## Sections

Introduction to this reference list ..............................................................................................................................3

1. Implementation Science and Health Systems......................................................................................................4

2. General Exercise is Medicine® (EIM) Articles ....................................................................................................4

3. Systematic Reviews and Meta-Analyses ..............................................................................................................5

4. Health Care Provider Physical Activity Counseling Rates ..................................................................................6

5. Health Care Provider Attitudes and Barriers to Physical Activity Promotion .....................................................7

6. Patient Preferences and Barriers ..........................................................................................................................8

7. Physical Activity Assessment in Clinic Settings ................................................................................................8

8. Physical Activity Counseling/Brief Advice .........................................................................................................10

9. Physical Activity Prescription ..............................................................................................................................11

10. Physical Activity Referral — Clinic to Community Partnerships ....................................................................12

11. Integration of Comprehensive Physical Activity Models into Health Systems ................................................14

12. Economics of Physical Activity Promotion in Clinic Settings ...........................................................................15

13. Providing Physical Activity Training to Health Professionals and Students ..................................................15

14. EIM On Campus ................................................................................................................................................18

15. Technology and Physical Activity Integration into Health Settings ..............................................................18
Introduction to This Reference List

The American College of Sports Medicine® (ACSM) and Exercise is Medicine® (EIM) staff compiled this reference list to serve as a publicly available resource highlighting scholarly work to make physical activity assessment and promotion a standard in clinical care, connecting patients with evidence-based physical activity resources for people everywhere of all abilities. Specifically, this reference list aims to:

1. Provide one place for individuals seeking evidence-based information on promoting physical activity in health systems;
2. Inform individuals looking to integrate physical activity into their health systems or clinical practices and/or connect patients to community-based physical activity resources and;
3. Serve as a source of scholarly work for investigators developing manuscripts and grants on EIM-related topics.

To achieve these goals, this guide highlights scholarly work specifically related to the integration of physical activity into health care-related settings. Articles are listed in alphabetical order by first author — not chronologically. We have also included the direct object identifier (DOI), whenever available, or a website link for the article. Some, but not all, articles are freely available without subscription to the journals.

Due to the overwhelming evidence for the health-enhancing benefits of physical activity across a wide array of populations and health conditions, scholarly work on health benefits of physical activity are not included in this guide. We focused more broadly on work related to physical activity promotion in health care settings to keep the guide to a reasonable length. Thus, articles focusing on individual specialties or patient populations (e.g., patient preferences for physical activity support in young cancer survivors) may not be included.

Lastly, we are certain even more eligible articles exist for this list that were not identified in our literature searches. If you are aware of any work that should be included, please email a link to the article to mstoutenberg@acsm.org. We view this EIM Reference List as a living document that will continue to be updated as new EIM-related research is published.

We hope that you find the scholarly work highlighted in this guide beneficial in your research, educational, clinical and/or advocacy efforts to promote the EIM vision!
1. Implementation Science and Health Systems

This first section highlights published work from the field of implementation science to highlight work on the adoption and implementation of evidence-based interventions in health settings. While not all are specific to physical activity integration, these articles may be useful in examining contextual factors and identifying key strategies and policy considerations when implementing EIM-related interventions in health care settings.


2. General EIM Articles

This section highlights published work that provides a general overview and justification for integrating physical activity into health settings. These articles include calls to action, commentaries, updates and opinion pieces that are often the most commonly referenced EIM-related articles.


3. Systematic Reviews and Meta-Analyses

This section includes systematic reviews and meta-analyses directly related to multiple aspects regarding integrating physical activity into healthcare settings. Several of these articles may also appear in other sections in this document to increase the ease of finding the appropriate article.


4. Health Care Provider Physical Activity Counseling Rates

This section includes articles that provide information related to the rates of physical activity counseling conducted in health settings. Articles may use data from smaller, more local health settings or from larger, national datasets. Information in these articles may come from patient reporting of provider counseling levels or from direct observation/reporting from the providers themselves. Articles in this section include work completed in multiple countries from around the world.

5. Health Care Provider Attitudes and Barriers to PA Promotion

This section includes scholarly work that specifically focuses on the perceptions and attitudes of health care providers, as well as the different barriers they face when integrating physical activity into the clinic setting.


6. Patient Preferences and Barriers

This section includes articles that focus on how patients prefer to receive physical activity advice from their health care provider, as well as barriers that patients face when trying to act upon this advice.


7. Physical Activity Assessment in Clinic Settings

This section includes original research articles, consensus statements, calls to action and commentaries that focus on the assessment of physical activity in health settings.


8. Physical Activity Counseling/ Brief Advice

This section includes articles that report the results of studies examining physical activity counseling, such as brief advice, provided directly by physicians, nurses or other health care providers to patients. Several of these studies are classics and considered as the precursors to other health care providers to patients. Several of these studies examining physical activity counseling, such as brief advice, provided directly by physicians, nurses or other health care providers to patients. Several of these studies are classics and considered as the precursors to the EIM initiative.


9. Physical Activity Prescription

This section includes articles in which health care professionals give patients a physical activity prescription. The definition of prescription is not standardly applied by investigators, resulting in several instances where the physical activity prescription may be more similar to a physical activity referral. Since they use the term “prescription,” they are included in this section.


10. Physical Activity Referral

This section includes published work involving the referral of patients to various physical activity programs and resources, most commonly in community settings. Some articles in this section use the term “prescription” synonymously with “referral” and are therefore included here. Many of these articles originate from Europe (e.g., the U.K. and Sweden) where referral of patients to physical activity programs is more commonplace.


11. Integration of Comprehensive Physical Activity Models into Health Systems

This section includes articles on completed work where the entire EIM model (assessment, prescription and referral) have all been integrated into a health system at the same time. While evidence in this area is still somewhat limited, we are hopeful to see more published reports on comprehensive EIM efforts in the near future.


12. Economics of Physical Activity Promotion in Clinic Settings

This section includes articles that analyze the cost effectiveness of either physical activity (in general) or different components of the EIM model (more specifically).


13. Providing Training to Health Professionals and Students

This section includes articles related to providing physical activity education/training for different groups of health care providers. This includes efforts with current trainees (e.g., medical students and residents), as well as continuing education efforts with licensed professionals (e.g., physicians and nurses).


14. EIM On Campus
This section includes published work related to the implementation, barriers, adaptation and successes of different campuses that have chosen to adopt the EIM on Campus program.


15. Technology and Physical Activity Integration into Health Settings
This section includes articles on how existing and developing technology can be utilized to integrate physical activity into health systems, connect patients to physical activity resources, and enhance communication channels between healthcare providers, patients, and exercise professionals (e.g., a feedback loop on patient progress in physical activity programs back to health systems). While evidence on technology and physical activity has grown exponentially in the past decade, this is still a relatively new and challenging area of exploration within healthcare systems.
