

### **Instructions for 10-Minute NASA Lean Test**

\*Please note you will need assistance and support to complete a NASA Lean Test at home

#### STEP 1 Take baseline Heart rate and Blood pressure whilst lying down:

- Measure and record the heart rate (HR) and Blood pressure (BP) after lying down for 10 minutes.
- Repeat a minute later. If repeat vital signs are not <u>similar</u>, retake until two consecutive readings are relatively consistent.

#### STEP 2 Take measurements over 10-minutes whilst leaning against a wall

- Sit up on the edge of the bed, then stand straight up, and lean against the nearest wall, only your shoulder blades should touch the wall. Your heels should be 6 to 8 inches away from the wall. Try to be as relaxed as possible.
- Set a timer for 10 minutes.



Once you are positioned against the wall:









\*Try not to move, talk, or shift about during the test, unless you are having symptoms of discomfort. If you become lightheaded, or feel like you will faint, **stop the test**, and lie down.

#### Completing the test:

- Start the timer
- Measure and record your heart rate every minute.
- Measure blood pressure at 2, 5, 7 and 10mins (it's not practical to do BP every minute, or necessary!)
- During the test observe any changes to skin colour and temperature or any notable changes in brain function.
- Make a note of any symptoms. If your feet and/or hands at end of the test are purple or blotchy, it may be useful to take photographs to share with the clinical team.

Readings can be documented in the table on page 3.

Please add any additional information you wish to share with your clinicians in the comments section.









| NAME:   |                             |       |          |
|---|-----------------------------|-------|----------|
| DATE OF TEST:                                       |                             |       |          |
| TIME:   |                             |       |          |
| Beta blocker /Ivabradine taken? (circle) Y N        |                             |       |          |
| If yes, please list drug name, dose and time taken: |                             |       |          |
|   | Blood pressure reading (BP) | Pulse | Symptoms |
| Supine (lying down)  1st reading                    |                             |       |          |
| Supine 2 <sup>nd</sup> reading                      |                             |       |          |
| - "   |                             |       |          |
| Standing 0 minute                                   |                             |       |          |
| Standing 1 minute                                   |                             |       |          |
| Standing 2 minute                                   |                             |       |          |
| Standing 3 minute                                   |                             |       |          |
| Standing 4 minute                                   |                             |       |          |
| Standing 5 minute                                   |                             |       |          |
| Standing 6 minute                                   |                             |       |          |
| Standing 7 minute                                   |                             |       |          |
| Standing 8 minute                                   |                             |       |          |
| Standing 9 minute                                   |                             |       |          |
| Standing 10 minute                                  |                             |       |          |
| Comments:   |                             |       |          |
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\*Once complete please return this page via email to <a href="info@thelongcovidclinic.co.uk">info@thelongcovidclinic.co.uk</a>



