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Canadian Family Medicine Clinical Card

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Exercise Prescriptions

History	<ul style="list-style-type: none"> - Exercise history (inc. prior success/failures) - URGENT cardiac work-up if history of syncope or presyncope during exercise - Existing illnesses, injuries & barriers - Pt. motivation, supports, resources, etc. - Check medication/supplement use 	RPE:	10	Maximum effort; unable to speak
		Rate of Perceived Exertion	9	Very hard effort; single words only
			7-8	Vigorous effort; speak in sentences
			4-6	Moderate effort; short conversations
Goal-Setting				
	<ul style="list-style-type: none"> - Determine long-term goals (e.g. weight loss, ↓ frailty) - Break goals into achievable 2-4 week short-term goals - Document plan; pt. to return if any barrier encountered 		2-3	Light effort; carry conversation
			1	Very light effort

Key Components of Exercise Planning for All Patients

1. Aerobic Stamina	<ul style="list-style-type: none"> - If new, start at RPE 4-6, then gradually move up - When done should feel better/great, not exhausted - Add variety to ↓ injury risk and boredom (e.g. games, dance, hikes)
2. Core / Flexibility	<ul style="list-style-type: none"> - Key to reduce risk of injury from falls and exercising in poor posture - Stretching, yoga, pilates, exercise (Swiss) ball work
3. Strength	<ul style="list-style-type: none"> - Slow and controlled; always tighten core and keep good posture - Don't strength train same muscle groups 2 days in a row
4. Nutrition	<ul style="list-style-type: none"> - Ensure protein in every meal; eat breakfast every day - Eat pre- and post- exercise (carbs and protein within 30 minutes) - Drink water (ensure urine maintains a tinge of yellow) - Ensure sufficient caloric intake

Specific Scenarios

Sedentary	<ul style="list-style-type: none"> - Start with 20 min aerobic, 5-7 days/wk; RPE 4-6. AND 3 sessions x 20 min strength training/wk.
Obesity	<ul style="list-style-type: none"> - Lower intensity exercise for longer duration - Progress weekly up to 60 min 5-7 times/wk; RPE 7-8. - Try to make sitting active (e.g., sitting on ball, using treadmill, etc.)
Frail, Elderly	<ul style="list-style-type: none"> - Go at own pace, never give up (gradually increase intensity + freq.) - Focus on strength & muscle-building (e.g., resist. bands, dumbbells) - Balance work (e.g., standing single leg, changing directions) - Range of motion exercises to minimize stiffness
Osteoporosis	<ul style="list-style-type: none"> - Incl. weight-bearing exercise and balance work (e.g., single leg stand) - Strengthen back extensors & avoid back flexion
Depression	<ul style="list-style-type: none"> - Any activity will help ↓ low mood, especially if daily; try team sports.
Cardiac Risk	<ul style="list-style-type: none"> - Start with 10 min of moderate exercise 2-3 times/day - Increase episodes by 5 minutes every week
Lower Back Pain	<ul style="list-style-type: none"> - Brace core by contracting all muscles around spine - Repeat stabilization exercises (e.g., planks) multiple times per day - Maintain a neutral spine while doing exercises, e.g., side planks - Strive for quality of movement, not quantity; strive for symmetry
Leg Joint Pain	<ul style="list-style-type: none"> - Exercise bike, swimming, snowshoeing all decrease lower joint strain - Ensure assessment to rule out treatable causes
Asthma	<ul style="list-style-type: none"> - Ensure asthma is under good control (through inhaled steroids, etc.) - Breath-control exercise (yoga and tai-chi) improve asthma control - Moderate intensity warm up should precede any significant exercise - Spurt activity (e.g., racquet sports) are ideal
Type 2 Diabetes	<ul style="list-style-type: none"> - Drink ++ fluids during exercise; bring food/glucose tablets - Ensure proper exercise footwear and daily foot inspection
Chronic Dz	<ul style="list-style-type: none"> - Most are improved with active living/exercise

Key References: Borg GAV. Borg's Perceived Exertion and Pain Scales. *Human Kinetics*. 1998. ACSMs Resource Manual for Guidelines for Exercise Testing and Prescription, 7th Ed. Lippincott Williams & Wilkins. 2013. Ehrman JK, et al. *Clinical Exercise Physiology*, 3rd Ed. *Human Kinetics*. 2013.