

Grace Hospital 300 Booth Drive Winnipeg, MB R3J 3M7 www.gracehospital.ca www.wrha.mb.ca www.gov.mb.ca/fs

#### WINNIPEG WEST INTEGRATED HEALTH AND SOCIAL SERVICES

INCLUDING: Grace Hospital / ACCESS Winnipeg West - Community Health and Social Services St. James - Assiniboia and Assiniboine South

**Cardiovascular Exercise** 

## **Your Diabetes and Exercise**

## **Blood Sugar Monitoring**

Test blood sugar before, after and 2 hours after when beginning a new exercise program

If blood sugar is less than 5.5 mmol/L before exercise and you take

- Insulin or Insulin Secretagogue
  - Eat 15-30 g carbohydrate
  - O Depends on intensity, time and type of exercise
- Non insulin
  - Monitor blood sugar during exercise

If your blood sugar is greater than 16.7 mmol/L before exercise and you have

- Type 1 delay exercise
- Type 2 If feeling well, DO exercise

#### **Exercise checklist**

- ✓ Water bottle
- ✓ Blood glucose monitor on hand monitor as needed
- ✓ Glucose Tabs or 15g carbohydrate

**Stop** if you feel any of the following and contact your doctor:



- Chest pain or tightness
- Pain in your calf
- Nauseous, light-headed, dizzy
- Shortness of breath

# **Exercise Prescription**

			<ul> <li>□ 10 minute bouts, 3 x</li> <li>□ 30 minutes</li> <li>□ 60 minutes</li> <li>ed to measure the intensity of 0-10 and relates to how eas</li> </ul>				☐ 5 days/week☐ 7 days/week ☐ 7 days/week  of your exercise. The				
30	aic rui	13 11 0111		na reia	101	ow cas	y or an	Ticare a	detivi	ty reers	
0	1	2	3	4	5	6	7		9	10	
L	Light			Moderate				Vigorous			
			Breathing Deeply				Out of breath				
Abl	Able to sing			Able to talk, hard to sing				Hard to talk or sing			
Notes:											
Resistance Exercise											
Frequency $\Box$ 1 set 8-10 exercises $\Box$ 2 days/week											
☐ 2 sets 8-10 exercises ☐ 3 days/week										week	
☐ 3 sets of 8-10 exercises											
<u>Intensity</u>											
This scale is used to measure the intensity of your exercise. The											
SC	scale runs from 0-10 and relates to how easy or difficult an activity feels										
0	1	2	2	4			-	0	0	10	
0	1	2	3		5	6	7	8	9	10	
L	Light			Moderate				Vigorous			
			Breathing Deeply				Out of breath				
Abl	e to si	ng	Able to talk, hard to sing				Hard to talk or sing				
Notes:											
☐ See qualified exercise specialist prior to starting resistance program											
_											
Date: _ Practiti											