# Table of Contents

How to Use this Guide..................................................................................................... 2  
Promoting Physical Activity in Your Healthcare Setting....................................................... 3  
Assessing the Physical Activity Levels of Your Patients......................................................... 4  
Providing Your Patients with a Physical Activity Prescription ............................................ 5  
Referring Your Patients to Exercise Professionals.............................................................. 8  
Being a Champion in Your Health System ...................................................................... 11  
Appendix A – Office Flyers.............................................................................................. 13  
Appendix B – Physical Activity Vital Sign (PAVS) ............................................................ 15  
Appendix C – Exercise Preparticipation Health Screening Logic Model............................. 16  
Appendix D – Exercise Stages of Change Questionnaire .................................................. 17  
Appendix E – Exercise is Medicine® Physical Activity Prescription Pad............................. 18  
Appendix F – EIM Disease-Specific Physical Activity Prescriptions .................................... 19
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 into 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 (PAVS).
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!
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 clinic. 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 physically 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
   - Transforming your stairwells into a welcoming environment and use promotional materials to encourage employees and visitors to use the stairs
   - Implementing activity breaks for meetings that are longer than one hour, and
   - Providing 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 needs 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!

Assessing the Physical Activity Levels of Your Patients

One of the 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 assessment 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 the 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 obesity\(^2\) and has been tested for face and discriminant validity\(^3\).

The PAVS tool is optimally used in the clinic setting when it is integrated as a required response in your electronic medical records (EMR) system. The PAVS was first implemented in an EMR in clinical practice in 2010 by the Kaiser Permanente healthcare system in California\(^3\). 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 California\(^4\).

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 American College of Sports Medicine has recently released updated recommendations for exercise preparticipation screening. Previous recommendations may have presented unnecessary barriers for individuals seeking to become physically active by requiring excessive physician referrals and screening procedures, creating time and cost inefficiencies. To address these issues, new guidelines recommend considering:

1. *Initial determination of current physical activity status of an individual*. Habitual physical activity significantly decreases the risk of exercise-related cardiovascular events.
2. *Desired intensity of physical activity*. Most individuals now need no further screening if they wish to participate in low to moderate intensity activity. However, greater attention may need to be given to high risk individuals who wish to engage in vigorous physical activities.
3. *Signs and symptoms of disease*. Most exercise-related cardiovascular events are rare, do not occur suddenly, and are preceded by warnings and symptoms that can be identified beforehand.
4. *Elimination of the cardiovascular risk factor stratification system*. While healthcare providers are still recommended to assess cardiovascular disease risk factors, the stratification of individuals into low, moderate, or high risk categories is no longer a part of the new preparticipation guidelines.

For more information on the new ASCSM Preparticipation Screening Guidelines, please refer to Appendix C.

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. By determining your patient’s stage of change, you can utilize the most appropriate steps and tailor your physical activity promotion strategy. The Exercise Stages of Change questionnaire (found in Appendix D) 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.

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Action Step</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Precontemplation</strong>&lt;br&gt;(Patient has no intention to be physically active)</td>
<td>• 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.&lt;br&gt;• The individual is likely not ready to receive a physical activity prescription at this point.</td>
</tr>
<tr>
<td><strong>Contemplation</strong>&lt;br&gt;(Patient is thinking about becoming physically active)</td>
<td>Write prescription; refer to exercise professional.&lt;br&gt;Refer to clinical exercise professional.&lt;br&gt;• Continue to emphasize the pros and reducing the cons of being more physically active.&lt;br&gt;• The individual may be becoming receptive to receiving basic guidance on becoming more physically active.</td>
</tr>
<tr>
<td><strong>Preparation</strong>&lt;br&gt;(Patient is active and making small changes, but not meeting PA guidelines*)</td>
<td>Write prescription; refer to non-clinical exercise professionals.&lt;br&gt;Refer to clinical exercise professionals.</td>
</tr>
<tr>
<td><strong>Action</strong>&lt;br&gt;(Patient is meeting the physical activity guidelines but for less than 6 months)</td>
<td>Encourage continued exercise.&lt;br&gt;Encourage continued supervised exercise training.&lt;br&gt;Strengthen their commitment to change and ability to fight urges to slip back into unhealthy behaviors.</td>
</tr>
<tr>
<td><strong>Maintenance</strong>&lt;br&gt;(Patient is meeting the physical activity guidelines for the last 6 months or more)</td>
<td>Encourage continued exercise.&lt;br&gt;Encourage continued supervised exercise.&lt;br&gt;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.</td>
</tr>
</tbody>
</table>
Step 3 - Providing Your Patient with an Exercise Prescription

For patients who have been cleared for independent exercise and are in the Preparation, Action, or Maintenance stage (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 Americans⁶. Using the basic EIM Physical Activity Prescription Pad (see Appendix E), you can also 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 week⁷.

Step 4 - 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 “Your Rx for Health Series” developed by EIM and leading experts from ACSM. The Your Rx for Health Series consists of numerous 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 Your Rx for Health Series can be found in Appendix F. These exercise prescriptions can be downloaded from the EIM website (http://exerciseismedicine.org/support_page.php?p=367) 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.

6. The 2008 Physical Activity Guidelines for Americans (www.health.gov/paguidelines/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.

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 also 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 a 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 ProFinder](http://www.acsm.org), 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 exercise professionals to whom you are comfortable referring your patients. An exercise 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 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. Below we offer several suggestions on how you can develop a trusted exercise referral network as part of your clinic’s practice.
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?
- 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 physically 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 exercise professionals in your network are trustworthy, EIM has developed a credential program that will provide exercise 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
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 are largely unknown to the general public. To identify these available programs, begin by contacting health clubs or fitness facilities in your community, YMCAs, and local community centers. Furthermore, many of these facilities will also have in-house exercise 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 exercise 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).
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 workflow 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!
Contact Us

eim@acsm.org
American College of Sports Medicine
401 West Michigan Street
Indianapolis, IN 46202-3233
(317) 637-9200 (phone)
(317) 634-7817 (fax)
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

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EIM Global Partners:

**Founding Partner**

The Coca-Cola Company

Anytime Fitness

Technogym
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

EIM Global Partners:

Founding Partner
The Coca-Cola Company

Founding Partner
Anytime Fitness

Technogym
The Wellness Company
The Physical Activity Vital Sign

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

3. Total minutes per week (multiple #1 by #2) ____ minutes per week

Using the Physical Activity Vital Sign – Aerobic Exercise

- Current national guidelines recommend 150 minutes a week of moderate intensity activity. Moderate intensity activity is usually done at an intensity where an individual can talk, but would be unable to "sing". Example of moderate intensity activities include: brisk walking, slow biking, general gardening, and ballroom dancing.

- In place of moderate intensity activity, an individual can also complete 75 minutes of vigorous physical activity. Vigorous intensity physical activity is done at a pace where individuals can no longer talk and are somewhat out of breath. Examples of vigorous intensity activities include: swimming laps, playing tennis, and fast bicycling.

- Individuals can also complete a combination of 150 minutes of moderate and vigorous intensity activity, where vigorous activity is equal to 2 minutes of moderate intensity activity.

- Individuals are encouraged to perform their activity in “bouts” that are at least 10 minutes in length.

- If you patient is NOT achieving 150 minutes a week of activity, consider advising them to slowly increase their “dose” of activity, little by little each week until eventually are capable of safely achieving the national recommendations.

Using 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, as well as muscle strengthening as recommended by the Physical Activity Guidelines for Americans.
APPENDIX C - Exercise Preparticipation Health Screening Logic Model for Aerobic Exercise

§ - Exercise participation, performing planned, structured physical activity at least 30 min at moderate intensity on at least 3 days/wk for at least the last 3 months.
*Light-intensity exercise, 30-60% HRR or VO2R, ≥ 6 METs, ≥ 14 RPE, an intensity that causes substantial increases in HR and breathing.
++CVD, 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; or unusual fatigue or shortness of breath with usual activities.
Appendix D - 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). □ Yes □ No
2. I intend to become more physically active in the next 6 months. □ Yes □ No
3. I currently engage in regular physical activity. □ Yes □ No
4. I have been regularly physically active for the past 6 months. □ Yes □ 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
Appendix E – EIM Physical Activity Prescription Pad

Name: __________________________ Date: ______________

☐ Aerobic Activity

<table>
<thead>
<tr>
<th>Type</th>
<th>Walk</th>
<th>Run</th>
<th>Swim</th>
<th>Bike</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency (days/week):</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Light (A Casual Walk)</th>
<th>Moderate (A Brisk Walk)</th>
<th>Vigorous (Jogging or Running)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Time (minutes/day):</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>60</th>
<th>More than 60</th>
</tr>
</thead>
</table>

Steps/day: 2,500 5,000 7,500 10,000 More than 10,000

☐ Strength Training

- Muscle strengthening should be done at least two days per week
- Exercise should be done to strengthen all major muscle groups: legs, hips, back, chest, abdomen, shoulder, arms
- For each exercise, 8-12 repetitions should be completed
- Examples include bodyweight exercises (e.g., push-ups, lunges), carrying heavy loads, and heavy gardening

Physician Signature: __________________________
Appendix F – Disease-Specific Physical Activity Prescriptions

The following are examples of disease-specific exercise prescriptions freely available as part of the “Your Prescription for Health Series” available on the Exercise is Medicine® website.
Your Prescription for Health Series

EXERCISING WITH MULTIPLE SCLEROSIS

Getting Started

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 not to overdo it and to follow a well-designed program that accommodates your individual needs and concerns.

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.

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 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 (CES) is certified to support those with heart disease, diabetes and lung disease. The ACSM Registered Clinical Exercise Physiologist (RCEP) is certified to support patients with a wide range of health challenges. You may locate an ACSM-certified fitness professional by using the Provider at www.acsm.org.

For more information, visit www.exerciseismedicine.org or e-mail elm@acsm.org.

Support for the Exercise is Medicine® Global Initiative is Provided By:
EXERCISING WITH PARKINSON’S DISEASE

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 consulting 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.

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

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