

HCM exercise planning worksheet

When it comes to living with hypertrophic cardiomyopathy (HCM), being physically active is better for your heart and overall health.

Use this worksheet to:

1. Give you and your health care team a true picture of your current exercise habits, what you're able to do, your goals, and what makes it hard. (Pages 1-4)
2. Work with your care team to tailor recommendations to meet your needs, interests and fitness level and also give you confidence to be more active. (Pages 5-8)

Part 1: What are you currently doing for exercise/ physical activity?

Do you have a regular exercise routine?

Yes

No

(If no, why not? _____)

How many days of the week are you physically active?

1	2	3	4	5	6	7
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When you are active, what types of exercise do you do? (Circle the ones you enjoy the most)

Are there other activities that you'd really like to do, but you tend to avoid?

Yes

No

If yes:

Which activities?	Why do you avoid them?

In general, how quickly do you run out of steam or feel the need to rest?

Right away (within minutes of starting)

Within 10-20 minutes

After 30 minutes

I don't run out of steam

Other: _____

When you walk or exercise with other people or as part of a team, would you say that you:

Struggle to keep up

Are able to keep up/are right there with them

Take the lead

Not applicable/I don't really exercise with a group

What motivates you to be physically active or exercise?

- To strengthen my heart
- To be more physically fit
- To improve my balance and avoid falls
- To lose or avoid gaining weight
- To boost my mood and lower stress
- To spend time with friends or be part of a group class or sports team
- Other goals: _____
- I really don't exercise much

During or after exercise, do you ever monitor:

- How you are feeling/symptoms
- Heart rate/pulse * (What do you use: _____)
- Oxygen level *

* Not everyone needs to monitor this information. Ask your care team if it would be helpful for you to keep track of your heart rate or other measures.



What makes it hard for you to exercise regularly? (Check all that apply)

- I'm scared to exercise with my HCM
- I've been told not to exercise
- My health is not good enough
- I have pain or an injury that prevents me from exercising
- I don't have the time
- I don't have the energy
- I feel winded right away
- I don't have a safe or easy place to exercise (no sidewalks, safe parks or trails, no gym or community recreation membership)
- I'm scared I might get shocked (if you have an ICD or other device)
- I don't enjoy exercise
- I don't know where to start and would feel more comfortable working with a trainer who knows about HCM and if changes are needed
- Other: _____

If you are fearful or hesitant to exercise, what adds to your worry? (Check all that apply)

- I was told not to exercise or exert myself
- I'm worried something bad will happen when I push myself
- I don't like the way I feel when I exercise. What symptoms do you have?

- I'd feel more comfortable exercising with supervision
- I can't keep up with my peers
- I or a family member had a bad event. Explain: _____

- Other: _____

Share this worksheet with your care team so you can work together to tailor your plan for being physically active.

▶ Part 2: Tailored recommendations just for you – Making physical activity part of your everyday routine

There is no one-size-fits-all approach to exercise. Finding ways to be active most days should be part of your HCM care plan.

Use the space below with advice from your care team to come up with an exercise plan you feel comfortable with.

- Aim to get _____ minutes of **light / moderate (circle)** exercise most days.
- List three activities** that you enjoy and can do on a regular basis: (For example, biking, walking, hiking, swimming, cardio equipment, yoga)

1. _____
2. _____
3. _____

Talk openly about any activities that you are worried about doing at all, by yourself, or for a long period of time.

Ways to build endurance and strength



Building endurance

Examples include:

- Walking uphill or upstairs without feeling out of breath
- Keeping up with friends when out and about



Strengthening exercises

Examples of strengthening exercises include:

- Body weight exercises, pushups, sit-ups, resistance bands, weights (if recommended)



Setting goals

Example: Start by walking _____ days a week for at least _____ minutes. Increase walking by _____ minutes a day after _____ weeks.

Set a specific place to walk to - for example around the block - and see how long it takes you. Track your progress over time.

My goal:



Setting goals

Example: Begin with the exercise that allows you to do at least 12 repetitions before your muscles become tired.

Ask whether you should do more repetitions, increase the amount of weight, or both, and over what period of time.

My goal:

Other recommended steps

- Pay attention to how you feel when you exercise and ease up or rest if you need to. Make note of symptoms to watch for and tell your care team about: (For example, getting out of breath very easily, if you're not able to build up your stamina over time, or if you feel faint or pass out)

- Have a baseline, or beginning, stress test to see how your heart responds to exercise and how much you are able to do before starting an exercise program. Sometimes this might be repeated to see how you are doing.

- Other recommendations:

