

with the most recent iteration published in 2018.² The PAG serves as a valuable tool for clinicians to help guide their patients on specific recommendations regarding frequency, duration, and type of physical activity one should participate in to achieve or maintain optimal health.

The guidelines listed in TABLE 1² can serve as a foundation for exercise prescription in healthy adults. When considering special populations such as people older than 65 years of age, pregnant and postpartum women, and those with chronic healthcare conditions, appropriate modifications to these guidelines are made.

Older adults (older than 65 years of age) should be cognizant of various physical or fitness level limitations that may preclude their ability to reach the above-noted guidelines.^{21,22} In addition to aerobic and strength training, older adults benefit from adding balance exercises to their weekly regimen.²³

In women who are pregnant or postpartum, the PAG is still at least 150 minutes of moderate aerobic activity spread throughout the week. Women in this cohort should maintain close follow-up with their healthcare providers in the event any modifications to their exercise programs need to be made.

Adults with chronic health conditions should follow the PAG in TABLE 1² but modify their exercise program under the direction of their healthcare provider and/or exercise specialist.²¹ If those with chronic health conditions are unable to meet the PAG for healthy adults owing to various medical or physical limitations, they should be as physically

TABLE 3. Description of the academic and certifying or licensing requirements of exercise specialists

Title	Academic requirements	Certifying/licensing organization
Exercise physiologist ³⁸	4-year bachelor's degree, usually in exercise science, kinesiology or related field. Completing a 1-to-2-year master's program in exercise physiology usually required for obtaining research or clinical opportunities. 2-to-3-year exercise physiology PhD degree typically required for academic and independent research positions.	No official certifying or licensing organizations exist that regulate the practice of exercise physiology. However, the American Society of Exercise Physiologists (ASEP) and American College of Sports Medicine (ACSM) offer Exercise Physiologist certifications that may be required by some employers.
Strength and conditioning specialist ³⁹	4-year bachelor's degree in any subject is required to sit for the Certified Strength and Conditioning Specialist (CSCS) certification exam. Certification in cardiopulmonary resuscitation (CPR) and automated external defibrillation (AED) is also required. Must complete a number of continuing education credits every 2 years as defined by the NSCA.	National Strength and Conditioning Association (NSCA)
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is a referral to a physical therapist or athletic trainer for injury rehabilitation, an exercise physiologist for cardiac rehabilitation, or a strength and conditioning coach or personal trainer to help design a progressive resistance training program, there are professionals available to meet the needs and conditions of any patient. The qualifications and licensing requirements for each exercise specialist are included in TABLE 3.

It is important to recognize that patients can be referred to rehabilitation or exercise professionals in hospital set-

tings, independent clinics (eg, rehabilitation, wellness), and commercial settings. The simplest approach in making this connection is for the physician to first utilize shared decision-making to identify the best setting to refer the patient to. Once the setting has been determined, either the physician or the patient should ask the facility manager to assist with finding the appropriate trainer. Trainers should be instructed to provide occasional feedback to the physician regarding patient progression and health status. This information can then

be entered into the patient's medical records. Hospitals and independent clinics may provide an additional layer of safety because the patient is being trained within a clinical setting under the watchful eye of other healthcare providers.

Lastly, it is critical to recognize the roles of each professional involved in the physician-rehabilitation-ness pathway, which are succinctly summarized in TABLE 2. It is important for physicians to understand and to further educate themselves on the exercise prescription principles previously described in this section to be better prepared to disseminate this information when counseling patients.

CONCLUSION

Physical activity and exercise play critically important roles in preventing and treating chronic disease. Family physicians are well positioned to discuss physical activity with patients, provide general counseling on physical activity prescriptions using the FITT-P principle, and refer patients to rehabilitation or exercise specialists within the community when appropriate. |

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