

# Exercise and Movement



Reyné O'Shaughnessy

P2W

PILOTING 2  
WELLBEING

# Exercise and Movement

## Learning Objectives

- Understand the benefits of exercise and movement
- Identify six benefits of movement
- Explain how exercise benefits the brain
- Find easy ways to exercise on the road
- Follow time recommendations for exercise and movement

## Six Benefits of Movement

- Stronger muscles
- Denser bones
- Flexible joints
- Improve brain function
- Healthy heart
- Stronger lungs

Anschutz Health and Wellness Center, University of Colorado



## **Benefits of Movement**

- Strengthens muscles, which improves stability, balance, and coordination
- Stretching maintains muscle health and helps the body perform optimally
- Movements helps build more durable, denser bones
- Keeping your heart rate up improves your cardiorespiratory endurance

## **Psychological Benefits of Exercise**

- Boosts mood
- Decreases stress
- Increases self-esteem
- Promotes better sleep
- ??

# Exercise History Questionnaire

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

*Have you been cleared for exercise?*   ✕ Yes   ✕ No

*What are you doing on a regular basis that gets you moving and gets your heart rate up?*

Cardio/Aerobic exercise: (e.g., walking, jogging, running, dancing)

Activity 1 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 2 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Strength/Resistance exercise: (e.g., resistance machines, kettle bell, Pilates, weightlifting)

Activity 1 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 2 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Flexibility/Stretching exercise: (e.g., yoga, Pilates, matwork, stretches)

Activity 1 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 2 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Balance exercise: (e.g., tai chi, qi gong, bosu ball, dancing)

Activity 1 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 2 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

*How do you monitor your exercise intensity?*

General Intensity	Talk Test	Perceived Exertion	Heart Rate*
Light	Able to talk and/or sing	< 3    (10 point scale)	< 64% HRmax
Moderate	Able to talk but not sing	3–4   (10 point scale)	64–76% HRmax
Vigorous/hard	Difficulty talking	≥ 5    (10 point scale)	>76% HRmax

*Are you satisfied with your current exercise program?*   ✕ Yes   ✕ No

If no, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*What are your motivators for exercise? (Check all that apply)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Prevent cardiac disease and stroke | <input type="checkbox"/> Improve sleep             | <input type="checkbox"/> Increase self esteem |
| <input type="checkbox"/> Reduce blood pressure              | <input type="checkbox"/> Weight reduction          | <input type="checkbox"/> Improve mood         |
| <input type="checkbox"/> Control blood glucose              | <input type="checkbox"/> Increase mental alertness | <input type="checkbox"/> Decrease stress      |
| <input type="checkbox"/> Prevent bone loss                  | <input type="checkbox"/> Better endurance          | <input type="checkbox"/>                      |
| <input type="checkbox"/> Increase energy                    | <input type="checkbox"/> Increase interest in sex  | <input type="checkbox"/>                      |

*What types of aerobic exercise do you prefer? (Check all that apply)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Walking        | <input type="checkbox"/> Bicycling indoors/outdoors | <input type="checkbox"/> Cross country skiing |
| <input type="checkbox"/> Hiking         | <input type="checkbox"/> Stair climbing             | <input type="checkbox"/> Downhill skiing      |
| <input type="checkbox"/> Blading        | <input type="checkbox"/> Swimming                   | <input type="checkbox"/> Snowboarding         |
| <input type="checkbox"/> Jogging        | <input type="checkbox"/> Rowing                     | <input type="checkbox"/> Showshoeing          |
| <input type="checkbox"/> Treadmill      | <input type="checkbox"/> Water aerobics             | <input type="checkbox"/>                      |
| <input type="checkbox"/> EFX elliptical | <input type="checkbox"/> Aerobics classes           | <input type="checkbox"/>                      |

*\*Not an appropriate measure of intensity if taking a Beta Blocker*

*What do you like most about exercising?*

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*Do you have an exercise partner?   ✕ Yes   ✕ No*

*Do you enjoy group exercise or classes?   ✕ Yes   ✕ No*

*Are you a member of a gym or fitness center?   ✕ Yes   ✕ No*

*Are there any obstacles you have for engaging in movement and physical activity?   ✕ Yes   ✕ No*

If yes, what are they?

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If yes, do you have control over the circumstances surrounding your obstacles? How can you overcome them?

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Are any of your obstacles out of your control? If yes, which ones?

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What are some possible solutions around these obstacles? What has worked before?

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*What is the best time of day for you to exercise?*

*When do you have the most energy and time?*

*Are you ready to take action to make your exercise program work for you and your goals?*   ✕ Yes   ✕ No

*Do you have any goals related to your strength, tone, body composition, or fitness level?*   ✕ Yes   ✕ No  
If yes, explain:

*Do you experience any pain or breathing problems while exercising?*   ✕ Yes   ✕ No  
If yes, explain:

*Do you have any joint or musculoskeletal problems that might flare up during exercise?*   ✕ Yes   ✕ No  
If yes, explain:

*Have you had any injuries while exercising?*   ✕ Yes   ✕ No  
If yes, explain:

*Have you experienced a loss of muscle tissue or decline in strength over the last few years?*   ✕ Yes   ✕ No

*Have you fallen in the past few months?*   ✕ Yes   ✕ No

*Do you notice any balance problems?*   ✕ Yes   ✕ No  
If yes, explain:

*Do you have any of the following exercise contraindications? (Check all that apply)*

- ☐ Acute systemic infection (i.e., fever, body aches, swollen lymph nodes, etc.)
- ☐ Arrhythmias
- ☐ Recent heart attack
- ☐ Severe congestive heart failure
- ☐ Uncontrolled angina/chest pain
- ☐ Other

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## Tips to Incorporate Mindful Movement Every Day

Why? Mindfulness brings a new dimension to movement. Rather than moving for the sake of moving, or to accomplish a goal, mindful movement is practiced to anchor the body in the present moment. Many people feel more harmonious, relaxed, and calm after practicing mindful movement.

Classes? If you would like a structured mindful movement program, many forms of yoga, qi gong, and tai chi are wonderful ways to learn a series of movements that are connected to breathing and mental practices. Many health benefits are associated with this kind of mindful movement, ranging from improved lung function to better mental health.

On Your Own? Mindful movement can also be done in just a few minutes—just set a reminder on your phone so you remember to do it.

## Known Health Conditions that Benefit From Mindful Movement

- Anxiety
- Asthma
- Cardiometabolic diseases
- Carpal Tunnel
- Chronic Pain
- Depression
- Multiple sclerosis

## Standing Exercise:

- Stand with your feet planted, shoulder length apart, knees slightly bent.
- Relax your shoulders and tuck your chin slightly.
- Breathe in and out, then inhale as you bring your arms out to the side, raising them slowly up over your head as you inhale.
- Exhale as you let your arms lower, then bring your hands in to rest on your abdomen.
- Repeat, raising and lowering your arms, at least five times.



## Walking Exercise:

- Stand still and take a deep breath. Be aware of your body and how it feels. Where is your weight settled? Feel your heels pushing into the ground and be aware of the muscles holding you upright.
- Bend your knees and feel your weight shift. Take deep breaths and pay attention to your muscles, your skin, the air, and the sounds around you.
- Begin to walk, very slowly, keeping your knees slightly bent. Be aware of how your heel lands, and pay attention to the sensation of your weight shifting across your foot.
- Continue to walk slowly, breathing, and keeping your awareness on the kinetic motion of your body. You can practice this for a set distance or a set time, whatever feels more comfortable for you.

## Strengthen Your Core

- Walk on the curb instead of the sidewalk.
- When you drop an object, keep one elevated behind you.
- When watching TV, sit on an exercise ball.
- When you are eating, sit close to the table
- When you are brushing your teeth, stand on one leg.

## Why are Exercise and Movement Important for Wellbeing?

- Better circulation of toxins, nutrients, oxygen
- Promote perspiration to facilitate toxin release
- Improves mood
- Enhances various body systems (cognitive, nervous, immune, gastrointestinal, etc.)
- Prolongs life
- Improves mood
- Improves overall energy

*Neuropsychobiology. 2013 June 15;68(1): 1-14.*

*Am J Prev Med. 2013 Jan; 44(1): 76-84. Doi: 10.1016/j.amepre.2012.09.043*

## Actions

- Set a regular time each day to exercise
- Find a form of activity you enjoy
- Involve others (e.g. family members, friends)
- Take exercise outdoors if possible
- Consider online resources

## Benefits of Walking

- Increases blood flow to brain
- Improves memory
- Improves cholesterol level
- Regulates blood pressure
- Increases energy levels
- Lowers blood sugar levels
- Increases emotional wellbeing

## Impacts

- Tailor the movement to YOU
- QUIET/yin activity for those who are stressed and tired
- ACTIVE/yang activity for those who feel energized with more movement

## Exercise and Brain Health

To manage stress exercise for at least 150 minutes a week (20-30 minutes a day)

- Aerobic exercise
- Stretching
- Yoga
- Deep breathing

# The Vagus Nerve System

REALLY? What's the Deal?

Let's all take a deep breath, giving a little extra help to the largest cranial nerve in our body. The vagus nerve works to control the parasympathetic nervous system or rest and digest system and can greatly influence our immune system while sending signals from our brain to our organs (think emotional well-being digestion stress regulation and sleep tool!)

## Here are some ways to help support your vagal tone

- Guided yoga meditation on YouTube can find someone who resonates with you
  - Melissa Wood Health - she offers a free trial that has several low impact, guided yoga flows and the issue of feeling calm and ready to let go of whatever you may be gripping!
- App that resonates with you calm app is a good start
  - Reading material interesting: *Stress Less, Accomplish More: Meditation for Extraordinary Performance* by Emily Fletcher
- Journaling-sometimes we don't even realize what our subconscious and bodies are holding
- Deep breathing (4-7-8... Additional supportive sheets as well)
- Tapping for stress release.
  - Check out this intro video:
  - <https://www.thetappingsolution.com/tapping-101>
- Vagus nerve stimulators:
  - cold therapy dash can be cold tub or ending your shower on a cold experiment and see how it makes you feel
- Singing or humming-the Vagus nerve is attached to our vocal cords, and this can have a calming effect
- Acupuncture
- Exercise
- Being social, laughing
- Massage-reflexology on the feet
- DNRS program-a more advanced but highly successful practice
- calming oils will be different for each person
- Vibrant oils parasympathetic blend is a good one to start with
- Additional reading
- *Accessing them healing powers of the Vagus Nerve* by Stanley Rosenberg-

## My Health Choice (This is good for Nutrition and/or Exercise and Movement)

Circle your choice below.



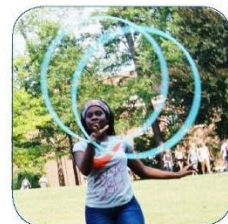
Be Involved in  
Your Health Care



Eat Wisely



Active



Be Physically

Strive for a  
Healthy Weight



Your  
Choice



Limit  
Alcohol



Be Tobacco Free



Get Recommended

Screening Tests &  
Immunizations



Manage Stress

Things that might get in my way: (Examples: weather, pain, time)

What I can do to overcome these things: (Examples: exercise indoors, walk with a friend)

I believe that I can reach my goal: (Circle the number that matches how confident you feel.)

1    2    3    4    5    6    7    8    9    10  
Not at All Confident    Somewhat Confident    Very Confident

For more help with setting and managing wellness goals, set up a free appointment with a **Purdue Wellness** Coach. [Click here to visit our website to learn more!](#)

Complete and update your plan every week. Use the charts below to track your progress.

<b>My Progress Report</b>		For week beginning:	
		Goal:	
Day of Week	Action Taken	Comments (how I felt, challenges, success)	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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