

Health Care Providers' Action Guide



The following resources are provided as part of this Action Guide. Feel free to utilize in your practice:

1. [Physical Activity Vital Sign](#)
2. [Exercise is Medicine® Rx form](#)
3. [Rx for Health series of patient handouts](#)
4. [Community Resources handout template](#)
5. [Provider Coding and Billing Tips](#)
6. [EIM Smart Phrases](#)
7. [Physical Activity - A Prescription for Health \(checklist of patient handouts\).](#)

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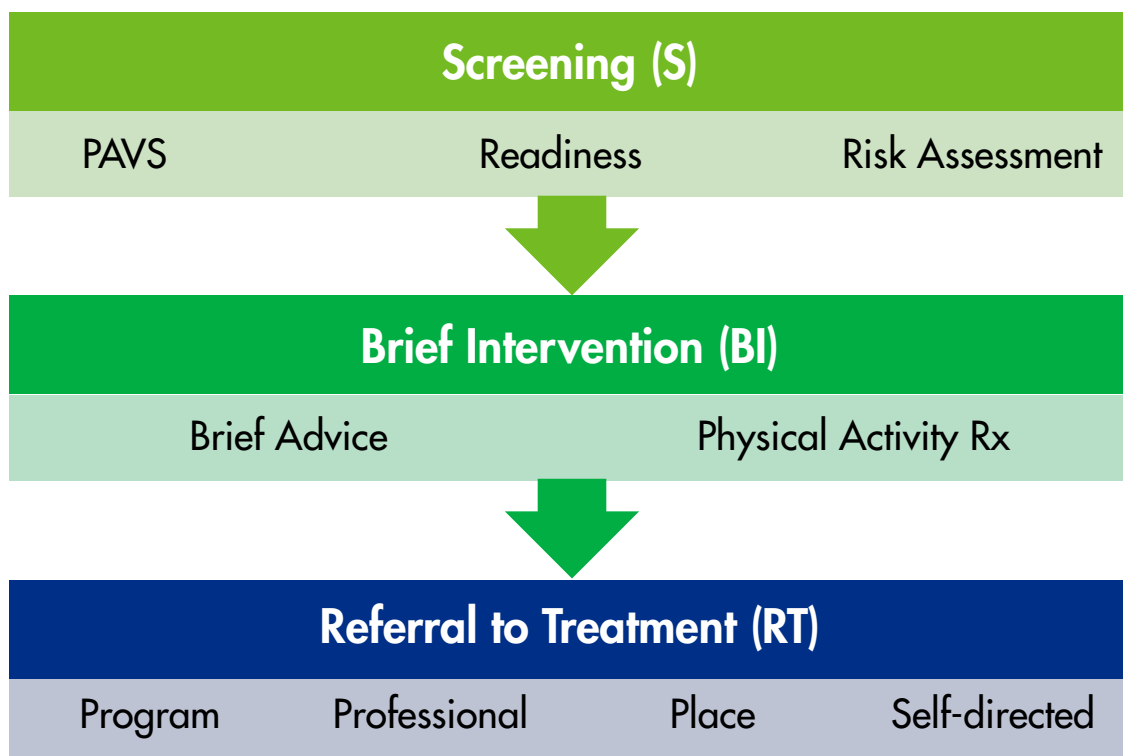
How to Implement Exercise is Medicine® in Your Practice

The Exercise is Medicine® (EIM) Health Care Providers' Action Guide provides simple and effective tools for integrating physical activity assessment and promotion into daily practice. By promoting the right “dosage” of physical activity, you are prescribing a highly effective “treatment” to your patients for the prevention and management of more than 40 of the most common chronic health conditions.

EIM and SBIRT (Screening, Brief Intervention and Referral to Treatment)

You likely have only a brief window of time to discuss physical activity (at times no more than 20-30 seconds) during a normal office or telehealth visit. Utilize your staff, create tools within the electronic health record (EHR) and use the attached resources to:

- S** Assess the patient’s current level of physical activity and apply the American College of Sports Medicine (ACSM) exercise preparticipation screening algorithm (page 5);
- BI** Provide brief advice regarding the importance of regular physical activity, specifically relevant to that patient’s medical history, resources and goals. Write a prescription for physical activity;
- RT** Refer the patient to physical activity resources (programs, facilities, certified exercise professionals or self-directed resources).





Assess the Physical Activity Levels of Your Patients

Assessing the current physical activity levels of your patients can be quickly achieved using the [Physical Activity Vital Sign \(PAVS\)](#). The PAVS consists of just two questions, plus an optional strength training question. These can be added to a health history form or incorporated into the EHR, filled out and scored prior to the provider exam and consultation.

The PAVS provides a snapshot of whether your patient is meeting the current Physical Activity Guidelines of 150 minutes of moderate intensity activity each week. You will also be able to track changes in their physical activity levels over time.

Patients with insufficient self-reported physical activity can be “flagged” so that you or other clinical staff can provide the appropriate advice and/or resources. Use one of these ICD-10-diagnosis codes:

- Z72.3: Lack of PA/Inadequate PA
- Z78.9: Adequate PA, and adequate PA.

Although light intensity PA (such as a casual walk) is not assessed by the PAVS, it positively impacts health and should be encouraged.

Physical Activity Vital Sign

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1. On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?

_____ days

2. On average, how many minutes do you engage in exercise at this level?

_____ minutes

Total minutes per week of physical activity (multiply #1 by #2)

_____ minutes per week

Optional Question (particularly important for older adults):

How many days a week do you perform muscle strengthening exercises, such as bodyweight exercises or resistance training?

_____ days

Incorporate the Physical Activity Vital Sign (PAVS) into your electronic health record and patient intake forms. Calculations may be programmed and the sedentary patient flagged for referral or counseling.

Using the Physical Activity Vital Sign

National guidelines recommend 150 minutes per week of moderate intensity physical activity. That's just 2 1/2 hours out of 168 hours in a week! In place of moderate intensity activity, you can complete 75 minutes of vigorous intensity activity, or an equivalent combination of moderate and vigorous intensity physical activity.

- 1 minute of vigorous activity is equal to 2 minutes of moderate activity.
- You can perform activity in multiple “bouts” of any length throughout the day to add up to the recommended 150 minutes/week.

Although light intensity physical activity (such as a casual walk) is not assessed by the PAVS, it positively impacts health. Wherever they are on their physical activity journey, encourage patients to become and remain active. Promote active living throughout the day to reduce sedentary time (less screen time!).

What's Moderate Intensity?

- You can talk, but not sing, while performing the activity.
- Examples: brisk walking, slow biking, doubles tennis, various forms of dance, active home chores and gardening, etc.

What's Vigorous Intensity?

- Vigorous intensity: You can no longer talk easily during the activity and are somewhat out of breath.
- Examples: jogging, fast bicycling, singles tennis, aerobic exercise class, swimming laps, etc.

The Physical Activity Vital Sign – Additional Option

- A comprehensive assessment of physical activity should include muscle strengthening exercises as recommended by the Physical Activity Guidelines for Americans: Adults should do muscle strengthening activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week.
- If you wish to add a question on muscle strengthening activities, we recommend the following:

How many days a week do you perform muscle strengthening exercises, such as bodyweight exercises or resistance training?

_____ days

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Determine Your Patient's Readiness to Change

Prior to prescribing physical activity to your patients, it's important to factor in their "Physical Activity Stage of Change". Some patients may only be ready for gentle encouragement; others will be open to taking first steps towards reducing sedentary behavior and/or becoming more active; and others will be ready to receive a physical activity prescription and referral to certified exercise professionals.

The following table provides a brief outline of the five stages of change ([transtheoretical model](#)) and recommended steps for patients in each stage.

Stage of Change	Action Step		Focus
Precontemplation (Patient has no intention to be physically active)	<ul style="list-style-type: none"> Share the health benefits of regular physical activity particularly related to that patient's unique health concerns and needs. The individual is likely not ready to receive a physical activity prescription at this point. 		Benefits
Contemplation (Patient knows they should be physically active and is thinking about how they can become more active)	Independent Provide info and brief advice. Refer to exercise professional.	Supervision Necessary Refer to cardiac rehab, clinical exercise pro or physical therapy as appropriate.	Personalized Advice
Preparation (Patient is planning to become physically active in the near future)	Write prescription; refer to non-clinical exercise professionals.	Refer to cardiac rehab, clinical exercise pro or physical therapy as appropriate	Prescription
Action (Patient is meeting the physical activity guidelines but for less than 6 months)	Applaud efforts. Encourage continued exercise.	Encourage continued supervised exercise training.	Reinforcement
Maintenance (Patient is meeting the physical activity guidelines for the last 6 months or more)	Applaud efforts. Encourage continued exercise.	Encourage continued supervised exercise.	Check-In
	Encourage them to spend time with people with similar healthy behaviors; continue to engage in healthy activities to cope with stress.		

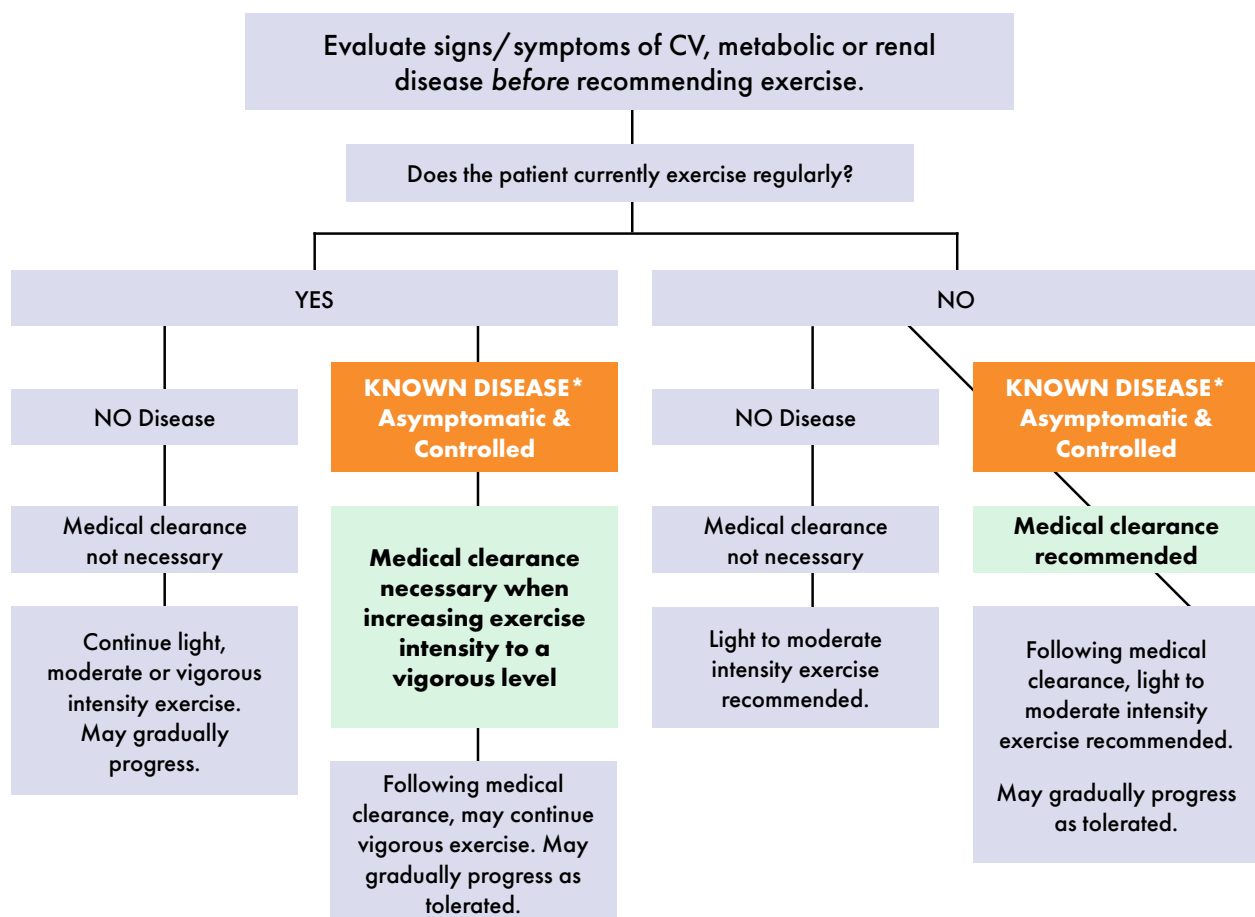


Prescribe Physical Activity to Your Patients

Step 1: Safety Screening

The American College of Sports Medicine provides recommendations for exercise preparticipation screening. Previous pre-exercise screening protocols included risk factor identification; however, this has *not* been shown to reduce the risk of a cardiac event during exercise and creates unnecessary barriers for patients who will benefit most from a routine of light to moderate intensity physical activity.

ACSM Preparticipation Screening Guidelines



*Cardiovascular, metabolic or renal disease

Based on the exercise preparticipation health screening logic model for aerobic exercise participation published in Riebe D, Franklin BA, Thompson PD, et al. Updating ACSM's recommendations for exercise preparticipation health screening. Med Sci Sports Exerc. 2015;47(11):2473–9

Step 2: Provide Brief Advice or a Basic Exercise Prescription

For patients who are in the Preparation, Action (or even Contemplation) stages, the next step is to provide them with encouragement and/or a physical activity prescription.

The [Exercise is Medicine® Rx](#) form and/or EIM patient handouts may be given to the patient or scanned into the EHR and included in the after-visit summary (AVS). Indicate your recommendations on the PA Rx form itself or enter them directly in the pdf data fields. (Note: These fields are not structured, mineable or trackable.). The simplest advice that you can provide is to participate in 150 minutes of moderate-intensity physical activity (such as brisk walking) each week as recommended in the 2018 Physical Activity Guidelines for Americans. Studies have shown that simply providing a written prescription is an effective means of motivating patients to be more physically active, sometimes by as much as one hour per week.

Consider offering one or more of the Exercise is Medicine® patient handouts such as [“Sit Less. Move More”](#) or [“Being Active for a Better Life”](#) (also versions for older adults, frail adults, teens and young children). These are designed to help patients take manageable first steps toward reducing sedentary behavior and/or becoming more active.

Patient resources can also be found through the national [Move Your Way](#) campaign based on the 2018 Physical Activity Guidelines for Americans. Older patients may appreciate the National Institute on Aging Physical [“Get Fit for Life”](#) booklet.

Encourage your patient to consider a variety of options for increasing physical activity over the course of their day – whatever works for them. (See *Physical Activity Spectrum* below.)



Physical Activity Spectrum



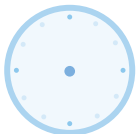



Physical Activity Brief Advice in Clinic Time-Based Guide

TIME-EFFICIENT 5As:

At many office visits, the time available to discuss behavior change is limited. But even very brief behavioral counseling is better than none at all — and will increase patient motivation and reinforce the importance of patient responsibility for modifying behavioral risk factors.



TABLE 2. Integrating the 5As behavior change approach into a busy office environment

If you have		Then
No time		<p>Point out your concerns and arrange a follow-up.</p> <p><i>“Your exam showed some wellness issues that I’d like to discuss with you at a future appointment. My MA will give you a handout and can help you schedule an appointment where we can talk.”</i></p>
1 minute		<p><input type="checkbox"/> ADVISE briefly on one of the patient’s most important risks.</p> <p><input type="checkbox"/> ASSIST by providing a patient-education handout or link to online information.</p> <p><input type="checkbox"/> ARRANGE a follow-up appointment or specialist referral.</p> <p>For example: <i>“You know, 150 minutes of moderate-intensity physical activity each week is important to your health, and it looks like you’re only getting about 60 minutes. Here’s some information to help you increase your activity level. I’d like to discuss this more with you at a future appointment. How does that sound?”</i></p>
2-5 minutes		<p>Above, plus:</p> <p><input type="checkbox"/> ADVISE further about the importance of relevant behavior changes.</p> <p><input type="checkbox"/> AGREE mutually on a goal and document the goal and a follow-up plan on a brief prescription such as Sit Less. Move More. or the Physical Activity Rx Form; save a copy in the patient’s chart.</p> <p>For example: <i>“You know, 150 minutes of moderate-intensity physical activity each week is important to your health, and it looks like you’re getting only 60 minutes. Can you think of a way to increase your activity that you feel ready to take on?” ... “Great. I’ll keep that goal in your record. I’d like to keep track of how you’re doing, and then I’d like to check on your progress in a few months.”</i></p>
5-10 minutes or more		<p>Above, plus:</p> <p><input type="checkbox"/> Use more open-ended questions to assess readiness and help the patient focus on an effective goal.</p> <p>For example: <i>“I’m noticing a few issues that put you at risk for other health problems. It looks like you’re not getting enough physical activity or sleep, and you’ve mentioned you drink a lot of soda. Which of these concerns you the most?” ... “You’d like to get more active — that’s great. What are some ways you could increase your activity?” ... “Okay, out of those, which do you feel you are ready and able to do?” ... “Great. Let’s write that as your goal. Here’s a prescription and an action plan — people who make a plan often do better with their goals. My MA can help you with a follow-up appointment so I can check on your progress in a few months.”</i></p>

Step 3: Offer a More Advanced Exercise Prescription

To address patients with a variety of medical conditions, use the “[Rx for Health Series](#)” developed by EIM and leading subject matter experts from ACSM. This series consists of customized, easy-to-understand exercise guidelines for individuals with different health challenges such as diabetes, cardiometabolic disease, osteoarthritis, depression and low back pain. You can also provide patients with a “clickable” EIM handout entitled “[Physical Activity – A Prescription for Health](#)” and check those that are particularly important for that patient. The handout contains a scannable QR code to access downloadable versions in English or Spanish on the EIM website.

Coding & Billing

If you take a few minutes to discuss becoming more physically active, you may be able to bill for this service. See the [Provider Coding and Billing Tip Sheet](#). If you practice in a value-based health care model, there are likely incentives for improving patient health through access to healthy lifestyle interventions.

Documentation

EIM has developed handy “[SmartPhrases](#)” or “dot phrases” to help you document the patient visit and provide patient education that can be included in the AVS. Copy and paste these into your EMR to save time. Modify them to suit your practice.



Provide Your Patients with a Physical Activity Referral

Refer your patient to programs, places, professionals, or recommend active transportation and the self-directed resources (websites, phone apps, activity trackers) that will best support their needs and interests. Several studies have suggested that efforts made by health care systems to increase patient physical activity are best accomplished by transforming “patients” into “participants.”

Some patients may benefit from referral to physical therapy, cardiac or disease-specific rehabilitation programs prior to participation in community-based options.

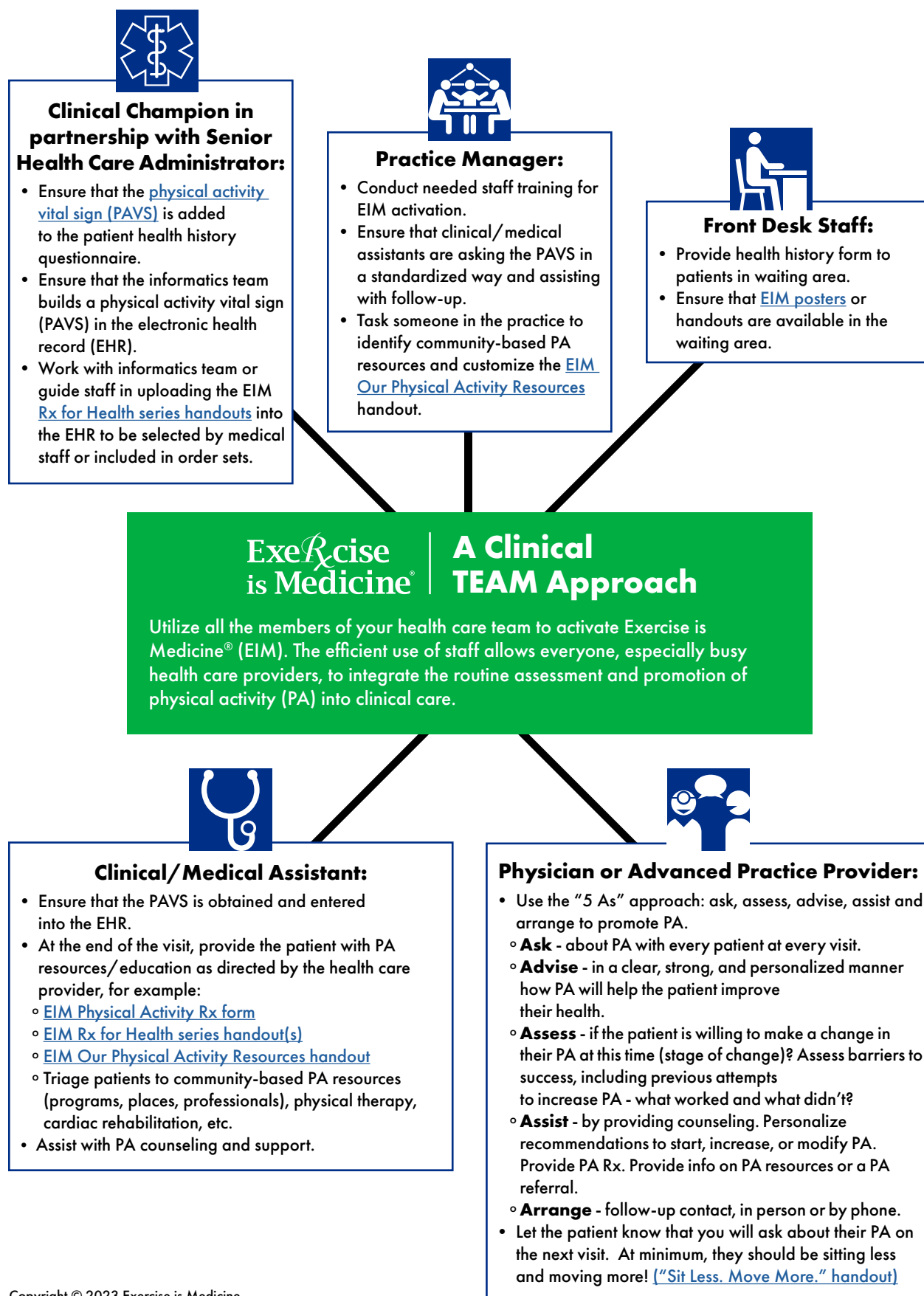
Identify Community Programs

Task someone in your practice with building out your customized Community Physical Activity Resource Guide (template provided). This may include university or medical fitness facilities, health clubs, YMCAs, JCCs, parks, trails, activity clubs and local community centers.

Suggest specialty programs for older patients or those with various medical conditions (i.e. cancer, arthritis, pre-diabetes, Parkinson’s. National organizations like the American Heart Association, the [Osteoarthritis Action Alliance](#), the [National Diabetes Prevention Program](#), American Cancer Society, [Moving through Cancer](#) and [Silver Sneakers](#) can direct you to local programs or resources. [Park Rx America](#) (nature prescribed) offers an online referral program to help patients access local parks and green spaces to receive the mental and physical benefits of being active in nature.

Ideally, your health system or medical practice will develop a partnership with community-based fitness entities and program the EHR for easy referral. Patient navigators, health coaches or fitness facility coordinators can assist with enrollment and follow-through.

*Involve all the members of your clinical team in making EIM happen. This will make it easier on you and everyone in your practice.



Find Qualified Exercise Professionals

Given the time limits of your busy practice, a qualified exercise professional (clinical exercise physiologist, exercise physiologist or personal trainer) can extend the reach of your care by providing the expertise, supervision and motivation that will help patients adopt and maintain a habit of regular physical activity.

ACSM is working to develop a pathway for clinical exercise physiologists and exercise physiologists to become Qualified Health Care Professionals (QHPs). This will allow them to become members of the health care team, provide professional services within their scope of practice, and be eligible for reimbursement.

Currently, the most well-respected national fitness certifications are accredited by the National Commission for Certifying Agencies (NCCA). The NCCA also accredits certifications for professional health care roles such as diabetes care and education specialist (CDCES), emergency medical technician (EMT), registered dietitian (RD), and many others.

Some of the most recognized NCCA-accredited fitness certifications are:

- **American College of Sports Medicine (ACSM)**
- **American Council on Exercise (ACE)**
- The Cooper Clinic
- National Strength and Conditioning Association (NSCA)
- National Academy of Sports Medicine (NASM)

*Organizations in **bold** offer clinical certifications.*

Verify that an exercise professional possesses an NCCA-accredited certification at: [USREPS.org](https://www.usreps.org)

Patients with known disease or at high risk will benefit from the expertise of an ACSM [Clinical Exercise Physiologist](#) or a clinically supervised exercise program. Patients who are sedentary or at low/moderate risk could be guided by an exercise professional with an NCCA-accredited certification and population-specific expertise.



Exercise Counseling Options

Patient Health Status	Recommended Level of Supervision/Expertise	Type of Professional	w/ Academic Credential
Known Disease and/or Considered High Risk	HIGH Level of Supervision	Clinical Exercise Physiologist	Master's
		Medical Exercise Specialist	Bachelor's
		Physical Therapist (therapeutic exercise *)	Doctorate
		Athletic Trainer (return-to-activity/injury recovery)	Master's
		Registered Kinesiotherapist (therapeutic exercise *)	Bachelor's
Moderate Risk	MODERATE Level of Supervision	Exercise Physiologist	Bachelor's
		Strength & Conditioning Coach	Master's
		Personal Trainer	Bachelor's
		Pilates Teacher	Bachelor's
Sedentary & Low Risk	LOW Level of Supervision	Health / Lifestyle Coach	
		Personal Trainer	
		Strength & Conditioning Coach	
		Pilates Teacher	
		Group Fitness Instructor	

* Injury rehabilitation & functional movement Adapted from the Physical Activity Alliance 2023

What is the EIM Credential?

EIM has developed a specialty certificate program to ensure that exercise professionals are properly prepared to work with referred patients. Exercise professionals may earn the [EIM Credential](#) upon meeting certain education, certification and continuing education requirements. A required 15-hour EIM online course provides additional education to help them work more effectively with patients with common chronic conditions.

The online [EIM course](#) is available to anyone and includes information about:

- Common medical conditions – exercise guidelines, modifications, precautions
 - Hypertension and Dyslipidemia
 - Obesity, Metabolic Syndrome and NAFLD
 - Prediabetes and Type 2 Diabetes
 - Osteoarthritis and Low Back Pain
 - Introduction to Cancer
- Behavioral support techniques to promote the adoption and maintenance of physical activity
- Health care essentials (HIPAA, documentation, communication, terminology, scope of practice)
- Facilitating small group medical fitness programs and using technology

Visit <https://www.exerciseismedicine.org/eim-in-action/exercise-professionals/exercise-is-medicine-credential/> for more on the EIM online course and Credential.



Promote Physical Activity in Your Clinic

Provide leadership to your patients and employees to help them develop healthy lifestyles. “Walk the talk” yourself. Data suggests that the physical activity habits of physicians influence their counselling practices in the clinic. To be a role model for your health care team and to gain the trust of your patients, show that being physically active is important to YOU!

Support the well-being of your health care team:

- Applaud employees’ efforts to take active lunches or breaks.
- Transform stairwells into a welcoming environment and use promotional tools to encourage stair use.
- Organize group participation in a fitness walk/run. Encourage and recognize walkers as much as joggers.
- Encourage healthy snacking around the office.
- Implement healthy lifestyle programs and challenges.
- Arrange discounts for memberships at the local gym.

Promote physical activity in your practice:

- Educate your support staff (including medical assistants) about the importance of physical activity and ask them to help you promote an active lifestyle for patients as well as themselves.
- Start your own “Walk with a Doc” program and invite staff to help. <https://walkwithadoc.org/>
- Display [Exercise is Medicine® flyers](#) or EIM patient handouts in the waiting room and exam rooms.



Become a Champion in Your Health System

As health systems move toward value-based care, EIM can be part of a population health approach to stratifying at-risk patient groups and providing opportunities for healthy lifestyle interventions.

- A comprehensive toolkit developed by EIM Greenville is available for FREE to health systems/medical practices to guide physical activity integration efforts, eliminating hours of work and unnecessary mistakes. Contact ACSM/[EIM staff](#).
- Educate your colleagues on the benefits of prescribing physical activity for improved health outcomes. Use in-services or grand rounds. EIM can provide slides and materials for your presentations.
- Consider launching EIM as a quality improvement project by collecting and analyzing data on workflow, patient outcomes, etc., and feeding it back to the team to optimize practice.
- Talk to medical leadership and administrators about integrating the Physical Activity Vital Sign into the EHR, developing a physical activity order set, and forming partnerships with local evidence-based physical activity programs and facilities. Routine assessment and counseling for physical activity is a strategy to achieve the Quadruple Aim: better patient care and experience resulting in better clinical outcomes and lower healthcare costs, while improving the provider experience.
- Develop a collaborative team including providers, informatics staff, patient navigators, health coaches and others to develop efficient tools and pathways for assessment and referral.
- Write a brief article about your EIM work for your health system’s newsletter, email, website.

