

Exercise is Medicine®



Healthcare Providers' Action Guide

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How to Use the Healthcare Providers' Action Guide

The Exercise is Medicine[®] Healthcare Providers' Action Guide provides physicians and other healthcare professionals with a simple, fast, and effective tool for integrating physical activity in their daily practice. By promoting the right “dosage” of physical activity, you are prescribing a highly effective “drug” to your patients for the prevention, treatment, and management of more than 40 of the most common chronic health conditions encountered in primary practice.

This Guide acknowledges and respects that today's modern healthcare provider may have only a brief window of time for physical activity counseling (at times no more than 20-30 seconds) during a normal office visit. Given this short time period, this Guide seeks to empower you to:

1. Assess the physical activity level of your patients;
2. Write a prescription for physical activity, depending on the health, fitness level, and preferences of your patients, and
3. Refer your patients to certified exercise professionals, who specialize in physical activity counseling and will oversee your patients' exercise program.

Here's how you can get started:

1. Review this *Action Guide*. The Physical Activity Assessment, Prescription and Referral Process documents are the core of the guide and will explain how you can quickly assess physical activity levels, provide exercise prescriptions, and refer patients to certified exercise professionals.
2. Print out and display copies of the Office Flyers in your waiting room and throughout your clinic.
3. Regularly assess and record the physical activity levels of your patients at every clinic visit using the Physical Activity Vital Sign.
4. Provide your patients with a basic prescription using the EIM Prescription Pad to get them started on their physical activity program.
5. For patients with chronic health conditions, the Your Prescription for Health series will provide them with more specialized guidance on how to safely exercise with their condition.
6. Once you are comfortable with the prescription process, begin referring your patients to local exercise professionals who will help supervise them as they “fill” their physical activity prescriptions!

These steps are all described in greater detail throughout the rest of this Action Guide. Keep reading to find how you can make a difference in getting your patients to be more physically active!



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Promoting Physical Activity in Your Clinic Setting

Physical activity is a key component in achieving a healthy lifestyle and disease prevention. In contrast, physical inactivity accounts for a significant proportion of premature deaths worldwide. As a healthcare professional, you are in a unique position to provide such expertise to your patients and employees in helping them develop healthy lifestyles by actively counseling them on being physically active.

1. The first step you can take within your healthcare setting is to ensure that you “walk the talk” yourself. Data suggests that the physical activity habits of physicians influence their counselling practices in the clinic¹. To be a role model for your healthcare team and to gain the trust of your patients, an important first step is setting an example and showing that being physical active is important to you!
2. Next, we encourage you to focus on the well-being of your healthcare team and implement steps that will increase their physical activity levels and healthy lifestyle choices. Some of these steps may include:
 - Implementing wellness challenges and programs
 - Offering physical activity classes (i.e., yoga) and educational sessions
 - Transform your stairwells into a welcoming environment and use promotional materials to encourage employees and visitors to use the stairs
 - Implement activity breaks for meetings that are longer than one hour, and
 - Provide discounts for memberships at the local gym.
3. Finally, we strongly encourage you to promote physical activity in your clinic setting. You may not always have time to engage your patient in conversations about their physical activity levels, but there are simple steps that you can take to make sure they realize its importance in their personal health. By calling attention to and promoting small, simple things that they can do, it will add up to a much more active, healthier patient. The content of effective physical activity messages need to be simple and clear.

To help you get started, Exercise is Medicine[®] has developed a series of Office Flyers that can be downloaded from our website and printed for use in your clinic (see **Appendix A**). We encourage you to post the flyers in your patient waiting and examination rooms. Copies of the flyers can be left on display on tables for patients to take with them after they have left your office. Together, they will create an immediate, first impression on your patients before they even begin their visit!

Please feel free to share these materials with all of your colleagues!

1. Lobelo F, Duperly J, Frank E. Physical activity habits of doctors and medical students influence their counselling practices. *Br J Sports Med.* 2009; 43:89-92.



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Assessing the Physical Activity Levels of Your Patients

One of most important decisions your patients will make regarding their overall health is to incorporate physical activity into their lifestyle. Your discussion of their current physical activity levels may be the greatest influence on their decision. The assessment of their physical activity levels initiates this discussion, highlights the importance of physical activity for disease prevention and management, and enables your healthcare team to monitor changes over subsequent medical visits.

While there are multiple advanced and comprehensive physical activity assessments tools available, time constraints often necessitate a simple and rapid tool. Assessing the current physical activity levels of your patients can be quickly achieved through the use of the Physical Activity Vital Sign (PAVS) - a tool designed to allow you, or members of your healthcare team, to assess and record the physical activity levels of your patients in less than a minute. Asking your patients about their PA levels requires a minimal time investment with a potentially high yield to their health.

The PAVS consists of two questions: “On average, how many days per week do you engage in moderate to strenuous exercise like a brisk walk?” and “On average, how many minutes do you engage in exercise at this level?” See **Appendix B** for a printable version of the PAVS that can be used in your office. These two screening questions will provide you with a snapshot of whether your patients are meeting the current PA guidelines of 150 minutes of moderate intensity physical activity each week. By repeating the assessment of PAVS at every clinic visit, you will be able to track changes in their physical activity levels over time. The PAVS is highly associated with decreased levels of BMI and odds of obesity² and has been tested for face and discriminant validity³.

The PAVS tool is optimally used in the clinic setting when it is integrated as a required response in your EMR system. The PAVS was first implemented in the EMR in clinical practice in 2010 in the Kaiser Permanente healthcare system in California³. Since that time, more than 2 million PAVS have been collected by physicians and their healthcare teams. More recently, use of the PAVS in clinical practice was linked to favorable changes in metabolic outcomes in a population of over one million adults in the Kaiser Permanente healthcare system in Northern California⁴.

2. Greenwood LJ, Joy EA, and Stanford JB. The Physical Activity Vital Sign: A Primary Care Tool to Guide Counseling for Obesity. *J Physical Act & Health*. 2010, 7: 571-6.

3. Coleman KJ, Ngor E, Reynolds K, Quinn VP, Koebnick C, Young DR, Sternfeld B, and Sallis RE. Initial Validation of an Exercise “Vital Sign” in Electronic Medical Records. *Med Sci Sports Exerc*. 2012, 44(11): 2071-76.

4. Grant RW, Schmittiel JA, Neugebauer RS, Uratsu CS, and Sternfeld B. Exercise as a Vital Sign: A Quasi-Experimental Analysis of a Health System Intervention to Collect Patient-Report Exercise Levels. *J Gen Intern Med*. 2014, 29(2): 341-8.



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Prescribing Physical Activity to Your Patients

If there was one prescription that could prevent and treat dozens of diseases, such as diabetes, hypertension, and obesity shouldn't we be prescribing it to all of our patients? Certainly! Providing your patient with a physical activity prescription is the next key step you can take in helping your patients become more active. Given the growing evidence that increasing PA provides greater benefits to multiple health factors than any single pill, we urge healthcare providers to consider using physical activity prescription as a first-line therapy. Your encouragement and guidance may be the greatest influence on this decision as patient behavior can be positively influenced by physician intervention.

The steps provided below will give you guidance in assessing your patients and their needs in becoming more active. At this point, you've already determined their current physical activity level (the *Physical Activity Vital Sign*). Next, you will determine if your patient is healthy enough for independent physical activity. Finally, you will be provided with an introduction to the Exercise Stages of Change model to help determine which strategies will best help your patient become physically active.

Step 1 - Safety Screening

Before engaging a patient in a conversation about a physical activity regimen, it is necessary to determine if they are healthy enough to exercise independently. The first step in this screening process is the administration of the *Physical Activity Readiness Questionnaire* (PAR-Q). The PAR-Q is a brief, 7-question screening tool that is focused on symptoms of heart disease while identifying musculoskeletal problems that should be evaluated prior to participation in an exercise program. An example of the PAR-Q can be found in Appendix C.

- If your patient answers **NO** to all 7 of the PAR-Q questions, they may be cleared for independent low to moderate physical activity (i.e., household chores, brisk walking).
- If your patient wished to engage in more vigorous physical activity (i.e., playing basketball, running), we encourage you to utilize more advanced safety screening tools such as the American College of Sports Medicine Risk Stratification (see Appendices D & E) or a treadmill stress test.
- If your patient answered **YES** to any of the PAR-Q questions, he or she may still be cleared for independent using your professional judgment. However, it may be necessary to utilize more advanced screening tools such as the American College of Sports Medicine Risk Stratification (see **Appendices D & E**) or a treadmill stress test to determine whether your patient should be cleared to exercise independently or whether they need to exercise under the supervision of a clinical exercise professional.



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Step 2 - Determining Your Patient's Readiness to Change

Individual behavior is a dynamic phenomenon. Individuals attempting to change their behaviors often go through a series of stages. Some patients may only be ready for encouragement, some will be prepared to take steps towards being more physically active, while others will be ready to receive a physical activity prescription and referral to certified exercise professionals. Therefore, prior to prescribing physical activity to your patients, it is important to determine their "Stage of Change".

Most commonly, there are 5 stages of change: precontemplation, contemplation, preparation, action, and maintenance phases. By determining the stage of change that they are in, you can then take the most appropriate action based and individualize your physical activity promotion strategy. The Exercise Stages of Change questionnaire (found in **Appendix F**) consists of 5 questions and can be completed in a matter of minutes when your patient first checks in at your office.

The following table provides a brief outline of each of the five stages of change and recommended steps for patients in each stage.

| Stage of Change | Action Step | |
|---|--|---|
| Precontemplation (Patient has no intention to be physically active) | <ul style="list-style-type: none"> Promote being more physically active by discussing its health benefits, emphasizing the pros of changing their behavior, and helping work through the cons of being more physically active. The individual is likely not ready to receive a physical activity prescription at this point. | |
| | Independent | Supervision Necessary |
| Contemplation (Patient is thinking about becoming physically active) | Write prescription; refer to exercise professional. | Refer to clinical exercise professional. |
| | <ul style="list-style-type: none"> Continue to emphasize the pros and reducing the cons of being more physically active. The individual may be becoming receptive to receiving basic guidance on becoming more physically active. | |
| Preparation (Patient is active and making small changes, but not meeting PA guidelines*) | Write prescription; refer to non-clinical exercise professionals. | Refer to clinical exercise professionals. |
| Action (Patient is meeting the physical activity guidelines but for less than 6 months) | Encourage continued exercise. | Encourage continued supervised exercise training. |
| | Strengthen their commitment to change and ability to fight urges to slip back into unhealthy behaviors. | |
| Maintenance (Patient is meeting the physical activity guidelines for the last 6 months or more) | Encourage continued exercise. | Encourage continued supervised exercise. |
| | Encourage them to spend time with people with similar healthy behaviors; continue to engage in healthy activities to cope with stress instead of relying on unhealthy behavior. | |

❖ The 2008 Physical Activity Guidelines recommends 150 minutes per week of moderate intensity physical activity or 75 minutes of vigorous intensity physical activity or some combination of the two.



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Step Three - Providing Your Patient With An Exercise Prescription

For patients who have been cleared for independent exercise and are in the Preparation, Action, and Maintenance phases (and maybe even some in Contemplation), the next step is to provide them with a physical activity prescription. The simplest prescription that you can provide your patient with is to participate in 150 minutes of moderate intensity physical activity each week as suggested in the 2008 Physical Activity Guidelines for Americans⁵. Using the basic EIM Physical Activity Prescription Pad (see **Appendix G**), provide your patients with a basic, written physical activity prescription. Studies have shown that simply providing a written prescription is an effective means of motivating patients to be more physically active, sometimes by as much as one hour per week⁶.

Step Four - Providing Your Patient With A More Advanced Exercise Prescription

If you wish to provide your patients with a more comprehensive prescription, we encourage you to use the “Exercise Prescription Health Series” developed by Exercise is Medicine[®] and leading experts from ACSM. The Exercise Prescription Health Series consists of 45 customized exercise prescriptions specifically developed for individuals with a variety of health conditions such as diabetes, cardiovascular disease, osteoarthritis, and lower back pain. Examples from the Exercise Prescription Health Series can be found in **Appendix H**. These exercise prescriptions can be downloaded from the EIM website (<http://exerciseismedicine.org/YourPrescription.htm>) for use with your patients. Your patients can then implement these prescriptions individually or take them to a certified exercise professional who can guide them in filling their customized exercise prescription.

The 2008 Physical Activity Guidelines recommend a minimum of 150 minutes of moderate, or 75 minutes of vigorous, physical activity a week (for example, 30 minutes per day, five days a week) **and** muscle-strengthening activities on two or more days a week. Moderate physical activity means working hard enough to raise your heart rate and break a sweat, yet still being able to carry on a conversation. Examples include: brisk walking, ballroom dancing or general gardening.



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Providing Your Patients with a Physical Activity Referral

The next important decision that your patients will make regarding their overall health is HOW to incorporate physical activity into their lifestyle. Your guidance in linking them to community resources and, more specifically to exercise professionals, is a key strategy. In fact, several studies have suggested that efforts made by healthcare systems to increase the physical activity habits of their patients are best accomplished by transforming their “patients” into “participants”. This is best done by providing your patients with information on local resources and support systems. When prescribing physical activity, it is necessary not just to counsel your patients, but to provide them with information on how and where they can ‘fill’ their prescription.

The referral to an exercise professional can be an extremely useful tool for you as a healthcare provider. A qualified exercise professional can help your patient safely start and maintain an effective exercise program. They will understand the “fitness goals” you and your patient have discussed and work with them to create a plan of action to achieve them. They can help your patients adapt these goals to their individual situations, such as fitting physical activity into their busy schedule and addressing other barriers to exercise that they may face. An exercise professional can also be great source of motivation and encouragement, as well as a resource for the latest objective health and fitness information. A referral to a qualified exercise professional can give your patient all the information and support they need to start and maintain an exercise program and save you time in the office.

Consulting the American College of Sports Medicine

The first step that you can take is to consult with the American College of Sports Medicine (www.acsm.org) about the appropriate qualifications for exercise professionals. While online you can use the ACSM’s Pro Finder, an online database that displays ACSM certified exercise professionals. Once you have found one or a few individuals you believe may be a good match, it is important to ask questions about their background, certifications and client practices. For more details on what to look for in an exercise professional, please keep reading through the end of the document.

Finding Qualified Exercise Professionals

As with any specialist, it is important to find one or more fitness professionals to whom you are comfortable referring your patients. A health fitness professional will understand the fitness goals you and your patient have discussed, help them refine those goals, and design a carefully structured plan to help your patient achieve them. A referral to qualified health fitness professional can give your patient all the information and support they need to start and maintain an exercise program and save you time in the office. Below we offer several suggestions on how you can develop a trusted exercise referral network as part of your clinic practice.



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Questions to ask an Exercise Professional

As with a referral to any specialist, you should use your professional judgment and due diligence in choosing appropriately trained individuals to partner with in providing the best care possible for your patients. Questions that you could ask exercise professionals in helping you make this decision include:

- Do they hold a 4-year degree from an accredited university in Exercise Science, Kinesiology, Exercise Physiology, or a related health and fitness field?
- How long have they been a personal trainer? Do they have additional training and certification by a nationally-recognized organization^a?
- Is he or she certified in first aid and CPR?
- Do they have liability insurance?
- What types of clients and special populations do they have experience working with?
- Will they read the background information you send on your patients?
- Will they ask your patients specific questions before beginning an exercise program, about their medical conditions, medications currently being taken, previous injuries and surgeries, and aches and pains as they relate to being physical active?
- Do they conduct fitness assessments as part of their physical activity counseling?
- Are they willing to provide you feedback on your patient's progress?

These questions should help you begin to gauge if an exercise professional would be a good addition to your referral network.

EIM Credentialed Exercise Professionals

To ensure that the health fitness professionals in your network are trustworthy, EIM has developed a credential program that will provide health fitness professionals with an additional skill set that will allow them to work closely with the medical community (such as your clinic) and receive patient referrals. Through their training for the EIM Credential, exercise professionals are:

- Certified as EIM Exercise Professionals who are eligible to work as a trusted referral source with your patients.
- Trained to work with a wide variety of individuals from those who are apparently healthy to those with more serious health-related conditions.
- Trained in behavior change theories to empower their clients to make sustainable lifestyle modifications.
- Trained how to work with healthcare providers and work as a part of an integrated healthcare team.

For more on the EIM Credential program, please visit the following website:

<http://certification.acsm.org/exercise-is-medicine-credential>



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Identifying Local Community Programs

Another helpful step in developing a referral network is finding trusted local programs and facilities to which you can refer your patients. Our communities often offer a wealth of untapped programs that go largely unknown to the general public. To identify these available programs, begin by contacting health club or fitness facilities in your community, YMCAs, and the local community centers. Furthermore, many of these facilities will also have in-house fitness professionals that qualify for your network. By including qualified programs in your community, you will be ensuring that your patients have convenient access to the support and guidance that they need.

Developing an Exercise Referral Network

As you begin identifying local professionals, programs, and facilities, it will be helpful to formally develop a referral network to have this information readily available for your patients when they are in the clinic. We understand that you are likely too busy to develop an extensive referral network yourself. However, most offices have interns and volunteers (i.e., local students) who might be able to take on this project for your office.

Additionally, to help healthcare providers develop and grow their referral network, EIM is developing a national database of credentialed exercise professionals and qualified physical activity programs. This database will include professionals and facilities that are familiar with the EIM model and have been trained to accept referrals from healthcare providers. These professionals and facilities will have a special recognition to show they are familiar with and have completed EIM training modules, and have met EIM standards of practice.

a - It is highly recommended that you refer your patients only to fitness professionals who have been certified through an NCCA-accredited association (click on "Accredited Certification Programs" at www.noca.org) such as the American Council on Exercise (ACE), the American College of Sports Medicine (ACSM), the Cooper Clinic, the National Academy of Sports Medicine (NASM), the National Strength and Conditioning Association (NSCA), or one of the seven other accredited fitness associations (Academy of Applied Personal Training Education, International Fitness Professionals Association, National Athletic Trainer's Association Board of Certification, National Council on Strength and Fitness, National Exercise and Sports Trainers Association, National Exercise Trainers Association, National Federation of Professional Trainers).



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Being a Champion in Your Health System

As a supporter of Exercise is Medicine[®], we need your assistance in promoting the benefits of physical activity in your healthcare system and community. In becoming an EIM Champion, you will be faced with the task of navigating through a rapidly changing environment. While this may seem imposing, the rapid changes in our health system also bring with them great opportunity. In the future, healthcare leaders, such as yourself, will be on the forefront of identifying new opportunities for the adoption and integration of the EIM “Solution” within new healthcare models and systems. The EIM Solution is a system that supports the patients, providers, and payers through a *Population Health Management* care model that will assist healthcare providers in assessing and prescribing physical activity, stratifying eligible patients, employees, and underserved community residents into risk categories and connecting them with local physical activity resources.

The first step that you can take in being an EIM Champion is to gain the support of colleagues and healthcare professionals at your institution. Educating them on the benefits of prescribing physical activity for their patients is an essential first step that you can take. This can be done through seminars or work lunches, for which we can provide you with EIM slide presentations. The next step is to approach and gain the support of your healthcare administrative team. Again, we are happy to support your efforts through joint conference calls or directly communicating with your leadership.

Once you have gained the support of your colleagues and administration, one of the next steps includes integrating the Physical Activity Vital Sign (see the “Assessing Physical Activity” section of this guide) in your healthcare system’s electronic medical records. Other steps, such as developing a physical activity order set, which will lead to your patients receiving a customized physical activity prescription, and stratifying them into at-risk population groups for tailored guidance, will further “hard-wire” the EIM Solution into the work flow of your healthcare system. These are examples of just some of the initial steps that can be taken in making physical activity a standard part of your disease prevention and treatment paradigm!

At the end of the day, implementing the EIM Solution in your healthcare system is not a one-person job. The EIM team is willing and available to support and advance your efforts. We encourage you to utilize our online resources, such as this guide and our EIM presentation slides, which will allow you to effectively gain support and educate others in your effort to be an EIM Champion in your healthcare system. Most importantly, we encourage you and the administrators in your healthcare system to **contact us** for further information and assistance in adapting the EIM Solution for your needs!



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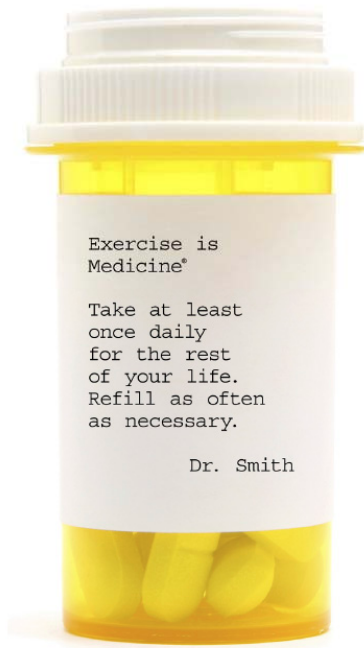


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Appendix A – Office Flyers

These are examples of some of the promotional material freely available through our website for download and usage in your healthcare setting.

Your Prescription for Health...



Exercise prevents or treats many diseases, including diabetes, hypertension, heart disease and obesity. Make physical activity part of your health.

Ask your healthcare professional how you can benefit from an exercise prescription.

www.exerciseismedicine.org



EIM Global Partners:





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A Whole New Prescription It's Time for You to Take Control



The Best Medicine

What if there was one medicine so powerful in maintaining and improving health that it could prevent or treat dozens of diseases, such as diabetes, hypertension, heart disease and obesity?

There is!

Ask your healthcare professional how you can benefit from an exercise prescription.

www.exerciseismedicine.org



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APPENDIX B - Physical Activity Vital Sign (PAVS)

1. On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?

_____ days

2. On average, how many minutes do you engage in exercise at this level?

_____ minutes



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Appendix C - Physical Activity Readiness Questionnaire (PAR-Q)

PATIENT'S NAME: _____ DOB: _____

DATE: _____

HEALTHCARE PROVIDER'S NAME: _____

Please read the questions below carefully, and answer each one honestly. Please check YES or NO.

 Yes

 No

Has your healthcare provider ever said that you have a heart condition and that you should only do physical activity recommended by a healthcare provider?

 Yes

 No

Do you feel pain in your chest when you do physical activity?

 Yes

 No

In the past month, have you had chest pain when you were not doing physical activity?

 Yes

 No

Do you lose your balance because of dizziness or do you ever lose consciousness?

 Yes

 No

Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?



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Appendix D - ACSM Risk Stratification Screening Questionnaire

Assess your health by marking all true statements.

You have had:

- | | |
|---|---|
| <input type="checkbox"/> a heart attack | <input type="checkbox"/> congenital heart disease |
| <input type="checkbox"/> heart failure | <input type="checkbox"/> any heart surgery |
| <input type="checkbox"/> cardiac arrhythmia | <input type="checkbox"/> coronary angioplasty |
| <input type="checkbox"/> known heart murmur | <input type="checkbox"/> heart palpitations |

You have:

- experienced chest pain with mild exertion
- experienced dizziness, fainting, or blackouts with mild exertion
- experienced unusual fatigue or shortness of breath during usual activities
- been prescribed heart medications (please indicate):

Check all that apply:

- you are a man older than 45 years
- you smoke
- your blood pressure is greater than 140/90
- you take blood pressure medication
- you are completely physically inactive
- you currently have bone/joint problems
- you have had a recent injury/surgery
- you are a diabetic or take medicine to control your blood sugar
- you have been diagnosed with high cholesterol >200 (or HDL is less than 35 mg/dL or LDL is greater than 169 mg/dL)
- you have a close blood relative who had a heart attack before age 55 (father/brother) or age 65 (mother/sister)
- Other (specify) _____

Use the following risk stratification scoring table (page 17) to sum the total number of risk factors present in your patient in determining their current level of cardiovascular disease risk.



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Risk Stratification Scoring

| Positive Risk Factors | Defining Criteria | Points |
|-----------------------|--|--------|
| Age | Men ≥ 45 years, Women ≥ 55 years | +1 |
| Family History | Myocardial infarction, coronary revascularization, or sudden death before 55 years of age in father or other 1 st degree male relative or before 65 years of age in mother or other 1 st degree female relative | +1 |
| Cigarette Smoking | Current cigarette smoker or those who quit within the previous six months, or exposure to environmental tobacco smoke (i.e., secondhand smoke) | +1 |
| Sedentary Lifestyle | Not participating in at least 30 minutes of moderate-intensity physical activity on at least three days/week for at least three months | +1 |
| Obesity | Body mass index ≥30 kg/m ² or waist girth >102 cm (40 inches) for men >88 cm (35 inches) for men | +1 |
| Dyslipidemia | Low-density lipoprotein (LDL) cholesterol ≥ 130mg/dL (3.37 mmol/L) or high-density lipoprotein (HDL) cholesterol <40mg/dL (1.04mmol/L) or currently on lipid-lowering medication; If total serum cholesterol is all that is available, use serum cholesterol >200 mg/dL (5.18mmol/L) | +1 |
| Prediabetes | Fasting plasma glucose ≥100 mg/dL (5.50 mmol/L) but <126 mg/dL (6.93 mmol/L) or impaired glucose tolerance (IGT) where a two-hour oral glucose tolerance test (OGTT) value is ≥140 mg/dL (7.70 mmol/L), but <200 mg/dL (11.00mmol/L) | +1 |
| Negative Risk Factors | Defining Criteria | Points |
| High HDL Cholesterol | ≥60 mg/dL (1.55 mmol/L) | -1 |

Total CVD Risk Score: _____

* See Appendix E for Risk Categories and related recommendations for Screening, Clinical Testing, and Exercise Recommendations.



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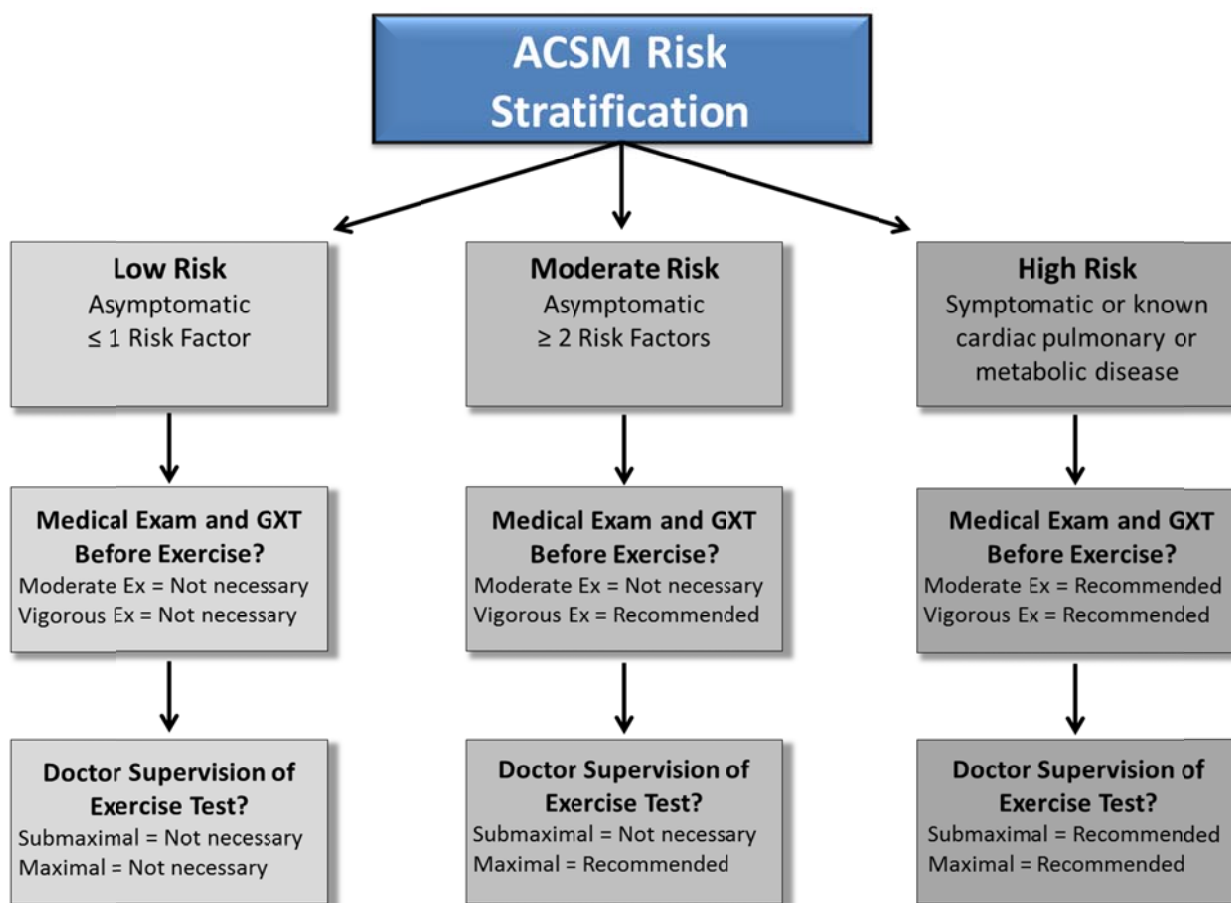
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Appendix E - ACSM Risk Stratification Screening Classification





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Appendix F - Exercise Stages of Change Questionnaire

Goal: To do physical activity or exercise regularly, such as accumulating:

- 150 minutes of moderate physical activity per week, or
- 75 minutes of vigorous physical activity per week, or
- a combination of moderate and vigorous physical activity each week, such as
 - 75 minutes of moderate and 40 minutes of vigorous physical activity, or 90 minutes of moderate and 25 minutes of vigorous physical activity

Examples of Moderate-Intensity Activity

- Brisk walking
- Biking <10 mph (16kph)
- Ballroom dancing
- General gardening, such as weeding
- Golfing (no cart)
- Any other physical activity where the exertion is similar to these

Examples of Vigorous-Intensity Activity

- Jogging, running
- Tennis
- Biking >10 mph (16kph)
- Aerobic dancing
- Heavy gardening, such as digging
- Any other physical activity where the exertion is similar to these

Regular physical activity means meeting or exceeding the physical activity goal described above.

For each statement, please mark yes or no.

- | | | |
|--|------------------------------|-----------------------------|
| 1. I am currently physically active (at least 30 minutes per week). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I intend to become more physically active in the next 6 months. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I currently engage in regular physical activity. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I have been regularly physically active for the past 6 months. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Exercise Stages of Change - Scoring Key

- | | |
|---|-------------------------|
| • No to 1, 2, 3, and 4 = | Pre-contemplation stage |
| • No to 1, 3, and 4, Yes to 2 = | Contemplation stage |
| • Yes to 1 and 2, No to 3 and 4 = | Preparation stage |
| • Yes to 1 and 3, Yes or No to 2, No to 4 = | Action stage |
| • Yes to 1, 3, and 4, Yes or No to 2 = | Maintenance stage |



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Appendix G – EIM Physical Activity Prescription Pad

EXERCISE PRESCRIPTION & REFERRAL FORM



PATIENT'S NAME: _____ DOB: _____ DATE: _____
 HEALTH CARE PROVIDER'S NAME: _____ SIGNATURE: _____

PHYSICAL ACTIVITY RECOMMENDATIONS

| Type of physical activity: | Aerobic | Strength |
|----------------------------|---------|----------|
| Number of days per week: | | |
| Minutes per day: | | |
| Total minutes per week*: | | |

***PHYSICAL ACTIVITY GUIDELINES**
Adults aged 18-64 with no chronic conditions: Minimum of 150 minutes of moderate physical activity a week (for example, 30 minutes per day, five days a week) *and* muscle-strengthening activities on two or more days a week ([2008 Physical Activity Guidelines for Americans](#)).
 For more information, visit www.acsm.org/physicalactivity.

REFERRAL TO HEALTH & FITNESS PROFESSIONAL

Name: _____
 Phone: _____
 Address: _____

 Web Site: _____
 Follow-up Appointment Date: _____
 Notes: _____



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Appendix H – Disease-Specific Physical Activity Prescriptions

Your Prescription for Health Series

EXERCISING WITH ARTHRITIS



www.ExerciseIsMedicine.org

An estimated 40 million people have some form of arthritis. The two most common forms are osteoarthritis, a degenerative joint disease characterized by a progressive loss of cartilage, and rheumatoid arthritis, a chronic condition causing the lining of the joints to become inflamed. Both conditions can make exercise a difficult and painful proposition. However, a well-designed physical activity program can decrease joint swelling and pain and improve overall function. Furthermore, regular exercise can help you maintain a healthy weight (which reduces pressure on your joints) and improve cartilage and bone tissue health. The key is to keep yourself active in a variety of ways, and you will be on your way to greater mobility and better health.

Getting Started

- Talk with your health care practitioner before starting an exercise program and ask for specific programming recommendations and possible changes to your medications.
- Select low-impact and non-impact activities such as walking, swimming, water exercise and cycling.
- An extended warm-up and a gradual cool-down may help reduce the likelihood of aggravating joint pain.
- Spread your activity throughout the day (e.g., three 10-minute sessions). Set time goals rather than distance goals.
- Start slowly and gradually progress the intensity and duration of your workouts. Take frequent breaks during activity if needed.
- Select shoes and insoles for maximum shock absorption.

Be prepared to adjust your workouts according to fluctuations in your symptoms.


Exercise Cautions

- Avoid overstretching.
- Some discomfort after your workouts is to be expected, but you should not be in pain.
- Avoid vigorous, highly repetitive activities, particularly if your joints are unstable.
- If you have arthritis in your feet, consult with your physician or podiatrist before doing high-impact activities such as running.

Your exercise program should be modified to maximize the benefits while minimizing the risk of aggravating your health condition. Consider contacting an ACSM-certified fitness professional* who can work with you and your healthcare practitioner to establish realistic goals and design a safe and effective program that addresses your specific needs.

IN THE SERIES:

- > Cardiovascular Diseases
- > Pulmonary Diseases
- > Metabolic Diseases
- > Immunological/Hematological Disorders
- > Orthopedic Diseases and Disabilities
- > Neuromuscular Disorders




*If your health care provider has not cleared you for independent physical activity and would like you to be monitored in a hospital setting or a medical fitness facility, you should exercise only under the supervision of a certified professional. The American College of Sports Medicine (ACSM) has two groups of certified fitness professionals that could meet your needs. The ACSM Certified Clinical Exercise Specialist (CCES) is certified to support those with heart disease, diabetes and lung disease. The ACSM Registered Clinical Exercise Physiologist (RCEP) is qualified to support patients with a wide range of health challenges. You may locate all ACSM-certified fitness professionals by using the ProFinder at www.acsm.org.


For more information, visit www.exercisemedicine.org or e-mail eim@acsm.org.

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Your Prescription for Health Series

EXERCISING WITH MULTIPLE SCLEROSIS

www.ExerciseIsMedicine.org

Regular physical activity can help ease the pain and symptoms of multiple sclerosis, and has been shown to increase muscle strength and endurance, enhance mobility and reduce the risk of falling. The key to maximizing the benefits of exercise is to not overdo it and to follow a well-designed program that accommodates your individual needs and concerns.

IN THE SERIES:

- > Cardiovascular Diseases
- > Pulmonary Diseases
- > Metabolic Diseases
- > Immunological/Hematological Disorders
- > Orthopedic Diseases and Disabilities
- > Neuromuscular Disorders

Getting Started

- Talk with your health care provider before starting an exercise program and ask for specific programming recommendations.
- Take all medications as recommended by your physician.
- The goals of your program should be to maintain and, if possible, improve your current level of joint flexibility, muscular strength and endurance, and cardiorespiratory endurance.
- Choose low-impact activities such as swimming and recumbent cycling. Walking is a good choice if you are not experiencing problems with your gait or balance. Yoga and tai chi also provide additional mind-body benefits.
- Start slowly and gradually progress the intensity and duration of your workouts. Aim to exercise aerobically at least 30 minutes, three times per week and strength train on alternate days twice per week. Stretching exercises to improve your range of motion should be done before every workout.
- Be prepared to adjust your workouts according to the progression or recession of your symptoms. Monitor your response to exercise; if you feel fatigued rather than energized, you may be overdoing it.

Exercise Cautions

- Avoid exercising in high temperatures and during the hottest part of the day (typically from 10:00 a.m. to 2:00 p.m.). Drink cool fluids before, during and after your exercise session.
- Avoid high-impact activities such as running and situations that may increase your risk of falling.
- Never exercise to the point of pain—if something hurts, don't do it.

Your exercise program should be designed to maximize the benefits with the fewest risks of aggravating your health or physical condition. Consider contacting a certified health and fitness professional* who can work with you and your health care provider to establish realistic goals and design a safe and effective program that addresses your specific needs.

*If your health care provider has not cleared you for independent physical activity and would like you to be monitored in a hospital setting or a medical fitness facility, you should exercise only under the supervision of a certified professional. The American College of Sports Medicine (ACSM) has two groups of certified fitness professionals that could meet your needs. The ACSM Certified Clinical Exercise Specialist (CCES) is certified to support those with heart disease, diabetes and lung disease. The ACSM Registered Clinical Exercise Physiologist (RCEP) is qualified to support patients with a wide range of health challenges. You may locate all ACSM-certified fitness professionals by using the ProFinder at www.acsm.org.

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Your Prescription for Health Series

EXERCISING
WITH
PARKINSON'S DISEASE



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A safe and effective exercise program can reduce the symptoms of Parkinson's disease by increasing muscle strength and endurance, enhancing mobility and reducing your risk of falling. Regular physical activity can also help improve your balance and coordination, and enhance your overall quality of life. The key is to determine what type of exercise is best for you, and to follow a program that accommodates your individual needs and concerns.

Getting Started

- Talk with your health care provider before starting an exercise program and ask for specific programming recommendations.
- Take all medications as recommended by your physician.
- The goals of your program should be to improve your functional capacity and ability to perform activities of daily living, increase muscle strength and endurance, improve range of motion, and reduce your risk of injury.
- Choose activities that you enjoy and will do regularly. If walking is too difficult, cycling, swimming and chair activities are good alternatives. Group classes can also provide a social element to your workouts.
- If your fitness level is low, start with shorter sessions (10 to 15 minutes) and gradually build up to 30 minutes, five days per week.
- Perform low-level strength-training exercises using light weights. Incorporate flexibility, eye-hand coordination, reflex training, and fall prevention activities.
- Take frequent breaks during activity if needed. Your workouts should be comfortable and not strained.

Exercise Cautions

- If fatigue is an issue, try exercising first thing in the morning.
- If you are at risk of falling or freezing (becoming rigid), hold on to a chair when performing standing exercises or do chair-based exercises instead.
- Avoid exercising alone and don't hesitate to ask for demonstrations or further explanations about how to perform exercises properly.

Your exercise program should be designed to maximize the benefits with the fewest risks of aggravating your health or physical condition. Consider contacting a certified health and fitness professional* who can work with you and your health care provider to establish realistic goals and design a safe and effective program that addresses your specific needs.

IN THE SERIES:

- > Cardiovascular Diseases
- > Pulmonary Diseases
- > Metabolic Diseases
- > Immunological/Hematological Disorders
- > Orthopedic Diseases and Disabilities
- > Neuromuscular Disorders

*If your health care provider has not cleared you for independent physical activity and would like you to be monitored in a hospital setting or a medical fitness facility, you should exercise only under the supervision of a certified professional. The American College of Sports Medicine (ACSM) has two groups of certified fitness professionals that could meet your needs. The ACSM Certified Clinical Exercise Specialist (CCES) is certified to support those with heart disease, diabetes and lung disease. The ACSM Registered Clinical Exercise Physiologist (RCEP) is qualified to support patients with a wide range of health challenges. You may locate all ACSM-certified fitness professionals by using the ProFinder at www.acsm.org.

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