

POTS: A Guide for Families and Teens

By Rooted Motion Physical Therapy

Move Better. Live Rooted.

What it is, what helps, and what the next few months look like

From Rooted Motion Physical Therapy • Updated September 2026

Written for a teenager who has recently been diagnosed with POTS, and for the people looking after them. Read it together if you can.

First, the two things worth saying out loud

This is real, it has a mechanism, and it is not in your head.

We say that early because a lot of people with this diagnosis have already been told the opposite. In one survey of people diagnosed with POTS as teenagers at a specialist children's program, **more than half said they had been told their symptoms were "in their head."**¹ Nearly three quarters had waited a long time for a diagnosis. You have one now. That is the hard part behind you.

And most people get better. In a study that followed 172 people diagnosed with POTS between ages 13 and 18, about five years later **19% said their symptoms had gone completely, half said they were still there but improved, and another 16% had them only now and then.**² That is 86% who were resolved, improved, or only intermittent. **Seven in ten rated their health as good or better.** We will be straight with you about the hard parts in this guide, and this is the part we want you to read first.

What POTS actually is

POTS stands for postural orthostatic tachycardia syndrome. Translated: **when you stand up, your heart rate goes up too much, and you feel awful.**

Here is what happens. When anyone stands up, a large volume of blood — somewhere around 700 to 900 milliliters — drops toward the legs and belly.³ In most people, blood vessels squeeze down within seconds and push it back up toward the heart and brain. In POTS, that squeeze doesn't work properly. So the heart speeds up to compensate, sometimes by 40 beats a minute or more within ten minutes of standing.⁴

Everything you feel comes downstream of that: dizziness, a racing or pounding heart, brain fog, feeling exhausted after doing very little, nausea, headaches, shakiness, and feeling worse in heat, after big meals, and first thing in the morning.⁵

A few things doctors know, and a few they don't:

- **It is common in teenagers.** Most people who get POTS first notice it between about 13 and 29 years old, and around 9 in 10 are female.⁵
- **It often starts after an infection.** In roughly 30–40% of cases, symptoms begin within three months of an illness.⁵
- **There is no blood test for it, and nobody fully understands the cause yet.**⁶ That is frustrating, and it does not make the condition less real — or less treatable.

About brain fog, because this one matters

If your thinking feels slow and foggy, and you have quietly wondered whether something is wrong with your brain — here is what the research actually shows, and it is better news than it sounds.

The fog is real and it has been measured. When adults with POTS were given full cognitive testing **sitting down, with no standing involved**, their attention and their processing speed came out lower than matched healthy people.²⁴ So nobody should be telling you that you are imagining it.

And it is specific, not general. In that same testing, **memory, general intelligence and verbal fluency were no different.**²⁴ What POTS affects is how fast you process and how well you hold attention — not how clever you are and not whether you can remember things. Those are very different problems, and only the first one is yours.

Concentrating hard is its own kind of standing up. In another study, people sat still and did demanding mental work for thirty minutes. Blood flow to the brain dropped — and in the POTS group it dropped to roughly the same level as standing up produces.²⁵

That last finding is the practical one, and it is why the school accommodations further down ask for **breaks inside long tasks and tests split into shorter blocks**, not just a chair to sit on. A ninety-minute exam is a physical challenge for you in a way it isn't for the person next to you. That is worth saying out loud to a teacher.

What helps — and how confident we are

There are four things with evidence behind them. None is a cure. Together they are what gets most people moving again.

1. Exercise, done in the right position

This is the strange part, and the part people get wrong: **the treatment for not being able to stand up is exercise you do lying down.**

Starting upright doesn't work, because upright is the thing your body currently can't handle. So we start horizontal — recumbent bike, rowing, swimming, floor work — where your circulation can cope, and tilt you up a little at a time as your body earns it. Upright work usually arrives around month two or three.³

This is the largest part of your treatment, and it gets a guide of its own. When we set your actual plan — which position you start in, how hard, how often, and how you'll know you're ready to move up — we'll go through it together and you'll get it in writing then. **You do not need to work any of that out from this page.**

One thing is worth knowing now, though, because it is exactly where people give up. **Your body changes on the inside within about a month. How you feel standing up takes a season.** In the one study done in people your age, four weeks of flat cycling improved how much blood the heart moved with each beat while standing — and the standing heart-rate test had not moved at all.⁷ That is the expected result, not a failure. Knowing it in advance is the difference between quitting at week five and getting to week twelve.

2. Fluids and salt

Up to 70% of people with POTS are running low on blood volume. In one carefully controlled study, a high-salt diet raised blood volume and brought standing heart rate down.⁸

Amounts are your doctor's decision, not ours. Ask them specifically: how much fluid, how much sodium, in what form, and whether anything in your medical history changes the answer. Then we help you actually do it.

3. Compression

Compression garments squeeze the blood back up out of your legs and abdomen. One study compared the options directly in 30 people, and the differences were bigger than you'd expect. Standing heart rate was about 109 with nothing on, 103 with leg compression only, 97 with abdomen and thighs covered, and 92 with full lower-body compression.⁹

The headline: the belly matters more than the calves. Roughly two to three times more blood pools in your abdomen than in your legs when you stand, which is why knee-high socks — the thing most people buy first — do

the least. A waist-high garment, compression shorts, or an abdominal binder does considerably more. Put it on before you get out of bed.

On pressure: medical compression garments generally deliver 20 to 40 mmHg, and 30 to 40 is the range usually aimed at for shifting pooled blood. Ordinary shapewear is lower — around 10 to 20 — and less consistent.²⁶ Your doctor sets the number; what this guide can tell you is that **the number matters less than what the garment covers.**

And be honest with yourself about what you'll actually wear. When researchers asked, people rated leg-only compression the most comfortable and shapewear the easiest to hide — which are, awkwardly, the two that do the least.²⁶ Waist-high garments can take half an hour to get on, usually first thing in the morning when you feel worst, and they have to come off every time you use the bathroom.²⁷ None of that is a character flaw. It's a reason to pick something you can live with, because **a garment in a drawer does nothing.** If waist-high is too much, compression shorts or an abdominal binder is a real option, not a cop-out. And ordinary high-waisted athletic compression tights have been tested in a real-world trial and worked¹⁰ — it does not have to look medical.

And this has been tested in people your age: in 20 young patients, abdominal and leg compression during tilt testing reduced the heart-rate jump and eased symptoms.¹¹

4. The everyday adjustments

Avoid standing still for long periods — walking is easier than standing, because your leg muscles are pumping when you walk. Avoid getting overheated. Be careful with hot showers before activity and with big high-carbohydrate meals. Sleep on a consistent schedule, with the head of the bed raised slightly. Don't skip meals.¹²

And learn the counter-moves: cross your legs and squeeze, squat, tense your calves before you stand, and lie down with your legs up when you need to. **You are allowed to lie down in public.** Practice saying so out loud — it gets easier, and it beats fainting.

About bad days, and about pushing through

Some people with POTS get hit with something specific: you do something, you feel more or less okay at the time, and then **twelve hours to two days later you crash** — worse than tired, lasting a day or more, out of all proportion to what you did.

If that describes you, tell us, because it changes the whole plan. That pattern is the single most common reason exercise programs for this condition go wrong.¹³ We do not push through it. We find the level of activity you can repeat day after day without the crash, we build from there, and we go up in frequency before duration and duration before effort.

We want to be straight about the evidence here: **no study has directly compared "build up steadily" against "pace carefully" in people with POTS who have this crash pattern.** The closest is a trial in 241 young people aged 8 to 17 with a related condition, which found that a steadily increasing exercise program worked **no better** than simply managing activity levels.¹⁴ So we watch you closely and we adjust, rather than following a schedule off a page.

If you don't have that crash pattern, the phased program is straightforward, and the rule is the same one: **the day after tells you whether the session was right.**

One thing about "deconditioning"

Someone has probably told you that you just need to get fit again. Half of that is true and half of it isn't, and you deserve the accurate version.

Being less active does make POTS worse, and getting fitter does make it better. That part is real. But being out of shape is not what caused this. When researchers pooled 17 studies comparing people with POTS to healthy people, fitness was lower in 80% of the studies — but once they compared against people who were equally out of shape, that difference mostly disappeared.¹⁵

So: the exercise is worth doing. And no, this isn't your fault for not exercising enough.

School

School is usually the hardest part, and we will plan it with you rather than leaving it to chance.

Some honesty about what we know: **no study tells us the right amount of school to attempt, or the right schedule for building back up to full days.** What we have is data on what happened to other people, which is a different thing.

That data, from 227 people diagnosed as teenagers at one specialist program: half missed more than 100 days of school, and about 1 in 5 dropped out temporarily. **More than 90% of them still graduated high school.**¹⁶ Those are people who volunteered to answer a survey about impact, so the people still struggling are probably over-represented — the real picture is likely better than those numbers.

What tends to work:

- **Set a floor, not a ceiling.** Agree the minimum you'll protect even on bad days, and build up from there. Aiming at full days and failing is worse than aiming low and climbing.
- **Put your hardest subjects in your best window** — which for most people is not first period. The heart-rate response is genuinely at its worst in the morning.¹⁷
- **Get accommodations in writing.** Water and salty snacks in every class. Free bathroom access. Permission to sit, lie down or leave without asking. A real rest space. Extra time between classes. A second set of books so you're not carrying a bag. Seating near the door. Permission to wear compression even if it's outside the dress code. No penalty for arriving late because of morning symptoms. Tests in the afternoon. **Modified PE, not an exemption from PE** — supervised upright activity on a schedule is treatment, and we'll write the modification for you.
- **Ask about a 504 plan.** POTS usually counts as a health condition that substantially limits things like standing, learning and concentrating, which is what a 504 plan exists for. Build in a plan to wind the accommodations back down as you improve — that's the goal, and saying so up front helps everyone.
- **Count school as exercise.** A full school day is real exertion. A week of exams is a reason to ease off training, not a reason to add to it.

Sport

Most people get back to something. **No guideline anywhere says a teenager with POTS can't play competitive sport,** and POTS is not a condition that puts your heart at risk during exercise.¹⁸ What decides the timing is the position the sport puts you in.

- **Easiest to return to first:** swimming, rowing, recumbent cycling — anything horizontal or semi-reclined.
- **Hardest, and last:** anything with long periods of standing still in heat. Outfield positions, goalkeeping, marching band, choir risers, standing on a sideline.
- Get back to **part of practice** before full practice, and full practice before competition.
- Expect roughly three months of building before full competition is realistic.¹⁹
- Agree a stop rule with your coach, in writing, that they'll respect without arguing.

One firm rule: fainting during exercise is not something to push through. Stop, and call your doctor.

How long, and what to expect

Here is the fair version, put together from everything we have.

Most people improve, and a good number improve a lot. Of those 172 people diagnosed as teenagers, 86% were resolved, improved, or only occasionally symptomatic about five years on, and most rated their health as good.² Most of the improvement tends to happen in the first few years.²⁰

Complete disappearance is less common than improvement, and studies that ask about every symptom rather than an overall impression find more people still noticing something years later.²¹ That isn't two studies contradicting each other — it's the difference between asking "how are you doing?" and asking about a list of thirty symptoms.

And the thing that gets left behind is physical, not emotional. In that same group, physical functioning scores were still below the general population average, while mental health scores were completely normal.² Which is worth saying plainly: if this is still limiting you in a few years, it will be your body, not your outlook — and nobody should be telling you otherwise.

What nobody can give you is a date. Anyone who does is guessing. What the evidence does support is that the people who do best are the ones who keep moving.

What we'll do together

1. **Understand your baseline.** How long you can be upright, what a normal week looks like, what makes it worse, how school is going, and whether you have the crash pattern.
2. **Explain the mechanism properly**, until you can explain it back to someone else. This matters — being able to say what's happening in your body is part of how this gets easier, and it's how you answer the next adult who doubts you.
3. **Start you at a level you can complete**, in a position you can tolerate, and build from there.
4. **Check in on the things that actually matter** — school days, minutes upright, what you can do — rather than chasing a heart-rate number. That number bounces around a lot between tests, and it's higher in the morning than the evening, so we don't use it to judge week-to-week progress.^{17 22}
5. **Stay in touch with your doctor.** We'll write to them after your evaluation and again as things change. Anything about medication goes to them.

Milestones we'll look for: at 4 weeks, that you're completing sessions and doing a bit more. At 12 weeks, more time upright and more school. At 6 months, back to something you'd chosen to do.

Questions worth asking your doctor

- How much fluid and how much sodium should I be taking, and in what form?
- What kind of compression do you recommend, and what pressure?
- Do I need any further testing, or is anything else being ruled out?
- Are any of my current medications making this worse? (*Worth asking specifically if you take stimulant medication for ADHD.*)⁵
- At what point would you consider medication, and what would we try first?
- Should I be screened for hypermobility? (*Worth asking — in one series of 362 children and teenagers with POTS, more than 60% had some hypermobility condition.*²³ *If that's you, it changes how we load your joints, not whether we exercise.*)
- What should make us call you rather than wait for the next appointment?

Call your doctor if

- You faint during exercise, or faint and hurt yourself
- You have chest pain, especially at rest or with exertion
- You have new weakness, vision changes, or trouble speaking
- Your heart rate stays high even when you're lying down
- You're losing weight without trying
- You feel hopeless, or you're having thoughts of hurting yourself — please tell someone today

This guide is education, not medical advice. It does not replace your doctor's diagnosis, plan, or medication decisions. Bring it to your appointments and use it to ask better questions.

Where the facts in this guide come from

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