



## Scared to Death of Exercise— Part II: *FITT for Good Health*

Howard A. Winston, MD, CCFP, FCFP, Dip. Sport Med. (CASM)



Jacob is a 57-year-old salesman who visited you for his annual complete physical exam.

It was determined that he had multiple cardiovascular risk factors, including being overweight. He had his own fears of having a massive heart attack, ending in death, as a close friend of his recently suffered.

Although he does have his own fears of exercising, this session is to review with him what it means to exercise for good health and to design an exercise prescription.

The first step is to find out if Jacob has any exercise preferences.

Jacob says, “I used to like playing squash and cycling, but haven’t had the time since my early twenties. Now, I just try to make sure that I earn enough money for my family to live comfortably. Every time I see someone jogging on the street as I drive to work each day, I say to myself that I have to start exercising, but I never do.”

At this point, you want to explain to him the ingredients of a successful exercise program. You tell him that it is really important for him to want to exercise and you congratulate him on taking the initiative.

You go on to tell him that the exercise must be an activity that:

- he likes,
- he can do independently,
- fits into his busy schedule,
- can be done at a time when he is the least tired,
- is economical and
- isn’t too overwhelming, since the last thing he wants to do is cause any form of injury or pain.

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**J**acob continues, “I really like to go for walks and I always envy people with dogs walking each morning.”

**Y**ou explain that an exercise prescription involves choosing a form of exercise and then applying frequency, intensity, type, time (FITT) to it. The best way is to start slowly, and just get used to marking an exercise time in your day timer.

You tell Jacob to start with walking for 15 minutes, three times per week, at a leisurely pace—it’s that simple. As time goes by, you inform him that the parameters of time will change by 10% every two weeks, until he reaches 30 minutes per session, three times per week. The intensity of exercise can then be changed. All this must be monitored by the physician.

**H**e is impressed with how easy it is. He asks about using weights, too, as he knows that his friends use them in the gym.

**Y**ou tell him that weights are an important component of overall fitness. Fitness is measured by aerobic capacity, strength (power and endurance) and flexibility. Right now, you just want him to stick with the KISS—Keep It Simple, Stupid—principle.

**J**acob responds, “I think this is something I’m capable of doing on a regular basis.” He seems rejuvenated and thanks you for your concern and effort. He books a followup appointment on his way out.

**Y**ou have explained to Jacob that every prescription has the same concerns for safety. Just like a prescribed drug, there can be side-effects to exercise. There is a great responsibility, on behalf of the physician, in prescribing a drug to a patient; if things go according to plan, the drug helps the patient and causes no harm. However, there are many times that patients will suffer from a side-effect and the physician has to decide if the side-effect is significant or if it can be tolerated so that the patient will reap the positive benefits of the drug.

Creating an exercise prescription is no different. Dose, frequency and

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timing are very important. If the recommendations are too much, negative consequences may occur. That is why it is critical “to go slow and to keep the flow.”

Having consistent followup appointments booked in advance will ensure proper monitoring of the program and an opportunity for the patient to ask questions.

While obesity is on the rise in this country, it is vitally important that we be vigilant in promoting exercise for all ages. With their physician’s exercise guidance, the patient will begin feeling FITT for good health.

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**Dr. Winston** is an Assistant Professor, Department of Family & Community Medicine, University of Toronto, and Medical Director, Centre for Health and Sports Medicine, North York, Ontario.