

Exercise as Medicine: A Physical Activity Toolkit for Registered Dietitian Nutritionists

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Webinar Flow

- What is physical activity guidance and what is it not?
 - Why provide physical activity guidance?
 - Who can provide physical activity guidance?
 - How can the EIM RD Toolkit help me provide physical activity guidance?
-

Definitions

Physical Activity

- Any movement beyond baseline activity
- Produces health benefits
- Brisk walking, jumping rope, dancing, lifting weights, climbing on playground equipment, yoga, etc.

Exercise

- a form of physical activity
- planned, structured, repetitive (e.g., sports, aerobics classes)
- the goal is to improve health, fitness, or exercise performance

**All exercise is physical activity
but not all physical activity is exercise.**

Definitions

Physical Activity Guidance

- generally healthy or medically-cleared clients
- client-centered process used by health professionals
- cognitive and behavioral counseling skills to facilitate discussion in defining and attaining client's physical activity goals
- client's current level of physical activity, readiness to change, physical activity interests, health goals

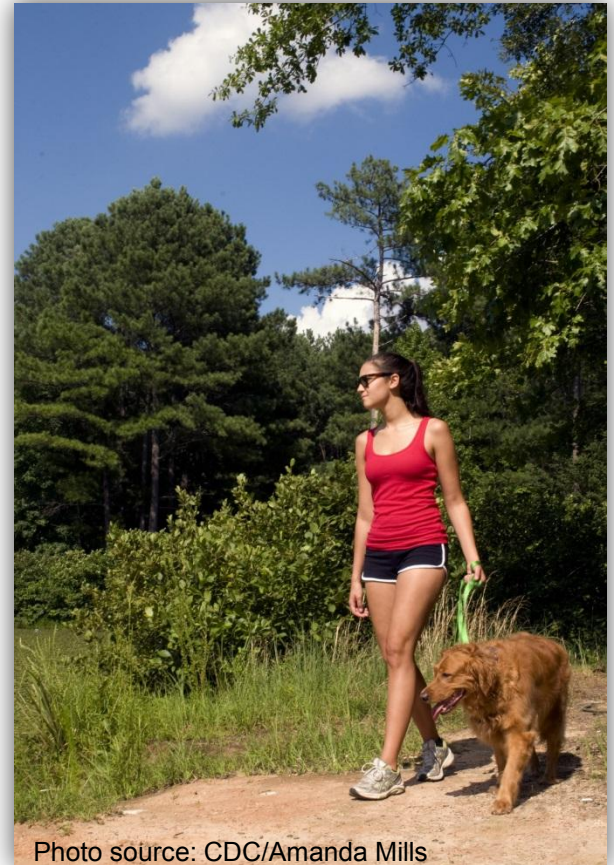


Photo source: CDC/Amanda Mills

Definitions

Exercise Prescription

- detailed exercise plan
- developed by a certified fitness professional
- based on the client's current fitness level (e.g., cardiorespiratory fitness, musculoskeletal strength and endurance, flexibility, balance), and body composition.
- tailored to a person's health, fitness, and performance goals



Photo source: CDC/Amanda Mills



Photo source: CDC/Amanda Mills

Scenario

Tanya



Cathy



Scenario



Tanya

- RDN for 5 years
- In-patient - 4 years; outpatient – 1 year
- Most clients have a weight management-related diagnosis
- Teaches weight management classes



Cathy

- RDN for 12 years
 - Part-time outpatient; part-time private practice
 - Teaches weight management classes
 - Has a personal training certification from American College of Sports Medicine (ACSM)
-

PA and Health



Tanya

- Knows PA is important for good health
- Primary prevention and secondary prevention
 - Heart disease
 - Stroke
 - Type 2 Diabetes
 - Some cancers
 - Metabolic Syndrome
 - Obesity
 - Depression



Cathy

- Knows PA is important for good health
 - Has reviewed the *2008 Physical Activity Guidelines for Americans*
 - Regularly reads about health benefits of physical activity
-

PA and Weight Management



Tanya

- Believes physical activity will help her weight management clients
- Doesn't know where to begin talking about PA with clients
- Need to have a fitness certification to talk about PA?



Cathy

- Sees benefit of PA in weight loss but especially in weight loss maintenance
 - Does an exercise prescription for all of her weight management clients
-

Poll #1

In terms of your experience with talking to your clients about physical activity, which RDN, Tanya or Cathy, are you more like?

- a) Tanya
 - b) Cathy
 - c) Somewhat between Tanya and Cathy
 - d) Neither
-

Who Can Do PA Guidance?



Tanya

Wants to add PA guidance to weight management counseling

- “No” to exercise prescription
- “Possibly” to PA guidance

HOW?



Cathy

- “Yes” to exercise prescription
 - Has training and certification in risk screening, fitness assessment, exercise physiology, and exercise program development
 - Carries liability insurance
 - “Yes” to PA guidance
-

<http://www.eatright.org/WorkArea/linkit.aspx?LinkIdIdentifier=id&ItemID=6442474633&libID=6442474610>

A Physical Activity Toolkit for Registered Dietitians:

Utilizing Resources of
Exercise is Medicine®



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One Week Later

Tanya



- Skimmed EIM toolkit
- Wants confirmation that PA guidance is within her scope of practice (SOP)
- Calls friend, David, who knows a lot about SOP and standards of professional practice (SOPP)

One Week Later

David



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- RDNs are responsible for assessing personal competence and knowing their individual SOP.
- June 2013 *JAND* supplement on RD/DTR general SOP and SOPP (minimum competence)
- Some specialty-focused SOP/SOPPs. Weight management SOP/SOPP in 2014-15.
- MANY resources through AND to understand SOP/SOPP
 - Free webinar
 - Case studies
 - Decision support tool (\$)
 - Phone consultations (\$)

One Week Later

David



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- A RDN's individual scope of practice is constantly changing.
- Learning how to provide physical activity guidance to generally healthy people is an area RDs can expand their individual scope of practice.

In My Scope of Practice?

Tanya



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- Skilled at:
 - ✓ MNT
 - ✓ Client-centered counseling
 - ✓ Using cognitive and behavioral skills (goal-setting, self-monitoring, social support, relapse prevention, etc.) for diet modification
- Needs to learn about 2008 *Physical Activity Guidelines for Americans*
- Needs to become adept at using EIM RD Toolkit

A Month Later

Tanya



- Studied 2008 *PAGAs*
- Thoroughly reviewed EIM RD Toolkit
- Reviewed *JAND* June 2013 supplement
- Completed AND's online SOP assessment

Ready to Start Providing PA Guidance?

Tanya



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Physical Activity Guidance

- generally healthy or medically-cleared clients
- client-centered process used by health professionals
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- client's current level of physical activity, readiness to change, physical activity interests, health goals

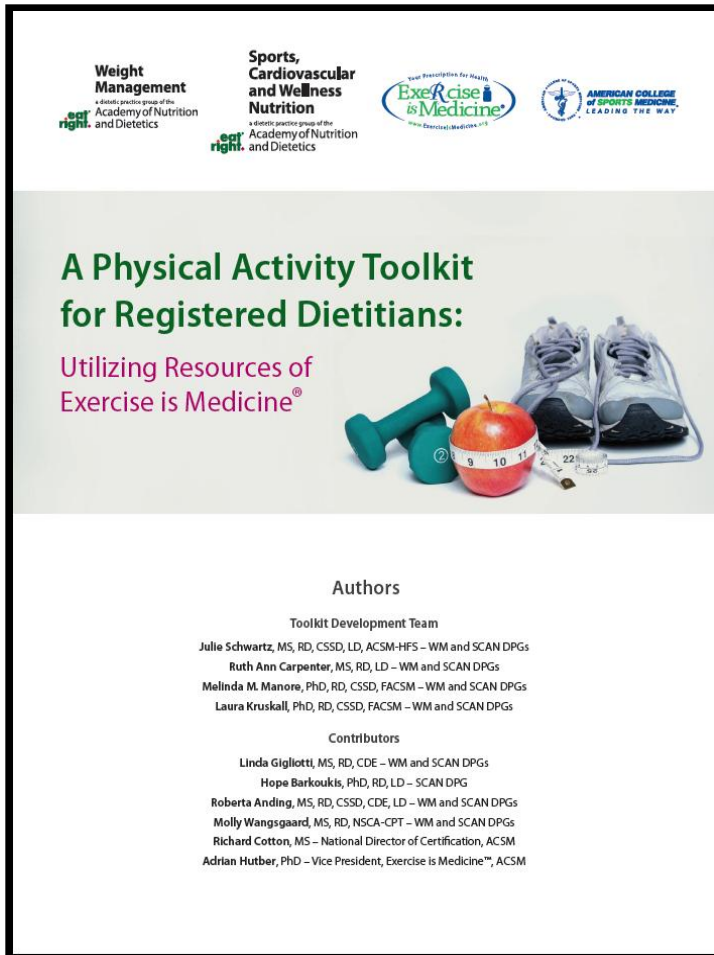
Ready to Start Providing PA Guidance?

Tanya



YES!!

Preparing for Clients



Toolkit Key Components:

- Integrated Intake Form
- Desk Reference
- PARQ
- Med Clearance
- “Your Prescription for Health” flyer series
- Link to “how to” video

Integrated Intake Form

Appendix A

Physical Activity Assessment Form

Step One: Current Exercise Habits

1. Do you currently participate in regular physical activity?

_____ Yes _____ No (If no, go to question #3)

2. Describe your current physical activity habits by completing the table below.

- List all of the physical activities you do in a typical week in the top row.
- For each activity, list how many days each week you engage in the activity.
- On the days you do the activity, what are the total minutes in the day that you are involved in the activity?
- How hard do you perform the activity:
 - Light – equal to a strolling walk; easy to talk
 - Moderate – equal to a brisk walk; heart rate and breathing increases slightly; you can talk but could not sing
 - Vigorous – equal to a slow jog or more; heart rate and breathing increases significantly; can't talk or sing easily

Type of Physical Activity	Sample: Walking					
Number of days/week	3					
Minutes per day	15					
Total minutes per week	45					
Intensity	moderate					

3. How much time each day do you spend sitting, reclining, or napping? Include time sitting at a desk and in meetings, working on a computer, watching TV and movies, playing video games, and commuting. Do not count the time you spend sleeping during your usual sleep hours.

_____ hours per day

Integrated Intake Form

Physical Activity:

Do you participate in regular physical activity? If yes, please fill out the table below. If no, what obstacles are interfering with activity? _____

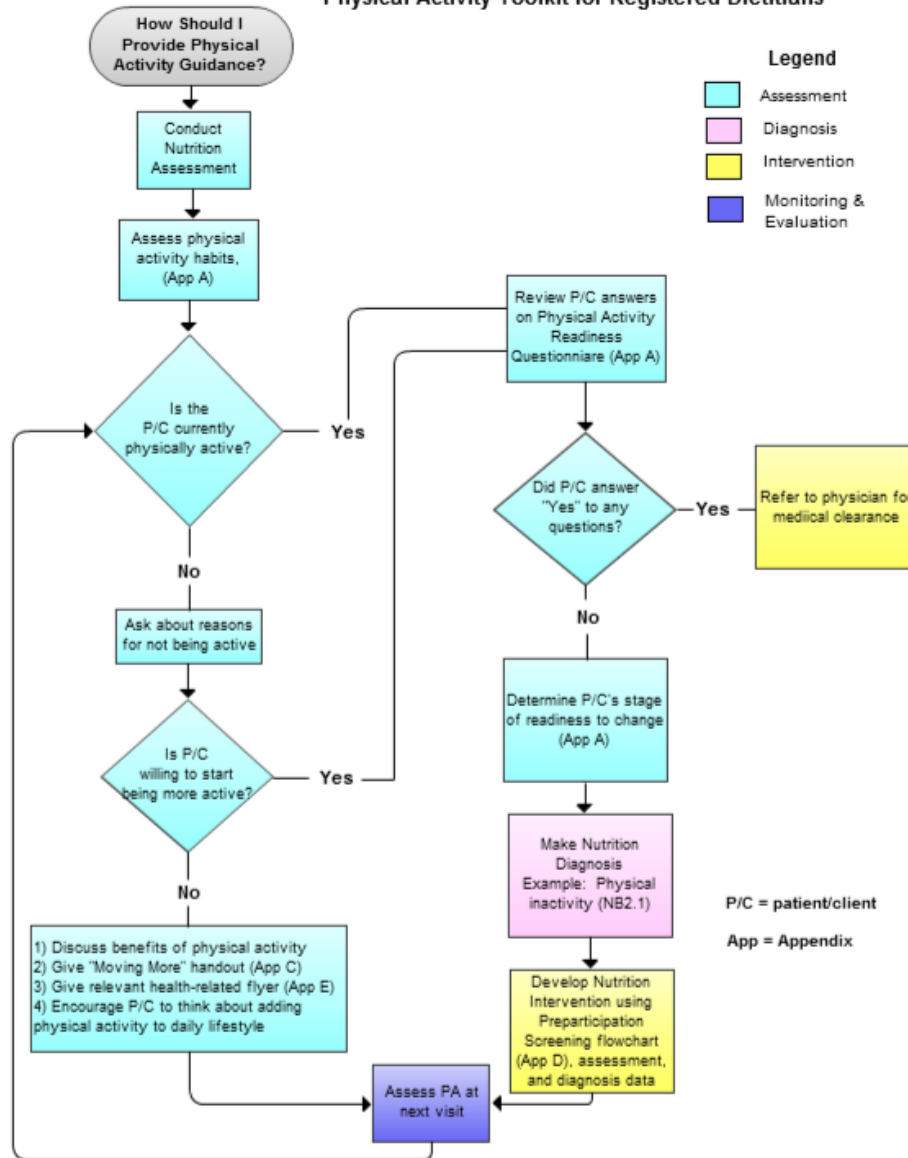
Type of Activity	How Often	How Long
_____	_____	_____
_____	_____	_____
_____	_____	_____

Opportunities

- Use answers with Appendix A- Stage of Readiness
 - Use questions from Appendix B to probe
 - What activities did you enjoy in the past?
 - What activities would you enjoy if you had the time, skill, and fitness to participate?
 - What challenges get in your way?
 - What, if anything, would you like to know about PA?
-

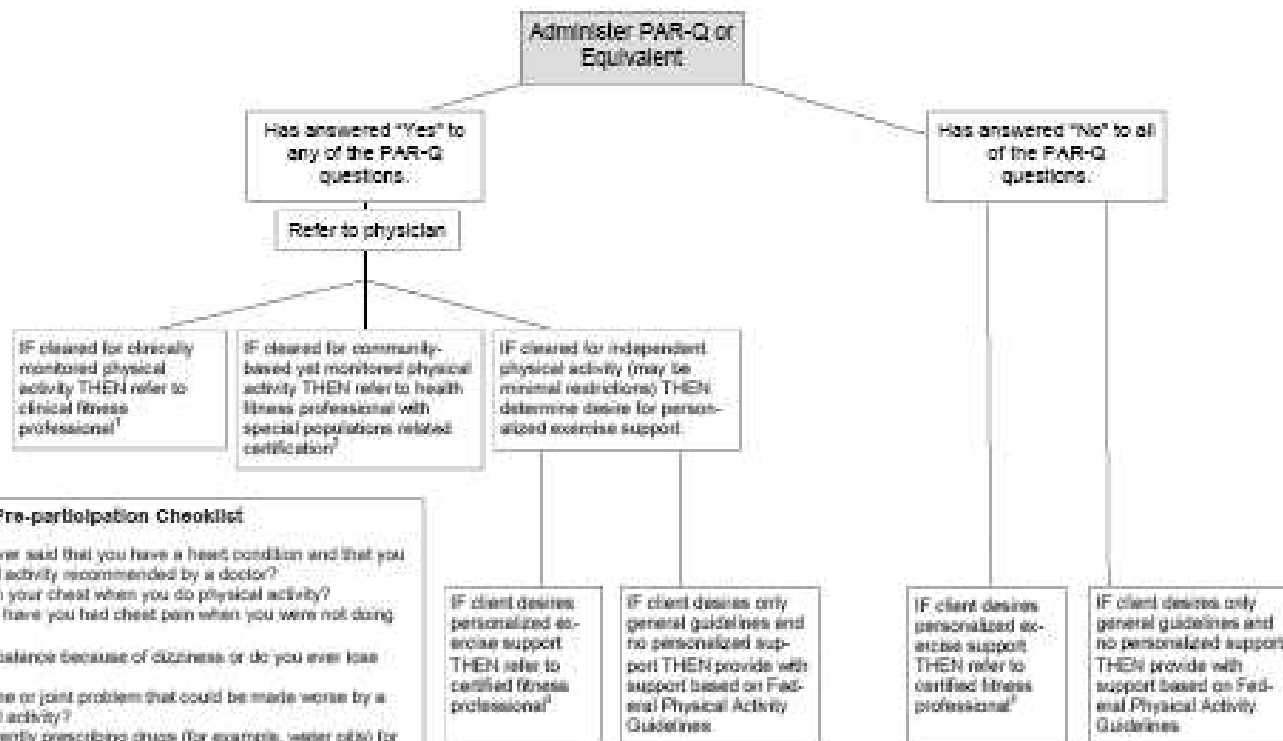
Desk Reference

Practical Desk Reference For Use With The
Physical Activity Toolkit for Registered Dietitians





Preparticipation Screening Flowchart



Pre-participation Checklist

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
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 doctor 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?

Reprinted from the Physical Activity Readiness Questionnaire (PAR-Q) © 2000. Used with permission from the Canadian Society for Exercise Physiology.

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 clients with cardiovascular, pulmonary or metabolic disease challenges per RCEP due to role and certification).

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.

PARQ

Step Two: Physical Activity Readiness Questionnaire



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?

- Part of Initial Forms
- Appendix A

Med Clearance

Appendix K

Physical Activity Clearance Form



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: _____

Your Prescription for Health Flyer Series

Your Prescription for Health Series



WWW.EXERCISEISMEDICINE.ORG

EXERCISING WITH CANCER

Your Prescription for Health Series

EXERCISING WITH TYPE 2 DIABETES

During your effective exercise program, you will increase your energy, enhance balance, and help maintain muscle strength. Physical activity improves your mood, being and reduces stress and fatigue. Exercise is an important part of cancer treatment, and its effects may help you 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 healthcare provider about programming recommendations.
- Your exercise prescription should take into account the severity of any diabetic complications.
- For every one hour of exercise, you should aim for 20 to 60 minutes of moderate-intensity exercise for 20 to 60 minutes on two days per week.
- Start slowly and gradually increase the intensity of your program with one set of exercises.
- Take frequent breaks during your workout.

Exercise Cautions

- Avoid activity when you have low blood sugar.
- Extended or vigorous activity can increase the risk of complications from hormones that can occur during exercise.
- Drink plenty of fluids before, during, and after exercise.

IN THE SERIES:

- > Cardiovascular Diseases
- > Pulmonary Diseases

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- > Pulmonary Diseases

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 healthcare provider about integrating regular exercise into your weight loss plan.
- Do moderate-intensity cardiovascular exercise for 20 to 60 minutes at least three to four days per week. Daily exercise, however, is recommended for weight loss.
- Choose low-impact activities, such as walking, swimming, cycling, and step aerobics. Group exercise in the water is especially effective.
- At least two days per week, follow a strength-training program with one to three sets of exercises for the major muscle groups, with 10 to 15 repetitions. While aerobic exercise burns more calories, strength training helps you preserve or even increase your lean muscle mass.
- Start slowly and gradually progress the intensity and duration of your workouts.
- Find an exercise partner to help keep you motivated and consistent about your workouts.
- Set realistic weight-loss goals—no more than one to two pounds per week—and stick to a healthy, calorie-controlled diet.
- Weight loss requires commitment, so find ways to stay motivated. Consider enlisting the help of friends and family or creating a rewards system for meeting smaller weight-loss goals.

Exercise Cautions

- Being overweight can be hard on the joints. Choose activities that minimize your risk of injury—swimming and water exercise, for example, are great alternatives for those who find other forms of exercise uncomfortable.
- Drink plenty of fluids before, during, and after exercise, and be careful not to overdo it as extra weight makes it easier for the body to overheat.

IN THE SERIES:

- > Cardiovascular Diseases
- > Pulmonary Diseases

Link to “how to” video

- Embedded the link on my desk top for easy access and included the url on my summary to clients.
 - Also, I've contacted several ACSM & NSCA certified fitness specialists to have a list of referrals - also in a handout with local Y's
-

Resources at My fingertips

- Appendices table of contents
- Copies of resources and patient/client handouts

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There are many nutrition diagnoses available related to physical activity including (pgs. 21 - 22):

- Physical inactivity (NB-2.1)
- Excessive physical activity (NB-2.2)
- Poor nutrition quality of life (NQOL) (NB-2.5)
- Self-monitoring deficit (NB-1.4)
- Not ready for diet/lifestyle change (NB-1.3)
- Inability or lack of desire to manage self-care (NB-2.3)

Interventions

- Nutrition Education (E): Content (E-1.1 to E-1.7)
 - Nutrition Education (E): Application (E-2.1 to E-2.3)
 - Nutrition Counseling (C): Theoretical Basis/Approach (C-1.1 to C-1.5)
 - Nutrition Counseling (C): Strategies (C-2.1 to C-2.11)
 - Coordination of Other Care During Nutrition Care (RC-1.1 to RC 1.4)
 - Discharge and Transfer of Nutrition Care to New Setting or Provider (RC-2.1 to RC-2.2)
-

Ongoing Monitoring & Evaluation

“Identifies the amount of progress made and whether goals/expected outcomes are being met. Nutrition monitoring and evaluation identifies outcomes relevant to the nutrition diagnosis and intervention plans and goals.”

- ❑ consistency, frequency, duration, intensity, types of activity
 - ❑ changes in BMI, lean body mass or fat free mass, HTN, Chol, BG
 - ❑ changes in readiness
 - ❑ self-image & self-efficacy
-

Now I'm Ready!



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Summary

- Demonstrated the purpose of “A Physical Activity Toolkit for Registered Dietitians: Utilizing the Resources of Exercise Is Medicine”
 - Advised on the importance of doing a personal scope of practice assessment as it relates to providing physical activity guidance.
 - Listed the major components of the toolkit.
 - Described a logical process flow for the EIM RD Toolkit with a weight management client.
-

Poll #2

How would you now rate your level of understanding about how RDN's can provide physical activity guidance as compared to your understanding at the start of the webinar?

- a) Substantially lower
 - b) Slightly lower
 - c) Unchanged
 - d) Slightly higher
 - e) Substantially higher
-

Conclusions

- If you are doing weight management counseling, in addition to helping clients eat better, you need to help them move more.
 - Use the EIM RD Toolkit to help you improve your knowledge and skills to provide physical activity guidance.
-

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