



Exercise Is Medicine™

This new initiative is designed to help improve the health and well-being of our nation through a regular physical activity prescription from doctors



By Matt Werd DPM and Ben Pearl, DPM

This article is provided exclusively to Podiatry Management by the American Academy of Podiatric Sports Medicine. The AAPSM serves to advance the understanding, prevention and management of lower extremity sports and fitness injuries. The Academy believes that providing such knowledge to the profession and the public will optimize enjoyment and safe participation in sports and fitness activities. The Academy accomplishes this mission through professional education, scientific research, public awareness and membership support. For additional information on becoming a member of the AAPSM please visit our

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Exercise is Medicine™ is an important new initiative being promoted to all physicians and healthcare providers, which is a shared vision of the American College of Sports Medicine (ACSM) and the American Medical Association (AMA). Exercise is Medicine™ is designed to help improve the health and well-being of our nation through a regular physical activity prescription from doctors—including podiatric physicians—and other healthcare providers. As role models for good health, it is important for us to become a vital part of this

bold new initiative and incorporate its message into our daily practice.

What if there were one prescription that could prevent and treat dozens of diseases, such as diabetes, hypertension, and obesity? Would you prescribe it to your patients? Certainly! Exercise is that prescription, and it needs to be prescribed by physicians and healthcare providers to patients who are not exercising regularly.

The American Academy of Podiatric Sports Medicine (AAPSM) is actively participating and supportive of this new initiative. Our Academy co-signed a letter to the U.S. House and Senate leadership in

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support of reviewing and publishing physical activity guidelines every five years in order to address America's emergent public health issues. Overweight and obesity lead these issues today, but with implementing physical activity benchmarks, we may begin to lessen the epidemic and improve health trends.

The guiding principles of Exercise is Medicine™ have been well-documented in a new textbook titled, *Exercise is Medicine™*, which is supported by ACSM and written by Harvard-trained Steven Jonas, MD, MPH. Some of the highlights include the following principles:

1) Exercise and regular physical activity are important to health and the prevention and treatment of many chronic diseases.

2) More should be done to address physical activity and exercise in healthcare settings.

3) ACSM and AMA are making efforts to bring a greater focus on physical activity and exercise in healthcare settings.

Healthcare organizations (including AAPSM and APMA), physicians, and other professionals, regardless of specialty, are being challenged to assess, to advocate for, and to review every patient's physical activity program during

every comprehensive visit.

You can visit www.ExerciseisMedicine.org for additional information and a more detailed description of Exercise is Medicine™, including ways you can counsel patients on their exercise regimens, and information on how physical activity can be an integral

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part of any patient's healthcare program. We are urged to make exercise consultation and referral a regular, important part of our interaction with every patient at every visit.

Regular Exercise

It has been suggested that the hardest part of regular exercise is the "regular", not the actual, exercise. Unfit patients should be encouraged to healthy lifestyle changes, including: regular exer-

cise, consuming smaller and healthier food portions, and smoking cessation. Be a role model for patients and your children and lead by example! Karen Langone, DPM, president of the AAPSM, has continued the charge as part of the Board's initiative regarding exercise. She references a recent study that confirmed that doctors who exercise are more committed and comfortable in counseling patients on incorporating exercise into their lifestyles. She believes that exercise is the most empowering tool we can give our patients.

The U.S. Surgeon General, Regina M. Benjamin, MD and Robert E. Sallis, MD, Past-President, American College of Sports Medicine presented the foundation for the Exercise is Medicine(tm) initiative at the Inaugural Exercise is Medicine World Meeting in Baltimore. Listed below are important highlights, which you can use to discuss with your patients, friends, and families:

1) Our longevity depends on three factors: genetics, environment, and behavior. It is our behavior that is most problematic and that has led to the leading causes of death (cardiac disease, cancer, and stroke) in the U.S.

2) The most preventable factors of premature death are tobacco use and physical inactivity. In 2004, a "tipping point" occurred with tobacco, when the number of ex-smokers outnumbered the number of current smokers.

3) The death rate for a fit 80 year old is lower than that of a sedentary 60 year old.

4) Exercise is a "wonder drug" and everyone should take it.

5) Our insurance industry needs to change. Why is it that insurance will pay to refer a patient for bariatric surgery, but will not pay to refer a patient to an exercise specialist?

6) We need to move from a treatment-oriented society to a prevention-oriented society.

7) Seven out of ten Americans will die from a preventable disease.

8) Childhood obesity is our number one health problem in the US. For the first time in our history, our youth will have a shorter life

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span than adults, which is a terrible, embarrassing comment on our nation's current health.

9) Each of us can play a key role to increase exercise in the U.S., starting by being a fit personal role model, and incorporating Exercise is Medicine™ into our practices.

10) Healthy food choices and lifestyle choices need to be part of the solution for healthy living.

Athletic Shoe Prescription

As podiatric physicians, we can play an additional preventive role in exercise injuries by providing our newly-exercising patients with an appropriate athletic shoe prescription on each comprehensive visit. The athletic shoe prescription should include: proper athletic shoe type, athletic sock recommendation, lacing techniques, and supportive insoles or orthoses, if necessary.

Our Academy's shoe review committee has made a tremendous effort to update our athletic shoe web pages (www.AAPSM.org), which include a wealth of contemporary knowledge needed to write an athletic shoe prescription—useful for novice as well as experienced podiatric practitioners. Also, Athletic Footwear and Orthoses in Sports Medicine, including 30 Academy-contributors (Springer, 2010), has provided an evidence-based resource on

the benefits of appropriate footwear and orthoses recommendations.

Physical Activity Recommendations

The American College of Sports Medicine (ACSM) and American Heart Association (AHA) also recently released updated physical activity recommendations for adults. This message should be clear and consistent for all sports and medical organizations, and is listed below:

1) Moderate-intensity aerobic physical activity for a minimum of 30 minutes on five days each week, or

2) Vigorous-intensity physical activity for a minimum of 20 minutes on three days each week.

These recommendations are an update and clarification of the 1995 recommendations on the types and amounts of physical activity needed by healthy adults and older adults to improve and maintain health.

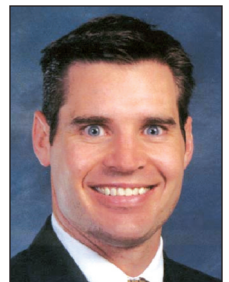
The core recommendation of the ACSM/AHA Physical Activity Guidelines is to promote and maintain health. The intent is to provide a more comprehensive and explicit public health recommendation based upon available evidence-based research of the health benefits of physical activity. The preventive recommendation specifies how adults, by engaging in regular physical activity, can promote and maintain health and reduce risk of chronic disease and premature mortality.

A single evidence-based message must continue to be drummed—from the surgeon general to the coach, including every contact from health-care provider, physical educator, school administrator, and yes, health insurance provider—into the daily routine of all Americans if we are to be successful in altering the exercise and activity behaviors in the United States.

Putting It into Action

One way to give an actual prescription is to partner with a local health club and have them give you one week passes for your patients. Most clubs are only too happy to have the opportunity for potential leads. Now you are not just giving them a plan but you are giving them a call to action, just as if you were writing a prescription for a drug. Exercise is Medicine! ■

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