

Movement & Weight Management

Every move counts — for your energy, health, and confidence.

NHS Aligned HSE Ireland Evidence-Based



YOUR PERSONALISED EXERCISE PRESCRIPTION · FITT FRAMEWORK · NHS / HSE ALIGNED

F	Frequency	5–7 days per week aerobic activity. Resistance (strength) training 2–3 days per week
I	Intensity	Start at a comfortable moderate pace. Increase intensity gradually as fitness improves over weeks
T	Time	Aim for 200–300 minutes per week for weight management. Start with 150 min/week and build up
T	Type	Low-impact activities: cycling, swimming, water aerobics, walking. Resistance training preserves muscle

Beyond the Scales

- › Focus on how you feel — energy, sleep, mood
- › Blood pressure, blood sugar and cholesterol all improve with exercise, even before weight changes
- › Muscle gained can mask fat lost on scales
- › Measure waist or how clothes fit instead
- › Celebrate fitness milestones, not just weight

Getting Started Gently

- › Choose low-impact to protect your joints
- › Water aerobics or swimming: excellent for joints
- › Start with 15–20 min walks, 3x per week
- › Add 5 minutes every 2 weeks — gentle progress
- › Pair with modest healthy eating changes
- › Ask about community weight management groups

★ Exercise is essential for keeping weight off and for your heart, metabolic, and mental health — even if the scales don't move. A 5–10% reduction in weight with exercise significantly reduces your risk of diabetes, heart disease and joint problems.

safefood.net (Ireland)

[HSE Healthy Weight](https://www.hse.ie/eng/health/healthyweight)

[GetIrelandActive.ie](https://www.getirelandactive.ie)

[Couch to 5K app](#)

⚠ WHEN TO CONTACT YOUR GP OR SEEK URGENT HELP

- Joint pain (knees, hips, back) that is severe or worsening with activity
- Chest pain, breathlessness, or dizziness during exercise
- Swelling of legs or ankles that is new or worsening
- You are struggling with low mood or motivation — your GP can help

EXERCISE PRESCRIPTION For completion by prescribing clinician

Date	Patient Name / Addressograph
Prescriber Signature	IMC / GMC No.