



Scared to Death of Exercise—Part I

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



Jacob, 57, is a salesman who comes in for his annual complete physical examination. Jacob's statistics are as follows:

- his height is 177.8 cm (5'10"),
- he weighs 89.1 kg (196 pounds),
- he has a blood pressure of 161/94 mmHg,
- he has Type 2 diabetes,
- he has had a previous myocardial infarction and
- he admits to living his life in "cruise control."

Jacob is married, likes to have a couple of glasses of wine with dinner and only exercises his hand by working the remote control for his TV.

You question him about how he has been over the last year since his last physical: "Jacob, you seem a little distracted today. How have things been over the last year—any complaints?"

The patient hesitates before answering; he looks to the ceiling and his eyes begin to tear.

He explains, "I lost my very best friend last week to a massive heart attack."

You respond, "I understand how upsetting this must be for you. How old was he?" Jacob looks you in the eye and answers, "57!"

Your silence is noticeable. You realize that you have a captive audience and say, "You must be quite frightened, being 57 your-

self, but I want to help alleviate your fears. It's going to take great effort on your part, but you have to make a commitment to exercise on a regular basis."

Jacob, looking a little less anxious, says, "I will do whatever you ask of me, but I'm scared to exercise in case it causes a heart attack."

"I'll do whatever you ask of me, but I'm scared to exercise in case it causes a heart attack."

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.

This scenario introduces the concept of writing an exercise prescription for a patient who is seriously at risk of heart disease and stroke. What would be the best approach for this particular patient in regards to initiating an exercise program?

First and foremost, you have to assess his risk factors and determine whether he should have a screening exercise stress electrocardiogram (EKG). The very fact that he is male, has Type 2 diabetes, is overweight, hypertensive and sedentary would warrant a screening exercise stress EKG.

Also, you should have him complete a physical activity readiness questionnaire (PAR-Q). The purpose of this questionnaire is to help identify any risk factors that an individual may have if they enter into an exercise program without any medical guidance.

Once identified, the risk factors must be dealt with before proceeding with an exercise routine.

As well, you should perform a physical examination guided by the physical activity readiness-examination (PAR-X). Once the patient has cleared both of these components, he or

she is ready to be written an exercise prescription.

Jacob has obvious risk factors and you arrange for him to have a screening exercise stress test. Jacob feels reassured by the process that you have explained to him.

The stress EKG shows evidence of some periodic premature ventricular contractions, which disappear during the exercise component. He is hypertensive throughout the test and has to stop prematurely, because of fatigue.

His target heart rate of 139 beats per minute is attained, but not sustained. He has no symptoms during the test and there are no EKG changes of significance that would indicate ischemia.

You are satisfied that he is ready for an exercise prescription. You tell him to return for a longer appointment so that you will have time to review the exercise prescription with him.

Stay tuned for more on Jacob—part II, in the next issue, will deal specifically with his exercise prescription.