

Prioritizing and Prescribing Exercise: Use of a simple tool to encourage clinical conversations around exercise in Family Medicine Out-Patient Clinic



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Background

- Exercise yields significant benefits in management of several major chronic diseases.^{1,2,3,4}
- Physical inactivity is linked to increased risk of several non-communicable diseases and decreased life expectancy.^{1,2}
- The benefits of both initiating and increasing physical activity, at any stage or age of life, are well known to the medical community, yet the topic of physical activity is infrequently prioritized during primary care outpatient visits.^{5,6}

Objective

To introduce a simple resource to providers that would allow for efficient integration of conversations about exercise, physical activity, and fitness goals into outpatient visits.

Methods

- Use of paper prescriptions delineating exercise intensity, duration and frequency has been shown to successfully guide conversations on this topic between providers and patients
- The Exercise is Medicine Prescription Pad template from American College of Sports Medicine was chosen for this project and was placed in all exam rooms following a brief, educational presentation to the target providers⁷
- Pre- and post-intervention surveys were anonymously completed by providers to gage their level of comfort in discussing exercise with their patients and the estimated frequency at which they discussed exercise with their patients prior to and after the intervention had been available for about 6 months.
- There were 12 respondents for both pre and post surveys

EXERCISE PRESCRIPTION & REFERRAL FORM

PATIENT'S NAME: _____ DOB: _____ DATE: _____
HEALTH CARE PROVIDER'S NAME: _____ SIGNATURE: _____

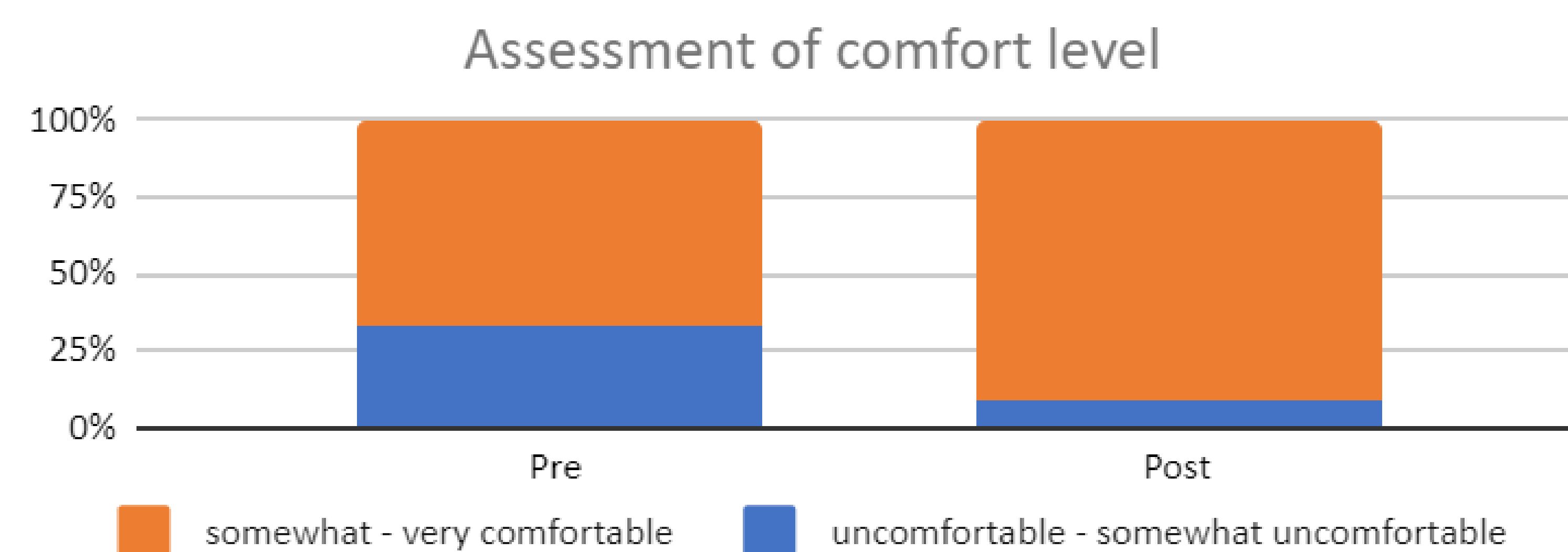
Type of physical activity:	Aerobic	Strength
Number of days per week:		
Minutes per day:		
Total minutes per week*:		

*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).
For more information, visit www.acsm.org/physicalactivity.

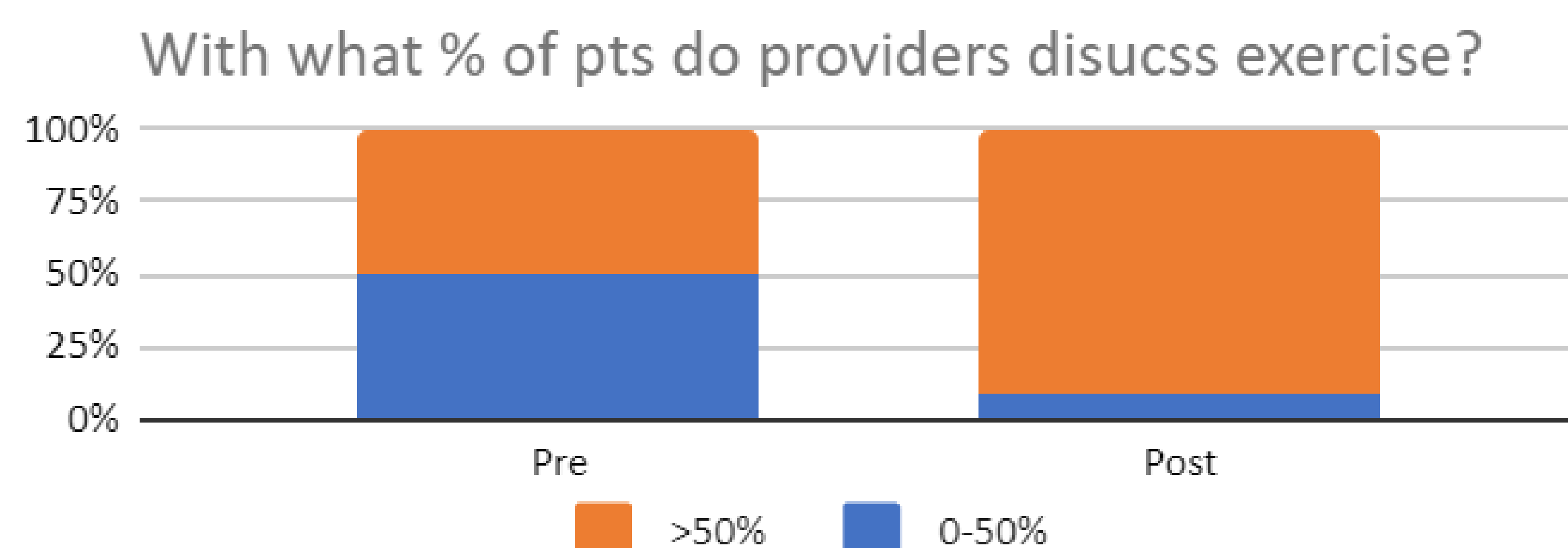
REFERRAL TO HEALTH & FITNESS PROFESSIONAL
Name: _____
Phone: _____
Address: _____
Web Site: _____
Follow-up Appointment Date: _____
Notes: _____

Figure 1: The Exercise is Medicine Prescription Pad Template

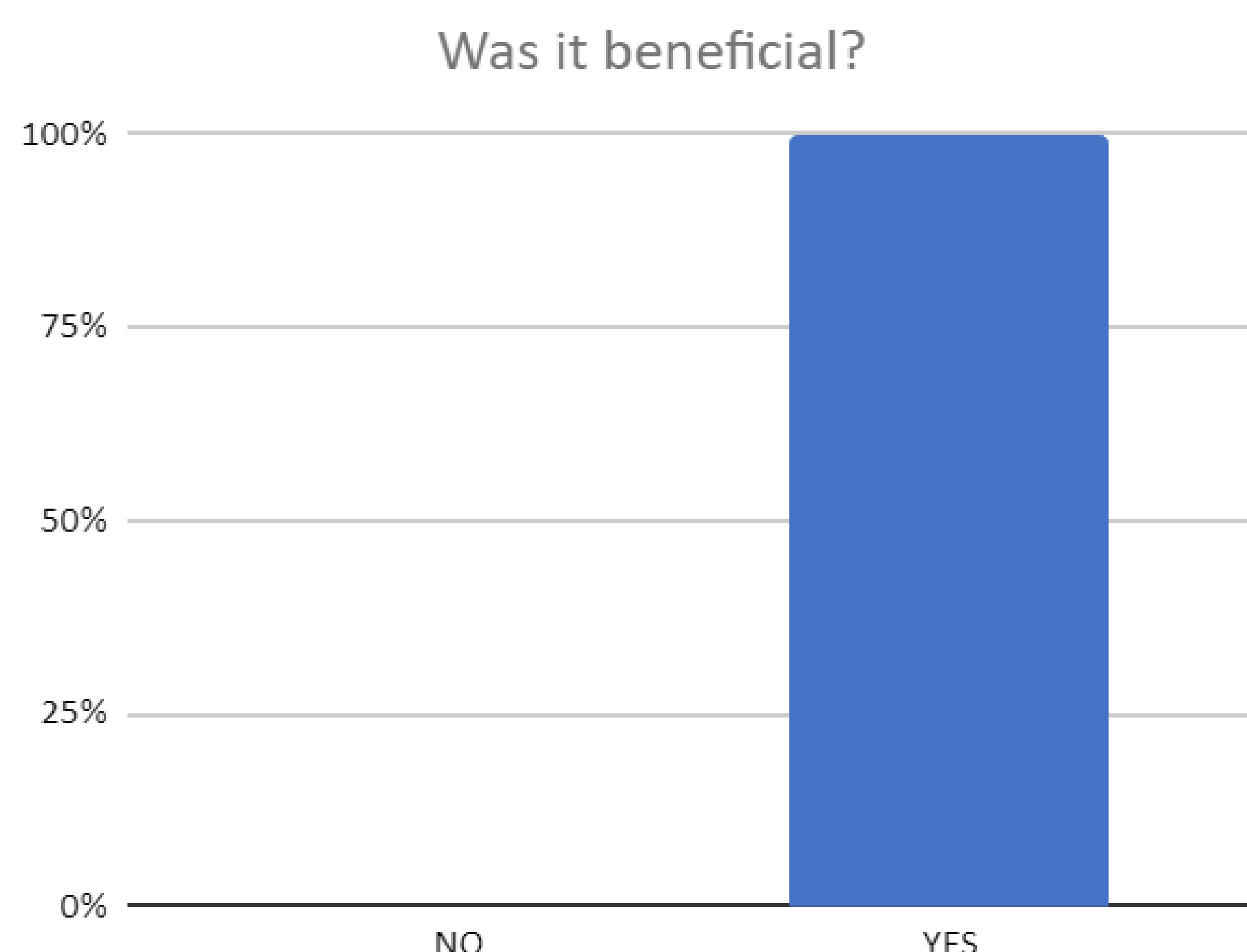
Results



Graph 1: Assessment of comfort level by physicians discussing exercise before and after intervention. Before the intervention, 66% of providers were somewhat-very comfortable discussing exercise. After the intervention 91.6% of providers were somewhat- to very comfortable discussing exercise with patients.



Graph 2: Percentage of patients that providers discussed exercise with before and after intervention. Before the intervention 50% of providers would discuss exercise with their patients. After the intervention 91.6% of providers reportedly discussed exercise with their patients.



Graph 3: Survey on whether the intervention was beneficial to the providers or not. 100% of Providers reported the exercise tool was beneficial.

Discussion

- Providers reported improved level of comfort with discussions of exercise at the end of the intervention period.
- Providers reported that they had conversations about exercise and fitness goals during outpatient visits with greater frequency at the end of the intervention period.
- All providers believed that the prescription pad was a beneficial tool in outpatient visits.
- Some of the most commonly cited barriers to these discussions are time constraints of outpatient visits and patients' willingness to participate in exercise. This remained true before and after the intervention period.

Conclusion

- Access to a physical exercise prescription pad improved providers' level of comfort when discussing patients' level of physical fitness.
- There was good acceptability and frequent use among providers during outpatient visit.
- While this tool did not eliminate barriers to these conversations, it did allow providers to engage patients on the topic in spite of the cited barriers.
- Prescription pads similar to those used in our clinic should continue to be made available to providers to use when deemed necessary. This intervention could easily be expanded to include the internal medicine clinic to aid in these crucial discussions.
- Primary care is often patients' primary source of reliable information regarding health and wellness and providers have an obligation to make exercise a priority with our community of patients.

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