

THE MARFAN FOUNDATION



Marfan | Loeys-Dietz | VEDS | Genetic Aortic Network

Exercise and Physical Activity

*for People Living with Genetic Aortic
and Vascular Conditions*

APRIL 2026





Use the links below to explore each section of this guide.

- [Importance of Exercise and Physical Activity](#)
- [Shared Decision-Making](#)
- [Physical Activity in Children](#)
- [Physical Activity in Adults](#)
- [Condition-Specific Information for Marfan, LDS, and VEDS](#)
- [Medications and Physical Activity](#)
- [Lifestyle Factors that Affect Exercise](#)
- [When a Genetic Aortic or Vascular Condition is Suspected but Not Confirmed](#)
- [Additional Resources](#)
- [Appendix](#)

Most people with genetic aortic and vascular conditions can safely include physical activity in their lives. With planning, awareness, and shared decision-making, movement can remain a positive and meaningful part of lifelong health.



Importance of Exercise and Physical Activity

Regular physical activity is important for people of all ages. It supports physical health, emotional well-being, and overall quality of life. With the right guidance, children and adults living with genetic aortic and vascular conditions, such as Marfan syndrome, Loeys-Dietz syndrome (LDS), and Vascular Ehlers-Danlos syndrome (VEDS), **can and should safely include movement and exercise in their daily lives.**

There is not enough research to provide simple, one-size-fits-all rules about physical activity for all people living with genetic aortic and vascular conditions. This does not mean that exercise is unsafe or should be avoided. Instead, many recommendations are based on healthcare professionals' experience, careful observation, and expert consensus. **As a result, there is often a range of safe options rather than strict limits.**

This document is meant to help individuals and families understand safe options and support shared decision-making with a healthcare professional. Together, activity choices can be tailored to each person's health, goals, and daily life, so physical activity remains safe, meaningful, and sustainable.

Condition-specific information is included later in this document (see Marfan, LDS, VEDS).



Shared Decision-Making

Because recommendations are individualized, **shared decision-making is the foundation of safe physical activity planning.**

Shared decision-making means you and your healthcare team work together to make choices about physical activity. An important first step is a thoughtful discussion with your healthcare team to clarify your exercise goals and comprehensively assess your health status, including any physical limitations or medical conditions that may influence safe and effective physical activity. Your healthcare professional explains your condition and what activities may be safe. You share what matters to you, such as your personal goals, passions, concerns, and daily routine.

Together, you create a plan that balances safety with enjoyment and independence. This plan should be reviewed regularly over time since health needs and life situations can change.



😊 Physical Activity in Children

Physical activity is an important part of growing up, and children with genetic aortic and vascular conditions should be encouraged to be active. Safe, age-appropriate activities, such as free play, physical education (gym) classes, and recreational sports, help support physical health, confidence, and social connections. Team activities can also help children build friendships, develop social skills, and strengthen self-esteem.

In early childhood, most play and recreational sports do not place a lot of stress on the aorta. As children grow and sports become more intense, some limits may be needed depending upon the underlying genetic aortic and vascular condition. Exploring a variety of activities, rather than focusing on a single sport, can help children stay active as their needs and interests change.

Shared decision-making among children, parents/caregivers, and healthcare professionals helps to ensure that children are not limited more than needed, while still keeping safety a priority. Activity choices may change over time based on a child's age, growth, medical findings, and interests. **Establishing healthy movement habits early supports lifelong well-being.** The table below, used with permission from American Heart Association (AHA), provides age-based guidance to help families and healthcare professionals think about physical activity at different stages of childhood and adolescence.

Key Takeaways for Parents/Caregivers

- Most children with genetic aortic and vascular conditions can and should be physically active.
- Activity choices should match the child's age, growth, and medical needs.
- Shared decision-making helps balance safety and enjoyment.
- Encouraging movement early helps build healthy habits for life.

Consideration	Age 0–5 y (preschool)	Age 5–10 y (elementary school)	Age 10–14 y (middle school)	Age 14–18 y (high school)
Counseling				
	Introduce main concept of shared decision-making Provide guidance and reassurance for exercise safety and organized athletics (moderate intensity); with routine supervision, general play is safe and strongly encouraged		Revisit shared decision-making process: discuss lifelong cardiovascular health habits Help identify and encourage specific activities and team positions that decrease risk of exertion, collision, and repeated intense training Explore safe outdoor recreational habits (eg, buddy systems) Counsel regarding pediatric hypertension and obesity	Solidify shared decision-making process: identify and support lifelong cardiovascular health, help balance risks and benefits of desired activities, advise against high-risk adolescent behaviors (eg, substance abuse, smoking, vaping) and sedentary habits
Exercise and activity prescription				
Routine physical activity	Encourage regular childhood play (minimum 1–3 h/d)	Encourage regular moderate cardiovascular physical activity (30–60 min/d, 5 d/wk) as a healthy lifestyle choice		
Physical education	Encourage complete participation		Encourage routine participation; peak exertion activities discouraged (eg, rope climbing, timed sprints, push-up/pull-up competitions)	
Recreational sports	Encourage complete participation		Encourage routine participation with avoidance of contact sports (eg, tackle football, hockey, wrestling)	
Competitive sports		Competitive sports may be considered with regular risk/benefit discussions; avoid contact sports (eg, tackle football, hockey, wrestling) and high-intensity training, leagues, and competitions		
Amusement parks	Encourage full participation per size limitations	Caution may be warranted for high-intensity rides, including those with abrupt stops and starts in high-risk groups; use all proper safety equipment		
Intensity				
	Encourage developmentally appropriate childhood play	Encourage all age-appropriate recreational sports and group activities, including physical education class; frequent mild to moderate cardiovascular activity is safe and healthy		
			Guidance toward organized sports, certain team positions, and recreational activities with lower risk for bodily collision, physical trauma, strenuous training, or frequent unsupervised exertion Avoid strenuous training and prolonged physical exertion, heavy weightlifting (requiring forceful Valsalva), and sustained exertion to exhaustion	
				Encourage lower-intensity varsity and junior varsity athletics, club sports participation Refrain from more intense training or competition for highly select state or regional travel teams, Olympic development programs, collegiate varsity recruitment
Higher-risk criteria: diagnosis-specific considerations				
Marfan syndrome Lens subluxation Retinal detachment Joint hypermobility	Loeys-Dietz syndrome Joint hypermobility Atlantoaxial instability	Vascular Ehlers-Danlos syndrome Internal organ and arterial perforation with minimal trauma Prone to dislocations Avoid trampolines in addition to guidelines	FLNA deficiency Extreme joint hypermobility	Bicuspid aortic valve Moderate to severe valvular disease

	Low risk
	Low risk with modification as indicated
	Higher risk

All participants should be permitted normal restroom breaks, water, and rest upon request. In the presence of high-risk features (see Table 1), more aggressive management should be considered, including more aggressive exercise modification. In a group setting, appropriate replacement activities should be recommended to remain inclusive, especially in physical education and recreational settings. Standard protective equipment (eg, helmets, eye and mouth guards) should be encouraged and used when appropriate. Condition-specific considerations should be reevaluated frequently throughout all ages. Tailoring exercise counseling to the patient is encouraged in a shared decision-making model with additional guidance from aortopathy experts.

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►► Physical Activity in Adults

Physical activity remains important throughout adulthood. Staying active supports heart health, emotional well-being, strength, and overall quality of life. With thoughtful planning and medical guidance, **most adults with genetic aortic and vascular conditions can safely include exercise in their routines both before and after aortic surgery.**

Because adults have fully grown bodies, activity choices may require clearer limits. Recommendations are individualized and may be influenced by:

- Aortic size and growth rate
- Surgical history
- Symptoms
- Medications
- Other health issues



It is also important to consider more than just the aorta. Some individuals may have:

- Eye concerns (such as lens dislocation or risk of retinal detachment)
- Skeletal features affecting joints or spine stability
- Lung conditions that influence breathing during exercise
- Aneurysms or dissections in the head, neck abdomen, or pelvis

All of these factors should be part of the shared decision-making discussion.

Because each person’s situation and goals are unique, physical activity planning should balance safety with independence, enjoyment, and long-term health.

General Approach to Exercise

For many adults, activities done at a comfortable, moderate pace are safe. A helpful rule is the “talk test.” **If you can speak in full sentences while exercising, the intensity is likely appropriate.**

Activities that involve heavy straining, holding your breath, grunting, or pushing to extreme exhaustion can place more stress on the aorta. **These activities should be avoided or carefully discussed with a healthcare professional.**

Instead of focusing on heart rate – a measurement that was used in the past to restrict physical activity – healthcare professionals now consider the type of activity and its overall risk. Things to consider include:

- Sudden or extreme increases in blood pressure
- Prolonged straining
- Risk of injury to the head or eyes, which may worsen lens dislocation or increase the risk of retinal detachment
- Excess stress on joints or bones that could cause pain or dislocation
- Increased risk of bruising or internal bleeding, especially for people taking anticoagulant medications (i.e., blood thinners)

Guiding Principles for Choosing Activities for Adults

The following principles may be helpful when thinking about appropriate physical activities:

- **Choose mild to moderate aerobic activities.** Activities that allow you to move at your own pace, take breaks, and avoid significant contact or sudden changes in direction are often well suited. Examples include brisk walking, leisurely biking, slow jogging, recreational swimming, shooting baskets, leisurely tennis, and using light weightlifting or resistance exercise without straining.
- **Stay at an aerobic level of effort.** The “talk test” is a useful guide. If you can speak comfortably while exercising, the intensity is likely appropriate. ([See below in Appendix 1](#)).
- **Choose activities you enjoy.** Aim for movement you can do most days of the week, ideally 4-5 times per week for about 30 minutes each time. If needed, shorter sessions (like three 10-minute periods) are still good for your health.
- **Use light weights and more repetitions.** Light weightlifting or resistance exercise is generally acceptable when done without breath-holding or straining. Instead of increasing the amount of weight lifted, try increasing the number of repetitions.
- **Be mindful during everyday activities.** Ask for help with heavy lifting, carry lighter loads, use your legs instead of your back, and breathe out when lifting.
- **Use safety equipment.** Wear a helmet when biking and use protective eyewear when recommended.
- **Think carefully about yoga.** Gentle yoga can help with balance and relaxation. Avoid hot yoga, very intense styles, and poses that put pressure on the head or neck. Let instructors know about your condition.

Adaptive Physical Activity

People with genetic aortic and vascular conditions who require a cane, walker, wheelchair, or other mobility aid can still benefit from regular low-intensity physical activity, provided the activities are individualized and performed within medically recommended limits. The following information may help when considering appropriate adaptive physical activities.

- In general, low-risk activities emphasize gentle aerobic movement and avoid sudden spikes in blood pressure or high mechanical strain on the aorta. Examples may include slow walking with an assistive device, wheelchair propulsion at a comfortable pace, seated range-of-motion exercises, light resistance training with elastic bands, and gentle flexibility or breathing exercises.
- Avoid or carefully modify exercises that involve intense straining, breath-holding, heavy lifting, or high-impact effort. Exercise programs should prioritize comfort, controlled breathing, and the ability to speak easily during activity.
- Shared decision-making is especially important. Individuals should work with their regular healthcare team and, if appropriate, a physical therapist or rehabilitation specialist to tailor activity to their functional abilities, aortic size and stability, and overall health status, with the goal of maintaining mobility, cardiovascular conditioning, and quality of life while minimizing aortic stress.

Key Takeaways for Adults

- Physical activity is important and encouraged for most adults.
- Exercise choices should be individualized.
- Moderate activity at a comfortable pace is often safest.
- Shared decision-making helps balance safety, independence, and enjoyment.
- Safe physical activity is possible at all ability levels when it is adapted to the individual and guided by their healthcare team.

Activities That May Carry Higher Risk

Some activities involve heavy strain, rapid pressure changes, or higher risk of injury and may require extra caution. These include:

- Powerlifting
- High-impact contact sports (such as tackle football)
- Scuba diving
- Flying in an unpressurized aircraft

For many adults, these activities may place extra stress on the aorta, blood vessels, or lungs and should be avoided.

College and Elite Sports

Getting a diagnosis of a genetic aortic or vascular condition while playing college or elite sports can be very difficult, especially if an athletic scholarship is involved. Decisions about continued participation in high-level competition should be made through a shared decision-making process that includes the athlete, their institution, and appropriate specialists, such as a sports cardiologist, aortopathy expert, and, when relevant, a medical geneticist. These discussions should consider the person's specific genetic condition, physical findings, aortic size and growth rate, presence of aneurysms elsewhere, and the type, intensity, and level of the sport.

Condition-Specific Information

Marfan Syndrome

- If you recently had eye surgery due to a lens dislocation or retinal detachment, your doctor may temporarily restrict some activities like running, trampolines, roller coasters, swimming, or air travel for several weeks up to a few months after the surgery. Please check with your doctor to make sure that these activities are safe for you.
- If you have had joint dislocations, avoid rapid stretching or yoga poses that maximally extend joints, such as partner-assisted stretching, deep shoulder binds, full splits, extreme external hip rotation, or the wheel pose with elbow and knee hyperextension.
- If you have or had a hernia, avoid activities that tend to increase intra-abdominal pressure, such as planking, the boat pose, or deep backbends.
- Focus on controlled breathing and slow mid-range therapeutic movements that promote lifelong strength and stability, such as alignment-driven yoga or Pilates.

Loeys-Dietz Syndrome (LDS)

- Sports and exercise considerations for people with LDS are very similar to Marfan syndrome, but there are some important differences.
- Aneurysms and dissections that involve smaller arteries in the head, neck, abdomen, and pelvis may occur more frequently in LDS than in Marfan syndrome. Your healthcare professional may recommend extra imaging tests to check blood vessels in these parts of your body.
- Joint pain or back pain may limit some people with LDS when they try to be active. If you experience joint or back pain, consider working with a physical therapist or certified trainer to find exercises that are comfortable and safe for you.
- Some people living with LDS may have instability in the cervical spine (neck). Because of this, screening X-rays are recommended as part of routine care. If cervical spine instability is present, your healthcare team may recommend modifying or avoiding activities that put stress on the neck.
- If you have an aneurysm or dissection in your head, neck, abdomen, or pelvis, you may be advised to modify or limit some activities like rowing, cycling, or yoga.

Vascular Ehlers-Danlos Syndrome (VEDS)

- Sports and exercise considerations for people with VEDS are very similar to Marfan syndrome, but there are some important differences.
- Aneurysms and dissections that involve smaller arteries in the head, neck, abdomen, and pelvis may occur more frequently in VEDS than in Marfan

syndrome. Your healthcare professional may recommend extra imaging tests to check blood vessels in these parts of your body.

- Soft tissue injuries such as bruising, bleeding under the skin (hematoma), or tendon tears may occur in some people with VEDS, even during daily activities. If you have a history of these types of injuries, exercises that are low-impact and lower in intensity may be more appropriate for you.
- Activities associated with high frequency of injury, like trampolining, may be especially dangerous in VEDS.
- If you have an aneurysm or dissection in your head, neck, abdomen, or pelvis, you may be advised to modify or limit some activities like rowing, cycling, or yoga.

Activity Tips

LDS

- Guidance is similar to Marfan syndrome, but aneurysms in smaller arteries may require extra imaging.
- Joint or back pain may affect activity choices; a physical therapist or certified trainer can help find safe options.
- Neck (cervical spine) instability can occur and may require modifying some activities.
- If aneurysms or dissections are present in the head, neck, abdomen, or pelvis, certain activities may need adjustment.

Marfan

- After eye surgery (lens or retina), some activities may be limited for a short time. Check with your healthcare team.
- Avoid extreme joint stretching or positions that push joints to their limits.
- If you have or had a hernia, avoid activities that strongly strain the abdomen.
- Focus on controlled breathing and steady, mid-range strengthening movements.

VEDS

- Activity guidance is similar to Marfan syndrome, but fragile tissues and blood vessels may require extra caution.
- Easy bruising, bleeding, or tendon injury may make lower-impact activities safer.
- Extra imaging may be used to monitor arteries in the head, neck, abdomen, and pelvis.
- If aneurysms or dissections are present, some activities may need modification.

Medications & Physical Activity

Medications are an important part of caring for genetic aortic and vascular conditions and can affect how your body responds to exercise. Reviewing medications with your healthcare team is helpful before starting a new activity or increasing intensity.

Beta-blockers lower heart rate and blood pressure to reduce stress on the aorta. They may make it harder to reach higher exertion levels. **Because of this, paying attention to how you feel (breathing, fatigue, ability to talk) is more helpful than focusing on heart rate.**

Angiotensin receptor blockers (ARBs), such as losartan or irbesartan, typically do not affect exercise performance. However, they do not remove the need to follow individualized activity guidance.

Individuals with mechanical heart valves take blood thinners (such as warfarin/Coumadin®), which increase the risk of bruising or bleeding. **Activities with a higher risk of significant impact, especially to the head or abdomen, may not be recommended.**

Medication considerations should always be part of shared decision-making.

Lifestyle Factors That Affect Exercise

Lifelong cardiovascular health is important for everyone, and especially for people with genetic aortic and vascular conditions. **Certain habits and health factors can increase strain on the body or make exercise more difficult.**

These include:

- Smoking or vaping
- Use of illicit drugs
- Long periods of inactivity (sedentary lifestyle)
- Excess weight or obesity

Addressing these factors can improve overall health and make physical activity safer and more effective. If any of these apply to you, **speak with your healthcare professional about supportive strategies.**



♥ When a Genetic Aortic or Vascular Condition is Suspected but Not Confirmed

Sometimes a genetic aortic or vascular condition is suspected but has not yet been confirmed. In other cases, a diagnosis is present, but there is no current aortic or vascular enlargement or other concerning features. These situations can make decisions about physical activity feel uncertain.

In these cases, there is rarely a simple “yes” or “no” answer. Instead, **recommendations are based on the overall level of concern and the individual’s health picture.**

Healthcare professionals may consider:

- How strongly the condition is suspected
- Family history of aortic disease or early cardiac death
- Age
- Aortic measurements and imaging results
- Eye, skeletal, heart, lung, or joint findings
- Type, intensity, and level of activity

Shared decision-making is especially important in these situations. Together, you and your healthcare team can balance caution with quality of life while monitoring continues.

Regular follow-up and updated imaging may help guide activity recommendations over time.

References & Additional Resources

For children : [Cardiovascular Management of Aortopathy in Children: A Scientific Statement from the American Heart Association](#) (See Section 5 for Exercise and Activity)

For competitive athletes in high school and beyond: [Clinical Considerations for Competitive Sports Participation for Athletes with Cardiovascular Abnormalities: A Scientific Statement from the American Heart Association and American College of Cardiology](#) (See Section VII for Aortopathy, Including Bicuspid Aortic Valve, and Spontaneous Coronary Artery Dissection)

For adults: [2022 ACC/AHA Guideline for the Diagnosis and Management of Aortic Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines](#) (See Section 10 for Physical Activity and Quality of Life)

Questions

- Contact the Marfan Foundation’s Help & Resource Center at [Marfan.org/ask](https://marfan.org/ask) or 800.862.7326.
- Talk with your healthcare team.

Acknowledgment

The Marfan Foundation gratefully acknowledges the following individuals for their expertise and experience in the development of this document:

- Alan Braverman, MD, Washington University in St. Louis School of Medicine (Professional Advisory Board & Genetic Aortic Network)
- Jonathan Flyer, MD, University of Vermont
- Glen Iannucci, MD, Children’s Healthcare of Atlanta (Genetic Aortic Network)
- Ron Lacro, MD, Boston Children’s Hospital (Professional Advisory Board & Genetic Aortic Network)
- Shaine Morris, MD, MPH, Texas Children’s Hospital (Professional Advisory Board & Genetic Aortic Network)
- Siddharth Prakash, MD, PhD, UTHealth Houston (Genetic Aortic Network)
- Mary Sheppard, MD, University of Kentucky (Genetic Aortic Network)

Their thoughtful contributions and commitment to those living with genetic aortic and vascular conditions were invaluable to the creation of this resource.

Appendix

Types of Exercise

Most physical activities and sports involve a combination of different types of movement and muscle use. These include aerobic and anaerobic energy use, as well as dynamic and static muscle work, which are explained in the tables below.

For children with genetic aortic and vascular conditions, it is usually not necessary to think in detail about these exercise categories. At younger ages, the focus should be on safe, enjoyable, and developmentally appropriate physical activity that supports overall health, confidence, and social participation.

As children move into their teenage years and approach adulthood, it becomes more important to consider the type and intensity of exercise. At this stage, discussions with a healthcare professional can help guide activity choices based on growth, physical demands, and emerging adult-level training or competition.

For adults with genetic aortic and vascular conditions, understanding exercise types is more relevant. **In general, activities performed at a comfortable, moderate pace, where you can carry on a normal conversation, are considered safe for many individuals. Activities that involve intense straining, breath-holding, grunting, or pushing to the point of exhaustion can place greater stress on the aorta and should be avoided or discussed carefully with a healthcare professional.**

Aerobic and Anaerobic Exercise

Your body needs energy to move. It gets that energy in two main ways: with oxygen (aerobic) and without oxygen (anaerobic).

Aerobic Exercise (“With Oxygen”)

This type of exercise:

- Uses oxygen to create energy
- Involves large muscle groups (like legs and arms)
- Can be done for a longer period of time
- Makes your heart and lungs work harder

You will notice:

- Breathing gets faster, but you can still talk

- You can keep going for several minutes or more
- It usually feels like a moderate effort

Examples of Aerobic Exercise:

- Brisk walking
- Jogging
- Comfortable jogging at a steady pace
- Swimming laps
- Riding a bike
- Dancing

Why It is Good for You:

- Strengthens your heart
- Improves lung capacity
- Increases endurance
- Helps with overall fitness and health

Think of aerobic exercise as long-lasting energy, like cruising on a bike for miles.

Anaerobic Exercise (“Without Oxygen”)

This type of exercise:

- Produces energy quickly
- Is short and very intense
- Cannot be sustained for a long time
- Makes your muscles burn or feel tired fast

You will notice:

- Breathing becomes very heavy
- You can't talk much
- You feel tired quickly
- It feels like a hard or maximum effort

Examples of Anaerobic Exercise:

- Sprinting (short, fast run)
- Heavy weightlifting
- Push-ups or pull-ups done quickly

- High-intensity interval training (HIIT)
- Jump squats
- Short bursts in sports at maximal effort (like a fast break in basketball)

Think of anaerobic exercise as a quick burst of power, like hitting the gas pedal all the way down.

Dynamic and Static Exercise

When we talk about physical activity or exercise, we're talking about any movement that makes your muscles work and uses energy. Muscles can work in two main ways: by moving (dynamic) or by holding (static).

Dynamic Exercise and Physical Activity (Movement)

This type of exercise happens when:

- Your muscles change length (shorten and lengthen).
- Your joints move.
- Your body is actively moving through space.

Your muscles contract (tighten) and relax repeatedly to create movement.

Examples of Dynamic Activities:

- Running or jogging
- Walking
- Swimming
- Cycling
- Jumping rope
- Playing soccer or basketball
- Dancing

Why Dynamic Activity is Important:

- Strengthens muscles
- Improves heart and lung health
- Builds coordination
- Increases flexibility and mobility

Think of dynamic activity as “muscles in motion.”

Static (Isometric) Exercise (Holding Still)

Static exercise happens when:

- Your muscles tighten, but
- Your muscles do not change length, and
- Your joints do not move.

Even though you're not moving, your muscles are still working hard.

Examples of Static Activities:

- Plank hold
- Wall sit
- Holding a push-up halfway down
- Holding a yoga pose
- Holding a heavy object without moving
- Pausing at the bottom of a squat

Think of static activity as “muscles under tension without movement.”

It is important to know that many Activities Use BOTH. Most real-life sports and workouts include both dynamic and static parts. Your body often switches back and forth between moving and holding during activity.

Simple Way to Remember:

- Dynamic = movement
- Static = holding still
- Most activities = various combinations of both

Both types are important for building strength, endurance, balance, and overall fitness.

Rate of Perceived Exertion (RPE) Scale

The Rate of Perceived Exertion (RPE) scale is a simple way to measure how hard you feel your body is working during exercise.

Instead of using heart rate monitors or special equipment, you just pay attention to your breathing and how tired you feel. It is based on your own opinion, so it may feel different for each person. That's okay!

The RPE scale is also called the Borg Rating of Perceived Exertion (or Borg Scale).

The Modified Borg Scale goes from 0 to 10:

Rating	What It Feels Like
0	Resting (sitting or lying down)
1	Very light (easy walking)
2–3	Light (you can talk easily, not breathing hard)
4–5	Moderate (breathing faster, but can still talk)
6–7	Hard or vigorous (breathing heavy, talking is difficult)
8–9	Very hard (can only say a few words at a time)
10	Maximum effort (working as hard as you possibly can)

While you are exercising, ask yourself:

- How fast am I breathing?
- Can I talk easily?
- Do my muscles feel tired?
- Could I keep going for a while, or do I need to stop?

Most of the time, exercising at a moderate level (4–5) is a good goal. This means you're working hard enough to get stronger and healthier, but not so hard that you feel completely exhausted.

The RPE scale is helpful because:

- It helps you stay safe.
- It helps you avoid overdoing it.
- It works for all fitness levels.
- No equipment is needed.

In simple terms, RPE is a way to listen to your body and decide how hard you are working.

Metabolic Equivalent of Task

The Metabolic Equivalent of Task (MET), or simply metabolic equivalent, is a physiological measure expressing the energy cost (or calories) of physical activities.


This measurement primarily applies to teens approaching adulthood and adults.

One MET is the energy equivalent expended by an individual while seated at rest. While exercising, the MET equivalent is the energy expended compared to rest, so MET values indicate the intensity.

An activity with a MET value of 5 means you are expending five times the energy (number of calories) than you would at rest. The higher the MET value, the more intense the exercise or activity, and in general, the higher the blood pressure (and aortic wall stress).

In general, individuals with genetic aortic and vascular conditions would want to keep the intensity of exercise and physical activity in the low to moderate METs range (less than or equal to 6 METs)

The following table lists MET values for common physical and recreational activities based on intensity. However, it is important to understand that an individual's level of conditioning and the degree of intensity of the activity will impact actual energy use.

<p style="text-align: center;">LIGHT <3.0 METs OK</p>	<p style="text-align: center;">MODERATE 3.0 to 6.0 METs OK</p>	<p style="text-align: center;">VIGOROUS >6.0 METs ASK FIRST</p>
<ul style="list-style-type: none"> • Walking (leisurely) • Sitting (desk work) • Light housework (dishes, sweeping) • Fishing • Playing a musical instrument • Gardening • Golf (with riding cart) • Boating (pleasure) • Bowling 	<ul style="list-style-type: none"> • Walking or moderate jogging (< 6 mph) • Heavy cleaning (mopping, vacuuming) • Bicycling (leisurely pace: 10-12 mph) • Dancing (leisurely pace: ballroom) • Badminton (leisurely) • Golf (pull cart, walking) • Doubles tennis (leisurely) • Yoga • Pilates • Water aerobics (leisurely) • Swimming (recreational, light) • Calisthenics (light, without weights) • Downhill skiing • Hunting • Mowing lawn (using power mower) • Raking lawn • Sexual intercourse 	<ul style="list-style-type: none"> • Hiking (steep grade) • Running (>6 mph) • Shoveling • Farming (bailing hay) • Singles tennis • Basketball • Soccer • Bicycling (fast, 14-16 mph) • Swimming (fast) • SCUBA diving 