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What if there was  
**one prescription**  
that could  
**prevent and treat**  
dozens of diseases,  
such as diabetes,  
hypertension and obesity?

Would you prescribe it to  
your patients?

**Certainly.** ”



-Robert E. Sallis, M.D., FACSM,  
Exercise is Medicine™ Task Force Chairman



Support for the Exercise is Medicine™ Global Initiative is Provided By:

**EIM GLOBAL PARTNERS:**



**EIM GLOBAL ADVOCATES:**



# Exercise is Medicine™

## Vision


To make physical activity and exercise a standard part of a disease prevention and treatment medical paradigm in the United States.

## Background

- Multi-organizational global initiative launched in November 2007 by the American College of Sports Medicine (ACSM) and the American Medical Association (AMA).
- Developed to encourage primary care physicians to include exercise when designing treatment plans for patients. Calls on doctors to prescribe exercise to their patients.
- Committed to the belief that exercise and physical activity are integral in the prevention and treatment of diseases, and should be assessed as part of medical care and integrated into every primary care office visit.

# Call to Action

**EXERCISE READINESS  
& PRESCRIPTION**



PATIENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

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Currently Exercising:  Yes  No

Type(s) of Activity: \_\_\_\_\_

Intensity: \_\_\_\_\_  
(light, moderate, intense)

Duration: \_\_\_\_\_  
(minutes/session)

Frequency: \_\_\_\_\_  
(times/week)

\_\_\_\_\_

**PATIENT'S STATE OF CHANGE**

Pre-contemplation  
(patient not ready to exercise)

Contemplation  
(patient interested in beginning to exercise)

Preparation  
(patient's exercise inconsistent/less than optimal)

Action and Maintenance  
(patient exercising recommended amount)

\_\_\_\_\_

**PHYSICIAN'S RECOMMENDATIONS**

Aerobic Exercise \_\_\_\_\_

Strength Exercise \_\_\_\_\_

Flexibility Exercise \_\_\_\_\_

Sports Exercise \_\_\_\_\_

Referral to Exercise/Sports Professional \_\_\_\_\_

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**PHYSICAL ACTIVITY GUIDELINES & RECOMMENDATIONS**

*Adults aged 18-64 with no chronic conditions: 150 minutes per week of moderate-intensity physical activity through 30 minutes of exercise five days per week. Plus muscle-strengthening activities that involve all major muscle groups performed on 2 or more days per week.*

For more information, visit [www.acsm.org/physicalactivity](http://www.acsm.org/physicalactivity).

- Initiate a dialogue between physicians and their patients.
- Ensure that exercise is front and center in the national discussion on disease prevention, health and wellness.
- Large scale exercise initiative led by physicians:
  - Every patient; Every visit; Every treatment plan.
- Physical activity should be recorded as a vital sign.
- Message should be the same from every provider, regardless of specialty.
- Physicians simply can no longer ignore the evidence on the benefits of exercise.


# Future Goals of Exercise is Medicine

- Introduce legislation for counseling reimbursement.
- Influence national policy (e.g. exercise as a HEDIS measure).
- Influence medical electronic/health record companies to include exercise as a vital sign.
- Organize research to show efficacy of exercise counseling and exercise, and cost effectiveness of exercise.
- Introduce exercise into US medical school curricula.
- **Establish global partners.**





# Globalization Goals

- Expand the roles and contributions of Exercise is Medicine in **improving global patient and public health** through serving and connecting worldwide with individuals, organizations and countries.
  - Activate Exercise is Medicine to spur **worldwide progress in the promotion of physical activity and disease prevention**, resulting in better energy balance outcomes, improved public health and greater well-being of people worldwide.
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# Contact

If you are interested in learning more about taking  
Exercise is Medicine global, please contact  
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