

Prescribing Exercise

The words "prescribe" (to recommend; to set as a directive) and "prescription" (a written recommendation for a specific course of action; a written order/directions/instructions) transcend the medical, health, and fitness industries (Prescribe, n.d.; Prescription, n.d.). The usage of the words "prescribe" and "prescription" by a "prescriber" implies (but does not require) that the prescriber be an authority or a qualified person in the respective field (scope of practice). Technically, one does not have to be a medical/clinical professional to prescribe exercise or write a prescription for exercise.

However, medical professionals (e.g. general practitioners, family doctors) and clinicians have the advantage of position, authority, and opportunity to prescribe and advocate for physical activity to the masses, but most medical professionals/clinicians are limited by time, governing administrations/hospitalists, insurance, politics, and pharmaceuticals (Boone, 2014; Duperly et al., 2014). It is far more economical and expeditious to dispense a prescription for a "fix-it" pill than to prescribe an exercise regimen which requires careful individual (patient) analysis, close follow-up, and time (Boone, 2014). Ironically, medical professionals/clinicians also lack the specialized exercise education to safely dispense exercise prescriptions (Boone, 2014; Duperly et al., 2014; Weiler, Murray, & Joy, 2013).

Physical therapists (PTs) and physiatrists do possess the expertise to utilize exercise to remedy specific disorders typically orthopedic/musculoskeletal in nature (Moffat et al, 2012). According to Moffat et al. (2012), "evidence-based exercise prescription is a fundamental physical therapy skill which may be under-employed" (p. 21). While PTs and physiatrists have exercise prescription at their disposal, the healthcare system structure (including insurance) imposes restrictions upon how they can practice, who (people already in pain/suffering with some kind of active disorder and compromised biomechanical function) and what (specific disorders as opposed to preventative or wellness intervention) they can treat (Moffat et al., 2012).

With "Sedentary Death Syndrome" (SDS) (Harrabi & Ghamdi, 2014) on the rise coupled with the obesity and metabolic syndrome epidemics, there is a critical need for a new evidence-based exercise prescription framework that not only embraces exercise as the remedy for "sedentary morbidities", but elevates the concept of physical activity (PA) to the consumer as a primary preventative and wellness intervention (as opposed to quick-fix "pills" or prescription drugs) (Phillips & Kennedy, 2012). A new growing demographic suffering from SDS and its comorbidities will require PTs, physiatrists, and other exercise professionals to not only work together and expand their knowledge of exercise practice (e.g. obesity topics, public health, physical activity and special populations, pediatrics, geriatrics), but to interface with other medical professionals for the best patient outcomes (Moffat et al., 2012).

If "exercise is medicine" (Duperly et al., 2014, p. 39), then perhaps it warrants the creation of a new medical specialty such as the sport and exercise medicine (SEM) specialist in the United Kingdom (Weiler et al., 2013). The SEM platform includes PA promotion, education, exercise medicine (exercise as a prescription), and behavioral change strategies to address public health/wellness (Weiler et al., 2013). SEM not only elevates/legitimizes exercise or PA in the

public eye, but also amongst medical professionals who need reeducation on the importance of physical activity and exercise science (Weiler et al., 2013).

Exercise may indeed be medicine, but the concept is too broad to put into action without some kind of supporting framework. No single exercise professional can "know it all" enough to serve the multitude of variables presented by individuals requiring individualized exercise prescriptions. Anemaet and Hammerich (2014) proposed a tiered system of exercise prescriptions which include five levels (overlap allowed): "tissue healing; mobility; performance, initiation, stability, and motor control; performance improvement; and advanced coordination, agility, and skill" (p. 80). The framework proposed by Anemaet and Hammerich (2014) may also help in organizing career "tracks" or specialities (and education) within the broad exercise profession.

Successfully implementing exercise (or PA) as medicine calls for restructuring of the healthcare system, health insurance, the role of pharmaceuticals, medical/exercise science education, evidence-based treatment guidelines, and medical/exercise professional designations. It is a major overhaul that will not be easy. It requires a new attitude towards how medical issues are treated and a redefinition of whole-person wellness.

References

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