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Dare I Say It: “Exercise Medicine”

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We will be judged by what we have not done, by the love we have not shown.

-- Henry Drummond
The Greatest Thing In The World

Recently, a college student asked me the following question: “Do you think the medical profession believes that exercise is as effective as many prescribed drugs in the treatment of many chronic diseases?” I hesitated before answering for least two reasons. First, as a college professor for the past 45 years, my personal and professional experiences with medical doctors have convinced me that medicine isn’t interested in prescribing exercise. Why, simply because it isn’t in the best interest of medicine to spend more than a few minutes with the same patient. Medicine is big business, and business is all about making money. That is why a patient is marched into the physician’s office and, then, after 10 to 15 minutes is dismissed. Seldom does the patient get the information that is needed to understand his or her medical condition. Seldom ever are they told why one or more drugs are prescribed, much less what they do.

Since the exercise prescription is more demanding in both time and analysis, individual medical doctors are not going to prescribe exercise as one of their hundreds of drugs. Hence, this analysis raises important questions about whether exercise will

ever be used by medical doctors who are not remotely close to giving up their emphasis on medications to deal with their patients' disability and/or disease by way of exercise. This point is supported by medicine's traditional reliance on pharmaceutical drugs to combat physical ailments, including heart disease and diabetes. Yet, with all the emphasis on regular exercise as a drug, why hasn't the medical community climbed the highest mountain to share the good news with everyone? After all, there is plenty of research to substantiate that exercise is a potent medical drug (1).

While an answer from the medical community is appropriate, especially in regards to the financial health of patients of all ages, why haven't physicians taken to heart the thousands of scientific studies that demonstrate the comparative effectiveness of regular exercise to pharmaceutical drugs? Isn't the medical community responsible for comparing the prescription of regular exercise to the commonly prescribed traditional drugs in terms of mortality and effectiveness? Will the practicing family physician ever move from medicine's traditional drug culture? Is mainstream medicine even interested in doing so and, if so, what is holding it back? If regular exercise is the equivalent to medicine's pool of drugs, what would that mean to the physicians' relationship with the pharmaceutical industry? Would they receive fewer grants, less free products, reduced support of key conferences and trips to pursue research projects?

There are dozens of other questions as well. As an example, since organized medicine understands that "...we have very little control over genetic factors, it is critical that we focus on the environmental and behavioral factors we can control to improve health." Interestingly, the quote is from a physician, Dr. R. E. Salis (2) of Kaiser Permanente Medical Center, Department of Family Medicine. The title of the editorial is "Exercise is Medicine and Physicians Need to Prescribe It." Not bad, but are physicians listening? Do they really care about getting their patients to deal with their physical inactivity? Are they willing to learn from exercise physiologists as healthcare professionals? Clearly, the importance of understanding cardiopulmonary testing in the assessment of their patients has been known for a long time. Decades of scientific research carried out by exercise physiologists has virtually proven that exercise is medicine. Yet, even though regular physical activity is "the" medicine for primary and

secondary prevention of many diseases, physicians have not prescribed the exercise drug to their patients.

Why is that? Why don't they hiring exercise physiologists, especially the ASEP Board Certified Exercise Physiologist, to work with their patients in the treatment of mind and body diseases? The war against heart disease, heart failure, stroke, type 2 diabetes, depression, and sarcopenia can be significantly improved if the public health problem of physical inactivity is corrected. Physicians must decide to step up to the plate and start thinking differently from yesterday's rhetoric. But, will they do so? The short answer is that they are not likely to take it upon themselves to prescribe exercise even though they realize the medical costs of physical inactivity is huge and rising every year. Dr. Sallis (2) highlights this point rather well with the following statement, "It is clear that the spiraling cost of inactivity is going to break the bank for healthcare spending if dramatic changes are not made."

Dare I say it? Physical activity such as walking or other forms of aerobic exercise blended with resistance exercises produce the same benefits as traditional drugs. This is huge, but there is more! By more the emphasis is the prescription of exercise only. It is common knowledge that pharmaceutical drugs often come with many side effects. Exercise per se is a drug without negative side effects. Regular exercise, as a medical intervention, improves health and longevity. Exercise medicine has wide-ranging health benefits, particularly from a prevention point of view. Whether it is type 2 diabetes or some forms of cancer, there is enhanced function with age. There is also very strong research to support the prescription of exercise as the drug of choice in dealing with cognitive decline.

My second point is simply this: "If I say exercise is medicine, will my students accept it?" Will they also share the message with their parents, friends, and clients that physical inactivity is one of the most important health problems of the 21st century? Dr. S. N. Blair acknowledges the same concerns (3)? Beyond their interests in sports and athletics, will my students help others understand that physical activity throughout the United States is not valued as it should be? Will they acknowledge that just 30 minutes of walking five days a week is a powerful drug with positive effects instead of some positive mixed with some negative effects as is so often the case with commonly

prescribed drugs? When they graduate from college and start their own families, will they encourage their children to schedule a comprehensive cardiorespiratory fitness evaluation by an ASEP Board Certified Exercise Physiologist?

It is clear to me that we must either merge the profession of exercise physiology with physician care or, if that is not possible due to the inertia of medical thinking, exercise physiologists must create their own entrepreneurial opportunities to improve the health and well-being of Americans. No one can argue that exercise is not medicine, so why shouldn't exercise physiologists prescribe the exercise pill via their own exercise medicine clinics (4-18). After all, they are healthcare professionals. There is no better way to improve the profession of exercise physiology and, at the same time, improve the health and longevity of world health.

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