Health Care Providers’ Action Guide

Support for the Exercise is Medicine™ Global Initiative is Provided By:

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Exercise is Medicine™ thanks the Clinical Exercise Physiology Association for their contributions to the development of this action guide.
HOW TO USE THE GUIDE

The Exercise is Medicine™ Health Care Providers’ Action Guide provides physicians and other health care providers with a simple, fast, and effective tool for using physical activity, in the right “dosage”, as a highly effective prescription 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 health care provider has very little time for exercise-counseling (probably no more than 20-30 seconds) during the normal office visit and empowers you to:

1. Either write an exercise prescription, depending on the health, fitness level, and physical activity preferences of your patient, or
2. Refer your patient to a certified health and fitness professional, who specializes in exercises counseling and who will oversee your patient’s exercise under your supervision.

Here’s how to get started:

1. Review How to Use the Guide, which you are currently reading. Once you have read this, it is highly recommended that you read through the Exercise Prescription and Referral Process document. This is the core of the guide and will explain how to either quickly write a prescription for your patient or else refer them to a certified health and fitness professional.
2. Once you are comfortable with the prescription and referral process, use the Exercise and Readiness Prescription Pad to either give your patient a physical activity prescription or to refer them to a health and fitness professional.
3. If your patient is healthy, print out and give them a Starting an Exercise Program Patient Handout.
4. If your patient has a chronic health condition, look at the Your Prescription for Health series to see if your patient’s condition is included in this series and, if it is, print out and give them the appropriate patient handout on how to safely exercise with their condition. This series has been reviewed by experts from the American College of Sports Medicine.

Print out and display copies of the Physician Office Flyer in your waiting room and any other locations you deem appropriate.
Dear Health Care Provider,

One of most important decisions your patients will make regarding their overall health is to incorporate physical activity into their lifestyle. Your encouragement may be the greatest influence on this decision.

The algorithm given below will give you guidance in monitoring your patients and helping them to exercise. It’s a simple and quick, but effective, three-step process: first, you’ll find out about each patient’s current physical activity level; then, you’ll determine if your patient is healthy enough for independent exercise; and finally, if your patient exercises less than the recommended level (as most patients do), you’ll see how to quickly use the simplified Stages of Change model described below to best help your patient.

Some patients will be ready only for encouragement; some will be prepared to read the Starting an Exercise Program patient handout in this guide; and some will be willing to get an exercise prescription from you or a certified health fitness professional that you’ll refer them to as part of the Exercise is Medicine program. After you’ve read through the description below, you’ll find a template exercise prescription form (see the Exercise Prescription and Referral Form on page 5) for use to copy and use with your patients.
1. **Ask patient if they currently exercise?** (See recommended guidelines\(^1\))

   If **YES**, 
   
   Type/s of Activity__________ How Hard? __________
   How Long? _________ How Often? __________

   Then go to Step 2.

   If **NO**, ask why not, and determine if the patient is willing to start a lifestyle modification program/exercise program?

   If **YES**, go to step 2.

   If **NO**, briefly discuss benefits of exercise with patient, provide educational handout discussing such, and encourage patient to start adding extra activity/steps to their day, as well as improving dietary choices, if need be. Schedule a nurse or other allied health care professional to follow-up with patient in one week to see if patient is interested in starting lifestyle modification program/exercise program. If **YES**, at follow-up, go to step 2.

2. **Determine if patient is healthy enough to exercise independently, and determine the appropriate actions necessary for exercise counseling and/or referral to a fitness professional.**

   **Administer Physical Activity Readiness Questionnaire (see Appendix A):** The Physical Activity Readiness Questionnaire (PAR-Q), a screening/educational tool, focuses on symptoms of heart disease while identifying musculoskeletal problems that should be evaluated prior to participation in an exercise program.

   If your patient answered **NO** to all of the PAR-Q questions, he or she may be cleared for independent physical activity. If you clear your patient for independent physical activity, you can write an exercise prescription based on the **2008 Physical Activity Guidelines for Americans**\(^1\). Alternatively, you may refer your patient to a fitness professional for personalized exercise counseling. Apparently healthy patients who you clear for independent exercise will still benefit from exercise counseling. In this case, you may refer your patient to a non-clinical fitness professional\(^2\) such as a certified personal trainer or a health fitness specialist.

   If your patient answered **YES** to any of the PAR-Q questions, he or she may still be cleared for independent or monitored physical activity. Use your professional judgment when deciding whether a patient with a clinical condition can be cleared to exercise independently or whether they need to exercise under the supervision of a clinical exercise professional\(^2\). If you clear your patient for independent physical activity, you can write an exercise prescription based on the **2008 Physical Activity Guidelines for Americans**\(^1\), or you can refer your patient to a fitness professional for exercise counseling. Patients with a clinical condition who you clear for independent activity, just like apparently healthy patients, will still benefit from exercise support and can be referred to a non-clinical fitness professional\(^2\) who is trained to work with such individuals (for example, ACSM’s Health Fitness Specialist) or to a certified personal trainer. Higher-risk patients with a disease who need supervised exercise should be referred to a clinical exercise professional\(^2\) such as ACSM's Registered Clinical Exercise Physiologist or Clinical Exercise Specialist).
3. Determine which stage of change (precontemplation, contemplation, preparation, or action and maintenance) patient is in, and take appropriate action, as indicated in the chart below.

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Precontemplation</strong></td>
<td>Encourage patient to consider exercising; tell patient about health benefits of exercise.</td>
</tr>
<tr>
<td>(Patient not ready to exercise)</td>
<td></td>
</tr>
<tr>
<td><strong>Contemplation</strong></td>
<td></td>
</tr>
<tr>
<td>(If patient interested in or thinking about exercising)</td>
<td><strong>Independent</strong>&lt;sup&gt;1&lt;/sup&gt; Write prescription; refer to non-clinical fitness professional&lt;sup&gt;2,3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Preparation</strong></td>
<td></td>
</tr>
<tr>
<td>(If patient exercising less than recommended amount&lt;sup&gt;1&lt;/sup&gt;)</td>
<td>Write prescription; refer to non-clinical fitness professional&lt;sup&gt;2,3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Action and Maintenance</strong></td>
<td></td>
</tr>
<tr>
<td>(If patient is exercising recommended amount&lt;sup&gt;1&lt;/sup&gt;)</td>
<td>Encourage continued exercise</td>
</tr>
</tbody>
</table>

4. Use the Exercise Prescription and Referral Form (see page 5/Appendix B) to write an exercise prescription and/or referral, based the action determined from the chart in step 3. If a referral is needed, the Physical Activity Clearance Form (see Appendix C) may be filled out and given to the patient's fitness or exercise professional.

For more information, visit [www.exerciseismedicine.org](http://www.exerciseismedicine.org).

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<sup>1</sup>Minimum of 150 minutes of moderate physical activity a week (for example, 30 minutes per day, five days a week) <i>and</i> muscle-strengthening activities on two or more days a week (<i>2008 Physical Activity Guidelines for Americans</i>). 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: brisk walking, ballroom dancing or general gardening.

<sup>2</sup>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](http://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).

<sup>3</sup>The American College of Sports Medicine is currently developing a referral process to exercise professionals.
EXERCISE PRESCRIPTION & REFERRAL FORM

This document is available for download in PDF format at www.exerciseismedicine.org/physicians.htm.

Use the Exercise Prescription and Referral Form to write an exercise prescription and/or referral, based on the action determined from the Prescription & Referral Process. If a referral is needed, the Physical Activity Clearance Form (see Appendix C) may be filled out and given to the patient’s fitness or exercise professional.

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**EXERCISE PRESCRIPTION & REFERRAL FORM**

| PATIENT’S NAME: ___________________________ | DOB: ________ | DATE: ____________ |
| HEALTH CARE PROVIDER’S NAME: ___________________________ | SIGNATURE: ___________________________ |

**PHYSICAL ACTIVITY RECOMMENDATIONS**

<table>
<thead>
<tr>
<th>Type of physical activity</th>
<th>Aerobic</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of days per week:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minutes per day:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total minutes per week:</td>
<td></td>
<td></td>
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*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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www.ExerciseIsMedicine.org
E-mail: eim@acsm.org • Phone: 317-637-9200
STARTING AN EXERCISE PROGRAM

This handout is available for download at www.exerciseismedicine.org/physicians.htm.

Starting an exercise program can sound like a daunting task, but just remember that your main goal is to boost your health by meeting the basic physical activity recommendations: 30 minutes of moderate-intensity physical activity at least five days per week, or vigorous-intensity activity at least three days per week, and strength training at least twice per week.

Guidelines for healthy adults under age 65 with no apparent chronic disease or condition

STEP 1 - Set aside time each day to exercise. Getting started can often be the most difficult part of any exercise routine. Scheduling exercise into your day and making it a priority will increase the chance of being successful.

STEP 2 - Choose cardiovascular activities you enjoy, such as swimming, biking, or playing basketball with friends to get your daily physical activity. If you need a variety of activities to stay motivated, combine a few that appeal to you. Physical activity can be accumulated through a variety of activities, not just running. Walking is a great way to do moderate-intensity physical activity. Moderate-intensity physical activity means working hard enough to raise your heart rate and break a sweat, yet still being able to carry on a conversation.

STEP 3 - Start with 10 to 15 minutes of cardiovascular exercise daily. Each week, add five minutes to your exercise routine until you reach 30 minutes of moderate-intensity for a minimum of five days per week. Alternately, you may do 20 minutes of vigorous-intensity exercise three days per week. The 30-minute recommendation is for the average healthy adult to maintain health and reduce the risk for chronic disease. It should be noted that to lose weight or maintain weight loss, 60 to 90 minutes of physical activity may be necessary.

STEP 4 - Incorporate strength training into your routine. Do eight to 10 strength-training exercises, eight to 12 repetitions of each exercise twice a week. This can be accomplished by using dumbbells, resistance bands or your own body weight. If you are unsure how to perform the exercises correctly, seek the advice of an exercise professional.
Guidelines for adults over age 65 (or adults 50-64 with chronic conditions, such as arthritis)*

STEP 1 – Begin by following the four steps listed above. Both aerobic and muscle-strengthening activity is critical for healthy aging.

STEP 2 - If you are at risk of falling, perform balance exercises. If you are unsure how to perform the exercises correctly, seek the advice of an exercise professional.

STEP 3 - Have a physical activity plan. Older adults or adults with chronic conditions should develop an activity plan with a health professional to manage risks and take therapeutic needs into account. This will maximize the benefits of physical activity and ensure your safety.

HEALTH CARE PROVIDER’S RECOMMENDATIONS:

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______________________________________________________________________

For more information, visit www.exerciseismedicine.org.

*If your physician has not cleared you for independent physical activity, you should exercise only under the supervision of a certified professional. The American College of Sports Medicine has two groups of certified fitness professionals that could meet your needs. The ACSM Certified Clinical Exercise Specialist (CES) 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.
YOUR PRESCRIPTION FOR HEALTH SERIES

Information and recommendations for exercising safely with a variety of health conditions.

This series is available for download at www.exerciseismedicine.org/YourPrescription.htm.
OFFICE FLIER

This flier is available for download at www.exerciseismedicine.org/physicians.htm in high resolution (for printing) and low resolution (for e-mail attachments and online viewing).

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!

Talk with your doctor about the best exercise plan for you, and make physical activity part of your life and health care plan.

For more information, visit www.exerciseismedicine.org
Please read the questions below carefully, and answer each one honestly. Please check YES or NO.

- **Yes**  **No** Has your health care provider ever said that you have a heart condition and that you should only do physical activity recommended by a health care 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?
- **Yes**  **No** Is your health care provider currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- **Yes**  **No** Do you know of any other reason why you should not do physical activity?

Excerpted from the Physical Activity Readiness Questionnaire (PAR-Q) © 2002. Used with permission from the Canadian Society for Exercise Physiology.
EXERCISE PRESCRIPTION & REFERRAL FORM

PATIENT'S NAME: ___________________________  DOB: _______________  DATE: _______________

HEALTH CARE PROVIDER'S NAME: ___________________________  SIGNATURE: _________________________

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For more information, visit www.acsm.org/physicalactivity.

REFERRAL TO HEALTH & FITNESS PROFESSIONAL

Name: ___________________________

Phone: ___________________________

Address: ___________________________

Web Site: ___________________________

Follow-up Appointment Date: _______________

Notes: ___________________________

*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.
Physical Activity Clearance Form

Clearance requested for: __________________________________________________________

Health care provider’s name: ____________________________________________________

Please sign the statement that reflects your wishes:
1. ____ This patient may engage in an exercise program only under clinical supervision.
2. ____ This patient may engage in an exercise program only under the supervision of a community-based health club professional.
3. ____ This patient may engage in independent (unrestricted) moderate intensity exercise.

Restrictions: __________________________________________________________________

Return form to: ________________________________

Health care provider’s signature: ________________________ Date: ________________