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The American College of Sports Medicine's Exercise is Medicine®

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I. Why are you here?

A. In general.

B. At this session.

II. I assume that all or most of you deal with sports podiatry matters in your practices.

A. Yes?

B. What kind?

C. Today we are focusing on the new ACSM program, "Exercise is Medicine®," which is designed to help you learn how to help patients, well or ill, become regular exercisers. Hopefully this will have an application, in one way or another, for many of you in your own practices.

III. How many of you are regular exercisers? What do you do?

IV. What the EiM ® is about

A. You will find the Table of Contents of the textbook for the Program, ACSM's Exercise is Medicine®: A Clinician's Guide to Exercise Prescription, by myself and Edward Phillips, MD of Harvard University, in Table I.

B. The primary focus is on becoming a regular exerciser, as part of a healthy lifestyle.

C. The Program also deals with the use of regular exercise in treating and managing illness.

D. The central newly developed instrument for facilitating the desired behavior change in patients and clients is the "Exercise Prescription."

E. What is different about this Rx from most others:

1. Within the parameters of the Exercise Rx the patient/client will design their own program.

2. Then, the patient/client is the implementer of his/her own program, for themselves.

3. This prescription has no expiration date.

F. Therefore the Rx needs to be provided differently.

1. The collaborative relationship.

2. Handing over power.

3. Acting more as a teacher/coach than the more traditional "me doctor/you patient" model.

4. Being a role model is not essential, but it helps.

G. For the new Federal/ACSM/AHA "Physical Activity Guidelines," see Table II.

H. The hard part of regular exercise is the regular, not the exercise. Thus with patients we recommend that you focus first on the Regular, not the Exercise: walk around the block for ten minutes three times a week at a scheduled time, for two weeks; then 20 minutes three times a week at a scheduled time, for two weeks. If your patient is still doing it at the end of four weeks, they are surely dealing with the "regular." Then he/she can begin to think about PaceWalkingTM (our name for exercise walking with a strong armswing). For a beginning PaceWalkingTM program, see Table III.

V. The Central Focus of the Book (T of C is in Table I): Mobilizing Motivation

A. Why this book, and what's different about its recommendations? In our society there is a huge amount of information on exercise and weight management, pumped out every day through the Internet, magazines, newspapers, TV, DVD's, and what have you. It's almost all about what to do (diets, exercise routines, and etc.) and why to do it in terms of health and looks. If that's all that were required for people to exercise regularly and lose weight and keep it off, we would have one of the slimmest, fittest populations in the world. Instead we have a monster obesity epidemic and an increasing proportion of couch potatoes. Something is obviously missing beyond the what and the why. That is the HOW. Just how do you get from A to B, from where you are now to where you would like to be? In addition to knowing the what and why, you need to do one thing, summarized in three words: You need to "Mobilize your Motivation."

B. What is motivation?

1. The long definition: Motivation is not a thing. It is a *mental process* that links an emotion, feeling, desire, idea, or intellectual *understanding*, or a recognized psychological, physiological, or health *need*, to the taking of one or more actions.

2. The short definition: Motivation is a mental process that links a thought or a feeling to an action.

C. The "Stages of Change/Transtheoretical Model" Six Stages: Pre-contemplation, Contemplation, Planning, Action, Relapse, Permanent Maintenance.

D. The Six Phases of Behavior Change (the SJ modification of the SoC)

1. Not on the radar screen.

2. Thinking about it.

3. Going to get going.

4. On the Ordinary Mortals® Pathway to Mobilizing Your Motivation.

5. Getting going!

6. Making it part of your life.

E. The ACSM's Exercise is Medicine® book presents two different models for mobilizing motivation. The reader has choices.

1. The Behavior Change Pyramid – Dr. Phillips.
2. The "Wellness Motivational Pathway," now the "Ordinary Mortals® Pathway to Mobilizing Motivation."

F. The Ordinary Mortals® Pathway to Mobilizing Your Motivation has Five Steps

1. Assessing yourself: What do I like? What do I dislike? What would I like to change?
2. Defining success, for yourself.
3. Setting goals that will work for you.
4. Establishing priorities among the various parts of your life.
5. Taking Control.

G. The Seven Keys to Taking Control

1. Understanding that motivation is not a thing, but a process that links a thought or a feeling with an action.
2. Following the first four steps of the Ordinary Mortals® Pathway to Mobilizing Your Motivation, from the beginning.
3. Making sure to examine what you already do well: health-promoting behaviors that are part of your life.
4. Recognizing that gradual change leads to permanent changes.
5. Dealing with the fear both of failure and of success.
6. Being ready to explore your limits while recognizing your limitations.

7. Appreciating the process of psychological immediate gratification.

VI. Becoming a Regular Exerciser: A Set of Basic Concepts

A. The hard part of regular exercise is the regular, not the exercise.

B. Exercise must be regular in order to be beneficial.

C. There are recommended minimums, but anything is better than nothing, as long as it done on a regular basis.

D. Gradual change leads to permanent changes.

E. There are two approaches to regular exercise, “lifestyle” and “scheduled leisure time.” You can use one or the other exclusively or the two can be mixed and matched. BUT, they can both work equally well to provide the benefits of regular exercise.

F. The exercise that is RIGHT for you is the exercise that is right for YOU.

G. The variation of routines over the course of the year works for many.

H. We can never be perfect; we can always get better.

I. Explore your limits; recognize your limitations.

J. Mobilizing your motivation is central to the whole exercise of becoming a regular exerciser. You cannot become a regular exerciser and stay that way without first mobilizing your motivation and then maintaining it, by periodically going through the Ordinary Mortals® Pathway.

VII. Making Exercise Fun

A. Making Exercise Fun: The Mental Aspects

1. Let it be fun.
2. Set appropriate goals.
3. Don’t do too much, too soon.
4. Focus first on the regular, then on the exercise.
5. Understand that gradual change leads to permanent changes.
6. Recognize that the exercise chosen can become fun itself.
7. Recognize that the results can be fun, if given time.
8. Use the training sessions for thinking, when the activity chosen permits.
9. Anticipate rewards for performance.

B. Settings, Surroundings, and Companions, for Leisure-Time Scheduled Exercise

1. Set non-exercise related goals.
2. Set Leisure Time Scheduled Exercise training programs in minutes, not miles: TSTEP: The Scheduled Exercise Training Program
3. Learn and use different routes.
4. Exercise with a companion (can be a dog).
5. Listen to music, the news, talk radio, and/or audio courses.
6. Take care for safety.

Table I: ACSM's EiM®: Table of Contents

ACSM's Exercise is Medicine®:
A Clinician's Guide to Exercise Prescription

Table of Contents (as of 4408)

Chapter 9. Exercise Prescription: Maintaining and Progressing Beyond the ACSM/AHA Guidelines. EP: General principles and parameters to enable the clinician to assist patients to maintain their current level of exercise, or to safely increase.

Chapter 10. Exercise Prescription: The TSTEP Approach (The Scheduled Training Exercise Program): Training Programs: By the Minute. For an alternative approach, this chapter provides a detailed exercise program that will take the otherwise healthy, sedentary patient to the beginner athlete's competitive level.

Chapter 11. Choosing the Activities, Sport, or Sports: The choice of sports is extensive; very important: different strokes for different folks: "The **best** exercise for you is the exercise that's best for **you**;" aerobic and non-aerobic exercise; The "Lifestyle" approach vs. the "Scheduled Leisure Time Workout" approach, using the TSTEP. The advantages and disadvantages of each. Any exercise is better than none.

Chapter 12. On Technique and Equipment. A rudimentary intro., except on Pace Walking TM.

Chapter 13. Regular Exercise for Illness Management – EP.

Chapter 14. Exercise in Children: "Exercise is a Family Affair." (Evonne Kaplan-Liss and Mary Ellen Renna).

Chapter 15. Making Regular Exercise Fun.

Table II: the HHS/ACSM/AHA 2008 Physical Activity Guidelines
www.health.gov/paguidelines

Key Guidelines

Substantial health benefits are gained by doing physical activity according to the Guidelines presented below for different groups.

Children and Adolescents (aged 6–17)

- Children and adolescents should do 1 hour (60 minutes) or more of physical activity every day.
- Most of the 1 hour or more a day should be either moderate- or vigorous-intensity aerobic physical activity.
- As part of their daily physical activity, children and adolescents should do vigorous-intensity activity on at least 3 days per week. They also should do muscle-strengthening and bone-strengthening activity on at least 3 days per week.

Adults (aged 18–64)

- Adults should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.
- Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.
- Adults should also do muscle-strengthening activities that involve all major muscle groups performed on 2 or more days per week.

Older Adults (aged 65 and older)

- Older adults should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks. People without diagnosed chronic conditions (such as diabetes, heart disease, or osteoarthritis)

and who do not have symptoms (e.g., chest pain or pressure, dizziness, or joint pain) do not need to consult with a health care provider about physical activity.

Adults With Disabilities

Follow the adult guidelines. If this is not possible, these persons should be as physically active as their abilities allow. They should avoid inactivity.

Children and Adolescents With Disabilities

Work with the child's health care provider to identify the types and amounts of physical activity appropriate for them. When possible, these children should meet the guidelines for children and adolescents—or as much activity as their condition allows. Children and adolescents should avoid being inactive.

Pregnant and Postpartum Women

Healthy women who are not already doing vigorous-intensity physical activity should get at least 2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity a week. Preferably, this activity should be spread throughout the week. Women who regularly engage in vigorous-intensity aerobic activity or high amounts of activity can continue their activity provided that their condition remains unchanged and they talk to their health care provider about their activity level throughout their pregnancy.

Table 3: The Scheduled Training Exercise Program: Getting Started

(Times, in Minutes)

Day	M	T	W	Th	F	S	S	Total	
Week									Comments
1	Off	10	Off	10	Off	Off	10	30	Ordinary
2	Off	10	Off	10	Off	Off	10	30	walking
3	Off	20	Off	20	Off	Off	20	60	Ordinary
4	Off	20	Off	20	Off	Off	20	60	walking
5	Off	20	Off	20	Off	Off	20	60	Fast
6	Off	20	Off	20	Off	Off	20	60	walking
7	Off	20	Off	20	Off	Off	30	70	Fast
8	Off	20	Off	20	Off	Off	30	70	walking
9	Off	20	Off	20	Off	Off	20	60	PaceWalkingTM
10	Off	20	Off	20	Off	Off	30	70	
11	Off	20	Off	30	Off	Off	30	80	PaceWalkingTM
12	Off	20	Off	30	Off	Off	30	80	
13	Off	30	Off	30	Off	Off	30	90	PaceWalkingTM