



Patient Name: _____

Date: _____

Aerobic Exercise Prescription

Your doctor has given you a prescription for light aerobic exercise. This means you will exercise each day, but you will keep your heart rate at a specific level that is lower than it would get to during regular exercise. Your doctor has decided on a heart rate that is safe for you based on the results of your exercise test.

You can perform aerobic exercise how you want (i.e. walking, jogging, stationary cycling), but it is important to avoid a lot of neck motion during exercise. Exercise should include a warm-up, minimum of 20 minutes at the prescribed heart rate, and then a cool-down.

It is very important that you only exercise according to your prescription, and that you follow the instructions given by your doctor very carefully. Even if you start to feel better while you are at home, you should not increase the heart rate at which you are exercising until you have consulted with your doctor. At each clinical visit, your doctor will see how you are doing and provide a new exercise prescription if needed.

For this exercise prescription, you will need a heart rate monitor at home. Whenever you are exercising, you will wear the monitor to help you track your heart rate.

Here is your exercise prescription that you should follow until your next follow-up visit:

Your treadmill test was performed on

During the treadmill test, you showed increased symptoms at a heart rate of bpm

We would like you to exercise at a heart rate of ± 5 bpm

When to stop?

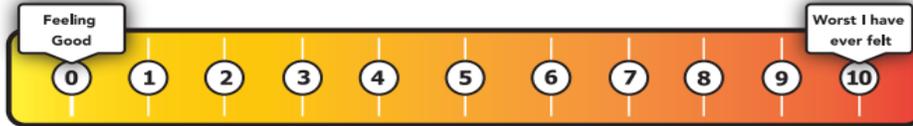
If you experience an increase of your current symptoms (by 2 points on a 0-10 scale) or onset of two new symptoms of concussion while exercising at home and cannot continue, please stop for that day and try again the following day. If you experience a prolonged or severe increase of your concussion-related symptoms during exercise, then do not perform the prescribed exercises and contact your doctor.





Rate Your Overall Condition

Choose a number from 0 to 10 and describe your condition.



Daily Symptom Diary

Day	Target Heart rate	How were your symptoms (1-10) before exercise?	How were your symptoms (1-10) during exercise?	What symptoms got worse? (additional comments)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

