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## Cardio Considerations: Individualized Exercise for Patients with Type 2 Diabetes

### AUDIO BRIEF

Dr. Anderson:

Welcome to Diabetes Discourse on ReachMD. I'm Dr. John Anderson, and joining me today to discuss exercise patients with diabetes is Dr. John Jakicic, Professor in the Department of Health and Physical Activity at the University of Pittsburgh. John, talk to me about the person who may like aerobic exercises but doesn't like to do any type of resistance training. Is resistance training important for people who have both obesity and Type 2 diabetes?

Dr. Jakicic:

It is important, and it's important for different reasons, and we've seen more and more research coming out around resistance training for patients with diabetes. It definitely has impacts on glucose control and insulin control, and overall, just better diabetes control. The one challenge is most people think about resistance exercise as, "Boy, I gotta go to the gym. I need to lift these heavy weights. I need to do that kind of thing." And that may not be what people like to do, or they may be intimidated by doing that. But especially as people start to get older, we start to lose muscle mass. And that muscle is so important for us to be able to maintain good glucose control. So, it's critically important, but we've got to find a way to infuse this into the activity program of someone without requiring them to go to the gym. So how do we bring exercise bands in? How do we teach people how to use soup cans and jugs of water or milk as their resistance in their home, to give them some resistance, as opposed to no resistance activity.

Dr. Anderson:

And one of the things I see a lot in my elderly patients, especially if they've had an intercurrent illness and are weaker, is getting the lower extremity muscles working again, getting them in the "get off the toilet, get out of chair," kind of mode.

Dr. Jakicic:

Right. That's a critically important one, John. You know, my mom is 86 and I see a lot of mobility problems for her. She has a lot of problems lifting up a plate and putting it in the cupboard in the kitchen and these kinds of things. And those are critical, but if the lower body doesn't stay strong enough to allow you and help you get out of the chair, like you said, you're not gonna have any level of mobility. And so, doing things that are going to allow the lower legs to stay a little bit strong in that core, around your abdomen area to stay as strong as it can be is critical for mobility.

Dr. Anderson:

Yeah so, it doesn't matter what debilitation the patient has, whether they have severe arthritis, morbid obesity, elderly, frail. With a little bit of intention, one can come up with an individualized plan for each patient, can't they?

Dr. Jakicic:

They absolutely can, and I think the word "individualized" is really important to understand, you know, what is a person not able to do, so you would never tell them to do that. But how can you start to help them to do things that are gonna get them on that pathway? So, understanding limitations, understanding things that people like to do, I think is critical as well. And you put that whole package together and then it becomes more palatable to someone.

Dr. Anderson:

Well, that's all the time we have for today, but I want to thank you, John, and this is Dr. John Jakicic for joining us today to discuss exercise prescriptions in the field of diabetic care. John, it was great speaking with you today.

Dr. Jakicic:

Great, thanks for having me.

Dr. Anderson:

For ReachMD, I'm John Anderson. To access this episode, and others from Diabetes Discourse, visit [reachmd.com/diabetesdiscourse](https://reachmd.com/diabetesdiscourse), where you can Be Part of the Knowledge. Thanks for listening.