



CAME Voice/Voix

Time to integrate Physical Activity into Canadian medical school curricula

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StatsCan data has shown that Canada ranks as one of the most inactive nations on the planet: four out of every five Canadians are not sufficiently active. Sedentary lifestyles have led to skyrocketing chronic disease rates, leading the World Health Organization to rank physical inactivity as one of its top four risk factors for early mortality. In fact, a low level of cardiorespiratory fitness exposes a patient to a greater risk of dying than does smoking, obesity, hypertension, or high cholesterol. Fortunately, a growing body of evidence demonstrates that increased physical activity can be effective as both a means of prevention and treatment for over 25 chronic diseases. It is also a winning strategy for our older adults in order to prevent falls, reduce loneliness, and increase independence.

Physicians are ideally placed to promote increased physical activity in their regular interactions with patients. Physical activity “prescription” is a cost-effective yet underused modality shown to increase physical activity by 10% in relatively inactive patients, and save ~2.1 billion dollars per year in health care and other costs if adopted at the population level. While only one quarter to one third of physicians counsel on physical activity, 92% of patients surveyed agreed or strongly agreed with the statement, “If my doctor advised me to exercise, I would follow his or her advice” (Andersen 1997).

As the recent Senate Committee report on obesity in Canada pointed out, improved training for physicians on physical activity “prescription” is needed. Just as dose and frequency is written down on a script for medication, writing a prescription for a “dose” of activity (frequency, intensity, time and type) is one way to help patients reach their treatment goals. However, physical activity “prescriptions” are not yet prioritized at most Canadian medical schools nor in training in later years, even though students often rate it as highly relevant. Fortunately, the Canadian Medical Association recently passed a motion to support national curriculum development within Canadian medical schools that ensures education on physical activity prescription.

If you are interested in learning more, please join me at the “Integrating Physical Activity into Canadian medical school curricula: examples and opportunities” workshop at the Canadian Conference on Medical Education (CCME) in Winnipeg (April 29-May 2, 2017) It’s a perfect opportunity to start the national conversation and provide input and leadership to increase the level of training in our medical schools surrounding physical activity guidelines. Let’s take up the challenge and make it a priority to train our current and future physicians on the benefits of physical activity; not only for prevention, but for treatment, too.

Andersen RE, Blair SN, Cheskin LJ, Bartlett SJ. Encouraging patients to become more physically active: The physician’s role. *Ann Intern Med* 1997;127:395