supervised ExWell class lasts about an hour. This includes the warm-up at the start, the cool down at the end and the main class in between. The main class always has the 3 different elements (aerobic exercise, strength work and core stability/balance. There are different ways of doing all 3 elements.

For ExWell@Home, you have the option of doing a long session (up to 1 hour), effectively repeating the supervised class. Alternatively, you can break your programme up into shorter sessions and do more than 1 session every day if you wish.

DO WE HAVE EVIDENCE THAT EXWELL WORKS?

If you have a chronic illness, your health status may be dis-improving. Once you start the ExWell programme, there are 4 possible outcomes, as follows:

- 1 Your health may start improving, reversing the downward trend of physical inactivity. This is a very good outcome.
- 2 Your health may stop dis-improving and may instead become stable (not changing). This is a good outcome.
- 3 Your health may continue to dis-improve, but at a slower rate. This is an acceptable outcome.
- 4 Your health may continue to dis-improve (i.e. the ExWell programme makes no difference), which would be a disappointing outcome.

Our experience is that most ExWell participants experience one of the first 2 outcomes (either a plateau effect, where health becomes stable, or an improvement in health).

We undertook a large research study over a 3-year period which, funded by the HSE, to see if the ExWell programme worked in people who attended classes in the gym. This study showed that participation in ExWell for a full year improved the following important outcomes:

- Strength.
- Aerobic fitness.
- Psychological wellness.
- Quality of life.
- Cognition (memory and attention).
- Blood pressure control in people with confirmed high blood pressure at the start of the study.

- Fasting blood sugar.
- Blood cholesterol levels.
- Walk distance in people with poor circulation to the legs.

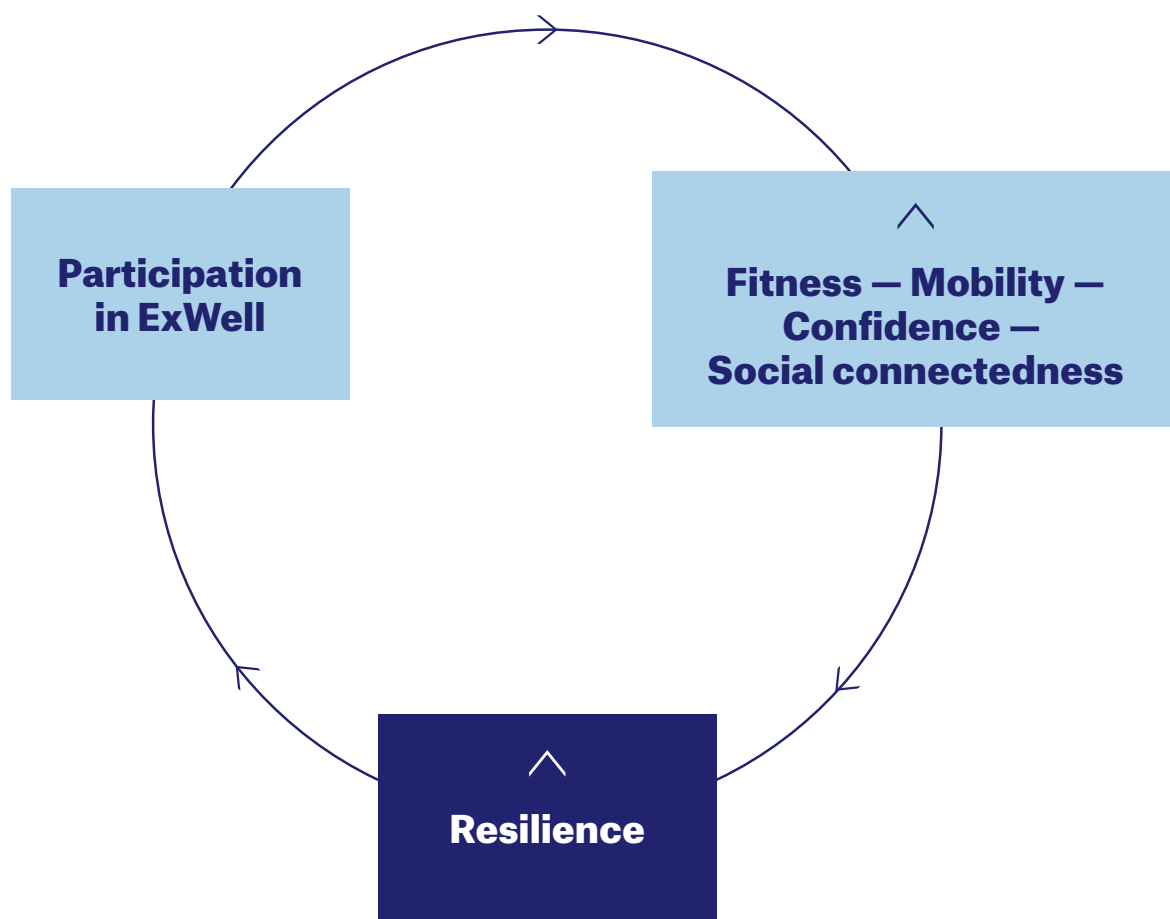
What this means is the we have scientific evidence that the ExWell programme is effective in Ireland. The above is additional to the many known benefits of physical activity, which include:

- Strengthened muscles, bones and joints.
- Improved fitness.
- Improved mood.
- Increased energy and concentration.
- Improved self esteem.
- Increased confidence.
- Decreased anxiety and depression.
- Strengthened muscles, bones and joints.
- Decreased fatigue.
- Maintenance of a healthy weight.
- Reduced need for medications in some diseases (including diabetes and high blood pressure).
- Reduced risk of developing new illnesses.

RESILIENCE

Resilience is very important in people living with a chronic illness. Resilience means mental toughness. It describes your ability to bounce back, to adapt well, to maintain a positive attitude and stay optimistic despite threats or set-backs or challenges to your health.

Participation in the ExWell programme leads to increased fitness, mobility, confidence and also social connectedness (which means having regular contact with other people). This combination builds resilience, which in turns leads to an increased willingness and ability to keep taking part in the programme, as well as a greater ability to deal with the chronic illness.



SAFETY

In general, exercise is very beneficial to your health, no matter what condition you may have. If you exercise regularly, you have a greatly reduced risk of having a sudden severe medical event that could damage your health or cause sudden death. There may be a slightly increased risk of suffering an adverse medical event while actually exercising, but overall the benefit to your health from exercising is far greater than the risk. By being sensible and taking appropriate precautions where necessary, any risk is minimised.

Soft Tissue Injury

Soft tissue injury, such as a pulled muscle or a sprained ankle ligament, can happen anyone who is exercising. These injuries are unfortunate when they happen but usually heal quite quickly (within a few weeks) with proper rehabilitation. We try to reduce the risk of injury by doing a careful warm-up and also by asking participants to avoid specific exercises, based on what we learn about at the induction, and on any difficulties, which are reported to us during the programme.

What about Pain?

Pain is a very common complaint, especially in older people, most of whom will have some degree of wear and tear (arthritis), which tends to affect mainly the back, hips and knees. Most people attending ExWell will have pain or stiffness on a regular basis, even though this is not why they have been referred to ExWell. For some, chronic pain is itself the main problem. We are often asked for advice about whether or not the presence of pain should influence whether or not a participant can take part in the exercise class.

Very commonly, participants tell us that the pain (in the knee, ankle, back etc) flares up a bit on the day of exercise but settles after a few hours or overnight. This pattern of pain repeats itself, but the overall pattern is that the pain is unchanged, and the person is taking part in the exercises. This is a good outcome as it demonstrates that the benefits of an ExWell exercise session far outweigh a temporary flare-up of pain.

If, however, the pain does not fully settle after each class, the pain may slowly worsen. This is not a good outcome. Other bad outcomes are when the flare up of pain is extremely intense. This is not acceptable, even if the pain does then fully settle later on. Another bad outcome is if the pain takes a week to settle, instead of a few hours. It is particularly unacceptable for us if the exercise causes you pain that keeps you awake at night. If any of these bad outcomes occur, it is important that you let us know and we can change your exercise plan.

CHANGING YOUR BEHAVIOUR: MOTIVATION AND BARRIERS

At ExWell, we want to help you to change your behaviour by increasing your levels of physical activity and exercise. Being regularly physically active is a habit. Like any other habit, it is difficult to stop. This means that once you get started on an exercise programme, there is a very good chance you will keep it up. However, being physically inactive is also a habit which can be hard to change. Our biggest task, and our greatest success (if we manage it) is to help you to switch from the habit of being inactive to the habit of being active. This is the biggest contribution we can make to improving your health and transforming your life. Sometimes poor motivation is a problem. You may have had many disappointments in the past in relation to your illness. Many different treatments may have failed. You may have lost confidence and perhaps you now feel nothing will work, including exercise. So you may be coming to us because you were referred, but don't really believe we can help.

We believe the following points are crucial if ExWell is to work for you:

- You must be willing to give it a real try. You have been referred for a reason. Your doctor or health care professional believes this is the right programme for you. You would not have been referred to ExWell if this was not the case.
- Please open your heart to ExWell and trust that we know what we are doing.
- We are asking you to commit to at least 4 weeks full participation. If you promise yourself this, and if you do it, we are confident we can make a difference, that you will feel this difference, and that you will stay with us.
- To make this work, you must make ExWell the centre-piece of your week. It must take priority over other activities you now have. You must move these around to make room for ExWell.
- We have experience and expertise. Although ExWell started over a year ago, we have been working in this area for 12 years. We ran the biggest centre of its kind in Europe for 10 years, before setting up ExWell Medical to bring the programme to all parts of Ireland.

- We have proof that the programme is effective, from a 3-year research study funded by the HSE.
- We will structure a programme to suit you. So even if you feel very unfit at present, we will ease you into the programme gently, in a way that will build up your confidence.

Let's keep it going

Hopefully you will get into the swing of regular exercise, either in the group classes or at home. So, what happens if you then experience a set-back of some sort, which makes continuing with exercise difficult. We have some suggestions to help deal with this situation:

- 1 Anticipate what the problems might be, so that they are not a total surprise;
- 2 Have a solution ready so that you can quickly respond to whatever challenge arises;
- 3 Make sure your family and friends are made aware of the problem, so that they can help;
- 4 Contact your doctor for advice;
- 5 Always feel free to contact one of the ExWell team for advice and support;
- 6 If you are forced to stop for a period start back gradually.



Some challenges to being active may be a viral illness and pain (discussed above in Section 1), poor motivation and common barriers that arise from ordinary, everyday events. These include work, hospital visits, family occasions, holidays and transport. Our sincere advice is that you must challenge yourself to overcome these challenges and not let them get in the way.

Remember the ExWell@Home programme is now an extremely important treatment to which you have been medically referred for. We have included a table of some challenges that participants have experienced before and the plans that you can be put in place to overcome these challenges.

The Challenge	Solution Suggestions
I have a new injury	— Have it assessed by your doctor/ physiotherapist and get the right advice quickly. — Contact the ExWell team so that we can help plan your return to activity. It may be possible to keep exercising while the injury is healing, by changing what you are doing (e.g. using an exercise bike instead of walking if you have torn a calf muscle).
I feel unwell	— Make sure you know what is wrong by contacting your doctor. — If you have a viral illness, stop exercising until you are well, and then start back gradually. — If this is not the problem, follow your doctor's advice.
I don't have time	— There should be time in every day for a little bit of exercise — Attend a different group class if necessary — If following the Home Programme, think about ways that you can incorporate activity into everyday life: — Walk or cycle to and from work. — If you get the bus, get off a few stops earlier and walk the rest of the way. — If you have to drive, park the car further away. — Take the stairs instead of the lift. — Include some exercise in your lunch break.
Exercise isn't for me	— Firstly, try to remember that this is not true. Exercise is vital for everyone. It is up to us to work together to find a an exercise that suits you. — Find an activity you enjoy (e.g. walking, dance classes, golf). Focus on the benefits of exercise for you. — Ask a family member or friend to exercise with you. — Contact a member of the ExWell team to discuss your exercise plan.

The Challenge	Solution Suggestions
My family think I should rest	— Share the information in this booklet with family members and friends. — Ask them to support your decision to be more active and invite them to be active with you. — Ask them to consult your doctor or to contact the ExWell team.
I'm losing motivation	— Firstly, it is important to recognise that this is what is happening. — Link up with a family member or friend, either to go to the group classes or to exercise at home. — Let us know in ExWell and we will set up a buddy support for you or arrange for one of our team to meet you.
I can't keep up	— Change your exercise programme. — Do it in smaller bursts (shorter walks) or less intensely. — Let us know so that we can help your planning.

Setting goals

We would ask you to reflect on why you are joining ExWell and what you hope to achieve. This can be very helpful and can help your motivation. It is really very rewarding to look back after a period and see if you have made progress towards achieving your goals.

Remember to have REALISTIC goals, that involve action by yourself, not someone else. It is also important that you can actually measure whether or not you have achieved your goals, and also that you put a time frame on them.

How family and friends can help

Research shows that people who have support from their family and friends for physical activity, are more likely to be regularly active. It's important to share your plans for exercise with your family and friends especially if this becoming active is new to you. Tell them about the benefits being active will have for you and ask them to support you as you work towards your goals. If they are concerned, ask them to contact one of the ExWell team. You have been prescribed exercise and just like other medications, it is important for you to take it. Could you work together and get the whole family moving more? Think about the things you enjoy doing as a family or with friends – how can you include physical activity?

SECTION 4

ASSESSMENTS



SELF ADMINISTERED ASSESSMENTS

The following assessments are easy to do and require little equipment. It will take no longer than **20 minutes** to complete these assessments.

The assessments are important for a number of reasons:

- 1 They give us important information which helps us to design your exercise programme.
- 2 They allow us to measure your progress objectively. This can be a great in motivating you.
- 3 They allow us to give very helpful feedback to your referring doctor.
- 4 They help us in ExWell to evaluate whether or not our programme is working.
- 5 When you carry out the tests yourself, this is a really good way of taking control of your own health.

Ask a family member or friend to help you do the assessments and encourage you throughout. Each assessment will be explained below.

Note: If for any reason you are unable to complete all or one of the assessments, please let a member of the ExWell Team know and we can make an alternative arrangement for you.

As always, before you complete any exercise you should ensure you are feeling well and have a safe environment. Please see page 13 for more details.

Equipment

Before you start, you will need;

- Sufficient Space to Move
- A timer
- Measuring Tape
- A Chair (with or without arm rests)

ASSESSMENT 1: MODIFIED 6-MINUTE WALK TEST TO MEASURE AEROBIC FITNESS

This assessment measures your heart and lungs' ability to get oxygen around the body to carry out the movement. For this assessment, you will be asked to cover as much distance as you can, walking/jogging or running (whatever your ability), within the 6 minutes.

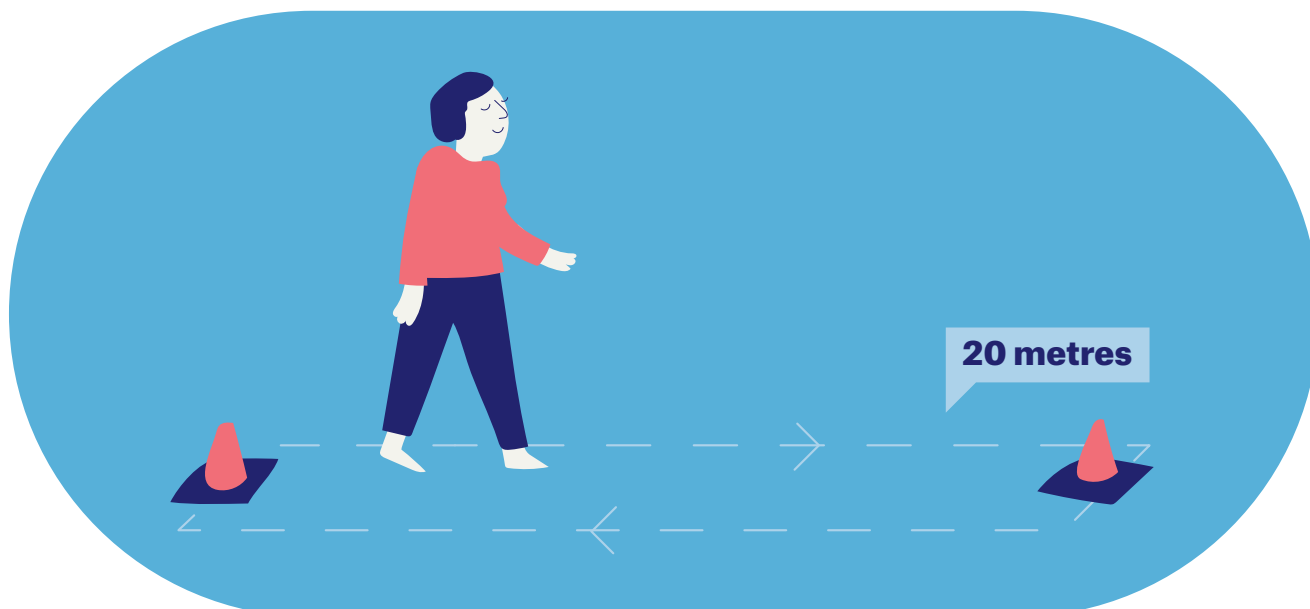
Please ask a family member/friend to help you.

Equipment includes:

- Measuring Tape
- Timer (phone/stopwatch)
- Floor Markers e.g. cones, objects
- 20 metre floor space
- Person to time, mark distance and instruct the assessment

Set Up

- Measure out a distance of 20 metres. Ideally, this is done using a tape measure. Alternatively, this can be done using an estimated step width e.g. 1 step equals 1 metre. Place one marker at either end to mark track distance.
- If you have room, allow for a chair along the track in the event you need to take a break.
- Now your course is set up and you are ready to go.



Assessment instructions

Please read the following carefully:

- 1 The aim is to cover as much distance as you can within the 6 minutes walking from one cone (or marker) to the other over and back continuously over the 6 minutes.
- 2 You can do this by walking, jogging or running. Picking the pace or changing your pace throughout is completely up to you.
- 3 It is normal to get out of breath or feel tired. **Note: If you feel any chest pain or dizziness, stop the assessment immediately.**
- 4 You can change your pace at any time and stop to take a break at any time (if required).
- 5 You can take a seat to rest if needed, and resume when you're ready. The timer will continue on and you can resume at any point. The person recording will mark where you stopped and recommenced.
- 7 When you are walking, make sure you walk around the cones. Making brisk, tight circles around the cones. Alternatively, you can plant your foot beside the cone, turn and continue.

- 8 You will be regularly informed of the time and you will be encouraged to do your best. Below is a guide for the instructor (your family member or friend) marking to let the participant know each minute that passes:

*At minute one: **"You are doing well. You have five minutes to go."***

*At minute two: **"Keep up the good work. You have four minutes to go."***

*At minute three: **"You are doing well. You are halfway."***

*At minute four: **"Keep up the good work. You have only two minutes left."***

*At minute five: **"You are doing well. You have only one minute to go."***

*At minute six: **"Please stop where you are."***

- 9 Each time you reach a cone/marker your family member/friend will record your distance by ticking a box on the table below.
- 10 Please try not talk during the assessment to ensure you are fully concentrated.
- 11 When the six minutes is up, stop where you are. Your family member/friend will then measure the remaining distance from where you have finished and total your distance.

On the next page is an assessment record for recording your 6-minute walk test. We have provided a record log so you can re-assess at a later date.

6 Minute Walk Test Marking Sheet

20m		320m		620m	
40m		340m		640m	
60m		360m		660m	
80m		380m		680m	
100m		400m		700m	
120m		420m		720m	
140m		440m		740m	
160m		460m		760m	
180m		480m		780m	
200m		500m		800m	
220m		520m		820m	
240m		540m		840m	
260m		560m		860m	
280m		580m		880m	
300m		600m		900m	

6 Minute walk assessment results

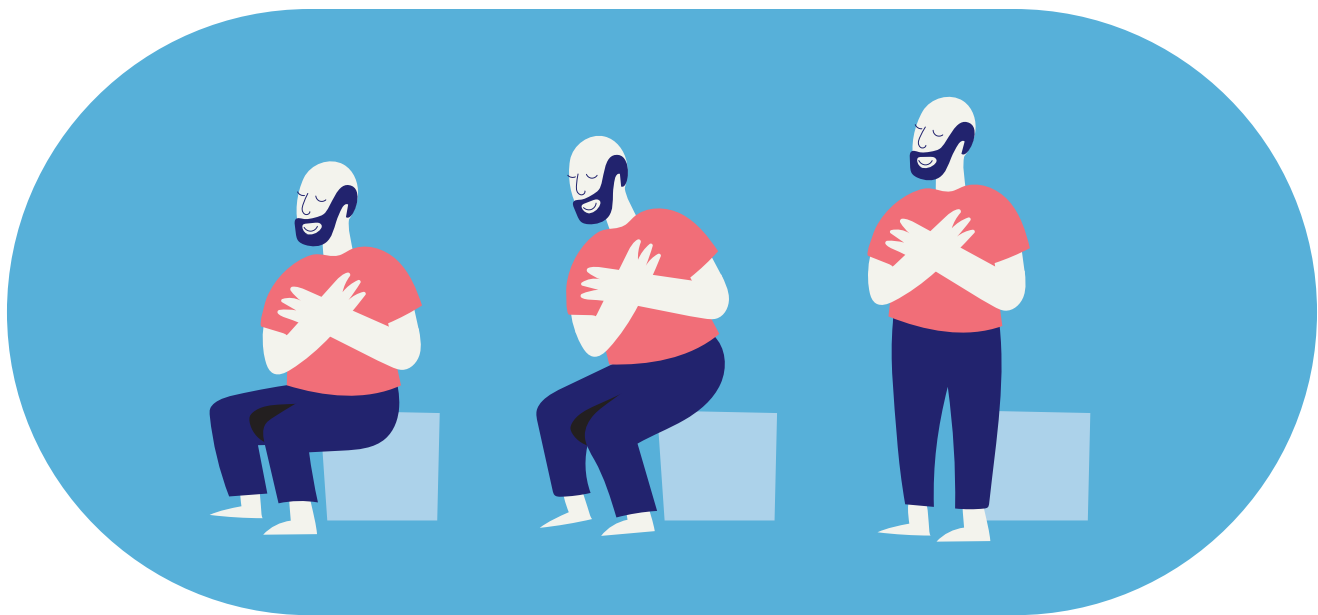
Date		Distance	
Date		Distance	
Date		Distance	
Date		Distance	

ASSESSMENT 2: SIT TO STAND MEASURES LOWER BODY STRENGTH

The Five Times Sit to Stand is an assessment of lower body strength.

Equipment includes:

- Timer/Stopwatch
- A person to instruct and time the test
- Standard chair with straight back, with arm rests is possible, placed against a wall for safety.



Assessment instructions

- 1 Sit on the edge of the chair (back does not touch the chair).
- 2 Make sure both your feet are flat on the floor, creating a broad stable base.
- 3 Cross your arms across your chest.
- 4 When ready, stand up from the chair once.
- 5 If you can perform this first trial with your arms crossed, you will be able to carry out the assessment like this. If you have difficulty rising from the chair without using your arms as an aid to push yourself up, please record this and perform the assessment using your arms. Note your bottom only has to touch the chair, you back does not touch the back of the chair while doing this assessment..

- 6 The instructor will begin timing the test when you are ready.
- 7 The stopwatch is started just as you begin your first stand up (i.e. while you are still sitting).
- 8 The assessment commences once you rise from the chair and sit back down as fast, but as safely, as you can.
- 9 Perform this action 5 times.
- 10 The stop watch is stopped when you finish your 5th stand up (i.e. when you are fully upright).

Take a few minutes rest and then repeat the test again to try and better your starting result. Record times in the table below.

5x Sit to Stand Assessment results

		Trial 1	Trial 2	Best result	Arms used?
Date					
Date					
Date					
Date					
Date					

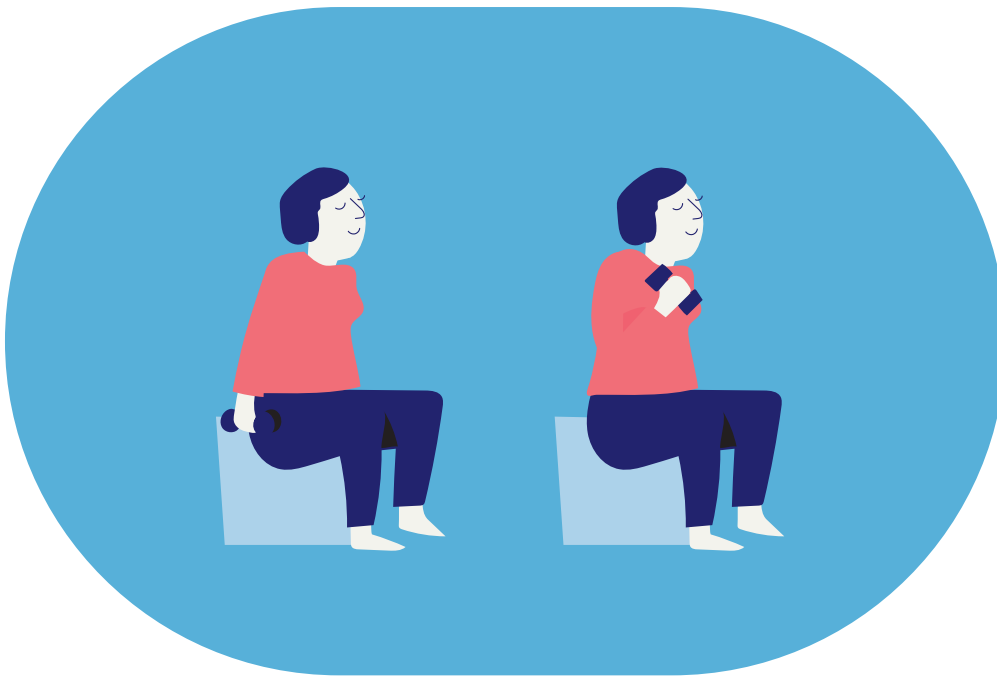
ASSESSMENT 3: ARM CURL MEASURES UPPER BODY STRENGTH

The Arm Curl assessment measures upper body strength. In this assessment, you will be asked to perform as many arm curls as possible using a weight for 30 seconds on your stronger side (dominant arm). This will be done in a seated position, on a chair with no arm rests.

When doing the assessment, you will use a weight to perform the arm curl. This can be done by using dumbbells, or if you don't have any, a household object such as milk cartons or tins of food that equal the weight of the test.

Equipment includes:

- Timer/Stopwatch
- Standard chair with straight back
- 5 pound/approx. 2kg weight (women)
- 8 pound/approx. 3.5kg weight (for men)
- Someone to help time the assessment.



Assessment instructions

- 1 Use your dominant (stronger) arm.
- 2 Sit on the chair, holding the weight in the hand using a suitcase grip (palm facing towards the body) with the arm hanging down in a downward position, beside the chair.

- 3 Brace your non dominant (free) arm against the body so that only the arm using the weight is moving
- 4 Begin recording when you begin to lift your arm towards your shoulder.
- 5 Curl your arm up through a full range of motion, gradually turning the palm up towards your face.
- 6 As the arm is lowered, gradually return to the starting position.
- 7 Your arm must be fully bent and then fully straightened at the elbow when doing the movement. This will be counted as a full curl.
- 8 Keep your elbow tucked in close to the body when doing this movement.
- 9 You will repeat this action as many times as possible within 30 seconds.
- 10 The test will be stopped at 30 seconds.
- 11 The result is the number of times your hand reaches your shoulder.

Arm Curl Assessment results

	No. of curls	Arm used (right/left)
Date		
Date		
Date		
Date		
Date		

ASSESSMENT 4: TIMED UP AND GO MEASURES FUNCTIONAL MOBILITY AND BALANCE

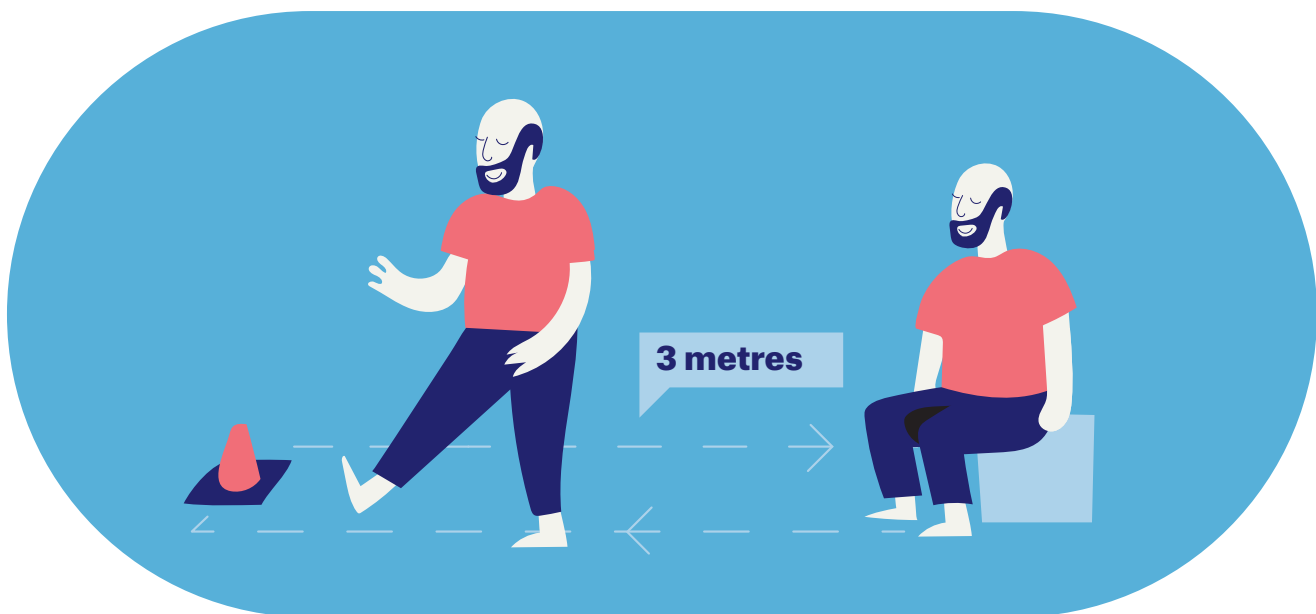
This assessment involves rising from the chair and walking to a marker on the floor three metres away, turning and returning to the chair. The assessment is recorded using a stopwatch. It starts as soon as the participant rises and ends when the participant's buttocks meet the chair.

Equipment includes:

- Standard arm chair
- Measuring tape
- Timer/stopwatch
- Floor Markers/Cones
- A person to instruct and time the test.

Set Up

- Measure and mark a 3 metre (9.8 feet) walkway, starting from the leg of the chair. Alternatively, this can be done using an estimated step width, i.e. 1 step equals 1 metre.
- Place a floor marker at the end of the 3 metres.



Assessment instructions

- 1 Sit on the chair and place your back against the chair, resting your arms against the chair's arms.
- 2 If you need to use an aid, please have it located nearby.
- 3 Rise from the chair, walk to the floor marker/cone that is three metres away, making tight, brisk circle around it (180 turn) and return to your chair, walking as quickly as you can.
- 4 The assessment starts when you rise from the chair and ends when your bottom is completely on the chair.
- 5 You will only walk up and down once. Record your results on the table below.

Timed Up and Go Assessment results

		Time
Date		
Date		
Date		
Date		
Date		

SECTION 5

INFORMATION ABOUT SPECIFIC ILLNESSES

In this section we want to give some specific and practical advice about the common illnesses we see at the ExWell programme. The advice is set out as 10 messages for different illnesses. Remember however that the general advice covered in the sections earlier of the booklet apply to all the illnesses discussed in this section. The messages given here are extra points to consider about each illness. Please consider them in conjunction with the full booklet, and not on their own.

TYPE 2 DIABETES

- 1 Type 2 (adult onset) diabetes occurs when the body's insulin (the hormone which helps move sugar out of the blood stream into muscle and other organs) becomes less efficient so that **blood sugar levels rise**.
- 2 Type 2 Diabetes is much **more common in people who are overweight and/or inactive**.
- 3 **Prolonged high blood sugar levels cause serious damage** to small blood vessels and nerves throughout the body. Impaired eyesight and kidney function are common. In addition, there is a higher risk of heart disease.
- 4 A particular problem with Type 2 Diabetes is **poor wound healing**, caused by poor blood supply and damaged small nerves.
- 5 **Treatment is usually with medication and exercise**. Sometimes insulin injections are needed.
- 6 **Exercise is known to help shift sugar out of the blood stream** and to improve the efficiency of insulin. It is therefore a critically important part of managing Type 2 diabetes.
- 7 If you commit to an exercise programme and stick with it, **you could avoid using any medication and you could actually be able to stop using insulin completely** (if you are already on it).
- 8 If you are on insulin, be careful to **reduce the insulin dosage before an exercise session**.

- 9 **Foot hygiene** is especially important for Type 2 diabetics, for 2 reasons:
- You must be vigilant about any small cuts (because you may not feel them due to the nerve damage) by actually inspecting your feet regularly or getting someone else to look at those parts of your feet which you cannot see. If there is a small cut or wound, it must be treated extremely carefully
 - People with diabetes have an increased risk of infection entering through skin wounds. This can lead to serious skin infection called cellulitis.
- 10 When exercising, **be careful about knowing the signs and symptoms of high and low blood sugar levels**. It is important to check your blood sugar levels before and after exercise sessions, especially when you are starting off on an exercise programme or if your class structure or exercise intensity changes. Always have a sweet drink to hand.
- High blood sugar causes a sweet smell for the breath and also causes thirst, poor vision, fatigue and excessive urinating.
 - Low blood sugar causes tingling around the lips, confusion, shaking, dizziness, hunger, and headaches slurred speech.

HEART DISEASE

- 1 The **heart is a hollow pump** with a wall of specialised muscle that contracts and relaxes automatically and continuously. The heart muscle receives its own blood supply through blood vessels called coronary arteries.
- 2 **Angina is a condition where the coronary artery is partially blocked** by fatty tissue stuck onto the side wall. Often the artery can get the required amount of blood to the heart muscle at rest but cannot increase the blood to the required level when the heart muscle needs more blood during exercise. The effect of this is that the heart muscle then works without enough oxygen. This causes chest pain which eases with rest. No permanent damage is done to the heart muscle. This is angina.
- 3 A heart attack occurs when the lack of oxygen to the heart muscle is severe enough or lasts long enough to cause **permanent damage to part of the heart**. The long term effects of a heart attack depends on the exact size and location of the damaged area of heart muscle, but can include badly damaged function of the heart pump (called heart failure), disturbed heart rhythm and sudden death.

- 4 **Exercise is absolutely essential** in the treatment of heart disease. Start low, go slow: Do a long slow warm up and gradually increase the intensity. Also at the end of the exercise, gradually reduce the intensity before you completely stop.
- 5 **Aerobic exercise**, carried out every day in whatever way you enjoy (walking, cycling, swimming, aerobics classes etc), should be an essential part of your daily life. The guidelines for understanding how hard to exercise are explained elsewhere in this booklet.
- 6 **Strength work** is also very important, and has been shown to be very effective, especially in people with heart failure. If you have heart failure, you may feel quite frail and weak and you may get breathless quite easily. Focusing on a period of strength work for a few weeks (and doing very little aerobic work) can be a good starting point then moving on to add in some aerobic exercise.
- 7 A common occurrence after a heart attack is loss of confidence about exercising. If you follow a common sense approach of gradually increasing the amount and intensity of exercise, and if you are patient, **your confidence will return**.
- 8 **We recommend that you do not lie flat on the ground for exercise** if you have significant heart disease, including heart failure.
- 9 You must also address the **other risk factors for heart disease** (smoking, high blood pressure, high blood cholesterol levels and stress levels).
- 10 **Red flags** are warning signs to get immediate help and are thankfully very rare. Please stop exercising immediately and seek medical advice if you experience any of the following:
 - Unfamiliar chest pain, neck pain or arm/shoulder pain (almost always left-sided) during exercise
 - Dizziness or fainting
 - Extreme breathlessness, making it difficult to speak
 - Nausea or vomiting during exercise
 - Extreme and unusual headache.

ARTHRITIS

- 1 **Arthritis is very common** – especially in older people – and is a major cause of pain and disability.
- 2 While some types of exercise may cause a flare-up of pain in an arthritic joint, this is not inevitable and, if it does happen, it usually settles quickly. This allows you to **achieve the vital health benefits of the exercise without worsening the arthritis**. Furthermore, there are ways to reduce or eliminate this temporary pain, with the correct planning.
- 3 **It is vital to NOT take the approach of resting the muscles around the arthritic joint.** The reason for this is that if a joint is painful and stiff because of arthritis, you naturally tend to use it less and therefore to move it less. This means that the muscles around that joint weaken and become smaller (because they are not being used). The result is that the joint is less supported and the arthritis progresses more rapidly, feeding into a downward cycle.
- 4 If you have arthritis, **exercise has very specific benefits** and can help you to:
 - strengthen the muscles around your joints.
 - maintain a good range of movement in the affected joints
 - maintain bone strength.
 - reach or maintain a healthy weight, which is a vital factor in reducing the pressure on the affected joints.
 - prepare for joint replacement surgery, if you have decided to have this operation, which means you are less likely to suffer complications at the time of surgery and are likely to recover from the operation more quickly.
 - get a good night's sleep.
- 5 Apart from exercise for general health (explained elsewhere in this booklet), **the important EXTRA types of exercise to carry out if you have arthritis are:**
 - Flexibility exercises for the affected joint(s) and the surrounding muscles, which is critical in keeping the joint(s) mobile. If carried out in the evening, this can be particularly helpful in reducing morning stiffness in rheumatoid arthritis.
 - Strength exercises for the muscles around the affected joints, which increases support for the joints.
 - Balance work, which counteracts the tendency towards increased risk of falling when the arthritis affects lower limb joints.

- 6 If doing weight bearing exercise, it is advised to **avoid high-impact rotational activities** (such as 5-a-side soccer or squash) because the stress on the joint in these sports will increase the progression of the arthritis. Also, avoid any exercise which you know specifically flares up your pain (such as squatting if you have knee pain).
- 7 **Non weight-bearing exercise** such as cycling, swimming or using a rowing machine in the gym are very good for arthritis because they place less pressure on the joints.
- 8 **Using heat treatments** (warm towels, hot packs or a shower) before exercise can be very helpful, and ice afterwards for up to 20 mins, especially if a joint becomes swollen.
- 9 **Start slowly and gently** and ease into the exercise session. This is why your warm-up is so important.
- 10 **Red Flags**, which would cause us concern (and for which you should see your doctor), include:
 - sudden very severe and unusual pain during or after exercise.
 - bad joint swelling.

DEMENTIA / COGNITIVE DECLINE

- 1 Dementia and cognitive decline are conditions that cause **distress for the person affected and also for families and carers**. Dementia can be accompanied by an element of anxiety.
- 2 Regular physical activity is known to protect against getting dementia and also has a role in **delaying the progression of the condition** once it starts.
- 3 A separate critical factor in prevention dementia/cognitive decline and delaying progression is **regular social engagement**, which occurs naturally in group exercise classes, or in small group exercise sessions carried out as part of a home programme, or in community based larger scale events (like the Park Run or Park Walsh).
- 4 Social interaction in the context of exercise carried out in the home itself is more challenging and requires planned actions such as **phone call or peer support or scheduled visits** by friends and neighbours who may come to join the session.
- 5 The third main intervention which is helpful is to **challenge the brain** with a new activity or hobby such as knitting, painting, crosswords or reading.
- 6 It is recognised that the **level of stress and worry for carers is greatly under-appreciated**. This includes the time and financial commitments, which can be extreme.
- 7 Very often **a person with dementia can be relatively well physically** and well capable of taking part in exercise.
- 8 All types of exercise (aerobic, strength and core stability/balance) are beneficial, but the **focus should be on aerobic exercise**.
- 9 It is always helpful and sometimes essential to **have an exercise companion** to assist the person with dementia to follow an exercise session.
- 10 With dementia, there are **no specific red flags** other than issues which arise for a general ExWell class (i.e. chest pain, fainting, severe headache etc) which should prompt a visit to the GP.

LUNG DISEASE

- 1 **Exercise-based rehabilitation (called pulmonary rehabilitation) is known to be very beneficial in many lung conditions**, including chronic obstructive pulmonary disease (COPD) and pulmonary fibrosis.
- 2 **Some measures of fitness (such as your quadriceps strength) are good predictors of how often you will suffer setbacks** (called exacerbations) requiring admission to hospital for people with COPD.
- 3 In particular exercise can help to **improve your breathlessness**, which can be very distressing.
- 4 During exercise, try **breathing in through your nose (which warms, moistens and filters the inhaled air) and out through your mouth**, pursing your lips as you exhale.
- 5 As a general rule, **try to take twice as long breathing out compared with breathing in**. A good rule of thumb is to aim for 2 seconds breathing in and 4 seconds breathing out. When you experience shortness of breath during an activity, it is often caused by an inability to exhale fully. If you slow your rate of breathing and concentrate on exhaling slowly through pursed lips, you may find that this can help.
- 6 If you are doing any physical activity at home like lifting, remember to **“Blow as You Go”** try and exhale as you make the effort. This also applies when you are lifting a weight in an exercise session.
- 7 **To relieve breathlessness, it can help to sit on a chair and lean forward**, or to face a wall and lean forward, placing your hands against the wall.
- 8 If your lung disease causes your breathing to be so difficult that you are not able for any aerobic exercise at all such as walking, our advice is to **focus instead on strength exercises for a few weeks**. This approach is easier on your breathing and will allow you to build your confidence. It has been shown that after a period of just doing strength work like this, your ability to do gentle aerobic exercise actually improves, and you can then add this in.

- 9 With lung disease, it is important to **pace yourself and take regular rests** during the exercise session. Instead of trying to do 5 minutes continuous exercise on an exercise bike or walking (which may be impossible for you), instead do 1 minute at a time (at the same speed) and take a short rest before starting again. You end up doing the same time on the bike or walking (5 minutes).
- 10 For safety, **we do not want you to become dizzy or light headed or to feel that you cannot breathe enough to be able to talk.** Learn to judge the exercise intensity to avoid this.

CANCER

- 1 **Exercise is important in lowering the risk of getting cancer It also has a vital role to play in all phases of the cancer journey,** starting once the diagnosis is made.
- 2 Over several years working with cancer patients, we have repeatedly been told that one of the biggest and most distressing problems faced is **the feeling of loss and change**, of having become a different person, unable to do many ordinary things that were so important in their lives, including exercise. Remaining active through exercise can be a huge help in retaining your own identity.
- 3 Exercise is also a way of empowering yourself to **take some control over your own health** at a time when you may feel you are relying a lot on others.
- 4 We have been told that an exercise routine can be so **important in getting back to doing normal things after cancer treatment**, things like getting dressed and starting back driving.
- 5 **Exercise can actually improve cancer-related fatigue** (which is a tiredness not explained by what you are doing on a daily basis) and can be caused by the illness or the treatment or a combination of both.
- 6 Pain can be a distressing feature of cancer, but this does not mean you cannot exercise. With good planning, choosing the right exercise and the right time of day to do it, and using simple stretching techniques before the exercise, **it is often quite possible to manage the pain and still enjoy the exercise.**

- 7 **Lymphoedema** is limb swelling, often accompanied by heaviness and/or discomfort, which occurs after cancer related surgery to remove lymph nodes. It most commonly affects the arm in breast cancer patients. It occurs because the surgery can damage one of the pathways (called the lymphatic system) through which fluid gets back out of the limb (having got into the limb through the blood stream). It is still safe to exercise. The pumping action caused by contracting the arm muscles actually helps. It is recommended to use light weights (or no weight) on the affected side.
- 8 If you have **peripheral neuropathy**, meaning damage to nerves in your hands or feet, this can cause altered sensation or poor muscle function and balance, or both. In some people it is relatively mild but in others it can cause unsteadiness or clumsiness walking or trying to run. In this situation, it just means being careful about the exercise you do and avoiding situations where you become unstable and at a risk of falling.
- 9 **Exercise has a very important role in helping you to prepare for cancer surgery.** The benefits are both mentally and physically. There is growing evidence that being physically fit and feeling psychologically strong greatly helps the post-operative recovery. Exercise is an essential part of this phase of cancer treatment.
- 10 **Some cancers, like prostate cancer or some blood cancers like multiple myeloma, actually behave just like other long-term illnesses.** In these cancers, regular exercise has all the benefits of any chronic illness rehabilitation programme. Furthermore, the treatment of some long-term cancers (especially prostate cancer) can itself increase the risk of heart disease, making exercise even more important because it reduces this risk.

INTERMITTENT CLAUDICATION

- 1 **Intermittent Claudication is like angina of the leg.** Angina has been explained on page 67. Claudication occurs when one of the main arteries into the leg becomes diseased and narrowed because of the growth of material called atheroma on the inner surface of the arterial wall.
- 2 The **damaged blood vessel** can carry enough blood into the leg at rest but is unable to carry the extra blood needed to meet the demand for extra oxygen (which is carried in the blood) to the exercising leg muscles during walking.
- 3 **The effect of this is that the muscles must do the work without enough oxygen. This causes the pain that people with claudication experience.** The pain is described as being like a cramp and commonly affects the calf or thigh area. The pain stops when you rest for a few minutes, but comes on again after you resume walking. Typically you will know from experience how far you can walk before the pain starts, and also how long it will take to go away when you rest.
- 4 One of the biggest risk factors for developing claudication is **smoking**.
- 5 It is very important to understand that if the problem (atheroma) is affecting the arteries in one leg, it is likely that **it may also be affecting other body areas** (including the heart) even if you have no symptoms in these other areas. One explanation for this may be that the leg pain stops you exercising before pain can come on in other areas.
- 6 **Leg claudication may be treated by surgery** (which unblocks or bypass the damaged artery), but for various reasons surgery may not be possible for some people.
- 7 **Exercise is known to help claudication.** The aim is to walk until the pain comes on and to then keep walking through the pain for as long as possible. The theory is that forcing the leg muscle to work in this way will actually cause new small blood vessels to grow which bypass the damaged area.
- 8 In claudication **the doctor actually wants you to have pain** and it is one of the very unusual medical conditions where this is the case.

- 9 A good guideline is to **pick a walking speed that causes pain to come on between 3-5 minutes after starting and which forces to you to stop after about 10 minutes**, meaning you continue walking in pain for 5-7 minutes if possible.
- 10 Apart from walking, it is also important to **stop smoking** and also to add in the other exercises (strength and balance) described elsewhere in this booklet.

MENTAL ILLNESS

- 1 Mental illness commonly has a negative effect on your mood and motivation and it can be very hard to find the will to exercise. Exercise, however, is known to have a **positive effect on mood**. Therefore the days when you feel least like doing exercise are the very days when you will get then most benefit.
- 2 The beneficial effect on mood is related to the production of internal chemicals called **endorphins**. Exercise causes increased release of endorphins and one of their effects is to improve mood and well-being.
- 3 The **endorphin effect** explains why serious athletes or footballers who are forced to suddenly stop exercising because of injury almost always suffer a period of low mood or depression, even if they often do not recognise it as depression.
- 4 Many people report that **regular walking or jogging is essential for their mental health** and that they usually experience a lower mood if they cannot exercise.
- 5 If you have anxiety or mild to moderate depression, regular exercise can make an enormous contribution to your health and can **reduce or even eliminate the need for medication**.
- 6 The main exercise that brings this benefit is **aerobic exercise**, but other exercise types (strength and balance) should be included.
- 7 To get the benefit, our advice is that you should aim to exercise for at least an hour every day (not necessarily all in one session) and that you should try to exercise hard enough to **feel at least a little breathless**.
- 8 **Exercise for mental wellness can also work in different ways** (other than the endorphin pathway). Exercise can be a very important distraction from stressful situations, or it may act by giving you a pathway to take control of your own health (this is called mastery). It may also act by enhancing social interaction if you exercise in a group setting.

- 9 **The medications used can having difficult side effects** for people with some mental illnesses like schizophrenia and psychosis, weight gain and related metabolic changes, which bring health risks such as hypertension (high blood pressure), diabetes and heart disease. For these people, regular exercise is really vital, not just for the mood enhancing effects but also to reduce these other health risks.
- 10 **Exercise contributes to improving self-confidence and self-esteem**, which is hugely important to everyone, but especially so for people with mental illness

FRAILITY

- 1 **Frailty is defined as** some combination of 3 or more of the following:
 - Weakness
 - Slowness
 - Low level of physical activity
 - A feeling of exhaustion
 - Unintentional weight loss
- 2 Frailty can occur **with or without other illnesses**.
- 3 Frail people commonly become **socially isolated** and this may lead to loneliness and low mood.
- 4 A common knock on effect of frailty is **loss of confidence**.
- 5 The **risk of falling is higher** in frail people.
- 6 **Exercise can have a vital role** in tackling frailty. Becoming fitter and stronger can greatly increase confidence and can counteract many of the effects of frailty
- 7 **Strength work** can reverse weakness, particularly in the main muscle groups that affect mobility (the trunk, pelvic and leg muscles).
- 8 **Balance and core stability** exercises will reduce the risk of falling.
- 9 **Aerobic exercise** will increase general mobility and may also improve appetite and help tackle weight loss.
- 10 Exercise for frail people can **greatly improve resilience** which means have having a positive attitude, optimism and mental toughness despite the challenges if frailty.

MULTIPLE SCLEROSIS

- 1 **Multiple Sclerosis** (MS) is a disease where the immune system attacks the central nervous system, causing internal scar tissue, nerve damage and impaired ability to send signals from one part of the CNS to another.
- 2 **The effects are often different for everyone** who has the disease. Some people will have mild symptoms and won't need treatment. Others will have trouble getting around and doing daily tasks.
- 3 People with MS may experience **symptoms** such as fatigue, muscle weakness/spasms, blurred or double vision, disturbed balance, falls, difficulty focusing, poor memory, poor bladder or bowel control, and low mood.
- 4 The **benefits of exercise** far outweigh the challenges of doing exercise for people with MS. Some of these benefits include improvements in:
 - Cardiovascular fitness
 - Strength
 - Bladder and bowel function
 - Fatigue
 - Mood
 - Cognitive function
 - Bone density
 - Flexibility
- 5 **The key EXTRA types of exercise to carry out if you have MS** apart from exercise for general health (explained elsewhere), are:
 - Flexibility exercises take your muscles and joints through their full range of motion. For people with MS, this can help reduce pain in muscles that tend to get tight and spasm.
 - Resistance and aerobic training improves connectivity between brain regions in people with MS. It is thought that increased brain connectivity can protect against fatigue and cognitive decline. These exercises also greatly help functional mobility - your ability to get around and carry out daily tasks and routines.
 - People with MS can be at greater risk of falling due to impaired balance and coordination. Specific balance exercises can help to improve coordination, balance and posture, which decreases this risk of falling and improves functional mobility.

- 6 **Start low, go slow:** Do a long, slow warm up and gradually increase the intensity. Start each exercise at an intensity you can manage comfortably.
- 7 **Safe environment:** When exercising, make sure the area is clear. Avoid slippery floors, poor lighting, rugs/mats and other trip hazards.
- 8 **Overheating:** For some people with MS, symptoms reappear or become worse when the body temperature rises. If you notice any symptoms that you didn't have before you started exercising, slow down or stop exercising until you cool down. Drink plenty of cool water.
- 9 **Fatigue:** Exercise is one of the best ways to combat fatigue. However, you should never exercise until you are exhausted. Take plenty of breaks between and during exercises as necessary. Pacing is also important here. This means not doing too much exercise when you are feeling energetic, as this will take your body longer to recover afterwards.
- 10 **Flare Ups:** Everyone's flare ups are different. Increased symptoms like pain and muscle spasms can interrupt sleep and keep you up at night. When flare ups happen it is important to rest. Take a break from your exercise programme and consult with your doctor to get your symptoms under control.

STROKE

- 1 **A stroke** occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot, or bursts (causing bleeding). In both situations, the area of the brain beyond the clot or the bleed is damaged because it no longer gets a blood supply.
- 2 **Every stroke is different.** Each person affected by stroke will have different problems and different needs. The way in which you might be affected depends on where in the brain the stroke happens and how big the stroke is.
- 3 If you have experienced a stroke, **some of the complications you might experience** include paralysis or loss of muscle movement (perhaps on one side), difficulty talking or swallowing, memory loss or thinking difficulties, self-care ability, pain and emotional problems.

- 4 The **benefits of exercise** far outweigh the challenges of doing exercise for people who have experienced a stroke. Some of these benefits include:
 - Reducing the risk of another stroke
 - Improving walking ability, balance, strength, fitness and heart health
 - Improving ability to perform daily activities
 - Improving function in affected limb(s) (arm/leg)
 - Lowering blood pressure
- 5 **Aerobic exercise** improves the heart's pumping efficiency and reduces blood pressure. **Strength training** can improve functional ability such as walking up a stairs, getting out of a chair or reaching overhead.
- 6 **Flexibility exercises** such as stretches can help keep your muscles relaxed and joints moving, making it easier to carry out tasks such as getting dressed
- 7 **Balance exercises** can help you move about in your home and in your community, and reduces your risk of falling.
- 8 If some days you are struggling to complete exercises, simply **moving about a little** is very beneficial i.e. standing up intermittently, or reducing bed rest.
- 9 Exercise in **short periods with rests in between** and gradually increase your activity levels.
- 10 Stroke is a complex condition, which can impact your ability to exercise safely. Depending on your ability levels, a member of the ExWell team will advise you on **exercise adaptations which are suitable for you.**

PARKINSON'S DISEASE

- 1 **Parkinson's Disease is a progressive nervous system disorder that affects movement.** When you have Parkinson's, the levels of dopamine (one of the important chemicals that carry messages around your brain) reduces, making it more difficult for you to control smooth body movements.
- 2 Though **symptoms vary from person to person**, what starts as a small tremor may progress and affect the way you walk, talk and sleep.

- 3 Some of the **complications you might experience include** a tremor, slowed movement, rigid muscles, impaired posture and balance and loss of automatic movements (blinking, swinging arms while walking). Sometimes 'freezing' occurs, which means you get stuck in one position and find it very difficult to start any movement for a short period
- 4 If you have Parkinson's, exercise can be as important as your medication to help you take control and manage your symptoms. **Benefits of exercise can include** improvements in:
 - Walking
 - Balance and posture
 - Tremors
 - Flexibility
 - Motor coordination
- 5 **Flexibility exercises** bring your joints through their full range-of-motion. These exercises can help offset the muscle rigidity that comes with Parkinson's. Balance and coordination exercises are very important to help decrease your risk of falling and improve the way you move.
- 6 **Aerobic exercise and strength training** are important to maintain a good level of fitness and improve functional ability, for example getting around your home and community, and carrying out daily tasks.
- 7 If you have **limited mobility**, these exercises can be carried out sitting down. A member of the ExWell team will advise you on exercises most appropriate for you
- 8 **'Random Practice' exercises can be very beneficial** if you have Parkinson's. These exercises challenge you in different ways. For example: changing direction e.g. stepping from side to side or reaching from one side to the other (left to right); changing activity e.g. switching between exercises; or changing the speed of the exercises.
- 9 **Rhythmic stimulation** can be very beneficial if you are having difficulty moving. This can include counting '1,2,1,2' out loud, or using the beat from a song you like. This can help improve your walking speed and stride length
- 10 If you are distressed or embarrassed by a **very visible hand tremor while walking**, this can be reduced by carrying a modest weight (1 kg) in the affected hand.

SECTION 6

EXERCISE PRESCRIPTION & PHYSICAL ACTIVITY LOGS



AEROBIC EXERCISE

Type of exercise	How often should I exercise	How long should I exercise	How hard should I exercise

STRENGTH EXERCISE

Exercise description	Page number on exercise sheets	How many times per week	Reps	Sets	How heavy (what weight)	Precautions

CORE/BALANCE EXERCISE

EXERCISE TRACKING SHEET

CIRCLE EACH DAY YOU EXERCISE

Month	Day											
	1	2	3	4	5	6	7	8	9	10	11	12
	13	14	15	16	17	18	19	20	21	22	23	24
	25	26	27	28	29	30	31					
	1	2	3	4	5	6	7	8	9	10	11	12
	13	14	15	16	17	18	19	20	21	22	23	24
	25	26	27	28	29	30	31					
	1	2	3	4	5	6	7	8	9	10	11	12
	13	14	15	16	17	18	19	20	21	22	23	24
	25	26	27	28	29	30	31					

TRACK YOUR EXERCISE FOR EACH DAY

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TRACK YOUR EXERCISE FOR EACH DAY

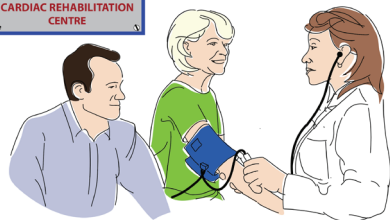
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TRACK YOUR EXERCISE FOR EACH DAY

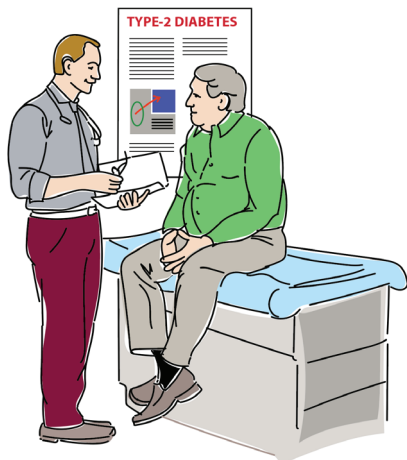
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THE EXWELL STORY

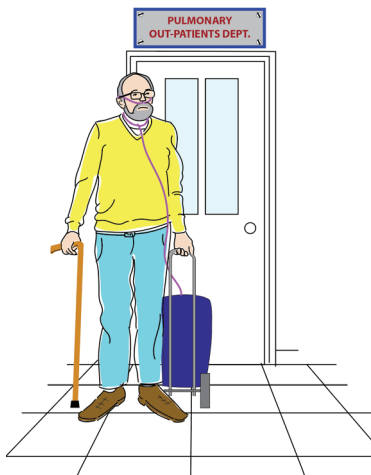
CARDIAC REHABILITATION CENTRE



TYPE-2 DIABETES



PULMONARY OUT-PATIENTS DEPT.

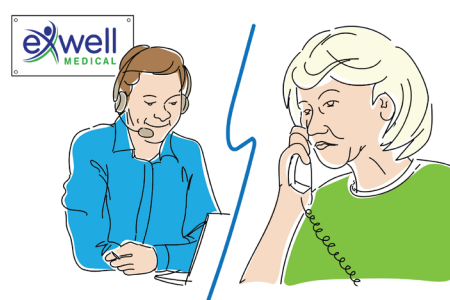
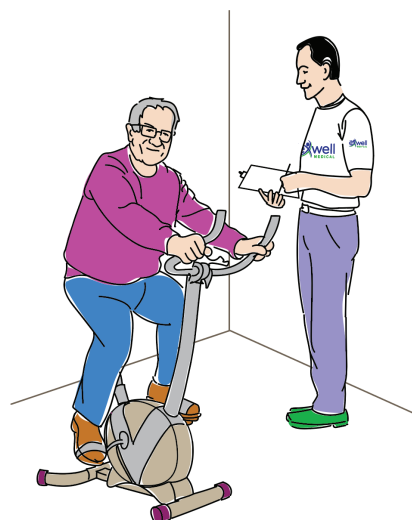


Referral: ExWell Medical offers medically-led exercise rehabilitation programmes to patients with any chronic illness, on medical referral.

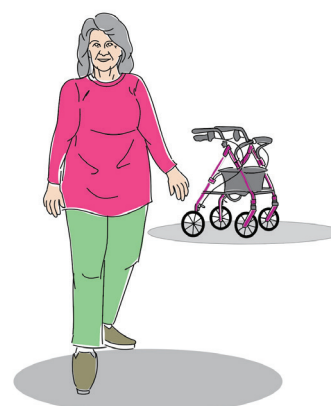
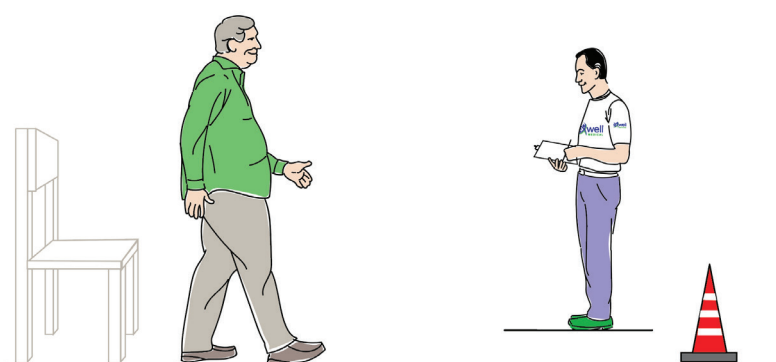


Induction: Induction involves an educational talk and baseline testing, done either in group meetings or online.





The Programme: Participants take part in supervised group classes or individual sessions, or carry out exercise at home, with telephone support from ExWell staff.



Re-testing and reports: Re-testing is done to measure improvement and give feedback.

ANY QUESTIONS? GET IN TOUCH

email

homeprogramme@exwell.ie

website

www.exwell.ie

