

Exercise prescription and referral tool to facilitate brief advice to adults in primary care

Pierre Frémont MD PhD FCFP DipSportMed Michelle Fortier PhD Renata J. Frankovich MD FCFP DipSportMed

The evidence showing that physical activity improves population health is substantial, but initiating physical activity (PA) behaviour changes remains a challenge. Physical activity is as powerful as most drugs in treating most chronic illnesses¹ and brief advice in primary care is a cost-effective intervention.² But as Joy et al point out in their seminal paper, “To succeed, physicians need clinical tools.”³

The mission of Exercise is Medicine Canada (EIMC; www.exerciseismedicine.ca) is to provide national leadership in promoting PA as a chronic disease prevention and management strategy to improve the health of Canadians. The EIMC Advisory Council is composed of members representing several Canadian health and exercise science organizations. One specific goal of EIMC is to increase the number of health care professionals who are assessing and advising patients about PA.

Canadian guidelines for PA have been developed and are freely accessible (www.csep.ca/guidelines). Also, asking patients about PA and counseling them about PA are recommended in the Preventive Care Checklist Form.⁴ Therefore, EIMC mandated a multidisciplinary group to design a tool that would support both primary care providers and patients through the PA advice and prescription process.

Design and use of the tool

The exercise prescription and referral (EPR) tool was designed through consultation and consensus with experts from the following fields: clinical exercise sciences, behavioural science, nutrition, rehabilitation, sports medicine, and family medicine. The process included a face-to-face consensus session and subsequent consultation with samples of members from the sponsoring organizations (N=30 members overall). Consensus was achieved after 5 iterations. The EPR tool is meant to be a formal advice and prescription tool based on the notion that, if a drug or any intervention had an efficacy and safety profile comparable to

the effect of PA, clinicians would be expected to prescribe it. It was designed to guide both clinicians and patients through the prototypical FITT (frequency, intensity, type, and time) format. The tool is also meant to assist with the referral process. Referral to a qualified exercise professional such as a kinesiologist is a cost-effective approach to improving PA for most patients.⁵

The EPR tool and an explanation of its key components are available as **CFPlus**.^{*} This tool supports prescription of PA that is safe for healthy adults and those with 1 mild and stable chronic condition. A more extensive Guide for Prescribing Exercise can be found at www.exerciseismedicine.ca under “Professional Resources.” This guide can help each primary care provider to use the EPR tool in more complex situations. Further information about the qualifications of exercise professionals can also be found on the EIMC website.

Discussion

Physical inactivity costs Canada 6.8 billion dollars annually.⁶ Primary care providers such as family physicians have a prime role in influencing population levels of PA by advising and prescribing PA.² The EPR is a detailed and evidence-based tool for them to use to do so.

The essential premise of using the EPR tool in primary care is to promote the routine assessment and careful consideration of PA at each physician-patient encounter. Moreover, PA should be assessed as the “exercise vital sign” and should be prescribed at the periodic health evaluation and at every opportunity. The purpose of the tool is to kick-start the patient’s PA behaviour change process. It should be repeatedly used to personalize advice according to the patient’s stage of behaviour change. For example, it can help initially target the reduction in sedentary behaviour in an inactive person and progress through several steps toward meeting PA guidelines. In most cases, referral to an exercise professional for help with behaviour change will be a desirable and synergistic cointervention.

Achieving behaviour change through primary care providers in clinical practice is a challenge in itself. Primary care providers might believe they do not have the knowledge or the time to advise about PA. The



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^{*}The exercise prescription and referral tool is available at www.cfp.ca. Go to the full text of the article online and click on **CFPlus** in the menu at the top right-hand side of the page.

development of tools that can efficiently support brief advice about PA, such as the one presented in this paper, is therefore important³ and can potentially help overcome these perceptions. However, primary care providers might not be sufficiently motivated to use the tool or still find it takes too long.

The EPR tool was initially presented at Family Medicine Forum in November 2013. It was subsequently tested with a limited sample of 20 attendees who registered to be surveyed following a 2-month period of use. The response rate was 25% by responders who had been in practice for 7 years or more. Using the tool was reported to take between 1 and 3 minutes. All responders agreed or strongly agreed that the tool was applicable to their patient population, the tool was easy to use in their practices, the tool was easy for their patients to understand, using the tool was an effective use of their clinical time with patients, and that they would recommend the tool to their colleagues. After using this tool on a regular basis for 6 months in the context of family practice, one author of this article (P.F.) came to the same conclusions and found that patients were receptive to the tool and that it could be used within 2 to 4 minutes in encounters where no acute or unstable condition had to be managed.

Conclusion

The scientific rationale for providing brief PA advice in primary care is well established and the EPR tool can facilitate that objective. The EPR tool can support both the clinician and the patient in a format that is achievable within the time constraints of a patient visit. However, implementation research data tell us that the challenge of achieving targeted changes for both

the primary care provider's and the patient's behaviour should not be underestimated. These issues will be the next steps addressed by the EIMC Advisory Council. 🌿

Dr Frémont is Associate Professor in the Department of Rehabilitation at Laval University in Quebec city, Que. **Dr Fortier** is Professor in the School of Human Kinetics at the University of Ottawa in Ontario. **Dr Frankovich** is Assistant Professor in the Department of Family Medicine at the University of Ottawa.

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Competing interests

None declared

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