

IDEA Opinion Statement

Benefits of a Working Relationship Between Medical and Allied Health Practitioners and Personal Fitness Trainers

Introduction

The health benefits of physical activity have been documented in numerous scientific studies. According to *Physical Activity and Health, A Report of the Surgeon General*, physical activity and planned exercise can control body weight and reduce the risk of premature death, heart disease, diabetes, hypertension, some cancers, depression and anxiety.¹ Populations benefiting from physical activity include older adults; children; teenagers; dieters; and people with high blood pressure, anxiety, depression, arthritis or disabilities. For example, exercise helps build and maintain bones, which helps prevent osteoporosis, and there are indications that strength training can help reduce the risk of falling in older adults.¹

The ever-growing body of science on physical activity and fitness demonstrates that regular exercise supports the health of our communities in a powerful way. These health benefits are so well-defined that organizations such as the American Heart Association (AHA),² the American College of Sports Medicine (ACSM),^{3,4} the Centers for Disease Control and Prevention (CDC)⁴ and the American Dietetic Association (ADA)⁵ have recommended physical activity as a primary or secondary prevention strategy.

Despite overwhelming evidence supporting the benefits of mild to vigorous exercise, the Surgeon General's report also states that 60 percent of American adults are not physically active on a regular basis and 25 percent are inactive.¹ Among the reasons cited for Americans' lack of physical activity are time constraints and inadequate access to convenient facilities and safe environments.⁶ Additional factors are low motivation and lack of knowledge about how to exercise properly. And while many people start an exercise program, few sustain participation over time.¹

Physical activity is one of the top 10 health indicators identified in the U.S. Healthy People 2010 goals. Specific objectives include increasing the proportion of adults who engage regularly in moderate physical activity for at least 30 minutes a day to 30 percent (from 15%); who engage regularly in vigorous physical activity to 30 percent (from 23%); who engage in physical activities that enhance and maintain muscular strength and endurance to 30 percent (from 18%); and who perform physical activities that enhance and maintain flexibility to 43 percent (from 30%).⁶

While scientific research has demonstrated the health benefits of mild to vigorous exercise, the results of this research have played an important role in shaping the principles, and defining the practice, of exercise and fitness programming. College curricula and fitness industry standards and education have been established so that educated fitness professionals are familiar with exercise-related sciences, exercise program design and progression, and pre-exercise screening and monitoring.

This knowledge base is frequently found in personal fitness trainers. Personal fitness trainers work one-on-one, or sometimes with very small groups, closely supervising their clients' exercise sessions. Personal fitness trainers help clients to establish appropriate and attainable exercise goals, to exercise safely and effectively, and to enjoy physical activity. Trainers teach exercise technique, provide formal exercise appointment times and offer ongoing motivation—all factors that increase exercise adherence. Qualified personal fitness trainers are an important connection between the scientific research and medical community and the adults and children who need to exercise.

Since the United States has an estimated 55,000 personal fitness trainers⁷ and approximately 15,910 fitness facilities,⁸ appropriate fitness programs can engage millions of Americans, which can have a substantial impact on meeting the Healthy People 2010 objectives. It is IDEA's opinion that clarifying the processes for medical and allied health practitioners wishing to refer patients to personal fitness trainers will help both groups meet the objectives of Healthy People 2010 and improve the health of our communities.

Managed Care and Medical Referrals

The urgent search by government agencies and private insurance companies for methods to control rising medical costs has resulted in health plans often referred to as "managed care." Most Americans rely on medical insurance to cover a portion or all of their medical and rehabilitation expenses. Managed care has reduced access to long-term medical care by limiting the scope of medical procedures, the dollar coverage for medicines and medical procedures, and the number of visits to practitioners such as physical therapists and occupational therapists.

These care limitations shift the role of physical activity and planned exercise from an elective pursuit to a major tool for primary and secondary prevention and aftercare. For example, in a joint position statement ACSM and AHA state

that a trend in cardiac rehabilitation is to refer “low-risk, clinically stable patients to community facilities” because the cost is lower for these than for cardiac programs, and fitness facilities must be prepared to work safely with these individuals.⁹

The U.S. population contains a large number of individuals with varying degrees of symptomatic diseases and functional limitations who no longer require extensive long-term medical intervention but could benefit from a well-designed health-fitness program to improve their quality of life. CDC and ACSM,⁴ along with AHA,¹⁰ point out that physicians and other medical providers have the opportunity and responsibility to counsel patients about exercise. A recent survey shows that 34 percent of physicians do counsel their patients about exercise.¹¹ Knowledge of pro-

fessional boundaries and competencies can increase the confidence of medical providers who refer patients to personal fitness trainers.

The Role of Personal Fitness Trainers

Personal fitness trainers design exercise programs to improve physical fitness. Personal fitness trainers do not diagnose disease or treat injuries. Standards established by agencies that certify personal fitness trainers have established that qualified personal fitness trainers do conduct preactivity health screenings, design progressive exercise programs, follow exercise prescriptions from medical practitioners, record clients’ progress, and adjust exercise prescriptions according to clients’ specific limitations and capabilities. Table 1 clarifies what falls within personal fitness trainers’ scope of practice.

Table 1: Personal Fitness Trainers’ Scope of Practice

Personal Fitness Trainers Do Not :	Personal Fitness Trainers Do :
<ul style="list-style-type: none"> • diagnose 	<ul style="list-style-type: none"> • receive exercise or health guidelines from a physician, physical therapist, registered dietitian, etc. • follow national consensus guidelines for exercise prescription for medical disorders • screen for exercise limitations • identify potential risk factors through screening • refer clients to a medical practitioner if necessary
<ul style="list-style-type: none"> • prescribe 	<ul style="list-style-type: none"> • design exercise programs • refer clients to a medical practitioner for an exercise prescription
<ul style="list-style-type: none"> • prescribe diets or recommend specific supplements 	<ul style="list-style-type: none"> • provide general information on healthy eating, according to the USDA Food Guide Pyramid • refer clients to a dietitian or nutritionist for a specific diet plan
<ul style="list-style-type: none"> • treat injury or disease 	<ul style="list-style-type: none"> • refer clients to a medical practitioner for treatment • use exercise to help improve overall health • help clients follow a physician’s/therapist’s advice
<ul style="list-style-type: none"> • monitor progress for medically referred clients 	<ul style="list-style-type: none"> • document progress • report progress to the medical practitioner • follow the physician’s/therapist’s/dietitian’s recommendation
<ul style="list-style-type: none"> • rehabilitate 	<ul style="list-style-type: none"> • design an exercise program once a client has been released from rehabilitation
<ul style="list-style-type: none"> • counsel 	<ul style="list-style-type: none"> • coach • provide general information • refer clients to a qualified counselor or therapist
<ul style="list-style-type: none"> • work with patients 	<ul style="list-style-type: none"> • work with clients

A personal fitness trainer’s ability to screen potential fitness participants for health conditions within the guidelines established by fitness certification organizations and medical organizations may enable the trainer to identify previously undetected risk factors and refer a client to the appropriate medical practitioner. A screening tool recommended for fitness professionals is the PAR-Q or a modification of the PAR-Q.¹²

Through the screening process or coaching relationship, personal fitness trainers may encounter undiagnosed disease or injury. Once a personal fitness trainer recognizes a risk factor, the client should be referred to the appropriate medical or allied health practitioner. General conditions that may require a referral are outlined in Table 2.

Personal fitness trainers may require a medical clearance from a medical provider before beginning or continuing a client’s fitness program. The medical practitioner provides exercise limitations, may request program documentation and indicates when exercise should stop or be modified. Exercise recommendations are also provided by organizations devoted to research and disease management.

Personal fitness trainers also design and monitor exercise programs for clients with stable conditions who have been referred by physicians, physical therapists, registered dietitians, psychologists and other allied health practitioners. A personal fitness trainer follows the instructions provided by the medical practitioner and maintains accurate documentation if requested by the medical practitioner.

Table 2: Fitness Referrals to Medical and Allied Health Practitioners

Situation/Condition	Refer to Physician or Therapist for Pre-Exercise Screening	Obtain Medical or Therapy Guidelines Prior to Exercise	Stop Exercise and Refer to a Medical Provider
man over age 45; woman over age 55	X		
personal or family history of cardiovascular disease, high blood pressure, diabetes, smoking, obesity, high cholesterol, pulmonary disease	X	X	
past injuries, such as whiplash or sprained ankle; unstable joints	X	X	
severe or chronic pain during exercise; pain lasting more than a few hours postexercise			X
difficulty breathing or maintaining coordination; dizziness			X
suspicion of unhealthy eating habits or eating disorder		X	X
taking prescribed medications	X	X	
recent injury or rehabilitation under medical care	X	X	
pregnancy	X	X	
chronic disease, such as arthritis or cerebral palsy		X	
clinical depression		X	

If a personal fitness trainer, at any time, is unfamiliar with a medical condition or uncertain of safe exercise programming, the trainer should immediately consult a medical provider or refer the client to another professional. Personal fitness trainers must be aware of the boundaries of their knowledge and scope of practice and should ask questions or refer back to a medical practitioner when appropriate.

When notified by a personal fitness trainer that a patient is interested in beginning an exercise program, medical practitioners should explain any limitations and parameters of the patient’s condition and request the documentation necessary to evaluate the training program. See “Exhibit A: Sample Medical Clearance Request From a Personal Fitness Trainer” for an example of an inquiry for such information. Organizations like AHA, ADA and ACSM provide exercise guidelines for a variety of conditions.

Referral to Physical Activity and Fitness Programs

Physicians and allied health practitioners can meet the Healthy People 2010 objectives by referring patients to qualified personal fitness trainers for exercise programs and by providing exercise guidelines. Examples of conditions that may benefit from a referral to an exercise program are included in Table 3.

Table 3: Referrals From Medical and Allied Health Practitioners to Qualified Personal Fitness Trainers

Situation/Condition	Refer for Exercise/ Conditioning Program	Provide Exercise Guidelines	Request Documentation of Exercise Program
man over age 45; woman over age 55	X	X	
personal or family history of cardiovascular disease, high blood pressure, diabetes, smoking, obesity, high cholesterol, pulmonary disease	X	X	
unhealthy eating habits or eating disorder	X	X	X
taking prescribed medications		X	X
recent injury or rehabilitation under medical care	X	X	X
pregnancy	X	X	
chronic disease, such as arthritis	X	X	X
chronic disease, such as type 2 diabetes or cerebral palsy	X	X	X
phase 3 or 4 cardiac rehabilitation	X	X	X
post physical therapy or postrehabilitation	X	X	X
clinical depression	X		X

When referring a patient with general health and fitness concerns, qualifications to look for may include:

- in a fitness facility, adherence to facility staffing and supervision procedures recommended by ACSM¹³
 - in a personal fitness trainer, a bachelor's or master's degree in an exercise field and/or
 - certification from a nationally accepted fitness agency (for example, ACSM, ACE [American Council on Exercise], AFAA [Aerobics and Fitness Association of America], NSCA [National Strength and Conditioning Association])
- When referring a patient with a controlled disease or postrehabilitation condition, qualifications to look for in a personal fitness trainer may include:
- four or more years' experience as a trainer
 - experience working under the supervision of a medical practitioner
 - a bachelor's or master's degree in an exercise field and/or
 - certification from a nationally accepted fitness agency (for example, ACSM-ES, ACSM-Program Director, ACE-CES)

Some medical practitioners and hospitals include personal fitness training as a component of wellness programs. In these situations, frequent referrals and sometimes the close physical proximity of a fitness trainer enable the medical practitioners to supervise the exercise programs and be readily available for consultation. These relationships foster a team approach that benefits the former patient.

Summary

Research has clearly shown that physical activity and exercise are efficacious in preventing primary and secondary disease and in facilitating recovery from disease and injury.^{1,2,4} As the fitness industry continues to grow, so does the number of personal fitness trainers, who in turn can reach millions of people and help them maintain healthy lifestyles and fitness levels. The aging of our society and its demand for medical programs that contribute to active, productive lives and disease prevention underscore the need for cooperation between medical and fitness professionals.

A direct tie between medical practitioners and fitness providers has the potential to motivate millions of sedentary individuals to pursue fitness and make tremendous strides in reducing medical costs by improving health and fitness. Fitness programs can be prescribed by medical practitioners as readily as other treatment choices.

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References

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Exhibit A: Sample Medical Clearance Request From a Personal Fitness Trainer

Your patient _____ has applied to participate in an exercise training program, which would include:

- a fitness assessment to measure muscle strength and endurance, cardiovascular fitness level, posture and flexibility
- an exercise program two times per week, with each session lasting approximately one hour

The American College of Sports Medicine recommends that a man over age 45, or a woman over age 55, who has not exercised on a regular basis receive an exercise stress test prior to exercise.

Does your patient require a diagnostic test prior to beginning his/her program?

___ yes ___ no

My patient _____ is able to participate in an exercise assessment and an exercise program.

These restrictions or exercise limitations should be followed:

This patient is taking medications that will affect heart rate or other parameters during exercise.

Type of Medication	Effect
_____	_____
_____	_____

Physician's Signature _____