

EIM ACTION GUIDE

FOR HEALTH CARE PROVIDERS

Implementing the EIM Framework



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INTRODUCTION

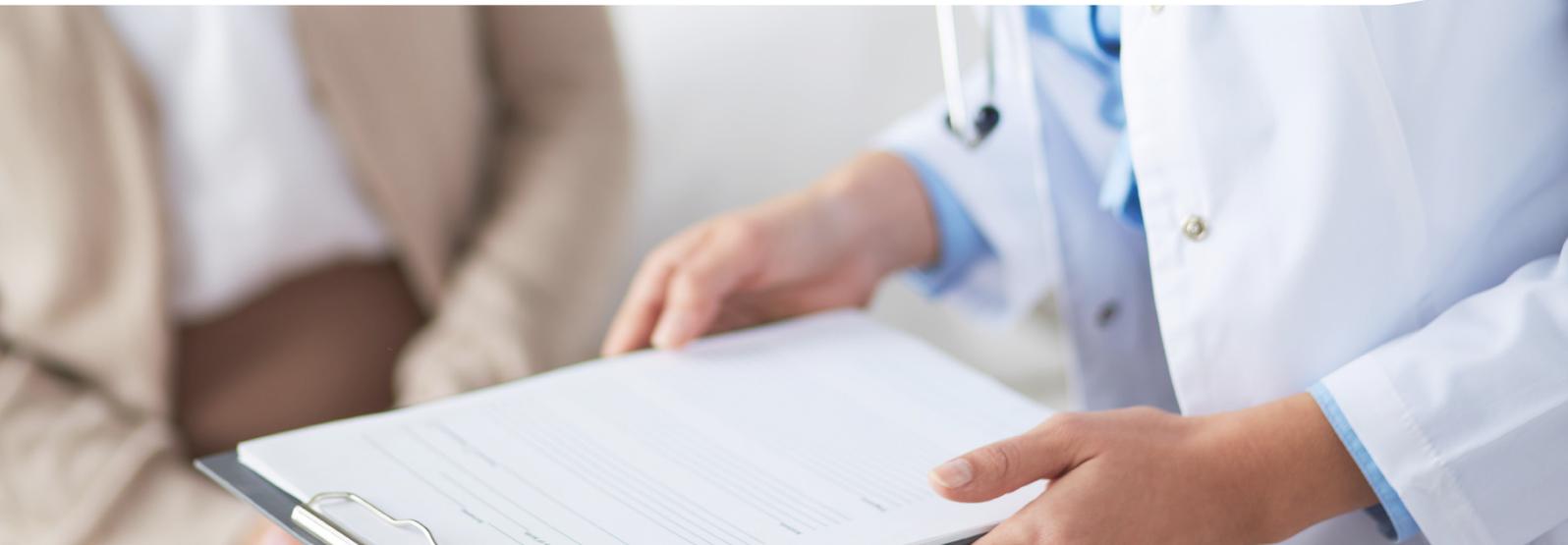
The message is simple. Exercise is the best, cheapest, most accessible medicine available and in order to improve chronic disease mortality rates, people need to move more.

Each patient encounter is an opportunity for you to make a difference. Brief interventions in primary care settings are an effective way of increasing physical activity among adults. The Global Advocacy for Physical Activity supports the use of brief interventions linked to community based support for behaviour change.

Several barriers have been identified as restricting the uptake of physical activity behaviour change in primary health care including; lack of specific knowledge and skills necessary to assess and prescribe physical activity behaviour change; time limitations; lack of confidence in skills necessary to support physical activity interventions; and perceived lack of interest by patients. The Exercise is Medicine Australia Framework has been developed with the time-pressured nature of general practice in mind, and is designed to provide the relevant resources quickly and easily.

Exercise is Medicine® is a global initiative, managed in Australia by Exercise & Sports Science Australia (ESSA). EIM is focused on encouraging health care providers, regardless of specialty, to review and assess every patient's physical activity levels at every visit. Patients should be counselled on physical activity, and provided with an exercise prescription or referral to an accredited exercise physiologist or appropriately qualified allied health professional.

The EIM initiative aims to make physical activity and exercise a standard part of a disease prevention and treatment medical paradigm in Australia. The initiative and resultant projects are designed to improve the health and well-being of all Australians through regular physical activity prescription from a range of clinicians including General Practitioners, nurses and other allied health providers.



MORE INFORMATION:

Exercise is Medicine Australia www.exerciseismedicine.org.au

Exercise Right www.exerciseright.com.au

Find an AEP www.essa.org.au

ABOUT THE EXERCISE IS MEDICINE FRAMEWORK

The EIM Framework is a brief intervention system providing healthcare professionals with the tools and resources they need to effectively begin a conversation about physical activity, and ultimately enable patient behaviour change.

The time-pressured nature of modern primary care means clinicians may only have 1-2 minutes of consultation time to undertake lifestyle counselling with patients. The EIM Framework is a simple, fast and effective tool for use in every day practice.

The available resources enable you to:

1. **Ask** the right questions about physical activity
2. **Screen** patients to determine their level of risk
3. **Customise** your advice
4. **Refer** effectively
5. **Provide** up to date, evidence based information



STEP 1: ASK

Ask your patient:

1. How many days per week do you exercise?
2. How many minutes per day?
3. At what intensity do you exercise? (moderate, vigorous)
4. Select your physical activity counselling (start, increase, or maintain activity level)

If you only have a few minutes, briefly discuss the benefits of exercise with the patient, provide a relevant factsheet (see step 5), and encourage the patient to add extra steps to their day. Consider referral options, and follow-up at their next appointment.

If you have more time, continue the framework, otherwise refer to a practice nurse or allied health provider for steps 2-5



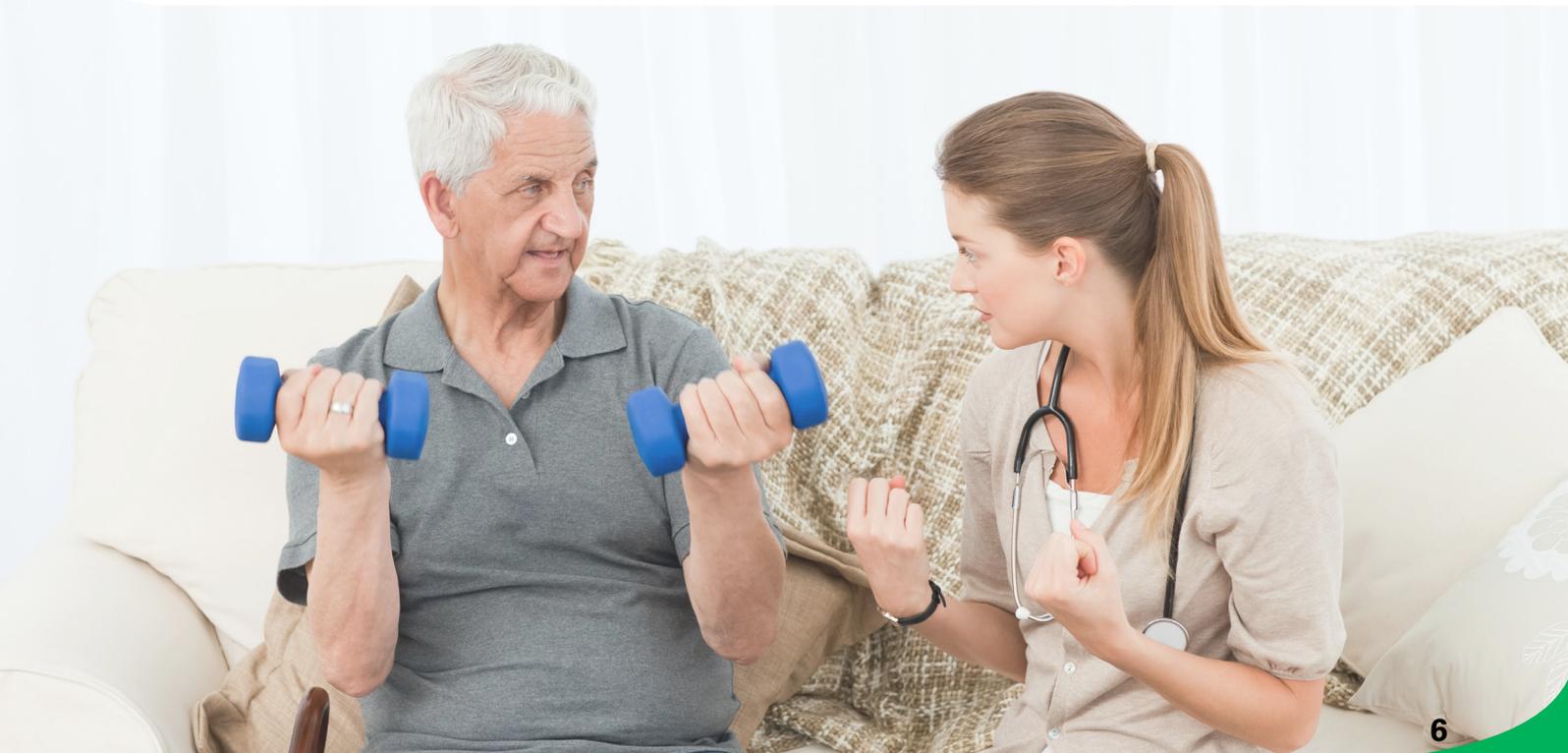
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STEP 2: SCREEN

Administer the Adult Pre-Exercise Screening System (APSS). Stage 1 of this tool consists of seven questions and aims to determine if an individual requires supervision, or further investigation, prior to commencing exercise. A quick online version of the APSS is available on the Exercise is Medicine Australia website <http://exerciseismedicine.org.au/health-care-providers/interactive-screening-tool> or see the next page.

If your patient answered NO to ALL seven questions, and they have no other concerns about their health, you can write an exercise prescription to undertake light to moderate intensity physical activity or exercise. Alternatively, you may refer your patient to an Accredited Exercise Physiologist or qualified fitness professional for personalised exercise counselling. Apparently-healthy patients who you clear for exercise will still benefit from exercise counselling.

If your patient answered YES to ANY of the seven questions, he or she may still be cleared for independent or monitored physical activity. Use your professional judgement 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 an Accredited Exercise Physiologist.



ADULT PRE-EXERCISE SCREENING SYSTEM (APSS)



This screening tool is part of the Adult Pre-Exercise Screening System (APSS) that also includes guidelines (see User Guide) on how to use the information collected and to address the aims of each stage. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise & Sport Science Australia, Fitness Australia, Sports Medicine Australia or Exercise is Medicine for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this system.

Full Name: _____

Date of Birth: _____ Male: Female: Other:

STAGE 1 (COMPULSORY)

AIM: To identify individuals with known disease, and/or signs or symptoms of disease, who may be at a higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session, resulting in ill health, physical harm or death to an individual.

This stage may be self-administered and self-evaluated by the client. Please complete the questions below and refer to the figures on page 2. Should you have any questions about the screening form please contact your exercise professional for clarification.

Please tick your response

	YES	NO
1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any other conditions that may require special consideration for you to exercise?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED 'YES' to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

IF YOU ANSWERED 'NO' to all of the 6 questions, please proceed to question 7 and calculate your typical weighted physical activity/exercise per week.

7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities. For intensity guidelines consult figure 2.				Weighted physical activity/exercise per week	
Intensity	Light	Moderate	Vigorous/High		Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high)
Frequency (number of sessions per week)	_____	_____	_____		
Duration (total minutes per week)	_____	_____	_____		
				TOTAL = _____ minutes per week	
<ul style="list-style-type: none"> • If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly. • If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels. • It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results. 					

I believe that to the best of my knowledge, all of the information I have supplied within this screening tool is correct.

Client signature: _____ Date: _____

FIGURE 1: Stage 1 Screening Steps

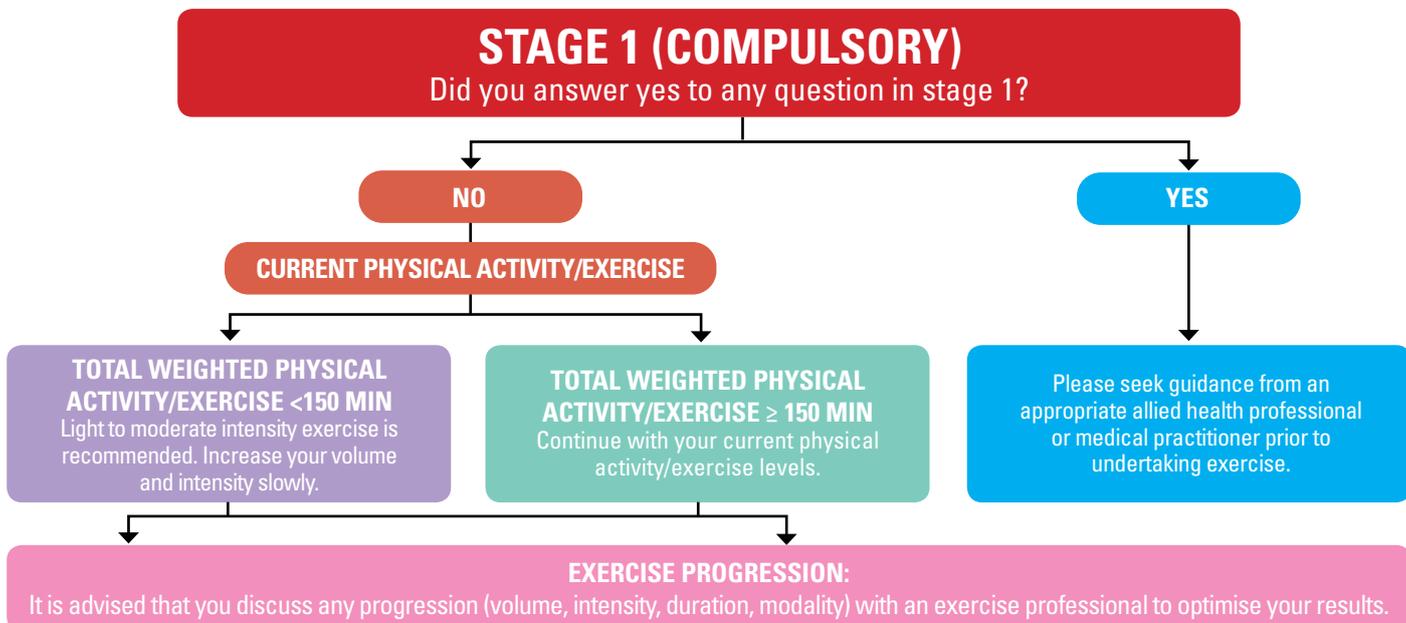


FIGURE 2: Exercise Intensity Guidelines

INTENSITY CATEGORY	HEART RATE MEASURES	PERCEIVED EXERTION MEASURES	DESCRIPTIVE MEASURES
LIGHT	40 to <55% HRmax*	VERY LIGHT TO LIGHT RPE# 1-2	<ul style="list-style-type: none"> An aerobic activity that does not cause a noticeable change in breathing rate An intensity that can be sustained for at least 60 minutes
MODERATE	55 to <70% HRmax*	MODERATE TO SOMEWHAT HARD RPE# 3-4	<ul style="list-style-type: none"> An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted An intensity that may last between 30 and 60 minutes
VIGOROUS	70 to <90% HRmax*	HARD RPE# 5-6	<ul style="list-style-type: none"> An aerobic activity in which a conversation generally cannot be maintained uninterrupted An intensity that may last up to 30 minutes
HIGH	≥ 90% HRmax*	VERY HARD RPE# 7	<ul style="list-style-type: none"> An aerobic activity in which it is difficult to talk at all An intensity that generally cannot be sustained for longer than about 10 minutes

* HRmax = estimated heart rate maximum. Calculated by subtracting age in years from 220 (e.g. for a 50 year old person = 220 - 50 = 170 beats per minute).

= Borg's Rating of Perceived Exertion (RPE) scale, category scale 0-10.

Modified from Norton K, L. Norton & D. Sadgrove. (2010). Position statement on physical activity and exercise intensity terminology. J Sci Med Sport 13, 496-502.

STAGE 2 (RECOMMENDED)



AIM: This stage is to be completed with an exercise professional to determine appropriate exercise prescription based on established risk factors.

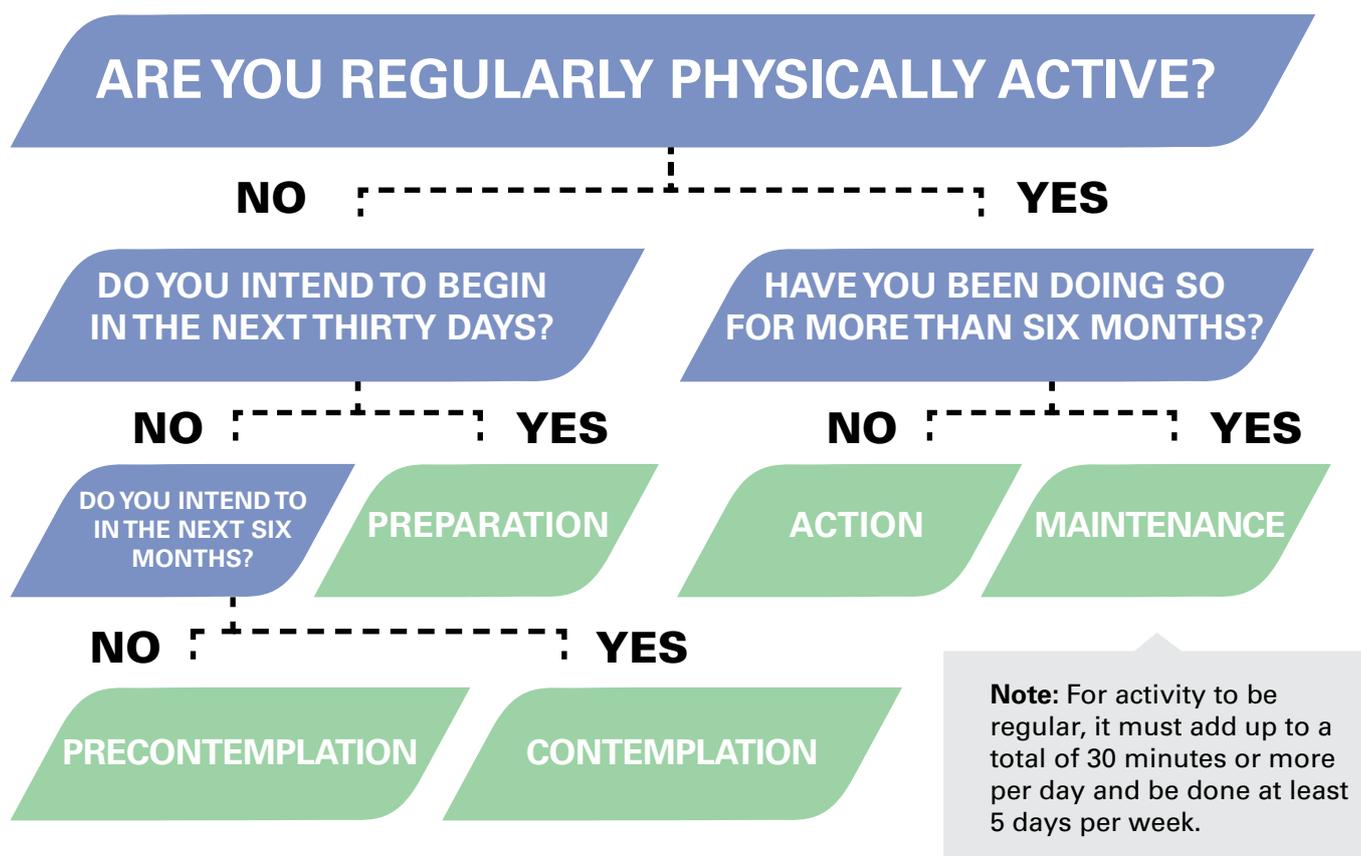
CLIENT DETAILS	GUIDELINES FOR ASSESSING RISK
<p>8. Demographics</p> <p>Age: _____</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/></p>	<p>Risk of an adverse event increases with age, particularly males ≥ 45 yr and females ≥ 55 yr.</p>
<p>9. Family history of heart disease (e.g. stroke, heart attack)?</p> <p>Relationship (e.g. father) Age at heart disease event</p> <p>_____ _____</p> <p>_____ _____</p> <p>_____ _____</p>	<p>A family history of heart disease refers to an event that occurs in relatives including parents, grandparents, uncles and/or aunts before the age of 55 years.</p>
<p>10. Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If currently smoking, how many per day or week?</p> <p>_____</p>	<p>Smoking, even on a weekly basis, substantially increases risk for premature death and disability. The negative effects are still present up to at least 6 months post quitting.</p>
<p>11. Body composition</p> <p>Weight (kg) _____ Height (cm) _____</p> <p>Body Mass Index (kg/m²) _____</p> <p>Waist circumference (cm) _____</p>	<p>Any of the below increases the risk of chronic diseases:</p> <p>BMI ≥ 30 kg/m²</p> <p>Waist > 94 cm male or > 80 cm female</p>
<p>12. Have you been told that you have high blood pressure?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If known, systolic/diastolic (mmHg)</p> <p>_____</p> <p>Are you taking any medication for this condition?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details</p> <p>_____</p>	<p>Either of the below increases the risk of heart disease:</p> <p>Systolic blood pressure ≥ 140 mmHg</p> <p>Diastolic blood pressure ≥ 90 mmHg</p>
<p>13. Have you been told that you have high cholesterol/ blood lipids?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If known:</p> <p>Total cholesterol (mmol/L) _____</p> <p>HDL (mmol/L) _____</p> <p>LDL (mmol/L) _____</p> <p>Triglycerides (mmol/L) _____</p> <p>Are you taking any medication for this condition?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details _____</p>	<p>Any of the below increases the risk of heart disease:</p> <p>Total cholesterol ≥ 5.2 mmol/L</p> <p>HDL < 1.0 mmol/L</p> <p>LDL ≥ 3.4 mmol/L</p> <p>Triglycerides ≥ 1.7 mmol/L</p>

CLIENT DETAILS	GUIDELINES FOR ASSESSING RISK
<p>14. Have you been told that you have high blood sugar (glucose)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If known: Fasting blood glucose (mmol/L) _____</p> <p>Are you taking any medication for this condition?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details</p> <p>_____</p>	<p>Fasting blood sugar (glucose) \geq 5.5 mmol/L increases the risk of diabetes.</p>
<p>15. Are you currently taking prescribed medication(s) for any condition(s)? These are additional to those already provided.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what are the medical conditions?</p> <p>_____</p>	<p>Taking medication indicates a medically diagnosed problem. Judgment is required when taking medication information into account for determining appropriate exercise prescription because it is common for clients to list 'medications' that include contraceptive pills, vitamin supplements and other non-pharmaceutical tablets. Exercise professionals are not expected to have an exhaustive understanding of medications. Therefore, it may be important to use common language to describe what medical conditions the drugs are prescribed for.</p>
<p>16. Have you spent time in hospital (including day admission) for any condition/illness/injury during the last 12 months?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details</p> <p>_____</p>	<p>There are positive relationships between illness rates and death versus the number and length of hospital admissions in the previous 12 months. This includes admissions for heart disease, lung disease (e.g., Chronic Obstructive Pulmonary Disease (COPD) and asthma), dementia, hip fractures, infectious episodes and inflammatory bowel disease. Admissions are also correlated to 'poor health' status and negative health behaviours such as smoking, alcohol consumption and poor diet patterns.</p>
<p>17. Are you pregnant or have you given birth within the last 12 months?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>During pregnancy and after recent childbirth are times to be more cautious with exercise. Appropriate exercise prescription results in improved health to mother and baby. However, joints gradually loosen to prepare for birth and may lead to an increased risk of injury especially in the pelvic joints. Activities involving jumping, frequent changes of direction and excessive stretching should be avoided, as should jerky ballistic movements. Guidelines/fact sheets can be found here: 1) www.exerciseismedicine.com.au 2) www.fitness.org.au/Pre-and-Post-Natal-Exercise-Guidelines</p>
<p>18. Do you have any diagnosed muscle, bone, tendon, ligament or joint problems that you have been told could be made worse by participating in exercise?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details</p> <p>_____</p> <p>_____</p>	<p>Almost everyone has experienced some level of soreness following unaccustomed exercise or activity but this is not really what this question is designed to identify. Soreness due to unaccustomed activity is not the same as pain in the joint, muscle or bone. Pain is more extreme and may represent an injury, serious inflammatory episode or infection. If it is an acute injury then it is possible that further medical guidance may be required.</p>

Important Information: This screening tool is part of the [Adult Pre-Exercise Screening System \('APSS'\)](#) and should be read with the APSS guidelines (see [User Guide](#)) on how to use the information collected and to address the aims of each stage. This does not constitute medical advice. This form, the guidelines and the APSS (together 'the material') is not intended for use to diagnose, treat, cure or prevent any medical conditions, is not intended to be professional advice and is not a substitute for independent health professional advice. Exercise & Sports Science Australia, Fitness Australia, Sports Medicine Australia and Exercise is Medicine (together 'the organisations') do not accept liability for any claims, howsoever described, for loss, damage and/or injury in connection with the use of any of the material, or any reliance on the information therein. While care has been taken to ensure the information contained in the material is accurate at the date of publication, the organisations do not warrant its accuracy. No warranties (including but not limited to warranties as to safety) and no guarantees against injury or death are given by the organisations in connection with the use or reliance on the material. If you intend to take any action or inaction based on this form, the guidelines and/or the APSS, it is recommended that you obtain your own professional advice based on your specific circumstances.

STEP 3: CUSTOMISE

Determine which stage of change the patient is in and take appropriate action, as indicated in the table on the next page. Some patients will be ready for only encouragement; some will be prepared to read the Starting an Exercise Program patient handout; and some will be willing to get an exercise prescription from you or be referred to an allied health professional for support in establishing an exercise program.



STEP 3: CUSTOMISE

STAGE OF CHANGE	GOAL	SPECIFIC STRATEGIES
Pre-contemplation	To get your patient thinking about physical activity	<ul style="list-style-type: none"> • Encourage your patient to learn more about physical activity • Read articles, watch videos, and talk to others about physical activity • Make a list of potential benefits to becoming physically active then assess how important these benefits are to him or her
Contemplation	To encourage your patient to start being physically active	<ul style="list-style-type: none"> • Identify barriers to getting started (lack of time) and strategies for overcoming them (walking during lunch break) • Develop a plan for getting started • Set a small goal (5 mins a day) and commit to it • If supervision is required, refer patient to an Accredited Exercise Physiologist for expert support

STEP 4: REFER

Working in collaboration with a general practitioner, and with other allied health practitioners, AEPs will develop an exercise program based on your patient's current medical status and musculoskeletal condition, to ensure that the exercise program is both safe and effective to achieve the required health goals – this may include a supervised one-on-one, or group exercise program. In addition, AEPs will work to ensure your patient has the necessary knowledge and skills to exercise safely and effectively, and to motivate and support them while they start out with an exercise program.

Patients on a GP Management Plan (GPMP) and Team Care Arrangements (TCAs) are eligible for five individual allied health sessions per year on the Medicare Benefits Schedule. Patients with Type 2 Diabetes can also access Medicare rebates for up to eight allied health group services per calendar year.

What Medicare item numbers can I use?

Medicare Australia provides the following items for patients requiring a referral to an Accredited Exercise Physiologist:

ITEM NUMBER	SERVICE PROVIDED	ELIGIBLE PATIENTS	PREREQUISITE FOR CLAIMING
10953	Exercise physiology service	Patients who have a chronic condition & complex care needs	GP claimed GPMP and TCA in past 2 years
81110	Exercise physiology service – assessment	Patients with type 2 diabetes	GP claimed GPMP
81115	Exercise physiology service – group service		Assessed as suitable by Assessment for Group Services (item 81100, 81110 or 81120).
81315	Exercise physiology service	Indigenous Australians who have had a health check	GP must have completed a health check.



STEP 4: REFER

REFERRAL PROCESS FOR INDIVIDUAL MEDICARE ITEMS

STEP 1: GP REFERRAL

GP refers eligible patient to an Accredited Exercise Physiologist under the appropriate Medicare item

STEP 2: AEP SERVICE

Accredited Exercise Physiologist provides individual service/s to the patient. A written report must be provided to the referring GP after the first and last service, or more if clinically necessary.

STEP 3: GP PATIENT REVIEW

GP conducts a review of patient's GPMP and/or TCA. Patient reviews should be conducted every 6 months.

REFERRAL PROCESS FOR GROUP ITEMS FOR PEOPLE WITH TYPE 2 DIABETES

STEP 1: GP REFERRAL

GP refers eligible patient to Accredited Exercise Physiologist to be assessed for suitability for a preferred group service, e.g. fitness/weight management

STEP 2: INDIVIDUAL ASSESSMENT

Accredited Exercise Physiologist individually assesses patient for suitability and prepares for group services. Unsuitable patients may be screened out at this time.

Report provided to GP on assessment undertaken, suitability for group services and nature of proposed group services.

STEP 3: GROUP SERVICES

Accredited Exercise Physiologist conducts group sessions. Maximum of 8 sessions per calendar year. Sessions must include 2-12 Medicare patients. Non-Medicare, full-paying patients can also attend. Report provided to referring GP after last service.

STEP 5: PROVIDE INFORMATION

Finally, numerous resources are available to support your patients in increasing their physical activity. If your patient is healthy, print out and give them a Starting an Exercise Program handout.

If your patient has a chronic health condition, look at the exercise and chronic disease factsheets to see if your patient's condition is listed and, if it is, print out and give them the appropriate patient handout on how to safely exercise with their condition. These factsheets have been developed by leading researchers in the field.

The EIM Australia factsheet library includes information on the following conditions: (link all)

- Aboriginal Health
 - Acquired brain injury
 - Alzheimer's disease
 - Arthritis
 - Asthma
 - Breast cancer
 - Cancer
 - Chronic heart failure
 - COPD
 - Chronic pain
 - Colon cancer
 - Coronary heart disease
 - Depression
 - Diabetes Type 1
 - Diabetes Type 2
 - Dyslipidaemia
 - Falls prevention
 - Gynaecological cancer
 - HIV
 - Hypertension
 - Kidney disease
 - Lower back pain
 - Multiple sclerosis
 - Metabolic syndrome
 - Osteoporosis
 - Parkinson's disease
 - Pregnancy and exercise
 - Postnatal rehabilitation
 - Prostate cancer
 - Solid organ transplantation
 - Spinal cord injury
 - Stroke
-

Healthcare Provider Resources

- 2014 Australian Physical Activity and Sedentary Behaviour Guidelines
- Adult pre-exercise screening tool
- Physical Activity Stage of Change: Assessment Tool

Patient resources

- Tips for starting an exercise program
- 2014 Australian Physical Activity and Sedentary Behaviour Guidelines
- The Adult Pre-exercise Screening System – make sure you are safe to exercise
- What to expect when you visit an Accredited Exercise Physiologist (AEP)

