

VIEWPOINT

Making Physical Activity Counseling a Priority in Clinical Practice

The Time for Action Is Now

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Overwhelming evidence indicates that regular physical activity is one of the most powerful health-promoting practices that physicians and other health care professionals can recommend for patients.¹ For decades, scientific research has shown that regular physical activity protects against major chronic diseases, including hypertension, type 2 diabetes, obesity, heart disease, stroke, cognitive decline, selected cancers, and even depression.¹⁻³ There is broad consensus within the medical and public health communities that physical activity yields wide-ranging health benefits. Moreover, no other single intervention or treatment is associated with such a diverse array of benefits.

In a recent "call to action" for a National Physical Activity Plan, the American Heart Association highlighted that a lack of physical activity represents a leading cause of death worldwide.¹ Directed at numerous groups, including health care professionals and public health practitioners, the report emphasized

health conditions.⁴ Yet as few as 34% of adults report being counseled about physical activity at their last physician visit. Even among adults with prediabetes and other vascular risk factors, a similarly low proportion (40%) report receiving such counseling.⁵ Some of the reasons that clinicians may fail to offer physical activity counseling include time constraints, lack of tools, and skepticism about whether such counseling actually works.

Does Physical Activity Counseling Work?

Numerous studies have demonstrated that cardiovascular risk factors as well as morbidity and mortality from heart disease and stroke can be reduced by a lifestyle change that includes physical activity, utilizing a number of clinician counseling strategies.^{1,2,6,7} In the Activity and Counseling Trial,⁶ clinicians in primary care were trained to deliver brief (3- to 4-minute) interventions during routine office visits, which were associated with increased levels of physical activity over the 2-year follow-up, as well as improvements in cardiorespiratory fitness (maximum oxygen consumption). Most of the clinicians reported that the counseling did not disrupt or increase length of the visit and that the counseling was an asset to their practice.⁸ Similarly, the PREMIER trial⁷ provided strong evidence that brief lifestyle and physical activity counseling among adults with prehypertension or stage 1 hypertension resulted in significant reduction in cardiovascular risk (12% to 14% relative reduction in the 10-year Framingham Coronary Heart Disease Risk Score), which was maintained at 18 months.

The 2014 US Preventive Services Task Force guideline "Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors" concluded that behavioral counseling to improve lifestyle resulted in moderate to substantial benefits.³ The importance of including counseling for lifestyle change as an integral part of clinical health care encounters is clear—it can be effective.

Strategies for Integrating Physical Activity Counseling Into Clinical Practice

Make Physical Activity a Vital Sign

Addressing physical activity in clinical practice may be perceived as challenging given all of the competing priorities, but it can be done. Engaging the clinical

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that advice from health professionals significantly influences adoption of healthy lifestyle behaviors, including regular physical activity, and can increase satisfaction with medical care.¹⁻³

Given the overwhelming evidence of benefits from physical activity and the vital role of health professionals in motivating behavior change, the lack of physical activity counseling in clinical settings represents a lost opportunity to improve the health and well-being of patients, and with minimal cost. In this Viewpoint, we hope to motivate physicians and other health care practitioners to include physical activity counseling in patient encounters and provide tools for efficiently integrating this activity into busy clinical settings with constant time pressures.

The Opportunity

In 2012, there were more than 506 million primary care visits in the United States, most of which were for prevention and treatment of preventable chronic

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Table. Strategies for Integrating Physical Activity Counseling Into Clinical Practice

Activity	Team Member
Make physical activity a vital sign at each clinic visit	Health care professional or clinic staff
Ask if the patient exercises regularly or engages in a physical activity; if yes, ask what type, for how many minutes, and how often; if no, ask if the patient is willing to start	Health care professional or clinic staff
Associate physical activity with reduced risk of heart disease, stroke, diabetes, and many cancers	Health care professional
Write a prescription for agreed-upon daily physical activity, working up to at least 30 minutes of walking or other moderate-intensity activity daily	Health care professional
Encourage use of a pedometer and advise record keeping of daily activity (mobile device, paper and pencil, Internet, or other)	Health care professional or clinic staff
Recognize success and encourage reluctant adopters	Health care professional and clinic staff

team in the process and providing each team member with specific responsibilities can help with the behavior-change conversations and strategies.

Regarding approaches to the discussion of physical activity during the office visit, consider starting by making physical activity a vital sign (Table). After weight, blood pressure, and heart rate, the nurse or medical assistant could routinely ask the patient, "Do you do regular exercise or physical activity?" If yes, the physician or team member could ask for specifics of the patient's program, note this information in the health record, and acknowledge the importance of the patient's efforts. If the answer is no, patients could be asked if they would like to start being more active and, if so, what activities they think are reasonable and how might they best start.

Patients could be encouraged to start small and build on their success. The clinician could write an exercise prescription stating what the patient has agreed to do now and the patient's plan for increasing activity (Table). Patients could be asked to track their activities (similar to monitoring home blood pressure readings) and bring their records of their activity to their next visit. It is important to schedule a follow-up visit and remember to ask patients to see their activity records at the next visit. This shows patients that the clinician cares about the patient's efforts and is committed to being part of the patient's support team. For many adults, regular self-monitoring promotes self-efficacy and the initiation and maintenance of behavior change. The physical activity message should be

reinforced at each follow-up visit. Even small changes in exercise and physical activity levels can lead to substantial improvements in cardiometabolic health.^{1,2,7}

For patients who need additional education and support, clinicians could consider referrals to community health coaches, diabetes health educators, or other community-based health programs, such as those found at YMCAs, senior centers, and work sites. For patients with diabetes or prediabetes, certified diabetes educators are an excellent example of community-based counselors who have the skills needed for physical activity, nutrition, and weight loss counseling. If possible, clinicians could consider adding a health counselor to the clinical practice team. Creating a team-based approach to lifestyle counseling would help support the delivery of clear, reliable, and motivating messages to patients.

Harnessing Mobile Technology: Can App Use Each Day Keep the Doctor Away?

The world of technology is substantially expanding with numerous ways to improve the adoption of health promotion behaviors. A recent example of successful technology support is the TEXT ME study,⁹ which randomized 810 adults with coronary artery disease to receive or not receive text messages providing advice about physical activity, diet, and smoking cessation. The advice was designed to be motivational and informational. At 6 months, the investigators found improvements in all of the above outcomes, as well as in blood pressure and body mass index, in the active message group compared with the control group. Clinicians could recommend pedometers or other wearable measurement devices, have resources available at the office visit (such as self-monitoring forms and reminders), and provide patients with a list of selected apps and websites to encourage physical activity.

Building the Value Proposition

Physicians and other health care professionals are trusted sources of health information and can help patients set priorities for improving their health. Physical activity counseling affords a vitally important opportunity to improve patients' health and well-being. Brief counseling can be effective and incorporated into even the busiest clinical settings with demonstrable benefits for patients. Strong evidence supports increasing physical activity, and a resounding consensus supports the importance of making this a priority. The question is, "Are clinicians and patients ready to take action?"

ARTICLE INFORMATION

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