

GROUP VISIT TOOLKIT

Movement as Medicine: A Powerful Prescription for Health



Improve the health of your patients
with meaningful information

- *Easy to implement*
- *Cost-effective*
- *Time-efficient*
- *Insurance-friendly*

Your patients want to change... now you have the tools

This toolkit educates patients on the importance of moving! In today's society, it's all too easy to be sedentary. Without the proper motivation and tools, it can be hard to know where to start with an exercise plan. The Movement as Medicine Group Visit Toolkit helps patients understand how movement impacts epigenetic signaling, how to start and progress an exercise plan based on current health status, the benefits of movement, and how to stay motivated to maintain movement as one of the most powerful prescriptions for health.

Use for patients with these issues:

- Blood Sugar/Insulin Disorders
- HTN/Hyperlipidemia
- Overweight/Obesity/Sarcopenia
- Hormone Imbalance/Infertility
- Sleep Disturbance
- Fatigue
- Depression/Anxiety
- Neurocognitive Disorders
- Constipation/Bloating/IBS
- Autoimmune Disorders

THIS GROUP VISIT TOOLKIT INCLUDES:



Visit Forms:

Patient intake forms are designed to capture key information to create efficient, insurance-friendly patient encounters.



Patient Handout(s):

Patient-friendly handout(s) assist you and improve the implementation of key lifestyle tips necessary to correct underlying causes of illness.



Multi-Media Education:

Choose the format to best suit your presentation style

- Video + audio version
- Presentation slides for custom education

Ideal use for a Group Visit or one-on-one setting

Shilpa P. Saxena, MD is a Board-Certified Family Practice physician whose passion and purpose come to life through sharing her innovative patient education and practice management solutions in her classic 'keep it simple' style. She serves as Faculty with the Institute for Functional Medicine, the Arizona Center for Integrative Medicine, the University of Miami, Miller School of Medicine, and the Metabolic Medical Institute at George Washington University. Dr. Saxena is an expert in the Group Visit medical model, creator of Group Visit Toolkits, and co-author of *The Ingredients Matter: India*.



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Movement Medicine

Patient Name: _____ Date of visit: _____

____ (initial) I understand as a participant in this Group Visit/Shared Medical Appointment, that I and other patients will discuss medical information in the presence of other patients, people, staff, and the clinician. If I have medical concerns that are of a very private nature, I will request to discuss with the clinician in a private setting or will schedule an individual office visit. I will also respect the confidentiality of the other members of the group by not revealing medical, personal, or any other identifying information about others in attendance after the session is over.

CC (circle all that apply):	Insomnia	Fatty liver	Fatigue	Autoimmune disorder
Prediabetes	Obesity	Constipation	Pain	Erectile dysfunction
Diabetes	High cholesterol	Depression	Insomnia	Decreased libido
High blood pressure	Low HDL	Anxiety	Headache	Allergies (environment/food)

List the primary symptom/disease you wish to improve with improved movement: _____

- How long ago did this issue start? _____ ☐ days ☐ weeks ☐ months ☐ years
- My symptoms are ☐ mild ☐ moderate ☐ severe ☐ annoying ☐ life-changing ☐ disabling
- Overall, this condition is mostly ☐ getting better ☐ basically the same ☐ getting worse
- I currently participate in a regular exercise routine that challenges me. ☐ Yes ☐ No
- I sit for 8 or more hours a day most days of the week. ☐ Yes ☐ No
- One of my goals is to reduce my reliance on Rx or OTC medications for my issues. ☐ Yes ☐ No ☐ N/A

Review of Systems: (check all symptoms you are currently experiencing)

- ☐ weakness ☐ short of breath ☐ constipation ☐ calf pain ☐ fatigue ☐ _____
☐ joint pain ☐ joint stiffness ☐ chest pain with exertion ☐ _____

Family History: (check and list all that apply)

- ☐ Heart attack or stroke before age 65: _____
☐ Excess weight issues: _____
☐ Mental health issues: _____

Exam:

- Vitals: Weight: _____ BP: _____
- Heart: ☐ RRR without M/G/R Abnl: _____
- Lungs: ☐ CTA bilaterally, nl effort Abnl: _____
- Joints: ☐ no major limiting stiffness, redness, or swelling

Assessment/Plan: _____

<input checked="" type="checkbox"/> Educated on 2 key areas of health & movement – 1) exercise and 2) N.E.A.T.	Patient advised _____ for to
<input checked="" type="checkbox"/> Educated on how to use a F.I.T.T. exercise prescription	beginning a new _____
<input checked="" type="checkbox"/> Educated on self-assessment of exercise intensity using Sing Method & advised to start low and increase slow if new to exercise	Circle one preference below _____
	Patient <u>requests/d</u> _____ appointment for FITT Rx recommendations to personalize exercise as treatment of one or more conditions designated above.
	F/U Appointment (for office use only): _____

SOAP Note

- ✓ Insurance-friendly
- ✓ Can be scanned into EMR
- ✓ Patient completes all non-gray box sections

Provider Signature: _____ Date: _____

Movement as Medicine:

A Powerful Prescription for Health



Join us as we tour one of the most beneficial ways to improve your health: exercise and physical activity. We will help you understand how to prevent and heal many chronic health conditions.

Did you know being physically inactive raises your risk for chronic disease as much as smoking? Physical inactivity is a term used to identify people who do not get the recommended level of physical activity (30 minutes of aerobic exercise three to five times a week). This lifestyle choice

Event Flyer

- ✓ Market to office patients
- ✓ Market to the greater community
- ✓ Customizable Word format

LOGO AREA

Learn how to improve your health, starting with movement as medicine!

Register for a patient Group Visit.

Date/Time/Location



GROUP VISIT

Movement as Medicine:
A Powerful Prescription for Health

TOP 10 LEADING CAUSES OF DEATH

- Heart disease
- Cancer
- Lung disease
- Accidents
- Stroke
- Alzheimer's disease
- Diabetes
- Influenza



PowerPoint Slides

- ✓ Concepts reviewed in video
- ✓ PPT slide files for clinician to present and modify as needed
- ✓ Handouts for patients


GENES may load the gun, but...

LIFESTYLE pulls the trigger.




Genes have not changed for thousands of years.
The major cause of today's chronic disease is **POOR LIFESTYLE**.


Your genes are NOT the issue.




NOT the issue.



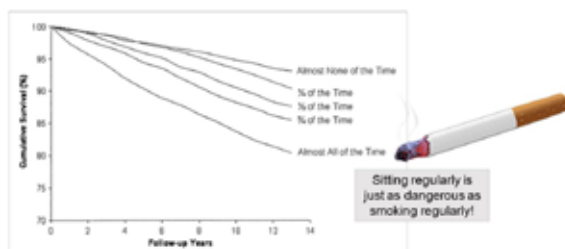
Your genes are NOT the issue.



Your CHOICES are the issue.



Who Lives Longer? Sitters or Movers



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Your lifestyle choices are constant signals to your body.

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Movement Medicine

HOW EXERCISE AND ACTIVITY HEALS



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2 Different ALARM Signals

short term SURVIVAL



long term DISEASE



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The GoodNESS Cure

Good: Science, mental, emotional and spiritual health is the foundation

Nutrition: Food provides building blocks & signals

Exercise: Daily movement maintains a well-oiled machine

Sleep: Rest is critical to reset for another day's challenges

Stress: The goal is to perceive the same things differently



Movement Medicine

HOW EXERCISE AND ACTIVITY HEALS



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2 KINDS OF MOVEMENT

EXERCISE

- **Structured physical activity**
 - Moderate to vigorous intensity
 - 15-60 minute workouts
 - 3-7 days a week
- **Make it a DISCIPLINE**
 - FITT prescription
 - Adjust as you need & want



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4 Part Exercise Prescription



Frequency

Intensity

Time

Type

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Exercise Prescription

F

FREQUENCY: How often?

- Once a day?
- Twice a day?
- Once a week?
- Twice a week?
- Which days?
- Daily?

I

INTENSITY: Effort level?

SING TEST

- Low
 - Can sing while exercising
- Moderate
 - Can talk, but not sing
- Vigorous
 - Difficult to talk while exercising

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Exercise Prescription

T

TIME: When & how long?

- Before or after work?
- During lunch?
- 15 minutes?
- 30 minutes?
- 60 minutes?

T

TYPE: What kind?

- Cardiovascular
- Strength training
- Flexibility
- Balance
- Mind-body
- Combination

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SMART STRATEGY

- Clearance by your physician
- Start low and increase slow if new
- Net progress with some stumbles

THE ULTIMATE GOAL:

More **Movement**
More **Healthy Signals**



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2

KINDS OF MOVEMENT

NON-SEDENTARY

- **Unstructured daily activity**
 - Hourly movement
 - 5-10 minutes
 - Combine with other tasks
- **Make it a WAY OF LIFE**
 - Live like your ancestors
 - Combine with other good habits



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N.E.A.T. Habit

- **Non-Exercise Activity Thermogenesis**
Anything we do that is not sleeping, eating or sports-like exercise
- **Common examples**
 - Take the stairs
 - Park farther away
- **Uncommon examples**
 - Trash can further away
 - Yoga ball chair or rolling stool



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Brainstorm the Possibilities

- **What does your home promote?**
 - Eating easily?
 - Lounging comfortably?
 - Automation (e.g. remote controls)?
- **What does your office promote?**
 - Centralized printing station?
 - Walking meeting?



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Match the Activity with its major **MOVEMENT** Benefit?

ACTIVITY

- Walking
- Yoga
- Latin dancing
- Canoeing
- Heavy landscaping

BENEFIT

- Cardiovascular
- Strength training
- Balance & flexibility
- Mind-body

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Your lifestyle choices are constant signals to your body.

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What are your signals?



What Gets in Our Way?

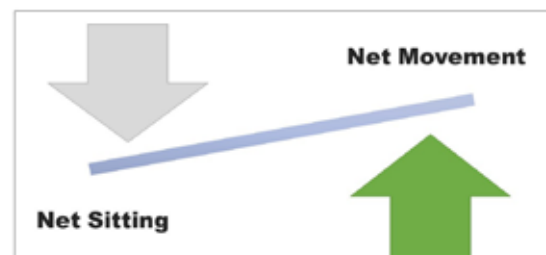
MENTAL	SOLUTIONS
<ul style="list-style-type: none"> • BODY IMAGE DISSATISFACTION • BOREDOM OVER TIME • PERCEIVED TIME CONSTRAINTS • LACK OF KNOWLEDGE/CONFIDENCE 	<ul style="list-style-type: none"> • PROTECTED/PERSONALIZED SPACE <ul style="list-style-type: none"> • WOMEN'S GYM • HOME VIDEOS • SOCIAL EXERCISE <ul style="list-style-type: none"> • DANCING • RUNNING CLUB • PERSONAL TRAINER/COACH

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What Gets in Our Way?

PHYSICAL	SOLUTIONS
<ul style="list-style-type: none"> • LOW FITNESS LEVEL • PAIN • REAL TIME CONSTRAINTS 	<ul style="list-style-type: none"> • REDUCE INTENSITY <ul style="list-style-type: none"> • EXERCISE WITH PEERS • START LOW & GO SLOW • OPTIMIZE NEAT • CONSIDER HIGH INTENSITY INTERVAL TRAINING

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Aim for the long game.

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Movement is like good soil
for the all the branches of your body.

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Let's talk **ACCOUNTABILITY**

- **YOU**
 - Key motivators
 - What's your why?
 - Positive vs. negative
 - Anticipate obstacles
 - Discipline/time
 - \$\$\$
- **COACH/BUDDY**
 - Informal (e.g. family/friend)
 - Formal (e.g. personal trainer)
- **Technology**
 - Phone apps
 - Fitness tech gear
- **Structured programs**
 - Fitness classes at gym
 - Videos for home use with planners
 - Community-organized sports

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Trust and start walking. We are not alone in the dark.
OUR PATH will unfold as we move.

—Paulo Coelho

GROUP VISIT

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OFFICE WORKOUT

For many people who work in busy office environments, incorporating mindful movement into everyday routines can be a challenge. Many smartphone and desktop apps on the market can help you set reminders to move during the day.

If a written schedule is more appealing, you can incorporate movement into your day every day. This schedule will provide you with various types of exercises that can be customized for your desired level of activity. (Note: This schedule is for use with a resistance band.)

Visit www.functionalfix.org to view short demonstrations of the exercises. Invite your co-workers to join you and change the schedule. A printable handout is available there for them to get things moving.

Patient Handouts

- ✓ Reference concepts learned from group session
- ✓ Reinforced plan of care
- ✓ Customizable with clinic name/logo

Day of the week	8-9 am Exercise	9-10 am Exercise	10-11 am Exercise	11 am-12 pm Exercise	12-1 pm Exercise	1-2 pm Exercise	2-3 pm Exercise	3-4 pm Exercise
Monday	Chair stand-up sit-downs (5-20 reps)	Desk push-ups (5-20 reps)	Standing bicep curls w/band (5-20 reps)	Seated alternating shoulder press w/band (5-20 reps)	Hip stretch (1 min)	Walk (5-10 min)	Calf raises (5-20 reps)	Seated triceps kickbacks (5-20 reps)
Tuesday	Wall squat (10 sec-1 min)	Band chest press (5-20 sec)	Seated alternating shoulder press w/band (5-20 reps)	Hip stretch (1 min)	Walk (5-10 min)	Calf raises (5-20 reps)	Seated triceps kickbacks (5-20 reps)	Calf stretch and ankle rotation (1 min)
Wednesday	Seated leg extensions; alternate legs (8 to 20 reps each, leg)	Desk push-ups (5 to 20 reps)	Standing biceps curls w/band (5-20 reps, each arm)	Side body stretch (1 min)	Walk (5-10 min)	Alternating standing knee-to-chest (6-20 reps)	Chair dips (5-20 reps)	Hamstring and quadriceps stretch (1 min)
Thursday	Standing hip abduction; alternate sides (6-20 reps)	Band chest press (5-20 reps)	Seated alternating shoulder press w/band (5-20 reps)	Hamstring + quadriceps stretch (1 min)	Walk (5-10 min)	Standing oblique side reach (6-20 reps)	Seated triceps kickbacks (5-20 reps)	Shoulder and neck stretch (1 min)
Friday	Static lunges; alternate legs (5-20 reps)	Desk push-ups (5-20 reps)	Standing biceps curls w/band (5-20 reps)	Chest and back stretch (1 min)	Walk (5-10 min)	Balancing leg extensions (5-20 sec)	Seated overhead triceps extension w/band (5-10 reps)	Deep breathing (1 min)

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Logo Here]

EXERCISE TYPE	CONSIDERATIONS	BEGINNER LOW INTENSITY	INTERMEDIATE MODERATE INTENSITY	ADVANCED VIGOROUS INTENSITY
STRENGTH/ WEIGHT BEARING	Proper form Muscle recovery (48 hrs)	Chair-based exercises w/light weights or resistance bands 2x per week 10-20 minutes (isometric better than weight bearing)	All major muscle groups 8-12 reps/muscle group Minimum 2x a week 20-30 minutes	All major muscle groups Daily focus Minimum 3x per week 30-60 minutes
FLEXIBILITY	Joint laxity Balance Pain Warm muscles	Stretching to point of mild muscle tightness Towel/strap assisted 2-3 days per week 10-20 minutes	Progress to maximum ROM (unassisted) 2-3 days per week 20-30 minutes	Assisted stretching to complete ROM w/ qualified trainer or physical therapist 2-3 days per week 30-60 minutes
BALANCE	Neuro status Fall risk Safe surroundings	Assisted (chair/wall/person) Practice daily 5-10 minutes	Progress towards standing unsupported on 1 leg for 20 seconds Practice daily 10-20 minutes	Balance combined w/movement Add balance-challenging equipment (Bosu) Practice daily 20-30 minutes
CARDIOVASCULAR	Balance Pain CVD risk assessment	Supported/walking on treadmill or riding a stationary bike 2-3x per week 10-20 minutes	Brisk walking Biking <10 mph Able to carry on a conversation 150 minutes per week	Jogging/running Biking >10 mph Not able to carry a conversation 60 minutes per day
MIND-BODY YOGA	Joint laxity Balance	YOGA (gentle/restorative) 1-2x per week 10-20 minutes	Hatha and Vinyasa 1-2x per week 30-60 minutes	Vinyasa, Ashtanga 2-3x per week 60 minutes
ACTIVITIES OF DAILY LIVING	Balance Fall risk CVD risk	Light house work, cooking, washing dishes, playing an instrument	Heavy cleaning, washing windows, vacuuming, mopping mowing lawn, heavy weeding	Shoveling Carrying heavy loads Digging

Should I Consult My Doctor Before Starting Exercise?

Patient Name: _____ Date: _____

Height: _____ in. Weight: _____ lbs. BMI: _____ Age: _____

Email: _____ Phone: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2. Do you feel pain in your chest when you perform physical activity?		
3. In the past month, have you had chest pain when you were not performing any physical activity?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7. Do you know of any other reason why you should not engage in physical activity?		

If you have answered "yes" to one or more of the above questions, consult your physician before engaging in physical activity. Bring this form to your healthcare provider for review and clearance. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

Doctor Recommendations:

- ☐ Cleared for physical activity without any restrictions.
- ☐ Cleared for physical activity with the following restrictions/recommendations:

Provider Name: _____ Date: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Movement Medicine Activity Assessment

(adapted from the National Academy of Sports Medicine)

Patient Name: _____ DATE: _____

Occupational Questions	YES	NO
1. What is your current occupation: _____		
2. Does your occupation require extended periods of sitting?		
3. Does your occupation require extended periods of repetitive movements? (if yes, please explain) _____		
4. Does your occupation require you to wear shoes with a heel (dress shoes)?		
5. Does your occupation cause you anxiety (mental stress)?		
Recreational Questions	YES	NO
6. Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.) _____ _____		
7. Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.) _____ _____		
Medical Questions	YES	NO
8. Have you had any pain issues or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.) _____ _____		
9. Have you ever had any surgeries? (If yes, please list.) _____ _____		
10. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.) _____ _____		
11. Are you currently taking any medication? (If yes, please list.) _____ _____		

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