

# Exercise Prescription is Medicine

by Zanne Cameron

*In a perfect world, when family physicians recommended exercise to patients, they would also recommend that they consult a certified exercise physiologist to help them find appropriate fitness solutions.*

The world is not perfect—at least not yet. But, things are looking up. In a worldwide survey conducted by the ACSM, the number one fitness trend in 2009 is the demand for educated, qualified fitness professionals. It seems public awareness about the cost of inactive living to both individual health and public health care has had an impact on the industry.

In Alberta, several Primary Care Networks have included exercise physiologists in their network of health professionals. The Primary Care Networks are community based, and use an integrated model incorporating nurses, dietitians, mental health professionals and physicians to deliver team-based comprehensive care to patients. And, some of these teams include exercise physiologists as well.

Lisa Workman and Stephen Cheetham have both been hired to work with Primary Care Networks in Edmonton. In their roles they consult within a multidisciplinary team, and work one-on-one with patients to help design an exercise program that works for their situation. The advantages of working within a team-based environment are many, for patients and for the exercise physiologist. If there are any questions or concerns, then they are able to draw on a diversity of professions for advice and information. If a patient is on medication, they can ask the nurse practitioner, pharmacist or physician about the implications for exercise. If in consultation, the patient reveals information about their health, or symptoms appear, they can notify their physician and other members of the team. All of the angles—including exercise prescription—are covered. “All of our services are interconnected and compliment one another,” says Cheetham. In this environment, exercise is indeed, medicine.

“It is exciting,” says Workman. “It’s such a positive step forward in the exercise profession. It’s exactly the kind of role a CSEP-CEP should be taking.” Both Cheetham and Workman hold the Alberta CSEP-CEP™ certification, which qualifies them to work with non-healthy members of the population.

Workman also has her AFLCA group exercise certification and is currently working on obtaining trainer certification. Cheetham and Workman are able to provide individual or group sessions—whatever works for their patients.

Workman says that working with people in this environment holds many rewards. She is a believer in small steps, over time leading to substantial rewards, and gets to see many light bulb moments with clients. Workman steers her clients towards self-management, she says. “I try not to be a talking head with my clients. I ask them ‘What do you think you could do?’”

Stephen Cheetham echoes Workman’s sentiments. Patients come to the Primary Care Networks with a wide range of issues, from diabetes, obesity and cardiovascular disease to mobility issues. Others may be suffering from depression or other mental health issues. “There are many overlaps,” Cheetham says. People who have weight issues, may also have diabetes, elevated cholesterol, cardiovascular disease or depression. Elderly patients who are frail, or those who are obese may also suffer from fibromyalgia, arthritis and hypertension. People come with clusters of challenges, but in the team-based Primary Care Network environment, Cheetham and Workman work proactively with their team to develop an integrated, plan that is realistic and based on the individual’s needs and abilities.

The Primary Care Networks provide exercise consultation to a large segment of the population who

may not otherwise seek it—or who may have inappropriate information from websites, and pop-culture sources. “I spend a fair amount of time busting myths,” says Workman of her work with clients who may have unrealistic goals or expectations of themselves. Many are people who do not go to the gym for a variety of reasons, for example, premenopausal women, or children who are overweight and perhaps self-conscious about public places. “We can provide structure, and support for people,” says Cheetham. “We help set a baseline in terms of where people are at, what is possible for them, and then help them build from there.”

“We are on the preventative side of the equation as well as chronic disease management,” says Cheetham, who emphasizes that not all the people they see have an established chronic disease or illness. “It’s nice to think that we may be able to help someone who is pre-diabetic, or those with elevated cholesterol.”

Cheetham and Workman both agree that the inclusion of exercise physiologists is a very positive step forward in team-based health care. It keeps patients from having to seek advice from a fragmented, unregulated fitness industry, which often appeals to people’s desires rather than their needs. “The CEP designation provides the clinical component necessary to deal with symptomatic and asymptomatic populations,” says Cheetham. “We bridge the gap.”

