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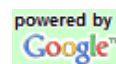
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Prescription For Exercise: A Physician's Role In Getting Patients Active

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A new paper by two family physicians from the University of Michigan Health System provides a practical guide for primary care clinicians to help their sedentary patients become

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prescriptions for the type and duration of exercise the patient should try.

A new paper by two family physicians from the University of Michigan Health System provides a practical guide for primary care clinicians to help their sedentary patients become more active.

The paper says that physicians play an important role in communicating the benefits of exercise and encouraging physical activity among their patients, even though limited data are available to support a specific approach or to quantify the effect of such counseling.

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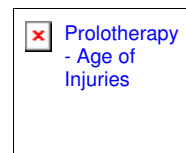
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"We know from experience that there are a number of useful strategies for talking to patients about physical activity in a clinical setting," says Caroline R. Richardson, M.D., co-author of the paper, which appears in the current issue of the *Journal of Clinical Outcomes Management*.

"The key step is to help patients assess their current physical activity level and identify those who are both sedentary and willing to consider starting an exercise program," says Richardson, assistant professor in the Department of Family Medicine at the U-M Medical School and research scientist at the Veterans Affairs Health Services Research and Development at the VA Ann Arbor Healthcare System.

Some helpful techniques include specifically making a connection between the patient's sedentary lifestyle and medical problems he or she is experiencing, providing a written prescription for exercise and following up with patients to make sure they stay on track.

"Sitting still is making people sick. We know that a sedentary lifestyle contributes to chronic diseases and conditions such as diabetes, heart disease, obesity, major depression and even some types of cancer," says co-author Thomas L. Schwenk, M.D., the George A. Dean, M.D. Family Medicine Chair at U-M.

"Primary care physicians have a responsibility to our patients to help them find ways to become active," Schwenk says, "and to help them increase their chances of succeeding as they start on the path toward physical activity."

Other approaches include a patient-centered collaboration with the physician and patient working together to create an exercise plan; empowering patients to take on the responsibility for beginning an exercise program by highlighting his or her skills and expertise; and a counseling technique known as "motivational interviewing," in which the physician helps patients explore their barriers to behavior change and to find ways to overcome these barriers.

The paper notes that many people perceive barriers to exercise, such as lack of time and convenience. Richardson and Schwenk suggest that physicians can offer the following tips for such patients:

1. Take a 10-minute walk during your lunch break.
2. Organize a walking group with friends or family members on the weekends.
3. Walk on a treadmill while watching your favorite TV show.
4. Walk to work, if feasible, or park a mile away and walk in when the weather is nice.
5. Work out at home with exercise DVDs.
6. Walk inside at a local mall, many of which open early for community walking clubs. School district swimming pools also may offer community hours.
7. Explore the cost and availability of private and community-based recreation facilities.
8. Find a safe building, perhaps at work, with stairwells or longer hallways that is available for lunchtime walks.

A pedometer, which counts a person's steps, also can be a powerful motivator, Richardson notes. Pedometers can help people to set goals to increase their daily step count, and they also can be used in the exercise prescription from the doctor to the patient e.g. start with 3,500 steps on Monday, Wednesday and Friday, and gradually increase to 5,000 steps a day, five days a week.

For patients concerned about the possible health risks of exercising, the authors note that the greatest risk for cardiovascular events, such as heart attacks, stems from not exercising rather than pursuing a

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as heart attacks, stems from not exercising rather than pursuing a physical activity regimen.

Walking, for instance, "is a moderate-intensity physical activity, and, for most patients, screening isn't necessary before they begin a walking program," Richardson says. "Studies have shown that sudden cardiac death during moderate-intensity physical activity such as walking is extremely rare, while cardiac arrest among high-risk patients who remain sedentary is not."

Richardson and Schwenk also say that screening and intervention for high blood pressure, diabetes, high cholesterol and smoking should be done routinely as part of the preparation for starting an exercise program.

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Reference: *Journal of Clinical Outcomes Management*, Vol. 14, No. 3, March 2007.

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