

Physical Activity as a Vital Sign and the Exercise Prescription: Obstacles to Implementation

My good friend Dr. Robert Sallis of Kaiser-Permanente, CA, is recognized as the originator in the U.S. of "Exercise is Medicine™" and the exercise prescription (see <http://exerciseismedicine.org>). In a recent article published in the *British Journal of Sports Medicine*, Bob began with "The importance of physical activity to health and wellness has been established incontrovertibly. There is a linear relationship between physical activity and health—those who maintain an active and fit way of life live longer, healthier lives. . . . This is no longer news" (1). Indeed, to readers of the *AMAA Journal*, it is certainly no longer news. Bob went on to say: "Exercise, therefore, is medicine that every patient needs to take. Its tremendous and proven clinical benefits should not be denied by any patient. . . . Unfortunately, the medical community has resisted attempts to utilize exercise as a medication, *believing that doctors prescribing exercise has no effect on our patients' behavior* [emphasis added]."

The question then arises, "Can a doctor influence a patient's behavior in terms of regular exercise?" If not, why not? After all, there is all kinds of advice that physicians provide to patients for which there is positive evidence of effectiveness.

The United States Preventive Services Task Force (USPSTF) has taken a position on behavioral counseling for exercise by physicians, dating back to 2002. It states: "The USPSTF concludes that the evidence is insufficient to recommend for or against behavioral counseling in primary care settings to promote physical activity." A recent study undertaken for the Task Force concluded, however, that "counseling resulted in small increases in participants' physical activity levels, especially in trials that provided at least medium-intensity interventions (2)." It remains to be seen if this finding will influence the Task Force to modify its recommendation on the intervention.

In the Winter 2011 issue of the *AMAA Journal*, I discussed the fact that there is a provision in the Affordable Health Care Act of 2010 to authorize \$10 billion to support activities in the realm of "prevention." I stated there was uncertainty as to whether or not the provision would be implemented and, if it were, how it would be done so effectively (3). With the possibility that the USPSTF will once again address the issue of behavioral counseling and with the expanding program of the American College of Sports



Medicine to promote "Exercise is Medicine™," I'd like to revisit the discussion.

How many physicians know very much about the basics of regular exercise and how to become a regular exerciser? How many know about healthy eating and weight management, and how to help patients to engage in those behaviors? How many know how to advise about smoking cessation beyond saying "I think it would be a good idea if you . . ." How many physicians know how to help patients effectively mobilize their motivation to engage in personal health-promoting behaviors in general (see "Ordinary Mortals® Pathway to Mobilizing Motivation," *AMAA Journal*, Spring/Summer 2009).

The practice of medicine for most physicians is determined by how they are paid and how they are trained. We may well be entering into an era when certain preventive services, including physical activity level measurement and exercise counseling, will be reimbursed. But given that physicians have received virtually no education and training about how to effectively provide behavioral counseling in general, and about exercise and "exercise is medicine" in particular, should come as no surprise that there is still little strong evidence that physician counseling for exercise has a major influence on patient behavior.

As I noted previously, helping patients to engage in personal health-promoting behaviors is certainly not the responsibility of the physician alone. But if we are to have a program that works while paying physicians for the provision of such services, we are going to need major new initiatives in undergraduate, graduate, and continuing medical education for health promotion and disease prevention. And this will not come cheap.

Go well,
Dr. Steve Jonas

Disclosure: Dr. Jonas was the co-author, with Edward Phillips, MD (Director of the Institute of Lifestyle Medicine at Harvard), of the textbook for the American College of Sports Medicine's Exercise is Medicine™ program

(ACSM's Exercise is Medicine: A Clinician's Guide to Exercise Prescription, Philadelphia, PA: Lippincott Williams & Wilkins, 2009).

REFERENCES

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2. Lin JS, O'Connor E, et al. Behavioral counseling to promote physical activity and a healthful diet to prevent cardiovascular disease in adults: a systematic review for the U.S. Preventive Services Task Force. *Ann Intern Med* 2010;153(11):736-750; <http://www.uspreventiveservicestaskforce.org/uspstf11/physactivity/physart.htm>.
3. Jonas S. Physicians and the practice of health promotion/disease prevention. *AMAA Journal* 2011; 24(1):4.