Exercising With Diabetes Complications

• Exercising with Heart Disease
  Caution
  Very strenuous activity like heavy lifting or straining that causes severe shortness of breath
  Exercise in extreme cold/heat
  Choose
  Moderate activity such as walking, gardening, swimming, biking
  Moderate lifting and stretching

• Exercising with Hypertension (High Blood Pressure)
  *Blood pressure should be controlled first
  Caution
  Very strenuous activity that elevates the blood pressure like heavy lifting or straining
  Choose
  Most moderate activities like walking, water-exercises, and stretching

• Exercising with Retinopathy (Eye Disease)
  Caution
  Strenuous activity
  Heavy weight lifting
  Activities that cause jarring or bouncing like jogging or high-impact aerobics
  Bending over so the head is below the waist as in toe-touching
  Activities that cause extreme changes in pressure such as scuba diving
  Choose
  Moderate, low-impact activities like walking, biking, water exercises
  Moderate daily chores that don’t require lifting or bending the head below the waist
• Exercising with Nephropathy (Kidney Disease)

Caution
Strenuous activity that causes heavy lifting

Choose
Light to moderate activity like walking, biking, light housework, gardening, and water exercise

• Exercising with Neuropathy (Nerve Disease)

Caution
Weight-bearing, high-impact, strenuous, exercise like jogging/running, step exercise, jumping, or prolonged walking

Choose
Low-impact moderate activities like biking, swimming, chair exercises, arm exercises, stretching, light daily activities

Exercising in heat/cold

Precaution: The above are general exercise guidelines for individuals with diabetes complications. More specific guidelines from your physician are necessary based on the stage or type of complication and your medical history.

Exercise Safely with Diabetes

◆ Check your blood glucose before and after exercise
  • Also check during exercise if your activity is 45 minutes or longer

◆ Don’t exercise if your blood glucose is too high
  • If your blood glucose is 250 mg/dl or greater, check for ketones. Don’t exercise if you have ketones or your blood glucose is greater than 300 mg/dl

◆ Don’t exercise if your blood glucose is too low
  • If your blood glucose is less than 100 mg/dl, eat a snack and wait until your blood glucose is over 100 mg/dl before you exercise

◆ Carry a convenient source of carbohydrate if you are at risk of low blood glucose
  • You can get low blood glucose only if you take insulin or diabetes medication that can cause low blood glucose

◆ Wear diabetes identification

◆ Stop exercising if you feel pain, lightheaded, or short of breath

◆ Avoid strenuous exercise in extremely hot, humid, or cold weather

◆ Wear proper shoes for the activity to reduce your risk of injury
  • Check your feet for blisters, redness, or other injuries

◆ Check your blood glucose after exercise
  • Remember that your blood glucose can drop many hours after you exercise

◆ Drink plenty of fluid
Signs and Symptoms of Low Blood Glucose During Exercise

- Shakiness or anxiety
- Change in coordination
- Change in ability to think
- Change in vision

Carbohydrate Sources for Treating Low Blood Glucose with Activity (equal to 15 grams of carbohydrate)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose tablets</td>
<td>3</td>
</tr>
<tr>
<td>Fruit juice</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>Soft drinks</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>Lifesavers</td>
<td>8</td>
</tr>
<tr>
<td>Raisins</td>
<td>2 Tablespoons</td>
</tr>
<tr>
<td>Sport or energy bar</td>
<td>1 ounce</td>
</tr>
<tr>
<td>Sports drink</td>
<td>1 cup</td>
</tr>
</tbody>
</table>

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Beginning a Physical Activity/Exercise Plan

Type of activity or activities you plan to do:
1. ____________________________________
2. ____________________________________

My long-term goal: (duration, frequency)
__________________________________________________________________________

My goal for the first week:
(\textit{Remember to start slowly})
Days of the week: __________________________
Time of day: _____________________________
Amount of time: _____________ minutes
Date you will start: _______________________

If you plan to have a partner, who will it be?
__________________________________________________________________________

What will be your reward for achieving your goal(s)?
__________________________________________________________________________

Your signature:
__________________________________________________________________________