Health Promotion and Wellness Task Force Definitions and Scope:

Core definitions:

1. **Health**: A state of being associated with freedom from disease, injury, and illness that also includes a positive component (wellness) that is associated with a quality of life and positive well-being.

2. **Health promotion**: Any effort taken to allow an individual, group, or community to achieve awareness of—and empowerment to pursue—prevention and wellness.

3. **Wellness**: A state of being that incorporates all facets and dimensions of human existence, including physical health, emotional health, spirituality, and social connectivity.

4. **Fitness**: A dynamic physical state—comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities.

5. **Prevention**: Need to define the PT’s role in primary, secondary, and tertiary prevention.
   - **Primary**: Prevent a disease or injury from occurring
   - **Secondary**: Reduce the impact of disease/injury through screening & early intervention to prevent long-term problems
   - **Tertiary**: Soften the impact of ongoing illness or injury to improve function and quality of life as much as possible

**Scope**: Within the PT profession, our primary health promotion and wellness target is to optimize movement, including physical activity and fitness promotion, which can serve as forms of secondary and tertiary prevention.

---

1 APTA Policy BOD Y03-06-16-39 - [https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Practice/PhysicalFitnessWellnessHealth.pdf](https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Practice/PhysicalFitnessWellnessHealth.pdf)


3 PHYSICAL THERAPISTS’ ROLE IN PREVENTION, WELLNESS, FITNESS, HEALTH PROMOTION, AND MANAGEMENT OF DISEASE AND DISABILITY HOD P06-16-06-05 [Initial: HOD P06-15-23-15] [Position] Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals and populations. This means that although physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals and populations improve overall health and prevent the need for avoidable health care services. Physical therapists’ roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession’s vision of transforming society by optimizing movement to improve the human experience.

Physical therapists, like most health professionals, are educated to provide services in the health services delivery environment. Physical therapists also are uniquely educated and trained to adapt health care recommendations to the community environment where individuals live, work, learn, and play. This knowledge and ability enables physical therapists to adapt medical recommendations to specific environments, to meaningfully interpret health recommendations, to help individuals modify their health behaviors, and to ensure clinical and community services are integrated, available, and mutually reinforcing.

Case Descriptions:

- **Case A** is a 56 y/o elementary school teacher. She does not smoke, has a high caloric diet (BMI of 42), and drinks alcohol in moderation (1-2) drinks on a weekend. She % daytime fatigue, denies depression and lives alone in a two story single family home. She does not have much family support.
  - Values: Independence, Self-Acceptance, Tradition
  - Goals: Exercise, Community Mobility
  - Diagnosis-specific discussion:

- **Case B** is a 65 y/o female with a BMI of 33. She was diagnosed with Type II Diabetes 10 years ago and quit smoking 7 years ago. She has 1 daughter, 2 grandchildren (age 7 and 3). She is a retired teacher who watches her grandchildren during the day while her daughter works.
  - Values: Family, Nurturing, Spiritual
  - Goals: Home with grandchildren, Meal preparation
  - Diagnosis-specific discussion:

- **Case C** is a 21 y/o female college student who is double-majoring in journalism and communication. She describes herself as a social drinker (binge drinker at college). She has supportive, but divorced parents. She doesn't smoke regularly but has smoked socially (particularly lately because her new boyfriend smokes). She reports having test anxiety.
  - Values: Friendship, Education, Self-Esteem
  - Goals: Community with friends, Navigating independently, Self-care
  - Diagnosis-specific Discussion:

- **Case D** is a 70 y/o cardiologist (clinical and teaching), with a BMI of 22 who ran marathons (albeit slowly) until about 3 years ago. He does not smoke, eats relatively well, and drinks alcohol in moderation (1-2) drinks most evenings. He is married with 2 grown children and 1 grandchild.
  - Values: Fitness, Health, Purpose
  - Goals: Exercise, Occupation
  - Diagnosis-specific discussion:

- **Case E** is 21 yo female, with a BMI of 19. She is a full-time graphic design student who is an avid music fan. She smokes 2 packs a week. She lives in a private home with her parents and 2 younger sisters.
  - Values: Friendship, Education, Self Esteem
  - Goals: Community, Education, Independence
  - Diagnosis-specific discussion:
Key Presentation Resources:
*Caveat: The purpose of this presentation is to disseminate clinically-relevant evidence-based information from the literature and the task force’s collective expertise. This information was not based on a formal systematic review, delphi method to determine expert consensus, and/or clinical practice guideline.

Physical Activity and Disability Background:
- The Center for Disease Control and Prevention compiles data from five different national surveillance surveys related to physical activity and health. [https://www.cdc.gov/physicalactivity/data/index.html](https://www.cdc.gov/physicalactivity/data/index.html)
- New Physical Activity Guidelines in 2018 (2nd edition)!

Physical Therapy Roles:
- Physical therapy roles include education, screening, connecting clients to resources, direct intervention, research, advocacy, and collaborative consultation.
- The APTA Scope of Practice of a PT: Professional, Jurisdictional and Personal ([http://www.apta.org/ScopeOfPractice/](http://www.apta.org/ScopeOfPractice/))
- ANPT Synapse Course: ‘Foundational Knowledge for Health Promotion and Wellness Strategies in Neurorehabilitation’. Modules include the following: Role of PT/Scope of Practice, Motivational Interviewing Primer, Health Behavior Change, Outcome Measure Overview, Physical Activity, Nutrition, Sleep, Stress, Depression, Smoking Cessation, Polypharmacy, Violence Prevention. [https://www.anptsynapsecenter.com/public/course-detail/?id=120](https://www.anptsynapsecenter.com/public/course-detail/?id=120)

Theoretical Models of Health Behavior Change that Inform Physical Therapy Interventions:
- Transtheoretical Model
  - Stages of Change, Processes of Change, Self-Efficacy, Decisional Balance
- Strategies for Intervention
  - Consider patient/client’s stage of change, attitudes toward exercise, and hierarchy of goals
    - Rebrand exercise article: Segar et al 2011 [http://www.iibnpa.org/content/8/1/94](http://www.iibnpa.org/content/8/1/94)
    - Behavioral strategies based on a patient/client’s stage of change (see next page):
  - Patient-centered or patient-led goal setting
    - Value-based goals (link goals and behaviors to values)
    - Facilitate creation of SMART goals
    - Goal Attainment Scale
  - Facilitate your patient/client’s change
    - Foster self-efficacy
    - Foster self-management
    - Foster resiliency
  - Use the 5 A’s and 5 R’s
    - Ask, Advise, Assess Willingness, Assist, Arrange Follow-up
    - Determine the Relevance, Discuss the Risk, Explore Rewards, Examine possible Roadblocks, Continue Repetition

Image from: [https://www.transformingeducation.org/self-efficacy-toolkit/](https://www.transformingeducation.org/self-efficacy-toolkit/)
<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Description of Stage</th>
<th>Strategies</th>
</tr>
</thead>
</table>
| Pre-contemplation | Not intending to change in the near future                                           | • Use motivational interviewing  
|                  |                                                                                     | • Provide educational resources and increase awareness of consequences of unhealthy behavior  
|                  |                                                                                     | • Express concern |
| Contemplation    | Thinking about change but ambivalent; weighing the pros and cons (“I want to change, but…”) | • Use motivational interviewing  
|                  |                                                                                     | • Empathize with the ambivalence  
|                  |                                                                                     | • Discuss benefits of changing and praise for considering change seriously  
|                  |                                                                                     | • Build self-efficacy |
| Preparation      | Intending to take action very soon or making small changes; have identified a plan to help improve the behavior | • Set S.M.A.R.T. goals  
|                  |                                                                                     | • Praise and reinforce behavior changes  
|                  |                                                                                     | • Encourage identification of social support or a buddy with whom to change  
|                  |                                                                                     | • Problem solve how to deal with barriers |
| Action           | Engaged in making a change within the last 6 months that is sufficient to reduce risk for disease | • Reinforce efforts  
|                  |                                                                                     | • Probe how the behavior is positively impacting the patient’s life and roles  
|                  |                                                                                     | • Identify additional environmental supports  
|                  |                                                                                     | • Encourage and praise |
| Maintenance      | Has been engaged in the behavior for 6 months or longer and working towards sustained engagement | • Discuss another behavior and apply change strategies that were successful to future success with the next behavior  
|                  |                                                                                     | • Discuss the risk of relapse and how to prevent it |
| Termination      | Behavior has become permanent; no risk of relapse                                     | • Not applicable (applies to addictive behaviors, not physical activity and diet) |

*Adapted from Exercise is Medicine(R) resources and Bezner, Lloyd, Crixell, & Burke, 2017*
Health & Wellness Screening Examples:

Here are some questions that a PT could ask during an evaluation to help drive goal-setting.

- What are your personal values (a personal value is something that you chose for yourself that is personally important or meaningful to you)?

- What are your (1) functional goals and (2) health and wellness goals?

- What makes it hard for you to meet your goals (limitations)? These could be physical, cognitive, social, or economic limitations.

- What does “Health” look like to you?

- Regarding your current state of health, do you feel it is excellent, good, average, not so good, or poor?
  - Compared to before your illness/injury, do you feel like your health is much worse, somewhat worse, the same, somewhat better, or much better?

- Wellness goes beyond health, and can be defined as “A state of being that incorporates all facets and dimensions of human existence, including physical health, emotional health, spirituality, and social connectivity.” Based on that definition of wellness, do you feel your wellness is excellent, good, average, not so good, or poor?
  - Compared to before your illness/injury, do you feel like your wellness is much worse, somewhat worse, the same, somewhat better, or much better?

- Regarding your current physical activity level (over the last week), do you feel you are extremely active, moderately active, lightly active, or sedentary?
  - Compared to before your illness/injury, do you feel like your physical activity is much less, somewhat less, the same, somewhat more or much more?

- How interested [or ready] are you in making a change in [fill in their priority behavior] on a 0 to 10 scale over the next week? 0 is not interested [or ready] at all, 10 is extremely interested [or ready].

- How confident are you that you can make a change in [fill in their priority behavior] on a 0 to 10 scale over the next week? 0 is not confident, 10 is extremely confident.

- Specific Health Behaviors:
  - Do you smoke or have a history of smoking?
  - Typically, how many hours do you sleep per night? How would you describe the quality of your sleep?
  - How often do you experience stress and or feelings of hopelessness, sadness or anxiety?
  - Do you feel that you have a healthy diet in terms of the quantity and quality of your food and beverage intake?

---

5 Guide to Physical Therapy Practice (2016)
Motivational Interviewing Resources:

- Key skills of motivational interviewing: OARS
  - Open-ended questions
  - Affirmations
  - Reflective listening
  - Summary

- Resource List:
  - “Transformative Dialogues: The Use of Motivational Interviewing in Physical Therapy” by Rose Pignataro, PT, DPT, PhD
    (http://www.apta.org/Blogs/PTTransforms/2018/7/12/TransformativeDialogues/)

- Modification of motivational interviewing (MI) to address cognitive & behavioral deficits  (Martino et al. J. Subst Abuse Treat. 2002)

<table>
<thead>
<tr>
<th>MI Standard Principle</th>
<th>Cognitive &amp; Behavioral Challenge</th>
<th>MI Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assumes intact cognition</td>
<td>Cognitive impairments such as inattention, poor concentration, and disordered thinking.</td>
<td>Incorporate strategy of repetition and use simple verbal and visual materials.</td>
</tr>
<tr>
<td>Uses open-ended questioning</td>
<td>Difficulty with tracking or organizing responses to complex questions</td>
<td>Use clear and concise questions and provide sufficient time for response. Provide choice*</td>
</tr>
<tr>
<td>Uses reflective listening</td>
<td>Information processing deficits</td>
<td>Use simply stated reflections and provide sufficient time for response.</td>
</tr>
</tbody>
</table>

*Providing choice: Considerations for shared decision making with cognitive impairment
  - The Freedom of Choice Framework balances carer decision making with persons’ autonomy within the contextual features of risk, relationships and resources.

<table>
<thead>
<tr>
<th>No or Mild Impairment</th>
<th>Moderate Impairment</th>
<th>Severe Impairment</th>
</tr>
</thead>
</table>
| Support/manage autonomy of client choices
  - Inquire on client preference for autonomy
  - Engage in shared decision-making | Uphold autonomy for decisions not impacting safety/risk
  - Provide 3 choices (all options are good choices).
  - From Bhatt, 2018: “… person living with dementia appreciated even trivial involvement in decision-making” | Delegated decision making
  - Advise directly on most appropriate choice of action
  - Utilize family/carer in choice determination, along with client as able |
Values-Based Goal Setting:

Select a personal value and list it below. Remember, a personal value is something that you chose for yourself that is personally important or meaningful to you. Next, identify a single goal that is consistent with the identified value. A goal is a specific behavior that can be accomplished that moves you in the direction of your personal value. Finally, list at least three specific behaviors that will assist you in achieving the goal.

A. Identified Value: _____________________________________________________________________
   1. Goal:
      a. Specific Behavior: _____________________________________________________________
      b. Specific Behavior: _____________________________________________________________
      c. Specific Behavior: _____________________________________________________________

B. Identified Value: _____________________________________________________________________
   1. Goal:
      a. Specific Behavior: _____________________________________________________________
      b. Specific Behavior: _____________________________________________________________
      c. Specific Behavior: _____________________________________________________________

C. Identified Value: _____________________________________________________________________
   1. Goal:
      a. Specific Behavior: _____________________________________________________________
      b. Specific Behavior: _____________________________________________________________
      c. Specific Behavior: _____________________________________________________________

______________________________________________________________________________________________________________________________________________

TIPS for goal planning:

**SMART Goals**
- **Specific**
  - Identifies a specific action or event that will take place
  - Should be quantifiable so progress can be tracked

- **Measurable**
  - Should be attainable and realistic given resources

- **Achievable**
  - Should be personally meaningful and really matter

- **Relevant**
  - State the time period for accomplishing the goal
Appendix A: Plan for Mastering the Guiding Style of Motivational Interviewing

Motivational Interviewing (MI) is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.

Learning MI-informed style of communication is an ongoing process and requires more than knowledge of techniques. Like learning to play an instrument, mastery is attained over time and in stages. Lots of practice overlaps with didactic learning and opportunities for paced consultation. Consider this progression:

1. **Build Awareness & Desire to learn the ‘music’ of MI:** Become aware of what this collaboration sounds like through observation and playing around with it.

2. **Understand the spirit of MI:**

   The distinct tone of a guiding style reflects 4 attributes coming together: collaboration, acceptance, evocation, and compassion.

   Learn to produce this tone by identifying and imitating role models and experimenting with it. Invite a trusted role model or consultant to directly observe you and offer specific feedback.

3. **Recognize important patterns:** What does change talk sound like? How is it different from sustain talk? What does ambivalence sound like? Learn to recognize these patterns by enrolling in a face-to-face or online MI class that includes didactic and role-play components.

4. **Elicit and evoke:** How can I play my instrument in a way that will produce the ‘music’ of MI’s collaborative conversational style? Identify a consultant willing to observe 3-5 interactions (real-time or recorded) and provide feedback. Consider forming a learning community/group for monthly ‘jam sessions’.

Ask yourself, “**What would be one good next step for me in developing and being comfortable with the clinical style of MI?**”


Outcome Measures:

- Use outcome measures appropriate for the patients’ goals
  - Health promotion and wellness PT Goals: measures of physical fitness, physical activity and perceived wellness
    - **Physical Activity**: any bodily movement produced by skeletal muscles that requires energy expenditure (WHO). Measurement options include:
      - Objective measurement using the patient/client’s own device
        - Watch, phone, pedometer
      - Godin Leisure-Time Exercise Questionnaire (GLTEQ; [http://www.godin.fsi.ulaval.ca/Fichiers/Quest/Godin%20leisure-time.pdf](http://www.godin.fsi.ulaval.ca/Fichiers/Quest/Godin%20leisure-time.pdf))
      - International Physical Activity Questionnaire (IPAQ; [https://sites.google.com/site/theipaq/](https://sites.google.com/site/theipaq/))
      - Physical Activity Scale for the Elderly (PASE; [https://www.sralab.org/rehabilitation-measures/physical-activity-scale-elderly](https://www.sralab.org/rehabilitation-measures/physical-activity-scale-elderly))
    - **Physical Fitness**: A dynamic physical state – comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance and flexibility; relaxation; and body composition – that allows optimal and efficient performance of daily and leisure activities (APTA). Measurement options include:
      - Aerobic capacity and pulmonary function
      - Muscle strength, power, and endurance
      - Flexibility
      - Neuromuscular or balance
      - Body Composition
    - **Perceived Wellness**: A multidimensional, salutogenic construct, which should be conceptualized, measured, and interpreted consistent with an integrated systems view
      - Quality of Life Measures: generic and disease specific

<table>
<thead>
<tr>
<th>Feasibility</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the test safe?</td>
<td>Reproducible?</td>
</tr>
<tr>
<td>Is it too expensive?</td>
<td>How much error occurs when a measure is obtained?</td>
</tr>
<tr>
<td>How easy is it to administer?</td>
<td>ICC &amp; SEM: The degree of acceptable reliability is based on the consequence of the decision to be made</td>
</tr>
<tr>
<td>How easy is it to grade and interpret?</td>
<td></td>
</tr>
<tr>
<td>Face validity</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Validity</th>
<th>Responsiveness</th>
<th>Responsiveness</th>
<th>Responsiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure what is says its measuring?</td>
<td>Measure differences over time?</td>
<td>Fundamental property of a meaningful outcome measure</td>
<td>MDC, MCID</td>
</tr>
<tr>
<td>If categorical can use validity indices for criterion-referenced (Sensitivity, Specificity, Likelihood Ratio)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Treadmill**
  - Bruce Protocol: 3 Min Stages: (1) 1.7 mph, 10% grade; (2) 2.5mph, 12%; (3) 3.4mph, 14%

- **Cycle**
  - YMCA Cycle Protocol
  - Astrand-Rhyming

- **Overground Walking**
  - Rockport Walk Test

- **Recumbent Stepper**

Exercise Prescription Foundations:

- ACSM Risk Stratification Categories for Exercise Testing provides guidance regarding the need for a physician’s presence during exercise testing or physician’s clearance before prescribing exercise

  - ACSM’s Guidelines for Exercise Testing and Prescription, 8th Edition Figure 2.3 or Green M
    - Low risk: Asymptomatic men and women who have ≤ 1 CVD risk factor
    - Moderate risk: Asymptomatic men and women who have ≥ 2 risk factors
    - High risk: Individuals who have known cardiovascular, pulmonary, or metabolic disease or one or more symptoms.

- Flowcharts for medical screening from ACSM’s Guidelines for Exercise Testing and Prescription, 10th Edition. Figure 2.2. and from Figure 2 [https://www.acsm.org/docs/default-source/files-for-resource-library/updating_acsm_s_recommendations_for_exercise-28-(1).pdf?sfvrsn=3aa47c01_4](https://www.acsm.org/docs/default-source/files-for-resource-library/updating_acsm_s_recommendations_for_exercise-28-(1).pdf?sfvrsn=3aa47c01_4)

- FITT-VP Principles
  - FITT: Frequency, Intensity, Time, Type
  - VP: Volume and Progression
  - Consider medication-exercise interactions
**Exercise Prescription - Intensity and Duration:**

- **Exercise Intensity**
  - **Aerobic Exercise** (150 min/week of moderate to vigorous intensity aerobic)
    - “Light Intensity: 30-39% HRR or VO$_2$R; 2-2.9 METS, RPE 9-11, an intensity that causes slight increases in HR and breathing”
    - “Moderate Intensity: 40-59% HRR or VO$_2$R, 3-5.9 METS, RPE 12-13, an intensity that causes noticeable increases in HR and breathing”
    - “Vigorous Intensity Exercise: > 60% HRR or VO$_2$R, > 6 METs, RPE > 14, an intensity that causes substantial increases in HR and breathing”
  - **Resistance Exercise**
    - Each session warm-up for resistance training day: 40% 1RM
    - If new to high-intensity resistance training, recommend 8-10 sessions of low resistance training (40-50% 1RM) to reduce risk of injury (particularly upper limb).
    - 2x/wk for 12 weeks at 70-80% of 1 RM (Reassess 1 RM at least every two weeks)
    - Progressive resistance exercise training is the most effective strengthening strategy
    - Number of Repetitions at estimated % of 1 RM;
        - 95% of 1RM= 2-3 reps
        - 90% of 1RM=4-5 reps
        - 80% of 1RM=8-9 reps
        - 60% of 1RM=16-20 reps
  - **Flexibility Exercise**
    - 30 second stretch minimal up to 120 seconds
      - Guissard and Duchateau, *Muscle Nerve* 2004; Ghasemi et al J Bodyw Mov Ther 2018

- **Exercise Prescription Resources**
  - American Physical Therapy Association Physical Fitness for Special Populations Pocket Guides
    - [http://www.apta.org/PFSP/](http://www.apta.org/PFSP/)
  - Adaptive Exercise Equipment
  - See Community Resources for Additional Information

**Next 2 Pages: Example of an Exercise Prescription Handout for Patients**
May want to include liability disclaimer per your organization’s legal department.
# Health Fitness Plan

**Name:** ______________________________________

**Participant educated on HR and BP assessment for exercise:** Y / N

**Mobility Level:**
- Ambulatory: Y / N (Distance: _______)
- Wheelchair User: Y / N
- Community Assistance Level: ____________

**Estimated Height and Weight:** _______  
**Waist Circumference:** Sitting: _______  
**Household assistance level:** ____________

**Equipment in this section do not require transfers.**

<table>
<thead>
<tr>
<th>Equipment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest Press</td>
<td></td>
</tr>
<tr>
<td>Overhead Press</td>
<td></td>
</tr>
<tr>
<td>Lat Pulldown</td>
<td></td>
</tr>
<tr>
<td>Compound Row</td>
<td></td>
</tr>
<tr>
<td>Functional Trainer</td>
<td></td>
</tr>
</tbody>
</table>
  - Shoulder Flex/Ext
  - Elbow Flex/Ext
  - Shoulder Abd/Add
  - Hip Flex/Ext
| Rope Climber      |   |
| Arm Ergometer     |   |
| Cybex Bravo Functional Trainer | |

**Other Relevant Information/Contraindications:**
- ____________________________
- ____________________________

**Potential Participant Health/Fitness Goals:**
- Increase Endurance
- Weight Loss
- Increase Strength
- Increase Flexibility
- Skin Integrity
- ↑ Resting BP
- ↓ Resting BP

**Indications for Return to Healthcare Provider:**
- Safety: ____________________________
- ↑↓ in status (pain, strength, function, etc.): ____________________________
- Brace Re-eval: ____________________________
- Other: ____________________________

**Adaptive Equipment:**
- Cuff, Hooks, Gloves, Chest Strap, Velcro Straps, Adaptive Bike Peddle, Theraband, Free Weights, Cuff Weights, Leg guides

**Equipment listed below and on next page require transfers**

<table>
<thead>
<tr>
<th>Equipment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy Stand 6000 Glider* Stander</td>
<td></td>
</tr>
<tr>
<td>NuStep TSXR Recumbent Cross Trainer</td>
<td></td>
</tr>
<tr>
<td>Concept 2 Model E Rower</td>
<td></td>
</tr>
<tr>
<td>Self-stretching Mat Table Exercises:</td>
<td></td>
</tr>
</tbody>
</table>

**PT/OT Signature indicates ONLY non-transfer activity appropriate:** ____________________________  
**Date:** ____________________________

**Level of Assist with Transfers:** ____________________________

**If applicable:**
- ID #: _______
- Password: ____________________________

**Participant or Caregiver should bring completed form to appropriate exercise facility**
Level of Assist with Transfers: ________________________________

- Keiser bilateral Upperback
- Incline Press
- Vortex Cable EX

Minimum Weight: 7 lbs

Exercises:
- Supination
- Pronation
- Wrist Flexion
- Wrist Extension
- Grip Strength

Other Relevant Information (BP/HR Targets, Brace/Assistive device use in the gym, Recommendations for Brace or Assistive Device Re-evaluations, Additional Equipment, etc.):

PT/OT Signature: ________________________________ Date: ________________________________

All Photos Taken at the Quincy Branch South Shore YMCA

Participant or Caregiver should bring completed form to appropriate exercise facility
MI and Exercise Blending Activity Worksheet (page 1 of 2)
Values-Based Goal Setting: Application to Exercise Prescription Activity

Roles:
• **Person 1: Individual:** Received exercise prescription from PT and now requires a plan.
• **Person 2: Physical Therapist:** Challenge is to connect exercise prescription to values and a specific plan.
• **Person 3: Observer:** Identify one specific example that went well and one specific example to consider improving next time.

Use handout resources above.

We usually start with values. Recall the basic format for connecting SMART goals to one’s values (pg 6):

What is Person 1’s Value: ___________________________________________________________

Goal: __________________________________________________________

Specific Behavior: __________________________________________________________

Activity:
Select or create an exercise plan that works for Person 1. How might a clinician use an MI-informed approach to blend this exercise prescription with Person 1’s values and goals?

### Choose an Exercise Prescription Plan For Your Setting

<table>
<thead>
<tr>
<th>Choose an Exercise Prescription Plan For Your Setting</th>
<th>Or Develop a Different Plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Activity</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient / Home Health</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Wheelchair propulsion/Ambulation multiple times a day in facility</td>
<td>10,000 steps/day 5x/week</td>
</tr>
<tr>
<td><strong>Aerobic</strong></td>
<td></td>
</tr>
<tr>
<td>BWSTT - goal 30 min bouts with rest as needed, FES Cycling UBE RPE/BP/HR parameters set by rehab team</td>
<td>Ex HR= 0.50 (HRR)+HR rest; 30 minutes; 5x/wk</td>
</tr>
<tr>
<td><strong>Strength</strong></td>
<td></td>
</tr>
<tr>
<td>3-4x/week 8-10 reps for all available muscle groups (thera-band vs. weights)</td>
<td>2x/wk; 12-13 on RPE scale for 8 reps (2 sets); all available muscle groups at 70% of 1 RM; Reassess 1 RM every 2 weeks.</td>
</tr>
<tr>
<td><strong>Flexibility</strong></td>
<td>Daily</td>
</tr>
<tr>
<td>Daily (applied by self, family, or therapist)</td>
<td></td>
</tr>
<tr>
<td><strong>Neuro-motor</strong></td>
<td></td>
</tr>
<tr>
<td>Ther Ex group therapy sessions, Tai Chi, Dynamic Balance training, Technology</td>
<td>Senior Tai Chi Class: 1-2 days/wk</td>
</tr>
</tbody>
</table>
Sample script outline of 4 steps (note integration of self-determination theory, MI spirit and skills, and transtheoretical model):

1) **Autonomy:** Does the individual want to adopt this prescription as a personal goal?

   - Thanks for coming in today. Based upon my assessment of your current status, here’s how I think the general activity guidelines should be customized to your specific strengths and needs. How do you feel about adopting this as a goal over the next 6 months?

2) **Relatedness:** How would achieving this goal connect with the individual’s values- what really matters?

   - It sounds like you’re interested in working toward this fitness goal and I’d like to support you in the process. I’m wondering how this goal aligns with what really matters to you in your life? How would achieving this goal help move you in that direction?

   - If ‘1’ represents not important at all and ‘10’ represents extremely important, how would you rate this goal?

3) **Competence:** Identify 1-3 specific behaviors (SMART goals to be achieved in 1-2 weeks) to support this goal.

   - Can you identify 1-3 specific actions that can be accomplished in the next 1-2 weeks that will help you get started?

   - How confident are you (on a scale from 1-10 scale) about meeting this specific goal?

   - What barriers might you encounter? How will you manage to get around these?

4) **Conclusion:** Summarize discussion, providing written summary if appropriate, and identify next steps.
Physical Activity Barriers and Facilitators:

  - Impairment, Activity, and Participation
    - Symptoms of condition, Length of time with condition, Presence of secondary conditions, Decreased mobility/dependence for activities of daily living, Disappointment/embarrassment in participation
  - Environmental
    - Physical
      - Difficult access or support to an exercise environment, Lack of (accessible) transport, Difficult access to services within recreational facilities, Limited suitable or convenient programmes, Cost of programme, Lack of suitable equipment or training
    - Social
      - Lack of expectations from others to be active, Insufficient support from facility staff, Poor social attitude from others, Lack of encouragement from healthcare professionals
  - Personal
    - Attributes
      - Increasing age, Unemployment
    - Beliefs
      - Lack of belief or interest in exercise, Decreased self-efficacy for exercise, Lack of time, other responsibilities, Misunderstanding of what constitutes beneficial exercise

  - Impairment, Activity, and Participation
    - Fatigue, Lack of walking balance, muscle weakness, pain, stiffness, bladder and bowel problems, depression, thermoregulation and fear of injury
  - Environmental
    - Accessibility, costs, transport and insufficient information and knowledge from health professionals
  - Personal
    - Lack of motivation, feelings of self-consciousness and embarrassment in public, anxiety, frustration and anger
    - “Barriers may also include impaired cognition and communication skills making it difficult during client-therapist interactions.”

  - Maintaining independence, function and weight, the prevention of secondary conditions, having sufficient social support, goal setting and achieving, enjoyment, feeling good, feeling “normal”, motivation and optimism, redefining self and escapism from everyday boundaries.

- **How to Beat Barriers**
  - Measure the Barriers
    - Barriers to Health Promoting Activities for Disabled Persons Scale (BHADP)  
      http://sites.utexas.edu/chpr/resources/barriers-to-health-promoting-activities-for-disabled-persons-scale-bhadp/
    - Barriers to Being Active Quiz from CDC Road to Health  
Key Barriers

- **Access:** Develop regional lists in your area of accessible facilities and transportation resources
- **Time:** Education on importance early, carve out wellness time, replace traditional restorative sessions with exercise in community
- **Mobility Impairments:** Throughout restorative episode of care educate and practice community-based exercise modalities, educate families and caregivers
- **Cognition/Communication:** Keep it simple, increased time for processing, non-distracting environments, provide choices, work with healthcare team and family to determine best alternative forms of communication
- **Comorbidities:** Teach self-assessment of vital signs and precautions per diagnoses, teach self-management and when to stop, teach regarding good/bad pain and return to PT if pain becomes a barrier
- **Finding Knowledgeable Providers:** Fitness trainers with specialty certifications (see community resources list); Patient advocacy groups (see community resource list); Finding both PCPs and PTs with knowledge of condition; Networking, social media, and support groups
- **Use Psychosocially-Informed Treatment Strategies** (see health behavior change above)
  - Explore values and goals (motivational interviewing)
  - Assess readiness (readiness to change and stage-matched interventions)
  - Build self-efficacy and self-regulation
  - Develop an action plan through shared decision-making (motivational interviewing, goal setting using pedometers or exercise logs)
  - Support ongoing development of healthy habits (maintain accountability of self, with buddy/family, or therapist)
  - Consider social determinants of health
Physical Therapy Delivery Considerations (Documentation and Delivery Models):

- **Set HPW-related goals**
  - In 12 weeks, patient will exercise independently in the community achieving at least 150 minutes per week of moderate intensity aerobic exercise as is shown to optimize health status and slow decline in functional mobility in people with Parkinson’s disease (Oguh et al, 2014).
  - In 12 weeks, patient will complete progressive resistance training 2x/week for all major muscle groups, independently, as has been shown to improve and maintain disease severity and functional mobility in people with Parkinson’s disease (Corcos et al 2013).
  - In 3 months, patient will be independent in energy management through utilization of self-selected strategies, such as fatigue diary, naps and pacing, enabling participation in weekly life role of caring for grandchildren.
  - In 6 months, patient will report improved overall health status with a $\geq 15\%$ reduction in negative impact of MS as measured by the MSIS-29.
  - In 8 weeks, patient will set-up, perform, and document exercise routine with modified independence, using a checklist as a memory aide, in preparation for transitioning to a community gym program.

- **Delivery Models**
  - **Restorative Care**: 2-3x/week for 4-12 weeks to improve gait, balance, etc
  - **New Exercise Program**: PT is required for individually-tailored exercise prescription based on complex (degenerative) medical condition. Generally 1-4 visits are allowed by Medicare and other insurers. Good for more independent clients (eg people with early PD with history of exercise, good self efficacy and resources). Space visits out to allow patient to try exercises at home and revisit every 2-4 weeks to address exercise progression. Long-term follow-ups at 6-12 months for exercise progression (generally new episode of care). Education to return sooner if any musculoskeletal pain.
  - **Skilled Maintenance Care**: Skilled PT is required to help patient maintain or progress their exercise. In an outpatient setting, we would recommend patient work with family/caregiver to exercise regularly, with PT visits every 1-3 months to measure outcome measures, provide skilled exercise progression guidance, and/or to help hold patient accountable (eg person with low motivation may require more frequent visits). These visits are not to perform the exercise routine, as that can be done independently or with unskilled caregiver assistance. The timeframe of within 3 months is due to 2018 healthcare policy requiring certification notes every 90 days (or less based on institutional policy). See APTA resources for additional guidance.
  - **Long-term Delivery Model (Dental Model)**: Skilled PT reassessment every 6-12 months for those with good engagement and independence with home program (with or without support of a caregiver). As of 2018 healthcare policy, this is frequently completed by a new episode of care due to the need for certification notes every 90 days (or less). However, it can be done in one skilled maintenance episode of care in some cases with appropriate documentation. The goal of these visits are to assess functional status and change in needs, as well as to advise on exercise progression.

- **Billing Codes (Confirm with your Managers)**
  - Therapeutic Exercise
  - Neuromuscular Reeducation
  - Education
  - Self-Management

- **Resources for PTs**
  - Certified Exercise Expert for Aging Adults: [https://geriatricspt.org/events/courses/ceaaa/](https://geriatricspt.org/events/courses/ceaaa/)
  - Skilled Maintenance: [http://www.apta.org/Payment/Medicare/CoverageIssues/SkilledMaintenance/](http://www.apta.org/Payment/Medicare/CoverageIssues/SkilledMaintenance/)
  - Annual Checkups: [http://www.apta.org/AnnualCheckup/](http://www.apta.org/AnnualCheckup/)
  - Finding Certified Exercise Trainers (see next page)
**Fitness Trainer Certification Programs:**

<table>
<thead>
<tr>
<th>Certification</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Inclusive Fitness Trainer (CIFT)</td>
<td>American College of Sports Medicine (ACSM) and National Center on Health Promotion and Disability (NCHPAD) Collaboration</td>
</tr>
<tr>
<td>Certified Special Population Specialist® (CSPS®)</td>
<td>National Strength and Conditioning Association (NSCA)</td>
</tr>
<tr>
<td>Certified Medical Exercise Specialist (CMES)</td>
<td>American Council on Exercise (ACE)</td>
</tr>
<tr>
<td>Exercise is Medicine® Credentials</td>
<td>ACSM with ACE and the Medical Fitness Association</td>
</tr>
<tr>
<td>Medical Exercise Specialist (MES)</td>
<td>American Academy of Health, Fitness, and Rehabilitation Professionals (AAHFRP)</td>
</tr>
<tr>
<td>Post-Rehabilitation Conditional Specialist</td>
<td>American Academy of Health, Fitness, and Rehabilitation Professionals (AAHFRP)</td>
</tr>
<tr>
<td>Exercise Therapy Certification</td>
<td>International Sports Sciences Association (ISSA)</td>
</tr>
<tr>
<td>Older Adult Specialist Certification</td>
<td>World Instructor Training Schools (WITS)</td>
</tr>
</tbody>
</table>
General Community Resources:

- ANPT HPW Website: http://www.neuropt.org/professional-resources/practice-resources/health-promotion-and-wellness
- American Physical Therapy Association Community: Council on Prevention, Health Promotion, and Wellness in Physical Therapy (APTA Members Only):
- American Physical Therapy Association Physical Fitness for Special Populations Pocket Guides
  - http://www.apta.org/PFSP/
- Adaptive Exercise Equipment
- See Disease-Specific Patient Advocacy Groups
- NCHPAD (National Center on Health, Physical Activity, and Disability)
  - 14 weeks to a healthier you (a 14 week physical activity and nutrition program for people who are sedentary): https://www.nchpad.org/14weeks/
  - Champion’s Rx (a daily exercise program that provides a daily suggested workout for people who are active): https://www.nchpad.org/CRx
  - Get the Facts: https://www.nchpad.org/Get~the~Facts/
  - Diagnosis-specific information available
- Certified Inclusive Fitness Trainers:
  - Certification Information: http://incfit.org/node/802
  - List of Trainers: https://www.nchpad.org/Directories/Personal~Trainers
- VA Whole Health Library:
  - https://www.va.gov/PATIENTCENTEREDCARE/features/Whole_Health_Virtual_Library.asp
- The Y-USA (YMCA) Health Wellbeing and Fitness offerings:
  - http://www.ymca.net/health-wb-fitness

Key Resources for Other Health Promotion and Wellness Topics (See ANPT Synapse Presentations):

- Nutrition:
  - Academy of Nutrition and Dietetics: https://www.eatright.org/find-an-expert
  - Dietary Guidelines for Americans: https://health.gov/dietaryguidelines/2015/guidelines/
  - Choose My Plate: https://www.choosemyplate.gov/
- Sleep:
  - http://sleepeducation.org/find-a-facility
  - Centers for Disease Control and Prevention: https://www.cdc.gov/sleep/index.html
  - National Sleep Foundation: https://sleepfoundation.org/
- Smoking:
  - Centers for Disease Control and Prevention: https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/index.html
- Stress, Anxiety, and Depression:
  - National Institute of Mental Health: https://www.nimh.nih.gov/index.shtml
  - Substance Abuse and Mental Health Services Administration: https://www.findtreatment.samhsa.gov/
  - Mindfulness in Motion: https://mindfulnessinmotion.osu.edu/
Key Community Resources by Diagnostic Group:

- **Multiple Sclerosis:**
  - **Exercise Prescription Articles:**
  - **Health Promotion and Wellness Articles:**
  - **Suggested Patient Advocacy Organizations with Health Promotion and Wellness Resources and Programs**
    - National Multiple Sclerosis Society [https://www.nationalmssociety.org/Living-Well-With-MS](https://www.nationalmssociety.org/Living-Well-With-MS)
    - Multiple Sclerosis Foundation [https://msfocus.org](https://msfocus.org)
    - CanDoMS [https://www.cando-ms.org/](https://www.cando-ms.org/)

- **Parkinson’s Disease:**
  - **Exercise Prescription Articles:**
  - **Health Promotion and Wellness Articles:**
  - **Suggested Patient Advocacy Organizations with Health Promotion and Wellness Resources:**
    - Parkinson’s Foundation booklets on fitness, mood, and sleep: [https://www.parkinson.org/pd-library](https://www.parkinson.org/pd-library)
    - Michael J. Fox Foundation (hover over “Understanding Parkinson’s” for information on diet, exercise, sleep, anxiety, and fatigue): [https://www.michaeljfox.org/](https://www.michaeljfox.org/)
    - American Parkinson’s Disease Association Education and Support Page: [https://www.apdaparkinson.org/resources-support/](https://www.apdaparkinson.org/resources-support/)
    - Davis Phinney Foundation - Living Well with Parkinson’s Disease (exercise, sleep, etc): [https://www.davisphinneyfoundation.org/living-well/](https://www.davisphinneyfoundation.org/living-well/)
    - Brian Grant Foundation - Training for Exercise Professionals: [https://briangrant.org/training-for-professionals/](https://briangrant.org/training-for-professionals/)
o **Traumatic Brain Injury:**

- **Exercise Prescription Articles:**

- **Health Promotion and Wellness Articles:**

- **Suggested Patient Advocacy Organizations (have fewer specific Health Promotion and Wellness Resources):**
  - Brain Injury Association of America: [https://www.biausa.org/](https://www.biausa.org/)

o **Spinal Cord Injury:**

- **Exercise Prescription Articles:**

- **Health Promotion and Wellness Articles:**

- **Suggested Patient Advocacy Organizations with Health Promotion and Wellness Resources:**
  - Paralyzed Veterans of America - Adapted Sports: [https://www.pva.org/adaptive-sports](https://www.pva.org/adaptive-sports)
  - Craig H Neilsen Foundation - Psychosocial Research (resource for clinical researchers): [http://chnfoundation.org/psychosocial-research/](http://chnfoundation.org/psychosocial-research/)
  - Christopher and Dana Reeve Foundation: [https://www.christopherreeve.org/living-with-paralysis](https://www.christopherreeve.org/living-with-paralysis)
Stroke:

- Exercise Prescription Articles:

- Health Promotion and Wellness Articles:

- Suggested Patient Advocacy Organizations with Health Promotion and Wellness Resources:
  - Heart and Stroke Foundation of Canada [http://www.heartandstroke.ca/heart](http://www.heartandstroke.ca/heart)
  - [https://fameexercise.com/](https://fameexercise.com/)

Other Conditions (Vestibular, Huntington’s Disease, Amyotrophic Lateral Sclerosis)

- Exercise Prescription Articles:

- Health Promotion and Wellness Articles:

- Suggested Patient Advocacy Organizations with Health Promotion and Wellness Resources:
  - Vestibular Disorders Association [www.vestibular.org](http://www.vestibular.org)
Case Worksheet A:

Case Name & Diagnosis: ______________________________________________________

Values: _____________________________________________________________________

Key Diagnosis-Related Case Features:___________________________________________

Identify the Health, Promotion, and Wellness Topics That May Need to be Screened and/or
Addressed:_________________________________________________________________

Patient's Stated Goal(s):_______________________________________________________

Facilitated SMART Goals: _____________________________________________________

____________________________________________________________________

What Outcome Measures Would You Choose:

PT: ___________________________________________________________________

Physical Activity-Related: ________________________________________________

Other HPW-Related: _____________________________________________________

Which Physical Activity and Exercises Would You Suggest (may not be all):

Physical Activity: _______________________________________________________

Structured Aerobic: _____________________________________________________

Strengthening: _________________________________________________________

Flexibility: _____________________________________________________________

Neuromotor: ____________________________________________________________

Which Health Promotion and Wellness Intervention and Resources Would You Use? _____

____________________________________________________________________________

Which Health Behavior Change Strategies or Concepts Would You Incorporate? And How?

Motivational Interviewing: _________________________________

Shared Decision Making: _________________________________

Self-Efficacy: _________________________________

Readiness to Change: _________________________________

Other: _________________________________
Case Worksheet B:

Case Name & Diagnosis: ______________________________________________________

Values: ___________________________________________________________________

Key Diagnosis-Related Case Features:___________________________________________

Identify the Health, Promotion, and Wellness Topics That May Need to be Screened and/or
Addressed: __________________________________________________________________

Patient's Stated Goal(s):_______________________________________________________

Facilitated SMART Goals: _____________________________________________________

___________________________________________________________________________

What Outcome Measures Would You Choose:

PT: ___________________________________________________________________

Physical Activity-Related: ___________________________________________________________________

Other HPW-Related: ___________________________________________________________________

Which Physical Activity and Exercises Would You Suggest (may not be all):

Physical Activity: __________________________________________________________________

Structured Aerobic: __________________________________________________________________

Strengthening: ___________________________________________________________________

Flexibility: ___________________________________________________________________

Neuromotor: ___________________________________________________________________

Which Health Promotion and Wellness Intervention and Resources Would You Use? ____
______________________________________________________________________________

Which Health Behavior Change Strategies or Concepts Would You Incorporate? And How?

Motivational Interviewing: __________________________________________________________________

Shared Decision Making: __________________________________________________________________

Self-Efficacy: ___________________________________________________________________

Readiness to Change: __________________________________________________________________

Other: ___________________________________________________________________
Case Worksheet C:

Case Name & Diagnosis: ______________________________________________________

Values: _____________________________________________________________________

Key Diagnosis-Related Case Features: __________________________________________

Identify the Health, Promotion, and Wellness Topics That May Need to be Screened and/or
Addressed: __________________________________________________________________

Patient’s Stated Goal(s): _____________________________________________________

Facilitated SMART Goals: _____________________________________________________

____________________________________________________________________

What Outcome Measures Would You Choose:

PT: ___________________________________________________________________

Physical Activity-Related: ________________________________________________

Other HPW-Related: _____________________________________________________

Which Physical Activity and Exercises Would You Suggest (may not be all):

Physical Activity: _______________________________________________________

Structured Aerobic: _________________________________________________

Strengthening: _________________________________________________________

Flexibility: _____________________________________________________________

Neuromotor: ____________________________________________________________

Which Health Promotion and Wellness Intervention and Resources Would You Use? _____

_______________________________________________________________________________

Which Health Behavior Change Strategies or Concepts Would You Incorporate? And How?

Motivational Interviewing: ________________________________________________

Shared Decision Making: _________________________________________________

Self-Efficacy: _____________________________________________________________

Readiness to Change: _____________________________________________________

Other: ___________________________________________________________________
Case Worksheet D:

Case Name & Diagnosis: ______________________________________________________

Values: _____________________________________________________________________

Key Diagnosis-Related Case Features:___________________________________________

Identify the Health, Promotion, and Wellness Topics That May Need to be Screened and/or Addressed:________________________________________________________

Patient's Stated Goal(s):_______________________________________________________

Facilitated SMART Goals: _____________________________________________________

______________________________________________________________________

______________________________________________________________________

What Outcome Measures Would You Choose:

PT: ___________________________________________________________________

Physical Activity-Related: ________________________________________________

Other HPW-Related: _____________________________________________________

Which Physical Activity and Exercises Would You Suggest (may not be all):

Physical Activity: _______________________________________________________

Structured Aerobic: _____________________________________________________

Strengthening: _________________________________________________________

Flexibility: _____________________________________________________________

Neuromotor: ____________________________________________________________

Which Health Promotion and Wellness Intervention and Resources Would You Use? _____
______________________________________________________________________________

Which Health Behavior Change Strategies or Concepts Would You Incorporate? And How?

Motivational Interviewing: ________________________________________________

Shared Decision Making: _________________________________________________

Self-Efficacy: ___________________________________________________________

Readiness to Change: _____________________________________________________

Other: ____________________________________________________________________
Case Worksheet E:

Case Name & Diagnosis: ______________________________________________________

Values: _____________________________________________________________________

Key Diagnosis-Related Case Features:___________________________________________

Identify the Health, Promotion, and Wellness Topics That May Need to be Screened and/or Addressed:__________________________________________________________

Patient's Stated Goal(s):_______________________________________________________

Facilitated SMART Goals: _____________________________________________________

____________________________________________________________________
____________________________________________________________________

What Outcome Measures Would You Choose:

PT: ___________________________________________________________________

Physical Activity-Related: ________________________________________________

Other HPW-Related: _____________________________________________________

Which Physical Activity and Exercises Would You Suggest (may not be all):

Physical Activity: _______________________________________________________

Structured Aerobic: _____________________________________________________

Strengthening: _________________________________________________________

Flexibility: _____________________________________________________________

Neuromotor: ____________________________________________________________

Which Health Promotion and Wellness Intervention and Resources Would You Use? _____

______________________________________________________________________________

Which Health Behavior Change Strategies or Concepts Would You Incorporate? And How?

Motivational Interviewing: ________________________________

Shared Decision Making: _____________________________________________

Self-Efficacy: _________________________________________________________

Readiness to Change: ________________________________________________

Other: _______________________________________________________________