

How to Build an Exercise Habit

● That Leads to 30 Minutes a Day

A Guide for People Living with Parkinson's Disease

MEDICAL DISCLAIMER

This document is for educational purposes only and does NOT constitute medical advice. Before starting any exercise program, consult with your physician, neurologist, or healthcare provider. Exercise recommendations, especially high-intensity exercise, should ONLY be undertaken with medical approval and supervision. Your healthcare team will determine if exercise is safe and appropriate for your individual condition, medications, and health status.

● Why Exercise Matters

Research consistently shows that regular exercise—aiming for at least 30 minutes most days—can improve mobility, mood, balance, and overall quality of life for people living with Parkinson's disease. Emerging evidence suggests that exercise, particularly at higher intensities, may help slow disease progression.

The challenge is not knowing that exercise helps. The challenge is doing it consistently.

Habit science shows that people are far more likely to reach meaningful goals by building habits gradually, rather than trying to start at full intensity right away.

Your Goal: Build a habit that reliably grows into 30 minutes (or more) of exercise per day.

● The Nine-Step Habit-Building Plan

1. Define Your Long-Term Goal

Aim for 30 minutes of exercise most days of the week. This can include walking, strength training, balance exercises, boxing, dance, cycling, or any combination that works for you.

2. Start With a Non-Negotiable Minimum

Choose a starting amount so small you can do it even on a bad day (5 minutes of walking, 5 minutes of stretching, or 5 sit-to-stand movements). This minimum is your baseline habit. If you do more, great—but completing this minimum is success.

3. Attach Exercise to an Existing Routine

Link your exercise to something you already do daily. Use this formula: "After I [existing routine], I will exercise for [minimum time]." For example: After breakfast, I walk for 5 minutes. This removes decision-making and reduces reliance on motivation.

4. Same Time, Same Place

Exercise at the same time of day, in the same location, following a similar order of movements. This repetition helps your brain treat exercise as part of your normal routine.

5. Prepare in Advance

The night before or earlier in the day, set out your exercise clothes, decide what movement you'll do, and remove obstacles. Environment design is key to habit formation.

6. Track Simply

Each day, record: Did I exercise? Yes/No. Optionally note: How did I feel afterward? Better/Same/Worse. Keep it simple—consistency matters more than detail.

7. Increase Gradually

Once your minimum feels automatic, add 2-5 minutes at a time. Increase only when the habit feels stable. Example: Weeks 1-2 (5 min) → Weeks 3-4 (10 min) → Weeks 5-6 (15 min) → Continue toward 30 minutes.

8. Adjust, Don't Abandon

If the habit becomes difficult, reduce the time, change the movement type, or change the time of day. Do not quit entirely—adjust and continue.

9. Add Social Support

Exercise habits are stronger with connection. Consider group classes, walking partners, online programs, or peer-led Parkinson's groups.

● The One Rule That Protects Your Habit

Never miss twice. If you miss one day, let it go and resume the next day. This prevents a missed day from becoming a broken habit.

● Key Takeaway

You are not trying to "be motivated." You are building a system that reliably leads to 30 minutes of exercise most days—one small, repeatable step at a time.

Understanding High-Intensity Exercise

REQUIRES MEDICAL APPROVAL: High-intensity exercise is NOT appropriate for everyone with Parkinson's. Your doctor must evaluate your health status, disease severity, medications, cardiovascular health, and fall risk before approving any high-intensity program. Professional supervision is required.

What is High-Intensity Interval Training (HIIT)?

HIIT involves short bursts (30-60 seconds) of vigorous exercise followed by equal or longer recovery periods. Total session time is 15-30 minutes including warm-up and cool-down.

What Does the Research Show?

- **Yale Study (2024):** A small pilot study found that after 6 months of high-intensity exercise, dopamine-producing neurons grew healthier—potentially reversing neurodegeneration.
- **SPARX Trial (Completed 2017):** High-intensity exercise (80-85% maximum heart rate) helped slow symptom progression in newly diagnosed patients over 6 months.
- **Ongoing Research:** The SPARX3 trial is currently investigating whether high-intensity exercise can slow disease progression. Results are pending.

Understanding Target Heart Rate

High-intensity exercise typically means reaching 80-85% of your maximum heart rate for short intervals.

◆ Estimating Maximum Heart Rate:

- **Simple formula:** $220 - \text{your age}$
- **More accurate formula:** $208 - (0.7 \times \text{your age})$

◆ Example for age 65:

- **Estimated max HR:** $220 - 65 = 155$ beats/minute
- **High-intensity zone (80-85%):** 124-132 beats/minute
- **Moderate-intensity zone (60-65%):** 93-101 beats/minute

◆ Critical Considerations:

- **Medications matter:** Beta-blockers, Parkinson's medications, and other drugs significantly alter heart rate response. Formulas may not be accurate.
- **Autonomic dysfunction:** Many people with Parkinson's have changes in autonomic nervous system function that affect heart rate.
- **Individual variation:** Heart rate formulas have an error margin of ± 10 -12 beats per minute.
- **Disease stage:** Research has focused on people with mild to moderate Parkinson's (Hoehn & Yahr stages 1-3).

How to Monitor Exercise Intensity

◆ Option 1: Heart Rate Monitors

Chest strap monitors (like Polar H10) are most accurate. Wrist-worn monitors can be less accurate during vigorous movement.

◆ Option 2: Rating of Perceived Exertion (RPE)

On a 6-20 scale, high-intensity exercise feels like 14-17 ("hard" to "very hard"). If you can easily hold a conversation, you're not at high intensity.

Typical High-Intensity Protocol (From Research Studies)

- **Frequency:** 3-4 times per week
- **Duration:** 30 minutes main exercise + 5-10 min warm-up/cool-down
- **Intensity:** 80-85% max heart rate during high-intensity intervals
- **Structure:** 30-60 seconds high intensity, 30-90 seconds recovery
- **Mode:** Treadmill, cycling, or other aerobic activity
- **Supervision:** Initial sessions supervised by professionals familiar with Parkinson's

IMPORTANT REMINDER: You MUST work with your healthcare team to: (1) Determine if high-intensity exercise is safe for you, (2) Establish your actual maximum heart rate, (3) Set appropriate target zones, (4) Learn proper techniques, and (5) Monitor for complications. Never begin high-intensity exercise without medical clearance. Never.

Works Cited

Backman, Isabella. "High-intensity Exercise May Reverse Neurodegeneration in Parkinson's Disease." Yale School of Medicine, 23 Feb. 2024.

Brooks, Arthur C. Build the Life You Want. Portfolio/Penguin, 2023.

---. "An Evening Ritual to Realize a Happier Life." The Atlantic, 13 Nov. 2025.

Clear, James. Atomic Habits: An Easy & Proven Way to Build Good Habits & Break Bad Ones. Avery, 2018.

Fogg, B. J. Tiny Habits: The Small Changes That Change Everything. Houghton Mifflin Harcourt, 2019.

Gallo, Paul M. "The Benefits of High-Intensity Training for People with Parkinson's Disease." American College of Sports Medicine, 12 Feb. 2025.

Lally, Phillippa, et al. "How Are Habits Formed: Modelling Habit Formation in the Real World." European Journal of Social Psychology, vol. 40, no. 6, 2010, pp. 998-1009.

Patterson, Charity G., et al. "Study in Parkinson's Disease of Exercise Phase 3 (SPARX3): Study Protocol for a Randomized Controlled Trial." Trials, vol. 23, no. 1, 2022.

Schenkman, Margaret, et al. "Effect of High-Intensity Treadmill Exercise on Motor Symptoms in Patients With De Novo Parkinson Disease: A Phase 2 Randomized Clinical Trial." JAMA Neurology, vol. 75, no. 2, 2018, pp. 219-226.

Tanaka, Hirofumi, et al. "Age-predicted Maximal Heart Rate Revisited." Journal of the American College of Cardiology, vol. 37, no. 1, 2001, pp. 153-156.