

Exercise Rx: Healthy Approach

By Jon Feld

Historically, public-health attitudes and policies change slowly. Take, for instance, the tale of tobacco and smoking cessation in the U.S. Prior to 1953, doctors actually *appeared* in cigarette advertisements. After repeated studies emerged about the dangers of smoking, physicians turned against tobacco and, in the 1960s and '70s, began to actively counsel patients to quit. By 2004, the country had finally reached a watershed—it was the first year that ex-smokers outnumbered current smokers.

"That's a great example of how things can change for the better," notes Edward M. Phillips, M.D., who, among his many medical affiliations, is director of outpatient medical services for the Spaulding Rehabilitation Hospital Network.

With respect to improving Americans' fitness, it wasn't until the '70s that the first official recommendations endorsing exercise were formulated; today, the Centers for Disease Control and Prevention (CDC) suggests that American adults engage in at least 30 minutes of moderate-intensity physical activity five days a week.

Research has convincingly and repeatedly demonstrated that exercise can help prevent or treat a wide range of chronic ailments, including diabetes, stroke, and heart disease. Yet, all of the evidence notwithstanding, doctors haven't made significant inroads with respect to prescribing exercise to help their patients lead healthier lives.

A synopsis published in *Public Health Reports* in 2001 offered a stark view of the state of exercise prescription. According to the article, 58% of the medical schools surveyed reported that their graduates were competent in conducting an evaluation prior to a patient's beginning an exercise program, but only 10% said their students could design an exercise prescription, and just 6% claimed that they offered a course that addressed exercise guidelines.

"The research I've seen suggests that some 85% of practicing physicians have never learned how to write an exercise prescription," says Phillips. "It's recommended, but not done."

"To my knowledge, there's no standardized curriculum for exercise prescription," observes Christopher N. Sciamanna, M.D., MPH, an associate professor in the Department of Health Policy at Jefferson

Medical College in Philadelphia. "Physicians are unprepared to counsel for health behavior, and I see no evidence the situation is changing."

Part of the problem is the volume of coursework that medical students would have to complete to become qualified to draft exercise prescriptions. The typical student would have to study cardiology, endocrinology, molecular biology, exercise physiology, and nutrition science to obtain the background required to balance exercise and nutrition for prescription development.

A secondary issue, according to Sciamanna, is that doctors tend to believe "it's the job of the public-health community—not theirs—to get the message out about exercise." But, he adds, the "pay for performance" trend among health plans—in essence, penalizing physicians for not controlling their clients' diabetes, blood pressure, and other conditions—may help turn the tide. "It will force them to take more interest in patient health behavior," he explains. "In the past, if a patient didn't exercise, it didn't really matter to the doctor."

Phillips is doing his own part to promote exercise prescription among his peers—he heads up the recently founded Institute of Lifestyle Medicine in Harvard Medical School's Department of Physical Medicine and Rehabilitation. The institute, he indicates, will have three core functions. First: it will teach physicians and health professionals the basics of exercise, nutrition, stress management, and smoking cessation. Second: it will assist physicians and other health professionals in modifying their personal health choices. And third: it will work to disseminate evidence-based principles of coaching psychology so that doctors can help clients improve their behavior.

"In short, we're teaching doctors how to talk the talk *and* walk the walk," Phillips asserts. "The more that doctors exercise, the more they recommend it; it's critical that they be able to deliver this information to patients effectively. This type of grassroots approach will work to push physicians to prescribe exercise—knowledgeably and confidently." ■

