

APPENDIX B: FATIGUE AND ACTIVITY INTOLERANCE

This section provides details on the titrated return to individualized activity program including baseline activity tolerance and paced graded activity.

Titrated Return to Individualized Activity Program

Mild Fatigue: Patients should try to continue all household and community activities that have been tolerated with a slow return to higher intensity activities and exercise. The “rule of tens” may be helpful.

Moderate Fatigue: It’s recommended to continue household and limited community activities that have been tolerated. Patients should begin an activity or aerobic exercise program with exertion at sub-maximal levels (rate of perceived exertion (RPE) 9–11/Very Light-Light).

Severe Fatigue: Severe fatigue or significant post-exertional malaise: Continue any house-hold activities that have been tolerated without symptom exacerbation. Patients can begin a physical activity program, which should initially consist of upper and lower extremity stretching and light muscle strengthening before any targeted aerobic activity. Once tolerated, patients can begin an activity or aerobic exercise program at submaximal levels, RPE 7–9/Extremely to Very Light.

Activities or exercise can be slowly advanced as the patient tolerates in all levels of fatigue. Harm can be done if patients are pushed beyond what they can tolerate. If signs and symptoms worsen after increasing activity level in any severity of fatigue (which may be delayed until the evening and/or days after the activity/exercise session), patient should return to prior tolerated level of activity.

Baseline Activity Tolerance

Measure how long low intensity tasks such as walking, light exercises, and daily activities (e.g., self-care tasks, light housework) can be engaged in without resulting in immediate or delayed fatigue. Do this for both “good” and “bad” days for 3 days. Average the three trials and subtract a fifth. The result will be your activity duration starting point.

Table 1: Activity Duration Baseline

| Time 1 | Time 2 | Time 3 | Average | 4/5 Average |
|--------|--------|--------|---------|-------------|
| 19 min | 17 min | 21 min | 19 min | 15 min |

Paced Graded Activity

Start with low intensity daily activities. Keep in mind that patients with different symptom severity will be able to tolerate different levels of activity. Transition over the course of days to months based on response, with a 10-20% increase every 1-2 weeks being a common marker. Work to keep a consistent schedule vs adapting day by day based on symptom levels or life demands. It is important to remember to not try to over-exert oneself on days they are feeling well, as this may worsen signs and symptoms.

To increase activity level over time:

1. First focus on increasing the FREQUENCY of activity
2. Then work to increase the DURATION of activity
3. When able to engage reliably in low intensity activity consistently throughout the day without flares of fatigue, then moderate and eventually higher INTENSITY activity can be added.

The following table gives an example of what this could look like in practice. Help your Veteran to set their own starting point and progression based on their activity tolerance and response.

Table 2: Pace Graded Activity

| Week | Intensity | Activity Duration (min) | Rest Duration (min) |
|-------|----------------|-------------------------|---------------------|
| 1-2 | Low | 15 | 50 |
| 3-4 | Low | 15 | 40 |
| 5-6 | Low | 15 | 30 |
| 7-8 | Low | 20 | 30 |
| 9-10 | Low | 25 | 25 |
| 11-12 | Low | 30 | 20 |
| 13-14 | Low | 35 | 15 |
| 15-16 | Low ; Moderate | 30 ; 5 | 15 |
| 17-18 | Low ; Moderate | 25 ; 10 | 15 |
| 19-20 | Low ; Moderate | 20; 15 | 15 |