Exercise is Medicine on Campus: A Pilot Program

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SUMMARY

“Exercise is Medicine on Campus” is the college version of “Exercise is Medicine,” an initiative launched by the American College of Sports Medicine and the American Medical Association. The program encourages physicians/health care providers to include exercise and physical activity when designing treatment plans for patients.

ABSTRACT

It is well accepted that physical activity and exercise are beneficial to an individual’s mental and physical well-being. Despite this, many physicians do not discuss exercise and physical activity with their patients. The objective of this program was to complement the American College of Sports Medicine’s “Exercise is Medicine” program using a novel approach that paired exercise professionals with physicians by providing a supervised exercise program for referred student patients. The program was executed by the UA Exercise Physiology Club student organization partnered with administrators in the Student Recreation Center who provided space and other vital resources. Physicians at the Student Health Center referred applicable patients for enrollment into a free one-on-one exercise program with students from the Department of Kinesiology who acted as personal trainers. Participants’ fitness levels were evaluated before and after the supervised exercise program using validated measurements. The supervised exercise program aimed to help clients meet current physical activity recommendations (150 minutes per week of moderate-intensity aerobic activity, 2 days of resistance training that engages all major muscle groups, and up to 7 days a week of activities targeting flexibility) and thereby improve overall fitness. Kinesiology students received hands-on experience while helping the patients make positive lifestyle changes that improved fitness and health. The post-program fitness evaluation showed favorable changes in nearly all measured outcomes. In order to establish a permanent program, more pilot testing is needed to establish program efficacy, and funding must be acquired to support program administration.

METHODS

Enrollment
- Physician referral
- Contact trainer and schedule initial meeting
- n = 5 enrollees

Screening
- Develop goals
- Baseline measures
- Familiarization and training schedule created
- 3-5 sessions per week
- Track progress with participant guide

RESULTS

Results: The average length of the program was 4 weeks. Four of the participants were able to complete post assessment at the end of the semester. Nearly all outcome measures (e.g., muscular endurance, cardiorespiratory fitness, enjoyment, knowledge, etc.) showed favorable changes or positive results except one anomaly in body composition that was later attributed to measurement error.

Discussion:
- Created program awareness on local and state level
- Provided a professional development opportunity that involved valuable work experience for the volunteer trainers
- Further research with larger sample is needed to investigate efficacy of program and long term impact on participants

Future Goals:
- Attain funding for graduate assistant to provide administrative support, supervision, and appropriate expertise
- Develop internship program for undergraduate students
- Allow for rolling admissions to reach more students

SPECIAL THANKS

Figure 1. Panel A: Back of the exercise prescription referral pad providing contact information for Exercise is Medicine training personnel. Panel B: Physical activity clearance form provided to the patient by the referring physician to be used by exercise trainers to design a customized exercise program.

Figure 2. Change from baseline of selected fitness parameters. Data are mean ± SD.