

Exercising With Diabetes Complications

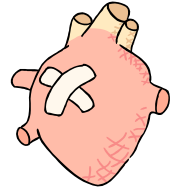
- Exercising with Heart Disease

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

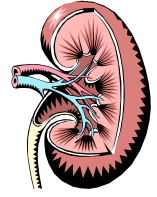
Strenuous activity
Heavy weight lifting
Activities that cause jarring or bouncing like jogging or high-impact aerobics
Bending over so the head is below the waist as in toe-touching
Activities that cause extreme changes in pressure such as scuba diving

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
Exercising in heat/cold

Choose

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

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.

Adapted from: Hayes, C: *The "I Hate to Exercise Book for People with Diabetes*. The American Diabetes Association, 2000.

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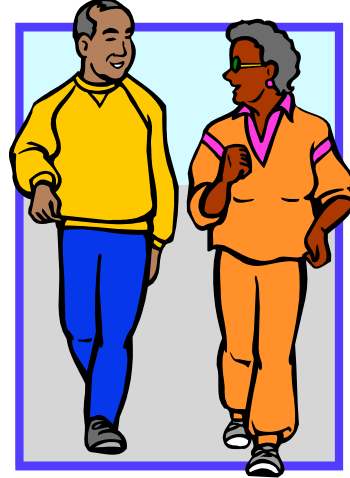
Bulletin # 95-1 FDNSE

Date 01/04

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, The University of Georgia College of Agricultural and Environmental Sciences and the U.S. Department of Agriculture cooperating.
Gale A. Buchanan, Dean and Director

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)

Glucose tablets	3
Fruit juice	1/2 cup
Soft drinks	1/2 cup
Lifesavers	8
Raisins	2 Tablespoons
Sport or energy bar	1 ounce
Sports drink	1 cup



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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:

(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:

