



Health and Fitness Professionals' Action Guide

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

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HOW TO USE THE GUIDE

The Exercise is Medicine™ Action Guide provides health and fitness professionals with a guide for how to work effectively with physicians and other health care providers to use exercise and physical activity, in the correct “dosage”, as a highly effective patient care “prescription.” This guide has been developed in support of one of the primary goals of the Exercise is Medicine™ initiative: to bring health care providers and health and fitness professionals together as part of the same patient health care continuum for the American public.

By using the guide’s components listed below, the health and fitness professional will be able to optimize their opportunities to build credibility and work with the health care professionals within their local community.

1. The *How to Use the Guide* (which you are currently reading). Once you have read this, it is highly recommended that you read through the [How to Work with Health Care Providers](#) document. This is the core of the guide and will explain how to use a five-step process to market your services to the health care providers within your community.
2. Once you are comfortable with the process for working with a health care provider, customize the [Introductory Letter to Health Care Provider](#) form to introduce yourself and your services to the health care providers in your community.
3. When you receive a referral from a health care provider, use the [Health and Medical Questionnaire, Fitness Assessment, Informed Consent, and Cancellation Policy](#) forms that you’ll find in this guide for working with patients referred to you by a health care provider.
4. If your client is healthy, check if they have been given a [Starting an Exercise Program](#) Patient Handout by their health care provider; if not, print out and give them one.
5. If your patient has a chronic health condition, look at the [Your Prescription for Health series](#) to see if your patient’s condition is included in this series, check if they have been given a handout from this series by their health care provider; if not, print out and give them one. This series has been reviewed by experts from the American College of Sports Medicine.

Due to potential variations in the law from one state to another, the documents provided in this guide should be reviewed and approved by legal counsel before they are used by you or your organization. ACSM makes no warranties or representations regarding the documents provided in this guide, and you or your organization assume all risk associated with any use of these documents.



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HOW TO WORK WITH HEALTH CARE PROVIDERS: A SYSTEMATIC APPROACH

This document is available for download [here](#).

This guide will provide the fitness professional with a systematic approach for how to obtain medical referrals from physicians and other health care providers; in other words, for how to work with the medical community to increase the number of clients that you have. There are five steps:

1. Professional Preparation
2. Preparation of Marketing Materials
3. Marketing Yourself to the Health Care Provider's 'Gatekeepers'
4. Marketing Yourself to the Health Care Provider
5. Getting the Health Care Provider to Consistently Refer Their Patients to You

Step 1: Professional Preparation

Develop yourself! Develop your knowledge, skills, and abilities and you'll be rewarded. You'll need a combination of formal education, recognized & respected certifications, and practical and business skills.

- **Formal education** – Earning at least a Bachelors degree in a wellness/exercise science related field will be important when working with a physician or other health care provider and will improve your chances of being noticed and respected. If you do not have a degree at the moment, do your best to attain one as soon as possible.
- **Credentials** – It's imperative that you are certified by an accredited (preferably NCCA-accredited [look at "Accredited Certification Programs" at <http://www.noca.org>]) fitness organization such as ACSM, NSCA, NASM or ACE. This will enhance your credibility amongst health care providers and optimize the likelihood of them referring their patients to you.
- **Practical skills** - Gaining practical experience from internships, seminars, conferences, and work experience is vital. Many health care providers will feel uncomfortable referring patients to you if you do not have a CPR certification. However, just make sure that these experiences are through credible organizations.

- Work Experience (corporate, club, private studios, etc.) – Working at a variety of settings will teach you more about the fitness industry. Try to get experience in a club setting, a corporate fitness center, and a private fitness studio: each will provide you with valuable skills and experiences.

Step 2: Preparation of two Marketing Kits (for Community Education Dept. Directors and Physicians/Health Care Providers)

Once you've taken the steps necessary to qualify yourself academically and skill wise, as well as gained the necessary work experience, you're ready to put together the materials (often called a "press kit") that you'll use to market yourself to health care providers and those "gatekeepers" who you'll usually need to win over before you'll be able to talk to the health care providers. Place each of the following items in a professional looking binder with clear covers:

- a. For the Community Education Dept. Director:
 - Your resume.
 - Detailed job descriptions of previous work experiences, including relevant graduate teaching experience, internships for wellness or fitness programs, and any relevant articles that you have written in the past.
 - Community wellness or fitness projects that you have been involved with.
 - Testimonials from clients that you are currently working with or have recently worked with.
 - Wellness/fitness programs that you offer.
- b. For the Physician (or Other Health care Provider):
 - All of the above, plus
 - Professional liability insurance. It is recommended that you approach the organization through which you were certified for insurance information. Another alternative is to go to IDEA (<http://www.ideafit.com>) for your insurance provider.
 - An "Informed Consent" form (example form provided in this Guide).
 - A Health and Medical Questionnaire form (example form provided in this Guide).
 - A Fitness Assessment form (example form provided in this Guide).

Step 3: Marketing Yourself to Physicians'/Health Care Providers' Gatekeepers

Now that you have prepared your marketing materials, you are ready to start marketing your services to health care providers in your community. A health care "community" is typically made up of a hospital, a medical plaza or medical facility of some type, and all the health care providers and staff that manage and provide care in these facilities. This health care community can range from having a staff of 1,000 employees all the way down to having only three or four employees. Hospitals and larger medical facilities, in addition to the expected physicians and nurses, will

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usually have registered dietitians, other health care professionals, and an education department that provides continuing professional education for its health care practitioners.

Two of the “gatekeepers” to familiarize yourself with between you and the physician (or other health care providers) are the Community Education Department Directors and the Physician’s/Health care Provider’s Office Manager or Front Desk Employee(s).

Take the following steps:

1. Locate the Medical Facilities in Your Community

Find out where the medical facilities are in your area and gather the following information about each one:

- Phone number and email of the Community Education department. The Community Education department may be part of the Education, Human Resources, Marketing, or Nursing departments at your local medical facilities, or it may be its own department. If you are not able to find the Community Education Department, call the facility’s main number and ask for the Community Education Department.
- Call or email the education department to find out who is in charge. This person will usually have the title of Community Education Department Director or Coordinator. Also ask what classes are currently offered by the education department.

2. Contact the Community Education Department Director/Coordinator

At this point in your professional career, meeting this director/coordinator will be one of the most important moments in your life and you must do everything you can to facilitate this meeting. Be persistent, patient and always have the mentality that you can and will help this medical facility.

1. Set up a meeting by calling and/or emailing the Community Education Department Director/Coordinator.
2. If you are unable to arrange a meeting, attend one of the education courses that the facility offers. This will give you an opportunity to meet with the facility’s health educators and potentially put you in front of the director of the department. If the Director is not at the class, try to network with one or more of the health educators to see if they can help you to meet with the director. Don’t forget to bring your press kit when you attend the class!

3. Talk to the Community Education Department Director/Coordinator

Once you are able to meet with the Community Education Department Director/Coordinator, ask them,

“Can you give me an opportunity to do a free presentation in one or more of your classes about what a difference physical activity and exercise can do to prevent and manage chronic diseases and to improve life quality? I’ll also show the class members how easy it is to incorporate physical activity into daily life?”

If the Community Education Department Director/Coordinator is reluctant to let you give a presentation, ask them,

“Is there anything I can do to be involved in your Community Education department?” This might mean that you’ll have to take part in community projects that the department is involved in. If you have to, volunteer your time!

4. Ask the Physician’s Office Manager or Front Desk Employee if You Can Leave a “Press Kit” for the Doctor.

An alternative way of getting yourself in front of the physicians/health care providers in a medical community is to directly approach each of the physician’s/health care provider’s “gatekeepers”. You’ll probably find this more difficult (and certainly more labor intensive) than if you try to market your services through the Community Education Department Director/Coordinator). Marketing your services through the physician’s office may be more successful in terms of number of referrals though. If, however, you choose this route, here’s what you should do:

What to say to the office manager/front desk employee:

1. “Excuse me” my name is ***** and I am a “fitness professional” (they will not understand what a “fitness professional” is so you will need to use the specific language depending on your work setting – non-clinical (personal trainer) vs. clinical (CEP or similar). May I leave this press kit for Dr. *****? Can you please make sure you give it to him/her when you get the opportunity? Thank you.”

or

2. “Hello, what’s your name? Hi ***** , my name is ***** and I’m a personal trainer. I’d like to leave this press kit for Dr. ***** . Can you please make sure he/she gets it? Thank you very much.”

What **not** to say to the office manager/front desk employee:

3. “Can you make sure you give this to Dr. *****?”

or

4. “I want to leave this for Dr. ***** .”

5. How to Follow Up with the Office Manager/Front Desk Employee

Come back one or two days later and ask the office manager/front desk employee if they gave the press kit to the physician/health care provider. If they did and the physician/health care provider has not given you a call, ask the office manager/front desk employee for the physician/health care provider’s business card or their email address. If the front desk employee likes you, they’ll give you the information

you need to get in contact with the physician/health care provider. Sometimes the physician/health care provider's email address is not on the card and you might need to get it from the office manager/front desk employee. If they don't know, ask for physician/health care provider's direct phone number or extension.

Your next step is contacting the physician/health care provider.

Step 4: Marketing Yourself to the Physician/Health Care Provider

You've finally reached your goal: to present yourself and your services to the physician/health care provider! What follows below is a suggested series of steps to provide you with guidelines for how to best expedite this.

1. When to Call the Physician/Health Care Provider

Call during their off hours. Yes, when they are not in their office! Why would you want to do this? Because when the health care provider is in their office, their whole mind is focused on working with their patients and they don't want to get interrupted. So don't bother them during 'work' hours. Another advantage of calling during off hours is that, when leaving a message, you can really get your point across without feeling you need to hurry to get your point across.

2. What to Say to the Physician/Health Care Provider

"Hello, Dr. *****, my name is ***** and I am the fitness professional who sent you a "press kit" about how I can help your patients achieve their wellness and fitness goals. I have a ***** degree in ***** and I am certified by one/two/etc of the most highly regarded and recognized fitness organizations in the world. I'd really appreciate it if you'd give me an opportunity to meet with you at some point to discuss the services I provide or if you'd give me an opportunity to help one of your patients achieve their fitness goals. Thanks for your time and consideration."

The physicians/health care providers that care are the ones that will call you back. You should not expect or be disappointed that not every health care provider will call you back. But accept it and move on!

3. What to Do When the Physician/Health Care Provider Calls You Back

This is your opportunity to shine. Have your press kit ready again and be ready to explain your services and, *more importantly, how your services will benefit them*, in detail. Too often, a trainer will fall into the trap of explaining their services from the trainer's point of view. This usually won't work. Think about it - the health care provider is not really interested in the great services you offer! What matters to them is how your services will benefit their practice. Be prepared to talk about this and be prepared to be specific. The critical issues here are how your services will enhance their standard of patient care and how your services will save them money or make them money. Think about these questions carefully before you talk to the health care provider and be prepared to be specific. In other words, do your

homework or you really don't deserve to be taking up the health care provider's time. Here's what to do depending on how the health care provider gets in touch with you:

If You are Contacted by Email: Email them back accordingly. Answer their questions professionally and show them how you can enhance their ability to take care of their patients. Be brief and straight to the point. Remember, the people that they refer to you will always be their patients first and your clients second.

If You are Contacted by Phone: If they leave a message, call them back as soon as possible. If you have to call them back immediately at the expense of something you were going to do for leisure, do it! This is critical. The health care provider is indicating that they are very interested in using your services, so you must do whatever it takes to make it happen.

If You are Asked to Meet with the Health Care Provider: This is the absolute best scenario, but don't expect it to happen very often! So don't get discouraged if they don't want to meet you in person – at least, in the beginning. The most important thing to do in this meeting is prove to the health care provider that you have the knowledge and skills to take care of their patients. Go over your “press kit” again and be sure to show them your medical questionnaire and how you'd use this questionnaire as part of your protocol for caring for their patient. Tell the physicians that you will always be open to their suggestions and opinions – and mean it!

Always thank the physician for their time and willingness to work with you. Also stress the benefit to their patients which in turn will impact your practice.

*Note: Typical Sequence of Steps During a Patient's Office Visit

1. Patient Moves from Waiting Room to Health Care Room, where a Medical Assistant:
 - Measures the patient's weight and blood pressure;
 - Asks the patient their reason for the office visit;
 - Asks the patient what medications they are currently taking, and
 - Leaves the patient in the health care room, informing them that health care provider will visit them shortly.

2. Physician/Health Care Provider Enters the Health Care Room and:
 - Reviews the patient's chart, looking at the reason for the patient's office visit, their body weight, blood pressure, and medications being taken, as well as any other relevant historical data;
 - Checks the patient's vital signs;
 - Assesses the results of any tests made prior to the office visit;
 - Discusses any test results with the patient, and
 - Makes appropriate recommendations to improve or manage the patient's health.

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- It is during this last ("recommendation") phase of the office visit that a physician/health care provider can and should recommend exercise as a treatment solution.
- This is also the time when the health care provider would make a recommendation for the patient to consult with a health and fitness professional or other relevant exercise/sport professional.

Step 5: Getting Physicians/Health Care Providers to Consistently Refer Patients

Congratulations! Let's assume that the physician/health care provider has approved your services and agreed that they will refer patients to you. What else do you need to know? The only thing left to do is to prove that you are indeed taking care of their patients. You should execute the following steps:

1. Send Monthly Updates to the Health Care Provider

Once a month, provide a brief report to each doctor about the status of their patients that you are working with. For example:

*Dear Dr. *****,*

****** is doing really well. His wife has been telling me that when he wakes up in the morning, his left leg hardly ever hurts him anymore. He is also walking better and feeling less pain in his right hip. I will continue to work with him to better his health and will, of course, keep you posted on how he is going.*

*Thank you and take care.
Best in health,*

Note: If you can include some objective measures in the follow up to the physician, do so in simple language (i.e. pre & post amount of weight lifted for specific exercises, pre & post treadmill speed and endurance or exercise time)

Put the note in an envelope with nice paper. You might consider hand writing all your notes to the Physician. This will provide a personal touch and is likely to be more meaningful.

2. Professionally Build Your Business by Providing the Health care Provider with Your Business Brochure or with a Flyer to Put Up in their Office

This will give the health care provider easy access to your information when referring their patients to you.

3. Send a Gift Card to the Health Care Provider Whenever they Refer a Patient

Everyone likes to be appreciated. Giving the health care provider a gift card to their favorite coffee place, along with a handwritten "thank

you” note will show them that you value your relationship and that it is something that you are not taking for granted.

Having a great referral program with a physician or other health care provider will help your credibility throughout the community as well as with other physicians. But more importantly, the patient will benefit tremendously from having a credible and educated fitness professional to work with them. But working with a health care provider does not happen overnight. It is a systematic approach that will take time as you build your credibility and relationships. But the benefits more than outweigh the effort needed.



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INTRODUCTORY LETTER TO HEALTH CARE PROVIDER

This letter is available for download in Microsoft Word format [here](#).

John Doe
1000 Anyplace Rd.
000-000-0000
www.Anyfitness.com

Dear Dr. *****,

Diet and lack of exercise account for more than 400,000 deaths annually. Recent studies have shown that only 30 percent of the population exercises regularly; however, another 30 percent state they would like to exercise. Exercise has been shown to improve medical outcomes in chronic diseases such as diabetes, hypertension, and coronary artery disease. However, few individuals know how to begin a safe, effective exercise program. I can help.

My name is ***** and I am a certified fitness professional and owner of ***** Fitness, a personal training company based in *****. My fitness certifications are from **one/two** of the most respected and recognized credentialing organizations in the fitness industry. They are ***** and *****. I also hold a ***** degree in ***** and a Bachelor of Science degree in *****. As a certified fitness professional, I have the background to design and supervise the ideal exercise program for individuals referred to me by their physician. My evaluation includes:

- Health & exercise history
- Anthropomorphic measurements
- Weight/fat analysis with bioelectrical impedance and BMI calculations
- Postural and balance evaluation
- Range-of-motion evaluation
- Exercise experience
- Aerobic capacity (submax)
- Muscle strength and muscular endurance tests

Once I have evaluated the client, taking particular and careful note of any specific instructions and guidelines that you share with me, I will tailor an exercise program that usually includes both cardiovascular and resistance training. I will monitor the client's progress and provide you with regular progress reports and follow-up information.

I would like to offer my services to you and your patients and would be happy to further discuss referrals at your convenience. My telephone number is ****.*.

I look forward to working with you to improve your patients' health.

Best in health,

John Doe, ****.*
__****.*
****.*@****.*.com
www.Anyfitness.com



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HEALTH AND MEDICAL QUESTIONNAIRE

This questionnaire is available for download in Microsoft Word format [here](#).

ANYFITNESS INC

HEALTH & MEDICAL QUESTIONNAIRE

Name: _____ Date of birth: _____
Date: _____

Address: _____
Street City State Zip

Phone (Cell): _____ (Work): _____
Email address: _____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____

Phone (Cell): _____ (Home): _____

Personal physician

Name: _____ Phone: _____
Fax: _____

Present/Past History

Have you had or do you presently have any of the following? (Check if yes.)

- _____ Rheumatic fever
- _____ Recent operation
- _____ Edema (swelling of ankles)
- _____ High blood pressure

- _____ Low blood pressure
- _____ Injury to back or knees
- _____ Seizures
- _____ Lung disease
- _____ Heart attack or known heart disease
- _____ Fainting or dizziness
- _____ Diabetes
- _____ High Cholesterol
- _____ Orthopnea (the need to sit up to breathe comfortably) or paroxysmal (sudden, unexpected attack) or nocturnal dyspnea (shortness of breath at night)
- _____ Shortness of breath at rest or with mild exertion
- _____ Chest pains
- _____ Palpitations or tachycardia (unusually strong or rapid beat)
- _____ Intermittent claudication (calf cramping)
- _____ Pain, discomfort in the chest, neck, jaw, arms, or other areas
- _____ Known heart murmur
- _____ Unusual fatigue or shortness of breath with usual activities
- _____ Temporary loss of visual acuity or speech, or short-term numbness or weakness in one side, arm, or leg of your body
- _____ Cancer
- _____ Other (please describe): _____

Family History

Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? (Check if yes.) In addition, please identify at what age the condition occurred.

- _____ Heart attack
- _____ Heart operation (Bypass surgery, Angioplasty, Coronary Stent placement)
- _____ Congenital heart disease
- _____ High blood pressure
- _____ High cholesterol
- _____ Diabetes

_____ Other major illness: _____

Explain checked items :

Activity History

1. How were you referred to this program? (Please be specific.)

2. Why are you enrolling in this program? (Please be specific.)

3. Have you ever worked with a personal trainer before? Yes _____ No _____
4. Date of your last physical examination performed by a physician:

5. Do you participate in a regular exercise program at this time?
Yes _____ No _____ If yes, briefly describe:

5. Can you currently walk 4 miles briskly without fatigue? Yes _____ No _____
6. Have you ever performed resistance training exercises in the past?
Yes _____ No _____
7. Do you have injuries (bone or muscle disabilities) that may interfere with exercising? Yes _____ No _____ If yes, briefly describe:

8. Do you smoke? Yes _____ No _____ If yes, how much per day and what was your age when you started? Amount per day _____ Age _____
9. What is your body weight now? _____ What was it one year ago? _____
At age 21? _____
10. How tall are you? _____
11. Do you follow or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits?

12. List the medications you are presently taking.

13. List in order your personal health and fitness objectives.

- a. _____
- b. _____
- c. _____
- d. _____

Thank you.



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FITNESS ASSESSMENT

This questionnaire is available for download in Microsoft Word format [here](#).

ANYFITNESS INC

Fitness Assessment Data Sheets

Name: _____ Date: _____

Phone number (Cell, work, home):

Date of birth: _____ Age: _____ Height: _____

Resting heart rate: _____ Resting BP: _____ Weight: _____

Orthopedic Limitations

Circumference Measurements

Neck: _____ Abdominal: _____ Waist: _____

Shoulder: _____ Hip: _____ Chest: _____

Thigh (Mid): _____ Arm: (L) _____ (R): _____

Body Composition

Percent bodyfat: _____ Pounds of fat: _____ Rating: _____

Muscular Endurance

Number of push-ups: _____ Rating: _____

Number of curl-ups: _____ Rating: _____

Flexibility (Modified Sit and Reach test) Best of three trials

Best Trial (inches): _____ Rating: _____

General Screening

Postural Screen: _____

Anterior Shoulder Flexibility: _____

Cervical ROM: _____

Resisted internal/external rotation: _____

Full Knee extension/flexion: _____

Single & Double knee to chest: _____



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INFORMED CONSENT

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INFORMED CONSENT FOR PARTICIPATION IN A HEALTH AND FITNESS TRAINING PROGRAM

NAME: _____ DATE: _____

1. PURPOSE AND EXPLANATION OF PROCEDURE

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities which are recommended to me for improvement of dietary counseling, stress management, and health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a graded exercise test prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness.

I will be given exact personal instructions regarding the amount and kind of exercise I should do. A professionally trained personal fitness trainer will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, stress management, and other health and fitness regarded programs. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of the program.

I have been informed that during my participation in the above described personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to

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decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms, should any develop.

I understand that during the performance of exercise, a personal fitness trainer will periodically monitor my performance and, perhaps measuring my pulse, blood pressure, or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my personal fitness training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

2. RISKS

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessments of my condition before each personal fitness training session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE TO EXERCISE

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity and fitness level after a period of 3-6 months.

4. CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information which is obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person, to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my

identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

5. INQUIRIES AND FREEDOM OF CONSENT

I have been given an opportunity to ask questions as to the procedures.

I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.

Participant's Signature

Participant's Name (Printed)

Witness's Signature _____ **Date:** _____



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CANCELLATION POLICY

This document is available for download in Microsoft Word format [here](#).

FITNESS PROFESSIONAL CANCELLATION POLICY

- As your health and fitness professional, if I am unable to keep an appointment for any reason and unable to give you at least 12 hours notice, you will receive one free personal-training session.
- If you are unable to give me at least 12-hours notice of cancellation, I will require you to make a normal payment. This policy also applies to no-shows.

Note: Please be on time for your session. If you are late, the session will still finish on time.

I acknowledge and fully understand the Cancellation Policies as stated above.

Client Signature and Date

Fitness Professional Signature and Date

We thank you for your consideration.

Best in health,

John Doe, Fitness Staff

www.ExerciseIsMedicine.org

E-mail: eim@acsm.org • Phone: 317-637-9200



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STARTING AN EXERCISE PROGRAM

This handout is available for download [here](#).

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, not just running. **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 – Begin by following the four steps listed above. Both aerobic and muscle-strengthening activity is critical for healthy aging.

STEP 2 - If you are at risk of falling, perform balance exercises. If you are unsure how to perform the exercises correctly, seek the advice of an exercise professional.

STEP 3 - Have a physical activity plan. Older adults or adults with chronic conditions should develop an activity plan with a health professional to manage risks and take therapeutic needs into account. This will maximize the benefits of physical activity and ensure your safety.

PHYSICIANS' RECOMMENDATIONS:

For more information, visit www.exerciseismedicine.org.

*If your physician has not cleared you for independent physical activity, you should exercise only under the supervision of a certified 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.



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YOUR PRESCRIPTION FOR HEALTH 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 WITH ARTHRITIS

An estimated 40 million people have some form of arthritis. The two most common forms are osteoarthritis, a degenerative joint disease characterized by a progressive loss of cartilage, and rheumatoid arthritis, a chronic condition causing the lining of the joints to become inflamed. Both conditions can make exercise a difficult and painful proposition. However, a well-designed physical activity program can decrease joint swelling and pain and improve overall function. Furthermore, regular exercise can help you maintain a healthy weight (which reduces pressure on your joints) and improve cartilage and bone tissue health. The key is to keep yourself active in a variety of ways, and you will be on your way to greater mobility and better health.

IN THE SERIES:

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

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.

IN THE SERIES:

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

Getting Started

- Talk with your healthcare practitioner 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 modified to maximize the benefits while minimizing the risk of aggravating your health condition. Consider contacting a certified fitness professional who can work with you and your healthcare practitioner to establish realistic goals and design a safe and effective program that addresses your specific needs.

*Your physician has not cleared you for independent physical activity and would like you to be monitored by a hospital setting or a medical fitness facility, you should exercise only under the supervision of a qualified professional. The American College of Sports Medicine has the opinion of an official fitness professional that could not be held for you. The ACSM Certified Clinical Exercise Specialist (CES) is certified to support those with heart disease, diabetes and hypertension. The ACSM Registered Clinical Exercise Physiologist (RCEP) is qualified to support patients with a wide range of health challenges. You may locate an ACSM-certified fitness professional by going to the ProfNet at www.acsm.org.

Contact Info: eim@acsm.org

Founding Partner: