

How to Write an Individualized Exercise Prescription

Following a thorough assessment, an **individualized exercise prescription** is written.

1. The type of activity should be recommended, and it is often best to base the activity on the patient's previous experience rather than suggesting an entirely new program.
2. The easiest, most convenient, and least expensive types are walking, swimming, and bicycling. Walking has the convenience of fairly simple adjustment of activity level, can be used to initiate a program, and then adjusted as tolerated.
3. Guidelines for intensity may be graded by the heart-rate method, or by rating by perceived exertion.
 - The most practical is the **heart rate method**. The target heart rate for aerobic exercise is the heart rate during 60% to 80% VO₂ max or maximum oxygen consumption. This may be determined at the time of the graded exercise testing.
 - For those who do not otherwise need a graded exercise test, it is reasonable to use 60% - 70% of the age-predicted heart rate, determined by subtracting age in years from 220.
 - It is just as reasonable to use the **perceived level of exertion** by the patient to determine intensity. Using this guide, the participant involved in light to moderate activity should still be able to talk in short sentences.
4. The long-term goal of exercise for most individuals is cardiovascular conditioning. To achieve that end, 20 to 60 minutes of exercise three to five times per week is recommended.

Another approach for the exercise prescription is "**no prescription**". That is, suggest to the patient to move from a sedentary life style to *any* physical activity. Even light activity appears to confer benefits when compared to a sedentary life style.