

How to get your breast cancer patients started with exercise

What healthcare providers should know

Advisory support provided by
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1. Start the conversation

Don't wait for your patient to ask you. **Exercise** conversations don't need to be complicated. Start with assessing their awareness of current habits. Ask questions like, "What does movement look like for you right now?" "What are some ways you might start moving more this week?"

2. Listen

These concerns are common — and can be addressed with the right approach:

"I'm too tired." Fatigue can feel overwhelming, especially after treatment.

"I don't know what's safe." Patients may feel uncertainty about injury risk, lymphedema, or doing the wrong thing.

"I'm afraid of getting hurt." Fear of pain, setbacks, or worsening symptoms can make patients reluctant to begin.

"I don't want a gym." Discomfort with gyms, cost, time, or feeling out of place can be barriers to starting an exercise program.

"I don't have time." Competing demands, limited energy, and decision fatigue are real concerns that can stand in the way of moving for health.

lbbc.org/BeACTIVE

For patients looking for a starting place for independent movement, LBBC's BeACTIVE series is a free workout program resource that can be modified for most levels of fitness.



3. Reassure

Reinforce that exercise is recommended and safe, then invite questions or interest in learning more. Some people aren't ready for exercise today, but will be in the future. Behavior change starts by planting a seed:

"Short sessions count. Even five minutes is a great place to begin."

"If exercise feels like too much right now, let's start by sitting less and moving a little more during the day."

"There's no need to make up for the past. We're starting from where you are today."

"Your body can get stronger again, even with cancer."

4. Use metrics to support progress

What we measure improves both the implementation of exercise interventions in the clinical setting and patient outcomes.

You can document a small number of simple, repeatable measures in the medical record to support clinical conversations, guide exercise recommendations, and create opportunities for quality improvement (QI) initiatives.

These measures are quick to collect, meaningful to patients, and can be tracked over time to support individual care, program evaluation, or QI efforts:

- **Fatigue** (brief patient-reported rating)
- **Grip strength** (using a simple hand dynamometer)
- **Sit-to-stand performance** (functional strength)
- **Patient-reported exercise** and weekly movement participation (minutes or frequency)