



Health Care Providers' Action Guide

Exercise is Medicine® thanks the [Clinical Exercise Physiology Association](#) for their contributions to the development of this action guide. Exercise is Medicine is a multi-organizational initiative, coordinated by the American College of Sports Medicine

www.ExerciseisMedicine.org

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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. 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* on page 12 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 on pages seven and eight.
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* shown on page 10 in your waiting room and any other locations you deem appropriate. All of these documents can be downloaded at www.ExerciseisMedicine.org.



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PRESCRIPTION & REFERRAL PROCESS

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 the page 13) for you to copy and use with your patients.

1. **Ask patient if they currently exercise?** (See recommended guidelines¹)

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 Americans¹. 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 professional² 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 professional². If you clear your patient for independent physical activity, you can write an exercise prescription based on the 2008 Physical Activity Guidelines for Americans¹, 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 professional² 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 professional² 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.

Stage of Change	Action	
Precontemplation (Patient not ready to exercise)	Encourage patient to consider exercising; tell patient about health benefits of exercise.	
Contemplation (If patient interested in or thinking about exercising)	Independent	Supervision Necessary
	Write prescription; refer to non-clinical fitness professional ²	Refer to clinical exercise professional ²
Preparation (If patient exercising less than recommended amount ¹)	Write prescription; refer to non-clinical fitness professional ²	Refer to clinical exercise professional ²
Action and Maintenance (If patient is exercising recommended amount ¹)	Encourage continued exercise	Encourage continued supervised exercise

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.

The referral to a specialist can be an extremely useful tool for any health care provider. This can be especially true when prescribing exercise for a patient. A qualified fitness professional can help your patient safely start and maintain an effective exercise program. A personal trainer will understand the "fitness goals" you and your patient have discussed or can help them determine what those goals should be, and help your patient achieve them. A fitness professional can be a great source of motivation and encouragement, as well as a resource for the latest objective health and fitness information. He or she can also help your patient fit exercise into their busy schedule and help them address other barriers to exercise they face. A referral to a qualified 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.

As with any specialist, it is important to find one or more fitness professionals to whom you are comfortable referring your patients. It is often helpful to have a referral network that includes several locations so that patients have convenient access. To develop your referral network, begin by asking about personal trainers at a health club or fitness facility. Many fitness facilities have in-house fitness professionals. Consult www.acsm.org or call ACSM at (317) 637-9200 to ask about the appropriate qualifications for personal trainers. Also at www.acsm.org, you can find ACSM's Pro Finder, an online database of ACSM-certified professionals. Fitness Professionals will also be listed in the phone book under such headings as: "Personal Trainers," "Health Clubs", "Exercise," and "Physical Fitness." 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 questions, please see the next page.

To help the busy health care provider develop and grow their referral network, Exercise is Medicine is developing an Exercise is Medicine Qualified Referral Database. This database will include fitness professionals and facilities that are familiar with the Exercise is Medicine Model and that accept referrals from health care providers. These professionals and facilities will have a special recognition to show they are familiar with the Exercise is Medicine model. All Exercise is Medicine recognized professionals will have met the Exercise is Medicine standards of practice and have completed an Exercise is Medicine training module.

For more information, visit www.exerciseismedicine.org.

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Questions to ask a Fitness Professional

- Does the fitness professional hold a four-year degree (from an accredited university) in Exercise Science, Kinesiology, Exercise Physiology, Physical Education, or a related health and fitness field? A fitness professional with a degree in one of these areas will have a better understanding of the body and how it responds to exercise.
- Does the fitness professional have additional training and a certification by a nationally-recognized organization, preferably a not-for-profit organization?
- What continuing education is required to maintain the certification?
- Is he or she certified in first aid and CPR?
- Does he or she have liability insurance?
- How long has he or she been a personal trainer?
- What types of clients does he or she work with?
- Can he or she provide you with an updated resume?
- Can he or she provide you with a list of references?
- Does he or she offer fitness assessments?
- Does the he or she ask specific questions, before the exercise program begins, about medical conditions, medications currently being taken, previous injuries, and surgery as it relates to exercise, and aches and pains? Or will the read the background information you send with the patient?
- Is the fitness professional willing to work with you to provide feedback on the patient's performance?

These questions should help you begin to gauge if a fitness professional would be a good addition to your referral network. As with any referral to a specialist, the health care provider should use their professional judgment and do due diligence before making the referral.

¹Minimum 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). 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

²It 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). To find a professional in your area visit http://forms.acsm.org/_frm/crt/online_locator.asp.



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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 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.

EXERCISE PRESCRIPTION & REFERRAL FORM			 <small>www.ExerciseIsMedicine.org</small>
PATIENT'S NAME: _____		DOB: _____	DATE: _____
HEALTH CARE PROVIDER'S NAME: _____		SIGNATURE: _____	
PHYSICAL ACTIVITY RECOMMENDATIONS			REFERRAL TO HEALTH & FITNESS PROFESSIONAL
Type of physical activity:	Aerobic	Strength	Name: _____
Number of days per week:			Phone: _____
Minutes per day:			Address: _____
Total minutes per week*:			_____
*PHYSICAL ACTIVITY GUIDELINES <i>Adults aged 18-64 with no chronic conditions:</i> 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).			Web Site: _____
			Follow-up Appointment Date: _____



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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:

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.



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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.

Your Prescription for Health Series

EXERCISING WITH ARTHRITIS

EXERCISE PRESCRIPTION

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 help yourself active in a variety of ways, and you will be on your way to greater mobility and better health.

Your Prescription for Health Series

EXERCISING WITH TYPE 2 DIABETES

EXERCISE PRESCRIPTION

If you have type 2 diabetes, regular physical activity is essential for controlling your blood glucose and managing your weight. Exercise also improves how well your body responds to insulin, which may reduce the need for medication because your muscle and fat will do a better job of taking glucose out of the blood. Furthermore, exercise may help protect you against heart disease, which often accompanies type 2 diabetes. By reducing body fat, blood pressure and improving your cholesterol levels, it will help you better understand your diet and exercise if you closely monitor your blood glucose levels at different times how you respond to different types of activities.

Getting Started

- Talk with your healthcare practitioner before starting an exercise program and ask for specific programming recommendations and possible changes to your medications.
- Your exercise prescription must be tailored to your medication schedule and the presence and severity of any diabetic complications, as well as your specific goals for your exercise program.
- For every one hour of exercise, consume an additional 15 grams of carbohydrates before or after your workout.
- Daily exercise is highly recommended. At a minimum, do moderate-intensity cardiovascular exercise for 20 to 60 minutes at least four days per week.
- On two days per week, consider doing a lower resistance, lower-intensity strength training program with one set of exercises for the major muscle groups, with 10 to 15 repetitions.
- Start slowly and gradually progress the intensity and duration of your workouts.
- Take frequent breaks during activity if needed.

Exercise Cautions

- Avoid activity when your blood glucose is too high.
- Extended or vigorous activity may trigger an excessive release of adrenaline and other hormones that can counteract the effects of insulin, thereby increasing blood glucose levels.
- Drink plenty of fluids before and after exercise.

Your exercise program should be modified to maximize the benefits while minimizing the risk of aggravating your health condition. Consider contacting a 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.

*If your prescription recommender can no longer monitor physical activity and needs the job to be monitored in a hospital setting or a medical fitness facility, you should exercise only under the supervision of a qualified professional. The American College of Sports Medicine has had a variety of certified fitness professionals that just meet your needs. The ACSM Certified Clinical Exercise Specialist (CCES) is certified to assist those with heart disease, diabetes and lung disease. The ACSM Registered Clinical Exercise Physiologist (RCEP) is qualified to assist patients with a wide range of health challenges. For full details of ACSM certified fitness professionals, including the Directory of Professionals, visit www.acsm.org.

Contact www.exerciseismedicine.org

IN THE SERIES:

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- » Pulmonary Diseases
- » Metabolic Diseases
- » Immunological/Hematological Disorders
- » Orthopedic Diseases and Disabilities
- » Neurodegenerative Diseases

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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
IT'S TIME FOR YOU TO TAKE CONTROL **PRESCRIPTION**

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

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE



PATIENT'S NAME: _____ DOB: _____ DATE: _____

HEALTH CARE PROVIDER'S NAME: _____

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.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE



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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](http://www.acsm.org/physicalactivity)). For more information, visit www.acsm.org/physicalactivity.

REFERRAL TO HEALTH & FITNESS PROFESSIONAL

Name: _____

Phone: _____

Address: _____

Web Site: _____

Follow-up Appointment Date: _____

Notes: _____

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](http://www.acsm.org/physicalactivity)). 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 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: _____



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.**
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Restrictions: _____

Return form to: _____

Health care provider's signature: _____ Date: _____

***Exercise is Medicine is a multi-organizational initiative,
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