

POTS: Your First Four Weeks

By Rooted Motion Physical Therapy

Move Better. Live Rooted.

A starting plan for the month after a POTS diagnosis — what to do, what to expect, and the one result that is supposed to look like nothing happened.

Why The Exercise Starts Lying Down

When anyone stands up, a large amount of blood drops toward the legs and belly — somewhere around 700 to 900 millilitres. Normally the blood vessels squeeze down within seconds and push it back up. In POTS that squeeze does not work properly, so the heart speeds up to make up for it. The dizziness, the racing, the fog: all of it sits downstream of that.

Which is why a plan that starts with standing exercise usually fails. The work starts flat and tilts up as your body earns it — most plans bring in upright exercise around the second or third month. Good starting options: a recumbent bike, rowing, swimming, floor work. Anything where your head is not far above your heart.

The Plan For Four Weeks

Weeks one and two — flat

Aim for something most days. Start at a length you can finish comfortably — even five or ten minutes — and add roughly a tenth more each week. If you are unsure whether to add minutes or resistance, add minutes.

Weeks three and four — tilted up a little

Raise the backrest, or sit up a bit more, and keep the same length. Add two short strength sessions a week for the calves, thighs and hips — calf raises, sit-to-stand from a chair, step-ups from a low step. Those muscles are the pump that pushes blood back up, so they are worth more here than they look.

The rule that overrides the plan

The day after tells you whether today was right. Feeling worse tomorrow means today was too much — go back to what worked and stay there a week, and when you go back, drop the position before you drop the minutes. Staying upright and doing less is the change that usually does not help.

Some people get hit harder: fine at the time, then flattened twelve hours to two days later, out of all proportion to what they did. If that is you, say so before you start — the plan has to be built differently, and pushing through makes it worse.

The Three Things To Get Right Alongside It

Compression, and where it goes

One study compared the options side by side in 30 people. Standing heart rate was about 109 beats a minute with nothing on, 103 with compression on the legs only, 97 with the belly and thighs covered, and 92 with the whole lower body. Those four numbers only mean something together, and what they mean is this: the belly matters more than the calves. Waist-high garments, compression shorts and abdominal binders all cover the part that counts; knee-high socks do not. Medical compression usually runs 20 to 40 mmHg, with 30 to 40 the range aimed at for

shifting pooled blood; ordinary shapewear is lower and less consistent. Your doctor sets the number. Put it on before you get out of bed.

Fluid and salt

A lot of people with POTS are running low on blood volume, and in a carefully controlled study a high-salt diet raised blood volume and brought standing heart rate down. It improved things; it did not make them normal. **How much** is your doctor's call, not ours — ask them for a number, in writing, and then we help you actually hit it every day.

The small things that are not small

Do not stand still for long stretches — walking is easier than standing, because your leg muscles pump when you walk. Keep out of the heat, and go carefully with hot showers and big carbohydrate-heavy meals. Sleep and wake at the same times, and do not skip meals. Learn the counter-moves — cross and squeeze your legs, squat, tense your calves before standing — and lie down with your legs up when you need to.

What Four Weeks Actually Changes

This is the part worth reading twice, because it is where people give up.

There is one study of this in people aged 12 to 15. Twenty-eight of them; seventeen did flat cycling for half an hour a day, five days a week, for four weeks. Afterwards their hearts pumped more blood with each beat while standing and their fitness had measurably improved, while the group who did not exercise showed none of those changes. All seventeen finished.

And the standing heart-rate test did not change at all, in either group. The researchers' own conclusion is that it probably takes at least three months of training before that number moves.

So the honest promise is that your body changes on the inside within a month, and how you feel standing up takes a season. If you are re-tested at four weeks and the number looks the same, that is the expected result, not a failure. Worth knowing about that study: it was done with young people staying in hospital, most of them boys, and nobody in it had a connective-tissue condition alongside their POTS. It is the best evidence there is for this age group, and it is one study.

One thing not to use as a target: do not train to a heart-rate number worked out from your age. Clinicians who treat this say the usual formula is neither realistic nor appropriate here. Go by position, by minutes, by how hard it feels, and by how you are the next day.

Call your doctor promptly if

- You faint while exercising, or faint and hurt yourself
- You have chest pain, at rest or with activity
- You have new weakness, vision changes, or trouble speaking
- Your heart rate stays high even when you are lying down
- You are losing weight without trying
- You feel hopeless, or you have thoughts of hurting yourself — tell someone today

The Rooted Motion Difference

- We start you at a level you can finish, in a position you can tolerate
- Sessions happen at home, so a bad morning does not cost you the appointment
- Convenient concierge mobile physical therapy delivered where you are.

Not Sure Where To Start?

The hardest part of the first month is picking a starting level that is low enough to finish and high enough to matter. A one-on-one evaluation at home sets it, and adjusts it as the weeks go.

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Contact Rooted Motion Physical Therapy to schedule your one-on-one evaluation.

Educational disclaimer: This handout is for educational purposes and is not a substitute for an individual evaluation by a licensed healthcare professional. Seek prompt medical evaluation for severe pain, significant weakness, numbness, or symptoms following trauma.

Research Behind This Guide

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