

# PROMOTING PHYSICAL ACTIVITY: YOUR PATIENT HAS THE ANSWERS

AUSTRALIAN ADULTS ARE NOT MEETING THE RECOMMENDED LEVELS OF WEEKLY PHYSICAL ACTIVITY. PHD CANDIDATE **BREANNE KUNSTLER**, APAM, DISCUSSES PATIENT EXPECTATIONS AND PHYSIOTHERAPISTS' KEY ROLE IN PROMOTING PA.

Australian adults are not meeting the recommended levels of weekly physical activity (PA). The Australian Physical Activity & Sedentary Behaviour Guidelines for Adults state that adults must participate in 75–150 minutes of vigorous intensity PA (eg, running) or 150–300 minutes of moderate intensity PA (eg, brisk walking), as well as muscle-strengthening activities on at least two days each week to be considered physically active (Commonwealth of Australia 2014). In 2014–15, 44.5 per cent of Australian adults did not achieve the minimum recommended PA levels (Commonwealth of Australia 2015). Those with musculoskeletal conditions report lower PA levels (McPhail et al 2014a), potentially due to their condition acting as a barrier (McPhail et al 2014b). As many as 10.1 per cent of Australian deaths in 2008 were directly attributed to physical inactivity (Lee et al 2012). Physical inactivity is therefore a major contributor to early death.

Physiotherapists have a role to play in PA promotion and have a responsibility to improve the PA levels of their patients (World Confederation for Physical Therapy 2012). But the real question is:

## Are we any good at increasing our patients' PA levels?

I have almost completed a PhD exploring PA promotion by Australian physiotherapists. One of my PhD projects found that physiotherapists can increase their patients' PA levels, but only by a small amount (eg, 17.9 minutes daily) and improvements were not maintained beyond one year (Kunstler et al 2017). So, what is the problem? Why are PA improvements small and not maintained? How can we improve the way we promote PA?

The Australian Physical Activity & Sedentary Behaviour Guidelines for Adults provide physiotherapists with a recipe for how frequently and intensely adults should exercise to be considered physically active and reap the associated health benefits (Commonwealth of Australia 2014). The guidelines also provide guidance on the amount of time adults should exercise and gives some examples of types of activity to do (Commonwealth of Australia 2014). However, what they do

not do is encourage the physiotherapist to adopt a tailored approach to physical activity prescription. In other words, the guidelines can be used by some as a stock-standard recipe for PA promotion, but the result may be PA prescriptions that are not tailored to the patient.

Physiotherapists often tailor their treatment to their patients. Is that weight too heavy? Let's reduce it. Is that exercise causing excessive pain? Let's modify it. Does the patient balance a busy life of work and family? Suggest suitable times to squeeze in exercises. We should treat PA promotion the same way. Physical activity prescriptions should be tailored to the patient. If this is done, we might see greater improvements.

Physiotherapists in Australia and globally have scored poorly on their knowledge of the PA guidelines (Shirley et al 2010, Mohan et al 2012, Lowe et al 2017), which might suggest that physiotherapists are not following the guidelines and prescribing PA incorrectly to their patients. Having a general understanding of how much PA people should do to maintain health is an important prerequisite to prescribing PA.

However, I suggest that physiotherapists who do not strictly adhere to the black-and-white, hard-and-fast 'you must do 150–300 minutes of brisk walking per week' part of the guidelines have an excellent approach to PA prescription. This is because they stop thinking about how much PA their patient needs to do to be considered physically active, and instead they focus on the lesser mentioned part of the guidelines that suggest that doing any amount of physical activity is better than doing none (Commonwealth of Australia 2014). Thus, these physiotherapists tailor their PA prescription to suit the patient, rather than trying to make the patient suit the prescription.

Physical activity interventions, just like any other intervention, need to be tailored to the patient to be successful (Noar et al 2007, Dohrn et al 2016). You might think that if physiotherapists do not prescribe PA following the guidelines then they are not prescribing enough PA for their patient to achieve any health benefits. Do not think that.

Recent research has clearly demonstrated that doing a small amount of PA (eg, 15 min per day) is sufficient to achieve health benefits (Wen et al 2011). Regularly participating in PA of any intensity, and even at low levels, in leisure time can protect against developing depression in the future (Harvey et al 2017). Therefore, prescribing a small amount of PA can be enough to achieve some benefit and might be the perfect amount for some patients, if this is all they can achieve.

Let's use an example. Brian is a 45-year-old banker who presents to you with right shoulder pain. You notice he is overweight, possibly obese. He casually mentions to you that he avoids exercise 'like the plague' but tries to do at least 10 minutes of walking per day. You convince Brian that becoming physically active can help improve his overall health and that he should be doing more.

**Question:** what PA prescription do you give Brian?

- 150–300 minutes of brisk walking per week
- 75 minutes of running per week
- 12 minutes of walking this week with the aim to increase to 14 minutes next week

**Answer:** all of these PA prescriptions follow the guidelines, however, the third option gives Brian an achievable small goal and considers his activity preferences and abilities. Because of this, the third option gives Brian a better chance at engaging in PA and maintaining it over time.

## Why are goals important?

Setting goals gives the physiotherapist and patient a target to aim for. We often ask patients what they want to achieve during their time in physiotherapy. Physiotherapists are encouraged to frame patient goals using the SMARTS (specific, measurable, achievable, realistic, timely and self-determined) acronym (American College of Sports Medicine 2013).

However, a recent editorial in the *British Journal of Sports Medicine* argues that specific goals might be less effective than simple, vague goals (eg, just encouraging Brian to walk a little more next week) (Swann & Rosenbaum 2017). Swann and Rosenbaum (2017) make the very valid point that specific, often challenging, goals might see people participate in less PA, contradicting our aim. Aiming to be physically active (eg, walking 150 minutes per week) might be too challenging for someone who is currently inactive (Swann & Rosenbaum 2017).

Put yourself in Brian's shoes for a moment: how successful do you think you will be at achieving your PA goal if your physiotherapist just told you to run for 75 minutes per week? Tailoring your PA prescription to the patient is important for success.

## What can I do to help patients maintain PA?

Physical activity maintenance is hard. The PA improvements seen in patients who receive a PA prescription from their physiotherapist are only maintained up to one year (Kunstler et al 2017) and up to 15 months in young and middle-aged adults (Murray et al 2017). Initiating PA and maintaining it over time requires effort from the patient and the physiotherapist.

Maintenance of PA requires contact with the physiotherapist over an extended period and the use of follow-up prompts, self-monitoring, goal-setting and action-planning (Swedish Council on Technology Assessment in Health Care 2007, Fjeldsoe et al 2011, Dombrowski et al 2012, Olander et al 2013, Murray et al 2017). This means that

PA maintenance requires ongoing contact with the physiotherapist beyond the usual treatment timelines. As part of this extended contact, it is necessary to contact the patient while they are away from the clinic to see how they are going with their current plan (this is an example of using follow-up prompts).

Self-monitoring is also a useful tool to support maintenance and involves the patient using devices (eg, a smartphone app or exercise diary) that measure the amount of PA they do. This information can be automatically uploaded online for the physiotherapist to use when establishing if goals need reassessing or a new plan is needed.

Promoting PA is complex and has several challenges. Overall, it is important to remember that every patient is different and will respond to your advice differently. Therefore, be sure to prescribe an amount of PA that suits your patient, even if you think it is not enough. Physical activity levels can be progressed over time; some people will take longer to become physically active and some might never reach that level of activity. Use the resources available to you (eg, use reasonable goal-

setting, set plans, monitor progress) and keep in contact with your patients. Checking in occasionally might be the one thing they need to keep on track.

For references, email [ngeeditor@physiotherapy.asn.au](mailto:ngeeditor@physiotherapy.asn.au)

**Breanne Kunstler is a final-year PhD scholar at the Australian Centre for Research into Injury in Sport and its Prevention (ACRISP) at Federation University Australia. She graduated as a physiotherapist in 2013 from La Trobe University. Breanne's research is in physical activity promotion by physiotherapists, which is financially supported by a 2016 Physiotherapy Research Foundation (PRF) Tagged Grant. You can follow her on Twitter @BreanneKunstler and @Physios4PA.**

**Breanne would like to thank Joanne Kemp, APA Sports Physiotherapist (NHMRC Early Career Research Fellow, La Trobe Sport and Exercise Medicine Research Centre), for collaborating on this piece. She would also like to thank the PRF for funding her research.**



**Melbourne Radiology Clinic can assist physiotherapists with their musculoskeletal imaging needs and also offers a comprehensive minimally invasive radiological guided interventional service.**

**Dedicated MSK diagnostic and interventional radiologists**

At Melbourne Radiology Clinic, all patient scans are reviewed by fellowship trained musculoskeletal and MRI specialist radiologists, **Dr George Koulouris** and **Dr Tim Dickson**.

**Interventional Radiology & Pain Management**

**Ultrasound Guided Injections**

Commonly used to treat arthritis, synovitis, capsulitis, bursitis, Morton's neuroma, tendinosis, tenosynovitis and plantar fasciosis/fasciitis.

**Radiofrequency Ablation (RFA)**

RFA is predominantly used to treat facetogenic back pain, sacro-iliac joint pain, recalcitrant/end stage knee pain, Morton's neuroma and recalcitrant plantar fasciosis/fasciitis.

**Platelet Rich Plasma / Autologous Blood Injections**

PRP / ABI injections can be used to treat tendonopathy, plantar fasciosis/fasciitis, arthritis and ligament sprains.



**melbourne radiology clinic**

**Clinic Hours:**  
Monday - Friday 8:00am - 6:00pm  
Saturday: 9:00am - 1pm (by appointment)

**Melbourne Radiology Clinic**  
Ground Floor, 3-6/100 Victoria Pde  
East Melbourne VIC 3002

**tel 03 9667 1667 fax 03 9667 1666**  
[info@melbourneradiology.com.au](mailto:info@melbourneradiology.com.au)  
[www.melbourneradiology.com.au](http://www.melbourneradiology.com.au)