

Table. The New ACSM FITT Recommendations for Hypertension (adapted from 6, 9)

	Aerobic and/or Resistance	Neuromotor**	Flexibility	The New ACSM FITT Exercise Recommendations	
Frequency	≥2-3 sessions per week	≥2-3 sessions per week	≥2-3 session per week	≥2-3 sessions per week with daily being most effective	***On most, preferably all, days of the week
Intensity	*Moderate (i.e., 40% - 59% VO ₂ R or HRR; RPE 12-13 on a 6–20 scale to Vigorous (i.e., 60% - 80% VO ₂ R or HRR; RPE 14-16 on a 6–20 scale)	Moderate (i.e., 60% - 70% 1-RM; may progress to 80% 1-RM. For older adults and novice exercisers begin with 40-50% 1RM)	Low to Moderate	Stretch to the point of feeling tightness or slight discomfort	Low, Moderate, or Vigorous with an emphasis on Moderate
Time	≥20-30 min per session of continuous or accumulated exercise of any duration	2-4 sets of 8-12 repetitions of 8-10 resistance exercises of each of the major muscle groups per session to total ≥20 min per session with rest days interspersed depending on the muscle groups being exercised	≥20-30 min per session	Hold static stretch for 10-30 s with 2-4 repetitions of each exercise targeting the major muscle tendon units to total 60 s of total stretching time for each exercise; ≤10 min per session	≥20 to 30 min per day to total ≥90 to 150+ min per week of continuous or accumulated exercise of any duration
Type	Prolonged, rhythmic activities using large muscle groups (e.g., walking, cycling, swimming)	Resistance machines, free weights, resistance bands, and/or functional body weight exercise	Exercise involving motor skills and/or functional body weight and flexibility exercise such as yoga, pilates, and tai chi	Static, dynamic, and/or proprioceptive neuromuscular facilitation	An emphasis on aerobic or resistance exercise alone or combined in addition to neuromotor and flexibility depending on personal preference

VO₂R=oxygen uptake reserve; HRR= heart rate reserve; RPE=rating of perceived exertion; 1-RM=one repetition maximum.

* The magnitude of the BP reductions resulting from aerobic exercise are directly proportional to intensity such that the greatest BP reductions occur after vigorous intensity exercise if the patient/client is willing and able to perform vigorous intensity exercise (4).

** Neuromotor functional body weight exercise can be substituted for resistance exercise, and depending on the amount of flexibility exercise integrated into a session, neuromotor flexibility exercise can be substituted for flexibility exercise depending on patient/client preference. The evidence is promising but limited for neuromotor exercise to be recommended alongside aerobic and resistance exercise as a primary exercise modality at this time (6).

*** The frequency recommendation is made due to the immediate blood pressure lowering effects of exercise, termed *postexercise hypotension* (4).



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