

# Health Care Providers' Action Guide

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Exe*R*cise  
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## How to Implement Exercise® is Medicine in Your Practice

This Exercise is Medicine® Health Care Providers' Action Guide provides simple and effective tools to integrate physical activity into 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.

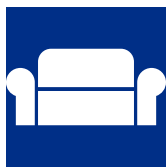
### EIM and SBIRT (Screening, Brief Intervention and Referral to Treatment)

You likely have only a brief window of time for physical activity counseling (at times no more than 20-30 seconds) during a normal office visit. You can utilize your staff, create tools within the electronic health record (EHR), and use the attached resources to:

1. Assess the patient's level of physical activity and apply the American College of Sports Medicine (ACSM) exercise pre-participation screening algorithm;
2. Provide brief advice or counseling regarding the importance of regular physical activity, specifically relevant to that patient's medical history and situation;
3. Write a prescription for physical activity, depending on the health, fitness level and preferences of your patient; and/or
4. Refer the patient to physical activity resources (programs, facilities, certified exercise professionals)

The following resources are provided as part of this Action Guide. Feel free to customize these for your practice:

1. [Physical Activity Vital Sign](#)
2. [Exercise is Medicine® Rx form](#)
3. [Community Resources handout template](#)
4. [“Sit Less. Move More.” patient handout](#)
5. [“Being Active for a Better Life” patient handout](#)
6. [Provider Coding and Billing Tips](#)
7. [Patient Initial Assessment form \(for exercise professionals\)](#)
8. [Patient Fitness Progress Report \(for exercise professionals\)](#)





## Assess the Physical Activity Levels of Your Patients

Assessing the current physical activity levels of your patients can be quickly achieved using the [Physical Activity Vital Sign \(PAVS\)](#). The PAVS consists of just two questions. These can be added to a health history form or incorporated into the EHR, filled out and scored prior to the provider exam and consultation.

The PAVS provides a snapshot of whether your patient is meeting the current Physical Activity Guidelines of 150 minutes of moderate intensity activity each week. Noncompliant patients can be “flagged” so that you or your staff can provide the appropriate advice and/or resources. You will also be able to track changes in their physical activity levels over time.

### Physical Activity Vital Sign

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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


**Total minutes per week of physical activity (multiply #1 by #2) \_\_\_\_\_ minutes per week**

*Incorporate the PAVS into your electronic health record and patient intake forms. Calculations may be programmed and the sedentary patient flagged for referral or counseling.*

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#### Using the Physical Activity Vital Sign

National guidelines recommend 150 minutes per week of moderate intensity physical activity. That’s just 2 1/2 hours out of 168 hours in a week! In place of moderate intensity activity, you can also complete 75 minutes of vigorous intensity physical activity, or an equivalent combination of moderate and vigorous intensity physical activity.



**What’s Moderate Intensity?**

- You can talk, but not sing, while performing the activity.
- Examples: brisk walking, slow biking, doubles tennis, various forms of dance, active home chores and gardening, etc.



**What’s Vigorous Intensity?**

- Vigorous intensity: You can no longer talk easily during the activity and are somewhat out of breath.
- Examples: jogging, fast bicycling, singles tennis, aerobic exercise class, swimming laps, etc.

You can also achieve 150 minutes through a combination of moderate and vigorous intensity physical activity.


- 1 minute of vigorous activity is equal to 2 minutes of moderate activity.
- If activity is done throughout the day, you can perform multiple “bouts” of any length to add up to the recommended 150 minutes/week.

If your patient is NOT achieving 150 minutes a week of physical activity, help the patient to set more realistic goals to gradually increase either their frequency or duration until they are capable of safely achieving the national recommendations.

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#### The Physical Activity Vital Sign – Other Considerations

- A comprehensive assessment of physical activity should include promotion of active living throughout the day to reduce sedentary time/screen time, as well as muscle strengthening exercises as recommended by the Physical Activity Guidelines for Americans: Adults should do muscle strengthening activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week.
- If you wish to add a question on muscle strengthening activities, we recommend the following:



How many days a week do you perform muscle strengthening exercises, such as bodyweight exercises or resistance training? \_\_\_\_\_ days

Downloadable pdf available at [exerciseismedicine.org](http://exerciseismedicine.org).



## Determine Your Patient's Readiness to Change

Prior to prescribing physical activity to your patients, it's important to determine their "[Exercise Stage of Change.](#)" Some patients may only be ready for encouragement; some will be prepared to take steps toward reducing sedentary behavior and/or becoming more active; and others will be ready to receive a physical activity prescription and referral to certified exercise professionals.

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

Stage of Change Action Step		
<p><b>Precontemplation</b> (Patient has no intention to be physically active)</p>	<ul style="list-style-type: none"> <li>• Discuss the health benefits of regular physical activity particularly related to that patient's unique health concerns and needs.</li> <li>• The individual is likely not ready to receive a physical activity prescription at this point.</li> </ul>	
<p><b>Contemplation</b> (Patient knows they should exercise and is thinking about becoming physically active)</p>	<p><b>Independent</b></p> <p>Write prescription. Provide info. Refer to exercise professional.</p>	<p><b>Supervision Necessary</b></p> <p>Refer to clinical exercise pro, cardiac rehab or physical therapy as appropriate.</p>
	<ul style="list-style-type: none"> <li>• Emphasize the pros and reducing the cons of being more physically active that are particularly relevant to the patient.</li> <li>• The individual may be receptive to receiving basic guidance on becoming more physically active.</li> </ul>	
<p><b>Preparation</b> (Patient is planning to become physically active in the near future)</p>	<p>Write prescription; refer to non-clinical exercise professionals.</p>	<p>Refer to clinical exercise pros, cardiac rehab or physical therapy as appropriate</p>
<p><b>Action</b> (Patient is meeting the physical activity guidelines but for less than 6 months)</p>	<p>Applaud efforts. Encourage continued exercise.</p>	<p>Encourage continued supervised exercise training.</p>
	<p>Discuss relapse prevention strategies: planning ahead for challenges, getting back to activity after a lapse.</p>	
<p><b>Maintenance</b> (Patient is meeting the physical activity guidelines for the last 6 months or more)</p>	<p>Applaud efforts. Encourage continued exercise.</p>	<p>Encourage continued supervised exercise.</p>
	<p>Encourage them to spend time with people with similar healthy behaviors; continue to engage in healthy activities to cope with stress.</p>	

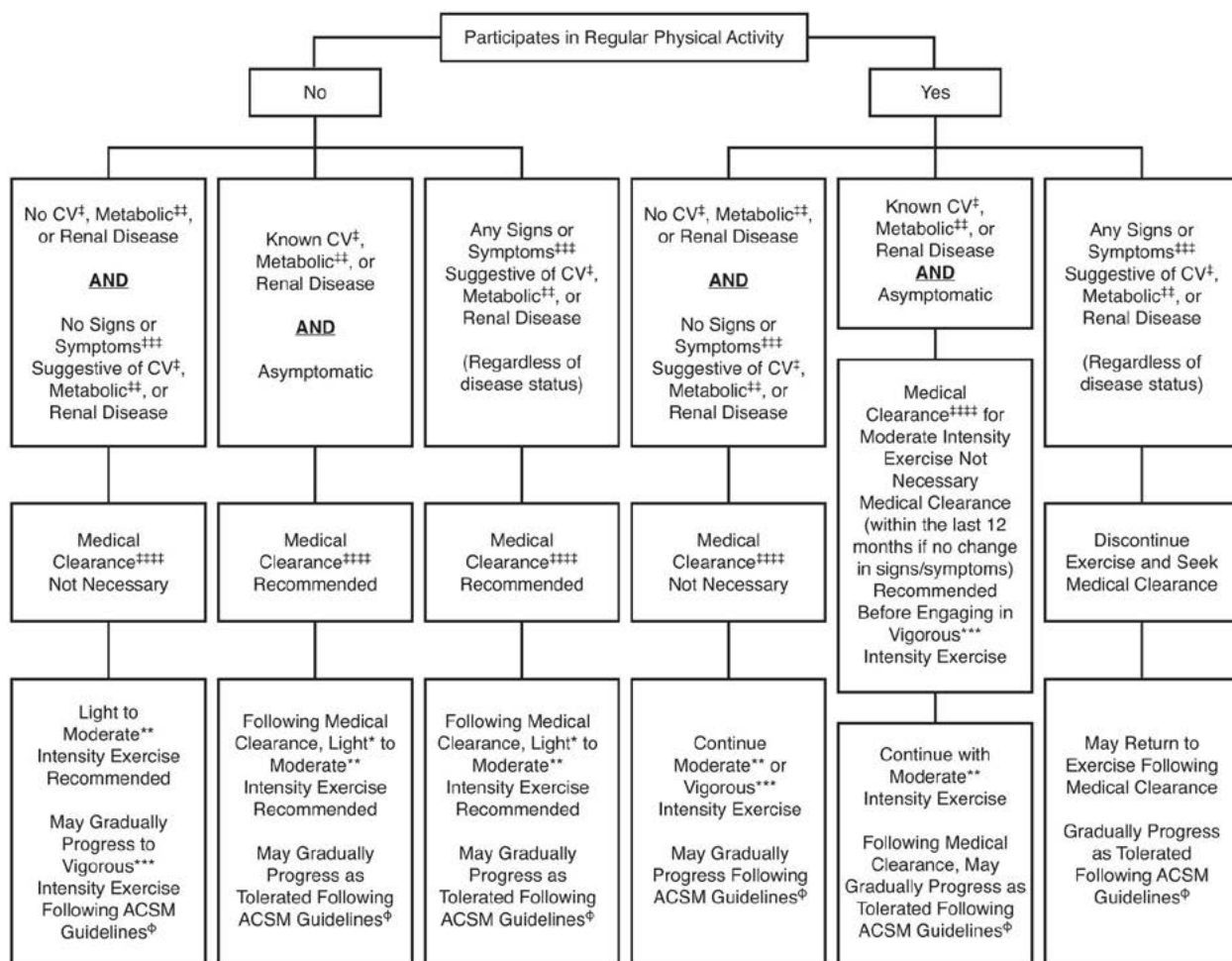


# Prescribe Physical Activity to Your Patients

## Step 1: Safety Screening

The American College of Sports Medicine provides recommendations for exercise [preparticipation screening](#). Previous pre-exercise screening protocols included risk factor identification; however, this has *not* been shown to reduce the risk of a cardiac event during exercise and creates unnecessary barriers for patients who will benefit most from a routine of light to moderate intensity physical activity.

### ACSM Preparticipation Screening Guidelines



§Exercise Participation

Performing planned, structured physical activity at least 30 min at moderate intensity on at least 3 d · wk<sup>-1</sup> for at least the last 3 months

\*Light Intensity Exercise

30–<40% HRR or  $\dot{V}O_2R$ , 2–<3 METS, RPE 9–11, an intensity that causes slight increases in HR and breathing

\*\*Moderate Intensity Exercise

40–<60% HRR or  $\dot{V}O_2R$ , 3–<6 METS, RPE 12–13, an intensity that causes noticeable increases in HR and breathing

\*\*\*Vigorous Intensity Exercise

≥60% HRR or  $\dot{V}O_2R$ , ≥6 METS, RPE ≥14, an intensity that causes substantial increases in HR and breathing

†Cardiovascular (CV) Disease

Cardiac, peripheral vascular, or cerebrovascular disease

‡Metabolic Disease

Type 1 and 2 diabetes mellitus

‡‡Signs and Symptoms

At rest or during activity. Includes pain, discomfort in the chest, neck, jaw, arms, or other areas that may result from ischemia; shortness of breath at rest or with mild exertion; dizziness or syncope; orthopnea or paroxysmal nocturnal dyspnea; ankle edema; palpitations or tachycardia; intermittent claudication; known heart murmur; unusual fatigue or shortness of breath with usual activities.

‡‡‡‡Medical Clearance

Approval from a healthcare professional to engage in exercise

¶ACSM Guidelines

See ACSM's Guidelines for Exercise Testing and Prescription, 10th edition, 2018

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Riebe D, Franklin BA, Thompson PD, Garber CE, Whitfield GP, Magal M, Pescatello LS. Updating ACSM's Recommendations for Exercise Preparticipation Health Screening. *Medicine & Science in Sports & Exercise*. 2015; 47(11):2473–2479.

## Step 2: Provide Brief Advice or a Basic Exercise Prescription

For patients who are in the Preparation, Action (or even Contemplation) stages, the next step is to provide them with a physical activity prescription.

The [Exercise is Medicine® Rx form](#) or EIM patient handouts may be given to the patient or scanned into the EHR and included in the after-visit summary (AVS). Indicate your recommendation on the PA Rx form or enter them directly into the PDF data fields. Note the fields are not structured, mineable or trackable for doctors in a report. The simplest advice that you can provide is to participate in 150 minutes of moderate intensity physical activity each week as recommended in the 2018 Physical Activity Guidelines for Americans. 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 week.

Consider offering the Exercise is Medicine “[Sit Less. Move More.](#)” or “[Being Active for a Better Life](#)” handouts. Both are designed to help patients take manageable first steps toward reducing sedentary behavior and/or becoming more active. These may be particularly helpful for those who are in the Contemplation and Preparation stages.

## Step 3: Offer a More Advanced Exercise Prescription

If you take a few minutes to discuss becoming more physically active, you may be able to bill for this service. See the [Provider Coding and Billing Tip Sheet](#). If you practice in a value-based health care model, there are likely incentives for improving patient health through access to healthy lifestyle interventions.



We encourage you to use the “Your Rx for Health Series” developed by EIM and leading experts from ACSM. This series consists of exercise prescriptions specifically developed for individuals with a variety of health conditions like diabetes, cardiovascular disease, osteoarthritis, lower back pain and our basic exercise prescription for inactive patients. All can be viewed and downloaded from the [EIM website](#).



## Provide Your Patients with a Physical Activity Referral

Several studies have suggested that efforts made by health care systems to increase patient physical activity are best accomplished by transforming “patients” into “participants.”

### Identify Community Programs

Task someone in your practice with building out your customized [Community Physical Activity Resource Guide](#) (template provided). This may include university or medical fitness facilities, health clubs, YMCAs, JCCs, parks and local community centers. Include facilities that offer specialty programs for individuals who may not typically feel comfortable at a gym such as evidence-based programming for older patients or those with medical conditions (i.e. cancer, arthritis, pre-diabetes). National organizations like the AHA, Arthritis Foundation or American Cancer Society can often direct you to local programs or resources.

If your health system or medical practice develops a partnership with a community-based fitness entity, the EHR can be programmed for easy referral. Patient navigators, health coaches or fitness facility coordinators can reach out to patients and assist with the process.

## Find Qualified Exercise Professionals

Given the time limits of your busy practice, a qualified exercise professional (exercise physiologist, personal trainer or group exercise instructor) can extend the reach of your care by providing the expertise, supervision and motivation that will help patients adopt and maintain a habit of regular physical activity.

Unfortunately, the landscape of personal trainers and fitness instructors is confusing and often frustrating to sort through. The most well-respected national certifications are accredited by the National Commission for Certifying Agencies (NCCA). In addition, the NCCA accredits certifications for professional health care roles such as respiratory therapist, family nurse practitioner, emergency medical technician (EMT), registered dietitian (RD), and many others.

Some of the most recognized NCCA-accredited fitness certifications are:

- **American College of Sports Medicine (ACSM)**
- **American Council on Exercise (ACE)**
- The Cooper Clinic
- National Strength and Conditioning Association (NSCA)
- National Academy of Sports Medicine (NASM)

*Organizations in **bold** offer clinical certifications.*

Find NCCA accredited certifications at:

<http://www.credentialingexcellence.org/p/cm/ld/fid=121>

## Questions to ask about an Exercise Professional



- Do they hold a four-year degree in Exercise Science, Kinesiology, Exercise Physiology or a health-related field from an accredited university?
- Do they have an accredited fitness or clinical fitness certification?
- Are they certified in CPR/AED?
- Do they have liability insurance?
- What is their experience with various types of clients and special populations?
- Will they provide feedback on your patient's initial evaluation, goals, progress? Let them know what works best for you. You can access sample [Initial Fitness Assessment/Physical Activity Plan](#) and [Patient Fitness Progress Report](#) templates for use by an EIM exercise professional.

## What is the EIM Credential?

EIM has developed a credential to ensure that exercise professionals are properly prepared to work with referred patients. Exercise professionals may receive either a clinical or health fitness credential, contingent upon meeting certain education, certification and continuing education requirements. When required, the EIM educational course provides exercise professionals with additional knowledge to help them work more effectively with patients with common chronic conditions.

The EIM course includes information about:

- Common chronic medical conditions – exercise Rx, modifications, precautions
- Behavioral support techniques to promote the adoption and maintenance of physical activity
- Health care essentials (HIPAA, documentation, communication, terminology, scope of practice)

Visit <http://www.acsm.org/get-stay-certified/getcertified/specialization/eim-credential> for more on the EIM Credential.



## Promote Physical Activity in Your Clinic

Provide leadership to your patients and employees to help them develop healthy lifestyles.

“Walk the talk” yourself. Data suggests that the physical activity habits of physicians influence their counseling practices in the clinic. To be a role model for your health care team and to gain the trust of your patients, show that being physically active is important to YOU!

Support the well-being of your health care team:

- Applaud employees’ efforts to take active lunches or breaks.
- Transform stairwells into a welcoming environment and use promotional tools to encourage stair use.
- Organize group participation in a fitness walk/run. Encourage and recognize walkers as much as joggers.
- Encourage healthy snacking around the office.
- Implement healthy lifestyle programs and challenges.
- Arrange discounts for memberships at the local gym.

Promote physical activity in your practice:

- Educate your support staff (including medical assistants) about the importance of physical activity and ask them to help you promote an active lifestyle for patients as well as for themselves.
- Start your own “Walk with a Doc” program and invite staff to help.  
<https://walkwithadoc.org/>
- Display [Exercise is Medicine® flyers](#) or EIM patient handouts in the waiting room and exam rooms.

The Only Prescription with  
**Unlimited Refills**

Want to feel better? Move better? Keep sharp as you age?  
Regular physical activity can give you all that and MORE.  
**Ask your doctor for an activity prescription.**

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## Become a Champion in Your Health System

As health systems move toward value-based care, EIM can be part of a population health approach to stratifying at-risk patient groups and providing opportunities for healthy lifestyle interventions.

- Educate your colleagues on the benefits of prescribing physical activity for improved health outcomes. EIM can provide slides and materials for your presentations.
- Talk to medical leadership and administrators about integrating the Physical Activity Vital Sign into the EHR, developing a physical activity order set, and forming partnerships with local evidence-based physical activity programs and facilities.
- Develop a collaborative team including providers, informatics staff, patient navigators, and others to develop efficient tools and pathways for assessment and referral.
- A [comprehensive toolkit](#) developed by EIM Greenville can be purchased through ACSM to help guide your efforts and can eliminate hours of work and unnecessary mistakes. Contact EIM staff for more information.

**Exercise truly IS medicine.**