



# Move More for Your Health, Not Just for the Scale

Physical activity, an essential component of any weight loss program, also supports overall heart and metabolic health.

June 4, 2026 By American Heart Association

---

## Statement Highlights:

- Regular physical activity improves blood pressure, insulin sensitivity, cholesterol levels and cardiorespiratory fitness in adults with overweight or obesity, independent of weight loss, according to a new scientific statement from the American Heart Association.
- Physical activity is an essential part of effective obesity treatment, likely adding health benefits even with weight-loss medications or surgery, strengthening results when used alongside today's treatments.
- Long-term success with weight loss depends on team-based support, with clinicians and other health professionals helping people build and maintain realistic health habits.

Dallas — With [obesity](#) now affecting more than 40% of U.S. adults and fueling rising rates of [heart disease](#), a new scientific statement from the American Heart Association calls for a comprehensive treatment approach that puts [physical activity](#) front and center. The statement, Role of Physical Activity in Obesity Treatment and Cardiometabolic Health, published today in [Circulation](#), the Association's flagship, peer-reviewed journal.

The statement underscores that regular physical activity improves [blood pressure](#), [insulin sensitivity](#), [cholesterol](#) levels and cardiorespiratory fitness in adults with overweight or obesity, independent of weight loss. These findings support the need for exercise as a critical component to any weight loss strategy, including [medications or surgery](#), because physical activity offers important cardiometabolic health benefits in its own right.

"Doctors and health professionals often focus on weight loss to help people lower their risk of heart disease. There are certainly health benefits from weight loss, especially when it's sustained

long-term. However, encouraging physical activity should always be an important part of that care plan, as it can support both weight loss and long-term maintenance,” said Damon L. Swift, PhD, FAHA, American Heart Association volunteer and chair of the writing group for the scientific statement and an associate professor of kinesiology at the University of Virginia in Charlottesville. “Physical activity delivers powerful heart and metabolic health gains even when the scale doesn’t move. These benefits are especially important because many people with overweight or obesity already have cardiovascular risk factors.”

How much exercise do I need?

“For most people, cardio exercise without changing your diet is unlikely to result in a large amount of weight loss. Dietary changes remain the primary driver of weight loss,” Swift said. “However, physical activity plays a powerful supporting role when combined with other treatments, including healthy eating, weight loss medications or surgery. Exercise can help people lose a little more weight, preserve important lean mass — especially with resistance exercise — and improve overall health.”

Swift said when people lose weight by cutting calories, they often lose muscle, too. Studies show that adding exercise to dietary weight loss helps people preserve more muscle compared with dieting alone. Strength or resistance training appears especially effective, particularly for middle-aged and older adults. Eating at least the recommended daily amount of protein also helps the body maintain muscle while losing fat. Keeping muscle isn’t just about strength, it helps with mobility, metabolism, and blood sugar control.

On its own, exercise usually does not lead to clinically meaningful weight loss unless people are able to be active for very long periods each week.

- The scientific statement highlights that exercise by itself rarely leads to any more than a 5% or more loss in body weight unless aerobic activity levels are quite high, at least 225 to 420 minutes per week.
- Fewer than 15% of individuals reach a clinically significant amount of weight loss through exercise alone. Modest weight loss of around 3% (and less than 5%) of body weight is more achievable and does support some health benefits.

According to the American Heart Association’s [2026 Heart Disease and Stroke Statistics](#), most people in the U.S. are not getting an adequate amount of physical activity for any health benefits, much less weight loss.

- Only 1 in 4 U.S. adults and 1 in 5 youths 6 to 17 years of age meet national recommendations for being physically active.

The American Heart Association recommends that adults achieve a minimum of 150 minutes per week of moderate-intensity aerobic activity or 75 minutes per week of vigorous aerobic activity. To maximize health outcomes, these aerobic guidelines should be paired with muscle-strengthening activities of at least moderate intensity on two or more days per week. Adherence to these physical activity levels with significant improvements in heart disease risk factors and a marked reduction in all-cause and cardiovascular mortality.

Why do I have to keep exercising after I reach my goal weight?

Swift said maintaining weight loss is often more difficult than achieving it. The statement highlights strong evidence that high levels of consistent physical activity — often 200 to 300 minutes per week of moderate-intensity physical activity— are associated with long-term weight-loss maintenance and that is considerably more than the [150 minutes per week recommended by the American Heart Association](#) for cardiovascular health.

However, if you cannot reach those levels, it is still beneficial to maintain a regular schedule with some exercise and stay as active as you can. Doing any physical activity is much better than doing nothing.

“Many of the health benefits achieved from weight loss may be reversed if the weight is gained back,” he said. “Physical activity can not only help maintain weight loss, it also may protect cardiovascular health even if some weight regain occurs, helping preserve earlier improvements in blood pressure and insulin sensitivity.”

What does successful treatment of obesity look like?

“As with any major medical issue, treatment of obesity should be individually tailored to a person’s specific needs and usually requires a comprehensive, multipronged approach that’s best achieved with guidance from a health professional,” Swift said. “Not only does this support individual accountability, but just as you wouldn’t likely treat high blood pressure or diabetes on your own, optimal results in treating obesity will come from a collaboration with your clinician and health care team.”

Because long-term success depends on ongoing support, the statement emphasizes the role of clinicians and health care professionals to help people address obesity by setting realistic goals, staying motivated and using evidence-based approaches including medications or surgery, counseling and digital tools. Treatment plans should consider strong physician-patient communication, comprehensive medical assessments and plans for follow-up care.

The statement highlights the 5A model as one option to successfully encourage regular physical activity participation:

- Assess: Uncover the individual’s intention to engage in and knowledge of increased physical activity.

- Advise: Offer information to further the individual's understanding of approaches to incorporate regular physical activity into their day.
- Agree: Collaborate on establishing SMART goals which are:
  - Specific,
  - Measurable,
  - Achievable,
  - Relevant and
  - Time bound.
- Assist: Collaborate on problem-solving and strategies to achieve a SMART goal.
- Arrange: Work on plans to review progress and to provide references for additional support.

Incorporating physical activity into an obesity treatment plan may include a wide range of options:

- Appropriate clinical interventions such as weight loss medication or surgery
- Referrals to physiotherapists, physical therapists or exercise physiologists
- Consultations with other auxiliary health care professionals such as nurses/nurse practitioners, registered dietitians, health educators/coaches or behavioral counselors
- Use of technology including electronic health records, cost-effective pedometers and digital technologies such as mobile health applications and wearables (such as smartwatches or adhesive patches with sensors) for real-time monitoring to support or facilitate lifestyle changes.

“Despite the known benefits of physical activity, many people face challenges being active, including time constraints and limited access to safe or convenient ways to move during daily routines. Addressing these barriers can help support healthier habits over time,” said Stacey E. Rosen, MD, FAHA, volunteer president of the American Heart Association and executive director of the Katz Institute for Women's Health and senior vice president of women's health at Northwell Health in New York City. “The American Heart Association supports evidence-based public health policies that integrate physical activity assessment, prescription and referral into health care delivery and help make physical activity easier and more accessible for people of all ages and abilities. Research shows that safe community design, [opportunities for activity in schools](#) and [in the workplace](#), along with [access to active transportation](#) can all increase daily movement and support long-term cardiovascular and metabolic health.”

“For many people, lasting weight loss can feel out of reach. When movement is added as part of obesity care, it not only supports weight loss goals, but improves key health risk factors,” Swift said. “Physical activity should be prescribed and prioritized for its cardiovascular and metabolic benefits in obesity treatment. Exercise can help you be healthier even if you don’t lose weight.”

This scientific statement was prepared by a volunteer writing group on behalf of the American Heart Association Council on Lifestyle and Cardiometabolic Health; Council on Cardiovascular and Stroke Nursing; Council on Clinical Cardiology; Council on Hypertension; and Stroke Council. American Heart Association scientific statements promote greater awareness about cardiovascular diseases and stroke issues and help facilitate informed health care decisions. Scientific statements outline what is currently known about a topic and what areas need additional research. While scientific statements inform the development of guidelines, they do not make treatment recommendations. American Heart Association guidelines provide the Association’s official clinical practice recommendations.

Co-authors are Leanna M. Ross, PhD, FAHA, Vice Chair; Deepika R. Laddu, PhD, FAHA; Molly B. Conroy, MD, MPH, FAHA; Charles A. German, MD, MS, FAHA; Lorraine S. Evangelista, PhD, RN, FAHA; Francoise A. Marvel, MD; and Gerald J. Jerome, PhD, FAHA. Authors’ disclosures are listed in the manuscript.

This [news release](#) was published by the American Heart Association on June 1, 2026.