

Common medications.

What matters during PT.

Selected medications from our original ANS and hypertension lists. Generic names first; practical considerations beside them. This is a focused reference, not a complete medication list.



Heart rate

Response to activity



Blood pressure

Symptoms + vital signs



Swelling

Notice what is new

Class / common names	What you may notice	What that means during PT
Beta blockers metoprolol, atenolol, propranolol, carvedilol, labetalol [1]	Heart rate may rise less during exercise. Fatigue, low blood pressure, or a slow pulse can affect tolerance.	Use the individualized exercise plan, perceived exertion, symptoms, and vital signs together. An age-predicted heart-rate target alone can mislead.
ACE inhibitors / ARBs ACE: lisinopril, enalapril, captopril. ARB: losartan, valsartan. [2]	Both can lower blood pressure and raise potassium. ACE inhibitors may cause a dry cough.	Check symptoms with position changes. Report persistent new cough for review; do not assume all cough is medication-related. Face, tongue, or throat swelling needs emergency care.
Dihydropyridine calcium channel blockers amlodipine, nifedipine [3]	Ankle swelling and dizziness may occur. Swelling alone does not establish its cause.	Note new swelling and its timing. Escalate new unilateral painful swelling or swelling with shortness of breath for prompt medical assessment.
Rate-slowing calcium channel blockers diltiazem, verapamil [4]	Slow heart rate, dizziness, or conduction problems may affect activity tolerance.	Monitor pulse, blood pressure, and symptoms. Combining these drugs with a beta blocker can increase bradycardia or heart-block risk; flag symptoms to the team.

Interaction to remember: diltiazem or verapamil + a beta blocker can further slow cardiac conduction. A prescribed combination is not automatically an error; symptomatic bradycardia needs assessment.

Use the individual care plan and your clinical instructor's guidance. Do not independently hold or change medication. Stop activity and activate emergency care for severe chest pain, severe breathing difficulty, fainting with ongoing instability, or airway swelling.

Sources - tap a label to read more

[1] Beta blockers - representative DailyMed label

[2] ACE inhibitors / ARBs - representative DailyMed label

[3] Dihydropyridine calcium channel blockers - representative DailyMed label

[4] Rate-slowing calcium channel blockers - representative DailyMed label

American Heart Association: beta blockers and exercise

ACE inhibitor safety: lisinopril label

Blood pressure, fluids, and standing tolerance.

Look at the medication, the patient's baseline, and today's response together. A symptom can have more than one cause.



Fluid balance

Follow the care plan



Position changes

Pause and reassess



Potassium

Review available labs

Class / common names	What you may notice	What that means during PT
Loop / thiazide diuretics Loop: furosemide, bumetanide. Thiazide-type: hydrochlorothiazide, chlorthalidone. [5]	More urination; volume depletion, low blood pressure, and electrolyte disturbances are possible.	Plan bathroom access. New cramps, unusual weakness, dizziness, or palpitations merit assessment. Follow the patient's fluid plan; do not automatically recommend extra fluids.
Potassium-sparing diuretics spironolactone, eplerenone, triamterene [6]	Potassium can become too high, particularly with kidney impairment or other potassium-raising drugs. Symptoms may be absent.	Review available labs and the care plan. Flag ACE inhibitor/ARB plus potassium-sparing therapy for medication review when concerns arise. Do not recommend potassium supplements or salt substitutes.
Alpha-1 blockers doxazosin, terazosin, tamsulosin [7]	Dizziness with standing or fainting can occur. Tamsulosin is often used for urinary symptoms, but orthostasis still matters.	Use gradual transitions and appropriate guarding. If dizziness occurs, stop the task, position safely, assess vital signs, and follow the clinical escalation plan.
Midodrine midodrine [8]	Used for symptomatic orthostatic hypotension; it can also cause high blood pressure while lying flat.	Check the prescribed blood-pressure and positioning plan before prolonged supine treatment. Monitor symptoms and blood pressure; do not independently change dose timing.

Classification check: spironolactone and eplerenone block aldosterone receptors. Triamterene is potassium-sparing through a different mechanism. Loop/thiazide drugs can lower potassium; potassium-sparing drugs can raise it.

Sources - tap a label to read more

[5] Loop / thiazide diuretics - representative DailyMed label

[6] Potassium-sparing diuretics - representative DailyMed label

[7] Alpha-1 blockers - representative DailyMed label

[8] Midodrine - representative DailyMed label

Alertness, balance, and breathing.

Look at the medication, the patient's baseline, and today's response together. A symptom can have more than one cause.



Alertness

Safe transfers + balance



Heat tolerance

Environment matters



Breathing

Response to inhaler use

Class / common names	What you may notice	What that means during PT
Clonidine clonidine [9]	Drowsiness, dizziness, and a slower pulse may affect participation. Abrupt withdrawal can cause rebound hypertension.	Check alertness and vital signs before challenging balance or exertion. If doses were missed and blood pressure or symptoms are concerning, contact the clinical team; do not advise abrupt stopping.
Tizanidine tizanidine [10]	A muscle relaxant that can cause sedation, weakness, and low blood pressure. Other sedating drugs can add to impairment.	Check transfer safety and alertness. Tizanidine with ciprofloxacin or fluvoxamine is contraindicated: flag the combination promptly to the pharmacist/prescriber.
Systemic antimuscarinics oxybutynin, tolterodine, benztropine [11]	Dry mouth, blurred vision, and confusion may affect safety. Oxybutynin can reduce sweating and increase overheating risk.	Consider vision and cognition during mobility tasks. For oxybutynin, avoid excessive heat and watch for heat intolerance. Effects vary by drug and route; inhaled agents are not equivalent.
Inhaled short-acting beta-2 agonist albuterol [12]	Used for bronchospasm. Tremor, palpitations, or a faster heart rate can occur.	Ask about recent inhaler use when interpreting symptoms and heart rate. Follow the prescribed rescue plan. Worsening breathing after use or poor relief requires escalation.

Interaction to remember: tizanidine + ciprofloxacin or fluvoxamine is contraindicated. Sedation and hypotension are not just study facts when a patient is transferring or walking.

Sources - tap a label to read more

[9] Clonidine - representative DailyMed label

[10] Tizanidine - representative DailyMed label

[11] Systemic antimuscarinics - representative DailyMed label

[12] Inhaled short-acting beta-2 agonist - representative DailyMed label

Drug effects and interactions are summarized from the linked labels; PT considerations are educational application. Verify the actual product and complete medication list. Content checked October 26, 2026.