



Appendix

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

Appendix to: Cormie P, Atkinson M, Bucci L, et al. Clinical Oncology Society of Australia position statement on exercise in cancer care. *Med J Aust* 2018; doi: 10.5694/mja18.00199.

Appendix: Glossary of exercise terminology

Physical activity: any bodily movement produced by the contraction of skeletal muscles that results in a substantial increase in caloric requirements over resting energy expenditure.

Exercise: a type of physical activity consisting of planned, structured and repetitive bodily movement for the purpose of improving and/or maintaining health and physical fitness.

Aerobic exercise: a form of exercise that predominantly stresses the cardiovascular system; any exercise that uses large muscle groups, can be maintained continuously and is rhythmical in nature; examples include walking, jogging, cycling, swimming; also referred to as cardiovascular exercise or endurance exercise.

Resistance exercise: a form of exercise that predominately stresses the musculoskeletal system; any exercise that requires a muscle or a muscle group to work against external resistance; examples include squats, chair rises, chest press, push ups; also referred to as muscle strengthening exercise or weight training.

FITT principle: a method of prescribing exercise that includes specification of the frequency (ie, number of exercise sessions), intensity (ie, how hard/difficult the exercise is), time (ie, duration of exercise) and type (ie, exercise modality) of exercise to be performed; the exact composition of the FITT principle of exercise prescription should be revised according to the individual response, need, limitation and adaptations to exercise as well as evolution of the goals and objectives of the exercise program.

Exercise dosage: the overall level of exposure to exercise; based on a combination of the volume and intensity of exercise.

Exercise volume: the amount of exercise performed (ie, how much exercise); based on a combination of the exercise duration and frequency.

Exercise intensity: the level of exertion required when exercising (ie, how hard/difficult the exercise is); based on the level of physiological stress required to complete the exercise.

Moderate intensity exercise: exercise stimulus that requires patients to work at a level of exertion equivalent to 40–59% of heart rate reserve; exertion perceived as “somewhat hard”; eg, brisk walking, cycling and/or swimming at a somewhat hard pace.

Vigorous intensity exercise: exercise stimulus that requires patients to work at a level of exertion equivalent to 60–89% of heart rate reserve; exertion perceived as “hard to very hard”; eg, running, cycling and/or swimming at a hard pace.

Specificity: a principle of exercise prescription that stipulates physiological adaptations are specific to the body system/s trained with exercise.

Overload: a principle of exercise prescription that stipulates exercise dosage must be increased for continued improvement; ie, exercise below a minimum threshold does not sufficiently challenge the body to result in physiological adaptation.

Progression: a principle of exercise prescription that stipulates a gradual increase in exercise dosage is required for continued physiological adaptation; ie, the dosage must increase to maintain overload.

Individualisation: a principle of exercise prescription that stipulates the customised application of exercise towards the physiological status of the patient.

Recovery: a principle of exercise prescription that stipulates time between exercise sessions is required in order to permit the necessary biological resynthesis to replace the required constituents of the body system/s stressed by exercise.