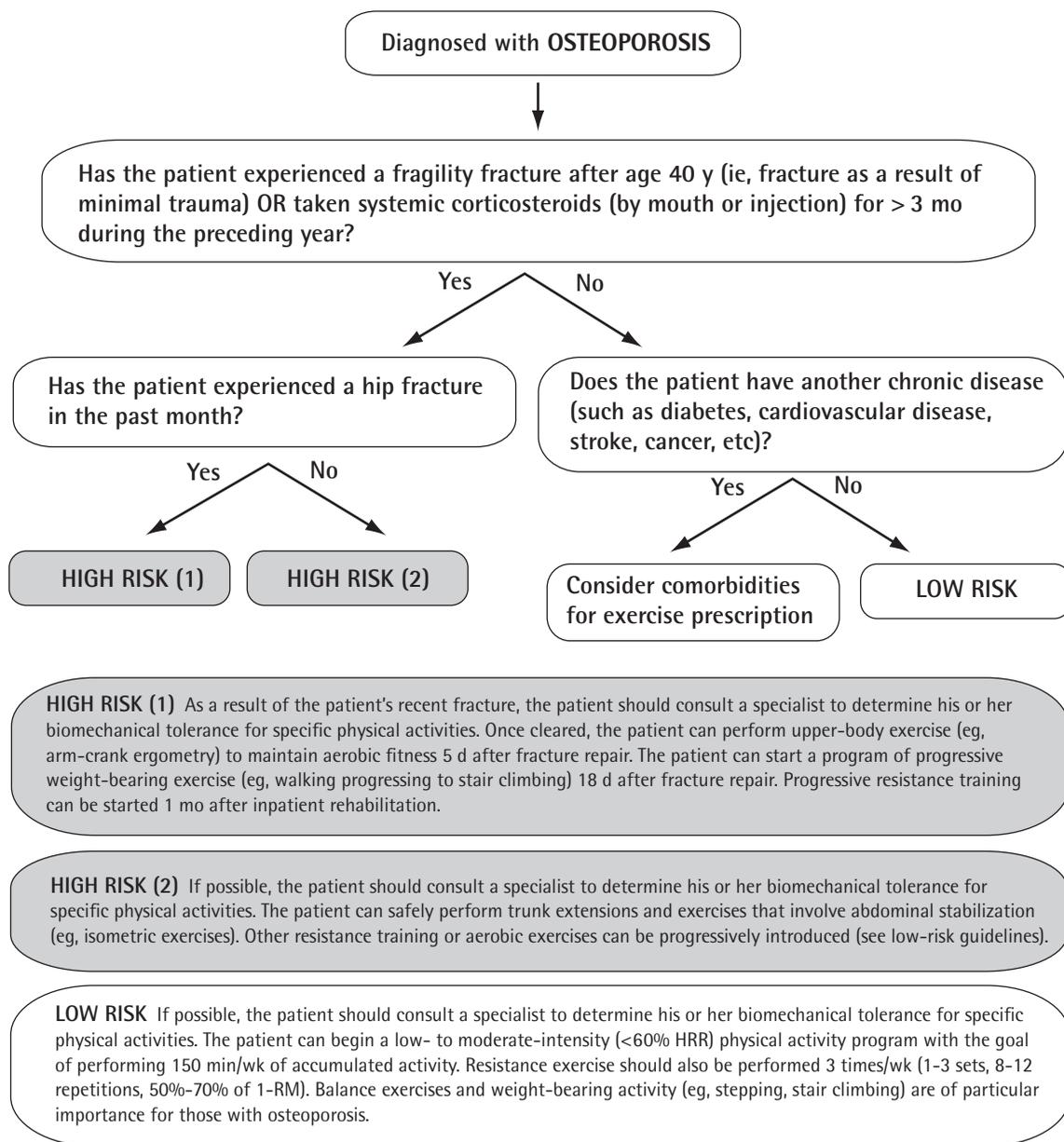
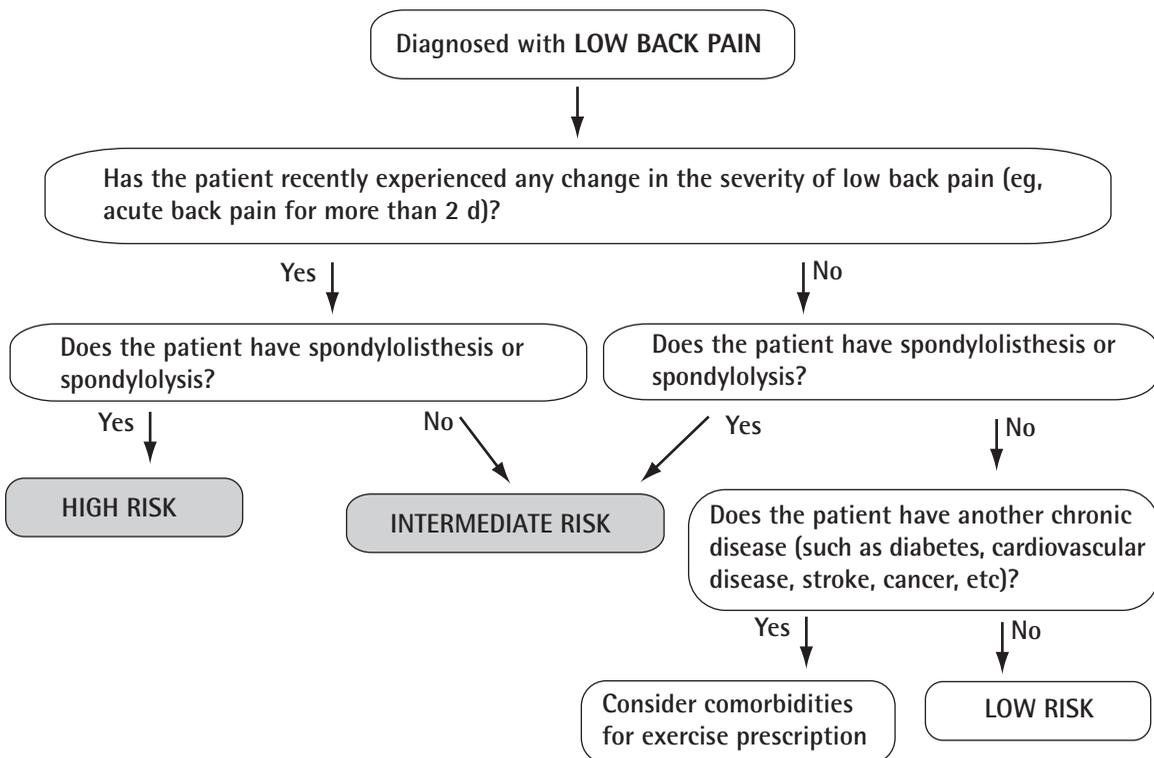


**Figure 2.** Clinical decision tree for assessing the risk of adverse events during physical activity in patients with osteoporosis: *This decision tree can be used to categorize patients' level of risk, and recommendations for physical activity prescription and precautions are provided.*



1-RM—1-repetition maximum, HRR—heart rate reserve.

**Figure 3. Clinical decision tree for assessing the risk of adverse events during physical activity in patients with low back pain:** *This decision tree can be used to categorize patients' level of risk, and recommendations for physical activity prescription and precautions are provided by category.*



**HIGH RISK** The patient should not participate in high-intensity sport activity for at least 3 mo, but can participate in progressive strength and postural training of the back and abdominal muscles.

**INTERMEDIATE RISK** If the patient has not yet had a specific diagnosis for the cause of the low back pain, he or she should consult a specialist, if possible, to determine the cause of the pain and his or her biomechanical tolerance for specific physical activities. The patient should only take part in low-intensity physical activity until he or she gets physician clearance OR the patient can be advised to exercise under the supervision of a qualified exercise professional.

**LOW RISK** If the patient has not yet had a specific diagnosis for the cause of the low back pain, he or she should consult a specialist, if possible, to determine the cause of the pain and his or her biomechanical tolerance for specific physical activities. It is safe for the patient to begin with a low- to moderate-intensity (<60% HRR) physical activity program with the goal of performing 150 min/wk of accumulated activity. Resistance exercise should also be performed 3 times/wk (1-3 sets, 8-12 repetitions, 50%-70% of 1-RM).