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ACTIVATING AURORA: Exercise is Medicine

By Ron Weese

At the recent Seneca Summit called ?Creating Quality Movement Experiences for Older Adults,? Dr. Paul Oh, Medical Director, Cardiovascular Prevention and Rehabilitation Program, Toronto Rehabilitation Institute/University Health Network opened his presentation with a quotation from Dr. Paul Sallis, the founding Chair of the Exercise is Medicine Task Force.
It captured everyone's attention immediately:
?What if there was one prescription that could prevent and treat dozens of diseases, such as diabetes, hypertension and obesity? Would you prescribe it to your patients?
?Certainly!? was the answer.
Dr. Oh is a leader in preventive medicine and he has the statistics to prove his passion for working with people to keep them out of hospitals, rather than spending time and money after they become symptomatic with a disease that could have been prevented. Most of us have an appreciation for the obvious values of physical fitness as a preventive for obesity and cardiovascular diseases, but the really compelling information comes from looking deeper into the role it plays in reducing the incidence of many other health problems.
For example; reduced incidence of hypertension by 33-60%, reduced incidence of diabetes by 25-58%, reduced risk of colon cancer by 30-60%, reduced mortality and risk of recurrent breast cancer by 25-50%, reduced risk of developing Alzheimer's by 40%, decreased depression as effectively as medications or cognitive behavioural therapy and the big one; reduced risk of premature death by 31-50%.
When you see and hear experts present this information and they cite irrefutable evidence such as this, it gives you pause. You think that physical activity must be hard to do or everyone would be engaged wouldn't they? These benefits are too compelling to ignore, so there must be a trick, right? There isn't.
The Canadian Society of Exercise Physiology (CSEP) in 2011 created ?Physical Activity Guidelines for Canadians? that provide evidence-based support for the health benefits previously described. They recommend that for adults engaged in moderate-to-vigourous physical activity (MVPA) for a total of 150 minutes per week.
MPVA is defined as intensity of effort that raises your heart rate, but not so much that you are short of breath (such as a brisk walk). Of course, 150 minutes per week doesn't seem like much, particularly if you can do it in sessions of 10 minutes. That is about 30 minutes per day five days per week.
In his humourous and informative YouTube talk, titled 23 ½ hours, Dr. Mike Evans, another advocate of healthy physical activity asks us a simple question. Can you limit your sitting and sleeping to just 23 ½ hours per day?
But the problem is that only 5% of Canadian adults are achieving this modest but important goal.
Why?
Dr. Oh suggests that according to recent surveying, 42% of adults in physician's offices claim to have interest in physical activity participation, yet 23% report lack of time and 18% lack of knowledge.
Both the time barrier and the knowledge barrier can be managed. It is called Exercise Vital Sign (EVS) and he suggests that if every physician would take the time by taking their EVA and then encourage them; directing them to assistance, there could be a significant change in activity behavior. He even goes so far as to advise physicians to stop taking routine blood pressures because sedentary living is a higher risk factor than mild to moderate hypertension.
Taking a patient's EVA is simple. It is two questions that take less than a minute.

How many times per week are you involved in moderate-to-vigourous physical activity (MVPA)
For how long each time?

You can ask yourself these questions. If the number comes out to 150 minutes then you are among the top half of all Canadian adults who are meeting this guideline.
But most importantly, Dr. Oh also presented data on why physicians should be involved in engaging patients in this dialogue. He reported that physicians are a preferred source of health information; having a ?high population reach? because 80-94% of Canadians visit their family physician. He reported that the average Canadian visits their family practitioner 3.1 times per year and that this increases with age. He also stated that since physical inactivity is such a strong risk factor for chronic disease, that there is

an argument that MDs have moral and legal obligation to discuss activity with patients. Finally he noted that physical activity important for all ages and as primary and secondary prevention strategy that is safe and affordable for most people.
Activate Aurora is now creating an Exercise is Medicine Working Group to help bring physicians and physical activity practitioners together. The purpose is to drive the simple and achievable goal for healthy adult physical activity in our community.
Physicians and physical activity leaders who wish to join us are welcome as we unfold this new and important project. Contact us at www.activateaurora.com