



Nurses' Action Guide

*Presented in partnership with the
Preventive Cardiovascular Nurses Association*



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

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HOW TO USE THE GUIDE

The Exercise is Medicine™ Nurses' Action Guide provides nurses, nurse practitioners and allied health care professionals with a simple, fast and effective tool for using physical activity, in the right "dosage", as a highly effective prescription for the prevention, treatment, and management of more than 40 of the most common chronic health conditions encountered in primary practice.

This guide acknowledges and respects that today's modern health care professional has limited time for exercise counseling during the normal office visit and empowers you, depending on your skill level in exercise counseling, to either:

- Write an exercise prescription, depending on the health, fitness level, and physical activity preferences of your patient, or
- Refer your patient to a certified health and fitness professional who specializes in exercise counseling and will oversee your patient's exercise under your supervision.

Here's how to get started:

1. Review *How to Use the Guide*, which you are currently reading. Once you have read this, it is highly recommended that you read through the *Exercise Prescription and Referral Process* document. This is the core of the guide and will explain how to either quickly write a prescription for your patient or refer them to a certified health and fitness professional.
2. Once you are comfortable with the prescription and referral process, use the [Exercise Prescription & Referral Form](#) to either give your patient a physical activity prescription or to refer them to a health and fitness professional.
3. If your patient is healthy, print out and give them a [Starting an Exercise Program Patient Handout](#).
4. If your patient has a chronic health condition, refer to the [Your Prescription for Health flier series](#). If your patient's condition is included in this series, print out and give them the appropriate patient handout on how to safely exercise with their condition. This series has been reviewed by experts from the American College of Sports Medicine.
5. Print out and display copies of the [Office Flier](#) in your waiting room, patient rooms and any other locations you deem appropriate.



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PRESCRIPTION & REFERRAL PROCESS

Dear Nurses and Allied Health Care Professionals,

One of most important decisions your patients will make regarding their overall health is to incorporate physical activity into their lifestyle. Your encouragement may be the greatest influence on this decision.

The algorithm given below will give you guidance in monitoring your patients and helping them to exercise. It's a simple and quick, but effective, three-step process:

1. Find out about each patient's current physical activity level.
2. Determine if your patient is healthy enough for independent exercise.
3. If your patient exercises less than the recommended level (as most patients do), you'll see how to quickly use the simplified Stages of Change model described below to best help your patient.

These steps may be adjusted to fit the specific needs of your clinic or physicians' office. There may be various types of health care professionals working together with one patient. Work with your office staff and other in-office health care professionals to create an appropriate procedure for exercise prescriptions and referrals. Different factors, including the type and location of the health and fitness professional, office guidelines, time restrictions and the culture of the clinic or office, dictate who must sign the exercise prescription and referral form.

Some patients will be ready only for encouragement; some will be prepared to read the **Starting an Exercise Program** patient handout (page six); and some will be willing to get an exercise prescription from you or obtain a referral to a certified health and fitness professional as part of the Exercise is Medicine™ initiative. After you've read through the description below, you'll find a template exercise prescription form for use to copy and use with your patients.

1. Ask patient if they currently exercise? (See recommended guidelines¹)

If **YES**,

Type/s of Activity _____ How Hard? _____

How Long? _____ How Often? _____

Then go to Step 2.

If **NO**, ask why not, and determine if **the patient is willing to start a lifestyle modification program/exercise program?**

If **YES**, go to step 2.

If **NO**, briefly discuss benefits of exercise with patient, provide educational handout discussing such, and encourage patient to start adding extra activity/steps to their day, as well as improving dietary choices, if need be. Schedule a nurse or other allied health care professional to follow-up with patient in one week to see if patient is interested in starting lifestyle modification program/exercise program. If **YES**, at follow-up, go to step 2.

2. Determine if patient is healthy enough to exercise independently, and determine the appropriate actions necessary for exercise counseling and/or referral to a fitness professional. See the Preparticipation Screening Flowchart (Appendix A) for a simple step-by-step process.

Administer Physical Activity Readiness Questionnaire (see Appendix B): The Physical Activity Readiness Questionnaire (PAR-Q), a screening/educational tool, focuses on symptoms of heart disease while identifying musculoskeletal problems that should be evaluated prior to participation in an exercise program.

If your patient answered NO to all of the PAR-Q questions, he or she may be cleared for independent physical activity. If you clear your patient for independent physical activity, you can write an exercise prescription based on the [2008 Physical Activity Guidelines for Americans](#)¹. Alternatively, you may refer your patient to a fitness professional for personalized exercise counseling. Apparently healthy patients who you clear for independent exercise will still benefit from exercise counseling. In this case, you may refer your patient to a non-clinical fitness professional² such as a certified personal trainer or a health fitness specialist.

If your patient answered YES to any of the PAR-Q questions, he or she may still be cleared for independent or monitored physical activity. Use your professional judgment when deciding whether a patient with a clinical condition can be cleared to exercise independently or whether they need to exercise under the supervision of a clinical exercise professional². If you clear your patient for independent physical activity, you can write an exercise prescription based on the [2008 Physical Activity Guidelines for Americans](#)¹, or you can refer your patient to a fitness professional for exercise counseling. Patients with a clinical condition who you clear for independent activity, just like apparently healthy patients, will still benefit from exercise support and can be referred to a non-clinical fitness professional² who is trained to work with such individuals (for example, ACSM's Health Fitness Specialist) or to a certified personal trainer. Higher-risk patients with a disease who need supervised exercise should be referred to a clinical exercise professional² such as [ACSM's Registered Clinical Exercise Physiologist or Clinical Exercise Specialist](#)).

3. Determine which stage of change (precontemplation, contemplation, preparation, or action and maintenance) patient is in, and take appropriate action, as indicated in the chart below.

Stage of Change	Action	
Precontemplation (Patient not ready to exercise)	Encourage patient to consider exercising; tell patient about health benefits of exercise.	
Contemplation (If patient interested in or thinking about exercising)	Independent	Supervision Necessary
	Write prescription; refer to non-clinical fitness professional ^{2,3}	Refer to clinical exercise professional ^{2,3}
Preparation (If patient exercising less than recommended amount ¹)	Write prescription; refer to non-clinical fitness professional ^{2,3}	Refer to clinical exercise professional ^{2,3}
Action and Maintenance (If patient is exercising recommended amount ¹)	Encourage continued exercise	Encourage continued supervised exercise

4. Use the Exercise Prescription and Referral Form (see page 5/Appendix C) to write an exercise prescription and/or referral, based the action determined from the chart in step 3. If a referral is needed, the Physical Activity Clearance Form (see Appendix D) may be filled out and given to the patient's fitness or exercise professional.

For more information, visit www.exerciseismedicine.org.

¹Minimum of 150 minutes of moderate physical activity a week (for example, 30 minutes per day, five days a week) **and** muscle-strengthening activities on two or more days a week ([2008 Physical Activity Guidelines for Americans](#)). Moderate physical activity means working hard enough to raise your heart rate and break a sweat, yet still being able to carry on a conversation. Examples: brisk walking, ballroom dancing or general gardening

²It is highly recommended that you refer your patients only to fitness professionals who have been certified through an NCCA-accredited association (click on "Accredited Certification Programs" at www.noca.org) such as the American Council on Exercise (ACE), the American College of Sports Medicine (ACSM), the Cooper Clinic, the National Academy of Sports Medicine (NASM), the National Strength and Conditioning Association (NSCA), or one of the seven other accredited fitness associations (Academy of Applied Personal Training Education, International Fitness Professionals Association, National Athletic Trainer's Association Board of Certification, National Council on Strength and Fitness, National Exercise and Sports Trainers Association, National Exercise Trainers Association, National Federation of Professional Trainers).

³The American College of Sports Medicine is currently developing a referral process to exercise professionals.




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EXERCISE PRESCRIPTION & REFERRAL FORM

Available for download in PDF format at www.exerciseismedicine.org/nurses.htm.

Use the Exercise Prescription and Referral Form to write an exercise prescription and/or referral, based on the action determined from the Prescription & Referral Process. If a referral is needed, the Physical Activity Clearance Form (see Appendix C) may be filled out and given to the patient's fitness or exercise professional.

EXERCISE PRESCRIPTION & REFERRAL FORM			 www.ExerciseIsMedicine.org												
PATIENT'S NAME: _____		DOB: _____	DATE: _____												
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PHYSICAL ACTIVITY RECOMMENDATIONS <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Type of physical activity:</th> <th style="width: 25%;">Aerobic</th> <th style="width: 25%;">Strength</th> </tr> </thead> <tbody> <tr> <td>Number of days per week:</td> <td></td> <td></td> </tr> <tr> <td>Minutes per day:</td> <td></td> <td></td> </tr> <tr> <td>Total minutes per week*:</td> <td></td> <td></td> </tr> </tbody> </table>			Type of physical activity:	Aerobic	Strength	Number of days per week:			Minutes per day:			Total minutes per week*:			REFERRAL TO HEALTH & FITNESS PROFESSIONAL
Type of physical activity:	Aerobic	Strength													
Number of days per week:															
Minutes per day:															
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<p>*PHYSICAL ACTIVITY GUIDELINES <i>Adults aged 18-64 with no chronic conditions: Minimum of 150 minutes of moderate physical activity a week (for example, 30 minutes per day, five days a week) and muscle-strengthening activities on two or more days a week (2008 Physical Activity Guidelines for Americans).</i> For more information, visit www.acsm.org/physicalactivity</p>			Name: _____ Phone: _____ Address: _____ _____ Web Site: _____ Follow-up Appointment Date: _____ Notes: _____ _____ _____ _____												



STARTING AN EXERCISE PROGRAM

Available for download in PDF format at www.exerciseismedicine.org/nurses.htm.

Starting an exercise program can sound like a daunting task, but just remember that your main goal is to boost your health by meeting the basic physical activity recommendations: 30 minutes of moderate-intensity physical activity at least five days per week, or vigorous-intensity activity at least three days per week, and strength training at least twice per week.

Guidelines for healthy adults under age 65 with no apparent chronic disease or condition

STEP 1 — Set aside time each day to exercise. Getting started can often be the most difficult part of any exercise routine. Scheduling exercise into your day and making it a priority will increase the chance of being successful.

STEP 2 — Choose cardiovascular activities you enjoy, such as swimming, biking, or playing basketball with friends, to get your daily physical activity. If you need a variety of activities to stay motivated, combine a few that appeal to you. Physical activity can be accumulated through a variety of activities. **Walking** is a great way to do moderate-intensity physical activity. Moderate-intensity physical activity means working hard enough to raise your heart rate and break a sweat, yet still being able to carry on a conversation.

STEP 3 — Start with 10 to 15 minutes of cardiovascular exercise daily. Each week, add five minutes to your exercise routine **until you reach 30 minutes of moderate-intensity for a minimum of five days per week.** Alternately, you may do 20 minutes of vigorous-intensity exercise three days per week. The 30-minute recommendation is for the average healthy adult to maintain health and reduce the risk for chronic disease. It should be noted that to lose weight or maintain weight loss, 60 to 90 minutes of physical activity may be necessary.

STEP 4 — Incorporate strength training into your routine. Do eight to 10 strength-training exercises, eight to 12 repetitions of each exercise twice a week. This can be accomplished by using dumbbells, resistance bands or your own body weight. If you are unsure how to perform the exercises correctly, seek the advice of an exercise professional.

Guidelines for adults over age 65 (or adults 50-64 with chronic conditions, such as arthritis)*

STEP 1 — Have a physical activity plan. Older adults or adults with chronic conditions should develop an activity plan with a health care professional to manage risks and take special needs into account. Both aerobic and muscle-strengthening activity is critical for healthy aging.

STEP 2 — Balance and muscle-strengthening exercise may help prevent falls. Please ask your health care professional for a referral to a clinical health and fitness professional who can help you learn to perform these exercises safely and effectively.

STEP 3 — Follow the steps listed above. Your health care professional will modify these steps to meet your individual needs. Both aerobic and muscle-strengthening activity is critical for healthy aging.

RECOMMENDATIONS AND FOLLOW-UP PLAN:

QUESTIONS OR CONCERNS?

Health Care Professional: _____

Office Phone/E-mail: _____

For more information, visit www.exerciseismedicine.org.

*If your health care professional has not cleared you for independent physical activity, you should exercise only under the supervision of a certified health and fitness professional. The American College of Sports Medicine has two groups of certified fitness professionals that could meet your needs. The ACSM Certified Clinical Exercise Specialist (CES) is certified to support those with heart disease, diabetes and lung disease. The ACSM Registered Clinical Exercise Physiologist (RCEP) is qualified to support patients with a wide range of health challenges. You may locate all ACSM-certified fitness professionals by using the ProFinder at www.acsm.org.



YOUR PRESCRIPTION FOR HEALTH FLIER SERIES

Information and recommendations for exercising safely with a variety of health conditions.

This series is available for download at www.exerciseismedicine.org/YourPrescription.htm

Your Prescription for Health Series

EXERCISING WHILE LOSING WEIGHT

Regular physical activity—combined with a sensible diet—is the most effective way to not only lose weight, but keep it off over time. Exercise can help you burn calories, reduce body fat, and lower your risk of numerous diseases, including diabetes, heart disease, and some cancers. The key is to choose activities that you enjoy and that can help you meet your weight-loss goals.

Getting Started

- Talk with your health care provider.
- Do moderate-intensity exercise four days per week. Do
- Choose low-impact activities.
- At least two days per week, do exercises for the major muscle groups.
- Start slowly and gradually.
- Find an exercise partner.
- Set realistic weight-loss goals.

Exercise Cautions

- Being overweight can increase your risk of injury—swimming and other low-impact activities are good choices.
- Weight loss requires the help of friends and family.
- Drink plenty of fluids before and after exercise.

IN THE SERIES:

- > Cardiovascular Diseases
- > Pulmonary Diseases
- > Metabolic Diseases
- > Immunological/Hematological Disorders
- > Orthopedic Diseases and Disabilities
- > Neuromuscular Disorders

If your health care provider has not cleared you for physical activity, you should consult a physician. The American College of Sports Medicine (ACSM) has two groups of certified fitness professionals who can help you safely and effectively lose weight.

For more information, visit www.exerciseismedicine.org

Founding Partners:

Your Prescription for Health Series

EXERCISING WITH TYPE 2 DIABETES

If you have type 2 diabetes, regular physical activity is essential for controlling your blood glucose and managing your weight. Exercise also improves how well your body responds to insulin, which may reduce the need for medication because your muscle and fat will do a better job of taking glucose out of the blood. Furthermore, exercise may help protect you against heart disease, which often accompanies type 2 diabetes, by reducing body fat, blood pressure and improving your cholesterol levels. It will help you better understand your diet and exercise if you closely monitor your blood glucose levels to understand how you respond to different types of activities.

Getting Started

- Talk with your health care provider before starting an exercise program and ask for specific programming recommendations and possible changes to your medications.
- Your exercise prescription must be tailored to your medication schedule and the presence and severity of any diabetic complications, as well as your specific goals for your exercise program.
- For every one hour of exercise, consume an additional 15 grams of carbohydrates before or after your workout.
- Daily exercise is highly recommended. At a minimum, do moderate-intensity cardiovascular exercise for 20 to 60 minutes at least four days per week.
- On two days per week, consider doing a lower resistance, lower-intensity strength-training program with one set of exercises for the major muscle groups, with 10 to 15 repetitions.
- Start slowly and gradually progress the intensity and duration of your workouts.
- Take frequent breaks during activity if needed.

Exercise Cautions

- Avoid activity when your blood glucose is too high.
- Extended or vigorous activity may trigger an excessive release of adrenaline and other hormones that can counteract the effects of insulin, thereby increasing blood glucose levels.
- Drink plenty of fluids before and after exercise.

Your exercise program should be designed to maximize the benefits with the lowest risk of aggravating your health or physical condition. Consider contacting a certified health and fitness professional who can work with you and your health care provider to establish realistic goals and design a safe and effective program that addresses your specific needs.

If your health care provider has not cleared you for independent physical activity and would like you to be monitored in a hospital setting or a medical fitness facility, you should exercise only under the supervision of a certified professional. The American College of Sports Medicine (ACSM) has two groups of certified fitness professionals who can help you safely and effectively manage your diabetes.

For more information, visit www.exerciseismedicine.org or e-mail eam@acsm.org.

Founding Partners: Advocate Partners:



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OFFICE FLIER

Available for download in high resolution (for printing)
and low resolution (for e-mail attachments)
at www.exerciselsmedicine.org/nurses.htm.

A WHOLE NEW

IT'S TIME FOR YOU
TO TAKE CONTROL

PRESCRIPTION

The Best Medicine

What if there was one medicine so powerful in maintaining and improving health that it could prevent or treat dozens of diseases, such as diabetes, hypertension, heart disease and obesity?

THERE IS!

Talk with your doctor about the best exercise plan for you, and make physical activity part of your life and health care plan.

For more information, visit
www.exerciselsmedicine.org



Nurses' Preparticipation Screening Flowchart

Administer PAR-Q

Patient answered "Yes" to any of the PAR-Q questions.

Patient answered "No" to all of the PAR-Q questions.

Clear for independent or monitored physical activity*

Clear for independent physical activity*

IF cleared for clinically monitored physical activity THEN refer to clinical fitness professional¹

IF cleared for community-based yet monitored physical activity THEN refer to health fitness professional with special populations related certification²

IF cleared for independent physical activity (may be minimal restrictions) THEN determine desire for personalized exercise support.

IF patient desires personalized exercise support THEN refer to certified fitness professional³

IF patient desires only general guidelines and no personalized support THEN provide with support based on Federal Physical Activity Guidelines

IF patient desires personalized exercise support THEN refer to certified fitness professional³

IF patient desires only general guidelines and no personalized support THEN provide with support based on Federal Physical Activity Guidelines

Pre-participation Checklist

1. Has your health care provider ever said that you have a heart condition and that you should only do physical activity recommended by a health care provider?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Is your health care provider currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

Excerpted from the Physical Activity Readiness Questionnaire (PAR-Q) © 2002. Used with permission from the Canadian Society for Exercise Physiology.

*Note: This step must be completed by a health care provider licensed to provide clinical support and medical advice (e.g., nurse practitioners). If you are not licensed to provide independent clinical support, please refer your patient to the appropriate health care provider on staff.

1 - A clinical fitness professional is equivalent to an ACSM-certified Registered Clinical Exercise Physiologist (RCEP) or ACSM-certified Clinical Exercise Specialist (CES) (Note: the CES is limited to providing services to patients with cardiovascular, pulmonary or metabolic disease challenges the RCEP does not have such limitations).

2 - A fitness professional with a special populations-related certification is equivalent to an ACSM-certified Health Fitness Specialist or either of the above certifications.

3 - A certified fitness professional is equivalent to an ACSM-certified Personal Trainer or any of the above certifications.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE



PATIENT'S NAME: _____ DOB: _____ DATE: _____

HEALTH CARE PROVIDER'S NAME: _____

Please read the questions below carefully, and answer each one honestly. Please check YES or NO.

- ☐ Yes ☐ No Has your health care provider ever said that you have a heart condition and that you should only do physical activity recommended by a health care provider?
- ☐ Yes ☐ No Do you feel pain in your chest when you do physical activity?
- ☐ Yes ☐ No In the past month, have you had chest pain when you were not doing physical activity?
- ☐ Yes ☐ No Do you lose your balance because of dizziness or do you ever lose consciousness?
- ☐ Yes ☐ No Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
- ☐ Yes ☐ No Is your health care provider currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- ☐ Yes ☐ No Do you know of any other reason why you should not do physical activity?

Excerpted from the Physical Activity Readiness Questionnaire (PAR-Q) © 2002. Used with permission from the Canadian Society for Exercise Physiology.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE



PATIENT'S NAME: _____ DOB: _____ DATE: _____

HEALTH CARE PROVIDER'S NAME: _____

Please read the questions below carefully, and answer each one honestly. Please check YES or NO.

- ☐ Yes ☐ No Has your health care provider ever said that you have a heart condition and that you should only do physical activity recommended by a health care provider?
- ☐ Yes ☐ No Do you feel pain in your chest when you do physical activity?
- ☐ Yes ☐ No In the past month, have you had chest pain when you were not doing physical activity?
- ☐ Yes ☐ No Do you lose your balance because of dizziness or do you ever lose consciousness?
- ☐ Yes ☐ No Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
- ☐ Yes ☐ No Is your health care provider currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- ☐ Yes ☐ No Do you know of any other reason why you should not do physical activity?

Excerpted from the Physical Activity Readiness Questionnaire (PAR-Q) © 2002. Used with permission from the Canadian Society for Exercise Physiology.

EXERCISE PRESCRIPTION & REFERRAL FORM



PATIENT'S NAME: _____ DOB: _____ DATE: _____

HEALTH CARE PROVIDER'S NAME: _____ SIGNATURE: _____

PHYSICAL ACTIVITY RECOMMENDATIONS

Type of physical activity:	Aerobic	Strength
Number of days per week:		
Minutes per day:		
Total minutes per week*:		

*PHYSICAL ACTIVITY GUIDELINES

Adults aged 18-64 with no chronic conditions: Minimum of 150 minutes of moderate physical activity a week (for example, 30 minutes per day, five days a week) **and** muscle-strengthening activities on two or more days a week ([2008 Physical Activity Guidelines for Americans](http://www.acsm.org/physicalactivity)).

For more information, visit www.acsm.org/physicalactivity.

REFERRAL TO HEALTH & FITNESS PROFESSIONAL

Name: _____

Phone: _____

Address: _____

Web Site: _____

Follow-up Appointment Date: _____

Notes: _____

EXERCISE PRESCRIPTION & REFERRAL FORM



PATIENT'S NAME: _____ DOB: _____ DATE: _____

HEALTH CARE PROVIDER'S NAME: _____ SIGNATURE: _____

PHYSICAL ACTIVITY RECOMMENDATIONS

Type of physical activity:	Aerobic	Strength
Number of days per week:		
Minutes per day:		
Total minutes per week*:		

*PHYSICAL ACTIVITY GUIDELINES

Adults aged 18-64 with no chronic conditions: Minimum of 150 minutes of moderate physical activity a week (for example, 30 minutes per day, five days a week) **and** muscle-strengthening activities on two or more days a week ([2008 Physical Activity Guidelines for Americans](http://www.acsm.org/physicalactivity)).

For more information, visit www.acsm.org/physicalactivity.

REFERRAL TO HEALTH & FITNESS PROFESSIONAL

Name: _____

Phone: _____

Address: _____

Web Site: _____

Follow-up Appointment Date: _____

Notes: _____



Physical Activity Clearance Form

Clearance requested for: _____

Health care provider's name: _____

Please sign the statement that reflects your wishes:

1. ____ This patient may engage in an exercise program **only under clinical supervision.**
2. ____ This patient may engage in an exercise program **only under the supervision of a community-based health club professional.**
3. ____ This patient may engage in **independent (unrestricted)** moderate intensity exercise.

Restrictions: _____

Return form to: _____

Health care provider's signature: _____ Date: _____



Physical Activity Clearance Form

Clearance requested for: _____

Health care provider's name: _____

Please sign the statement that reflects your wishes:

1. ____ This patient may engage in an exercise program **only under clinical supervision.**
2. ____ This patient may engage in an exercise program **only under the supervision of a community-based health club professional.**
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Restrictions: _____

Return form to: _____

Health care provider's signature: _____ Date: _____