

Diabetic Care Plan Adjustments

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Healthcare Provider: [Insert Provider Name]

Clinic/Facility: [Insert Clinic/Facility Name]

Exercise Recommendations

Based on your current health status and diabetes management needs, please consider the following exercise adjustments:

- **Duration:** Aim for at least 150 minutes of moderate aerobic activity per week.
- **Type of Exercise:** Include both aerobic exercises (such as walking, cycling, or swimming) and resistance training (such as light weights or resistance bands).
- **Frequency:** Engage in physical activity at least 5 days a week.
- **Monitoring:** Check blood sugar levels before and after exercising to ensure they remain within target ranges.
- **Hydration:** Stay adequately hydrated before, during, and after exercise.
- **Foot Care:** Inspect feet for any injuries or sores after exercises, particularly if engaging in activities that involve prolonged standing or walking.

Next Steps

Please schedule a follow-up appointment to discuss your progress and make any necessary adjustments to your care plan.

Thank you for your commitment to your health.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]