

# 10-Minute Stand Test Instructions

*For patients with Postural Orthostatic Tachycardia Syndrome (POTS) symptoms*

## Purpose

This test helps measure how your **heart rate (HR)** and **blood pressure (BP)** respond when you move from lying down to standing. The results help your healthcare provider assess if you may have POTS or orthostatic hypotension.

## Before You Begin:

- Do the test in the morning (AM) if possible, before caffeine or a large meal.
- Do not complete the test within 2 hours of vigorous exercise.
- Have a family member or friend with you to help keep time, record results, and physically support you if necessary.
- Choose a quiet, safe area where you can stand still for 10 minutes.
- Wear comfortable, loose clothing.

## What You'll Need:

- Timer (phone or watch)
- HR monitor (optional)
- Automatic BP monitor (optional)
- Recording sheet for HR and BP (see page 3)

## \*Screening Test Notice\*

You may complete the first test using HR only if you do not have a BP monitor. However, you will eventually need a BP reading to fully assess for POTS or orthostatic hypotension.

If you do NOT have a BP monitor, skip the BP portion (Option 2 below) for now. You may:

- Ask your primary care provider to complete the test (bring this handout with you).
- Borrow a BP monitor from family, friends, or local library.
- Purchase a BP monitor (for recommended BP devices, visit: [www.hypertension.ca/devices](http://www.hypertension.ca/devices)).
- Complete the test with just the HR (Option 1 below) for now and discuss options with your PCRC provider.

## Heart Rate (HR) Test and Blood Pressure (BP) Test Instructions

### Option 1: HR Test (If you do not have a BP monitor)

1. Lie down flat for at least 5 minutes.
2. Take and record your HR while lying down. Use an HR monitor if you have one or take your pulse at your wrist.
3. Stand up carefully beside your bed and remain still (no leaning or moving).
4. Record your HR at 0, 1, 3, 5 and 10 minutes while standing (see recording sheet on page 3).
5. Note any new/increased symptoms (dizziness, light-headedness, faintness). If you feel unsteady or like you might faint, stop immediately, lie down and follow-up with your primary care provider.

### Option 2: HR & BP Test (Only if you have a BP Monitor)

1. Follow all the steps in Option 1 (HR Test).
2. In addition, record your BP at the same time points.
  - Lying (after 5 minutes) then
  - Standing at 0,1,3,5 and 10 minutes (see recording sheet on page 3).
3. If your BP monitor also measures HR, you may use those readings for HR values.



## After the Test:

- Submit your completed results to the Post-COVID-19 Recovery Clinic (PCRC) by fax or email.
- PCRC will review your results and follow-up with you regarding next steps.
- By submitting your results, you consent to PCRC sharing this information with your primary care provider to support your care.

## How to Interpret Your Results

These results help guide next steps but do not replace clinical assessment.

Results may be considered **consistent with POTS** if:

- Heart rate (HR) increases by  $\geq 30$  beats per minute within 10 minutes of standing ( $\geq 40$  beats per minute if age 18-19) and/or

Further assessment is recommended if:

- You experience significant symptoms with standing (e.g. dizziness, light-headedness, palpitations, weakness), even if HR criteria are not met.

Results are **not consistent with POTS** if:

- Blood pressure drops by  $\geq 20$  mmHg systolic or  $\geq 10$  mmHg diastolic when standing. This may suggest orthostatic hypotension and requires assessment by your primary care provider.

Results may be considered **negative** if:

- No significant change in HR or BP and
- No symptoms occur with standing.

**Note:** Some people may need to repeat the test with both HR and BP measurements to fully assess results.

## Tips & Challenges

Questions/Challenge	Answers
I can't get a BP reading. What do I do?	Wait 30 seconds and retry. Ensure cuff is snug on bare upper arm.
My device shows an error.	Check batteries or arm position. Sit quietly and retry.
I'm feeling unsteady or like I am going to faint.	Stop the test. Sit or lie down, note symptoms/time and follow-up with your primary care provider.

# Recording Sheet for 10-Minute Stand Test

Date Test Completed:	
Time Test Completed:	
Name:	
PHN:	

Position	Time Interval	Heart Rate	Blood Pressure	Symptoms/Notes
Laying down/supine	For 5 minutes			
Standing	At 0 minutes			
Standing	For 1 minute			
Standing	For 3 minutes			
Standing	For 5 minutes			
Standing	For 10 minutes			

Did you take your prescription medications before the test?  Yes  No

If “yes”, which medications did you take:

Medication Name	Dose	Frequency	Notes

**PCRC Contact Information:**

Fax: 604-806-8809 | Phone: 604-682-2344 ext. 64017

Email: [postcovidtriage@phsa.ca](mailto:postcovidtriage@phsa.ca)

