

Moving Medicine – meaningful conversations about exercise

By Claire Harris

Whilst researching for a presentation earlier this year on barriers to exercise, I came across an excellent website called Moving Medicine. I would like to share this with you and recommend you to share with members of your MDT.

As physiotherapists we are in an ideal position to talk to our Ax SpA patients about exercise. We know that exercise is the cornerstone of treatment for these patients. We assess our patients movement using the BASMI and can see which particular area a patient may need to work on. Post-BASMI, we can advise accordingly with our background knowledge of anatomy and principles of exercise. We are familiar with the weekly recommendations of the Chief Medical Officers' Physical Activity Guidelines 2019, the NICE guideline (NG65) from 2017 on the non-pharmacological management of spondyloarthritis and the 2018 EULAR recommendations on physical activity for people with inflammatory arthritis. However, we know that for some of our patients they are not always in the right place or frame of mind to take on our recommended exercise programme. So, if the message can be reinforced by all in the MDT looking after the Ax SpA patient it is more likely that it will be taken on board via the drip drip effect. Sadly, some members of the MDT may not be as confident at prescribing or talking about exercise, and that is where Moving Medicine comes in.

Moving Medicine <https://movingmedicine.ac.uk/> is an initiative of the Faculty of Sport and Exercise Medicine (UK) in partnership with Public Health England and Sport England. Moving Medicine is designed to provide healthcare professionals with accessible, evidence-based, condition-specific information on exercise to help tackle this knowledge and skills gap and give the HCP confidence to have a meaningful conversation with a patient about exercise and the benefits of exercise. The toolkit is based on Motivational Interviewing techniques giving the HCP the tools to help change a patient's ambivalence / fear to exercise or physical activity.

Moving Medicine focuses on helping to address the most common long term health conditions affecting the general population, such as cancer, COPD, dementia, depression, musculoskeletal pain, ischaemic heart disease, type 2 diabetes, falls & frailty, primary prevention and Rheumatic inflammatory disease. It has been developed in consultation with over 300 healthcare professionals, patients and relevant charities and using evidenced-based step-by-step guidance

For the Rheumatic Inflammatory disease section alone there were 30 HCPs that took part in the workshop. Additionally, approx 25 HCPs took part in an online consultation including highly regarded physios with a special interest in Ax SpA, including AStretch's

own Will Gregory and contributions from related charities NASS, BSR, nras and ARMA. So, Moving Medicine is well researched and evidence based.

Moving Medicine have created 3 “conversations” of different lengths, depending on the consultation time available, that guide the HCP through having effective conversations with patients about physical activity no matter how much (or little) time is available. They have also included tips on how to explore the subject, the hard evidence behind it, along with some useful information leaflets, tools and resources.

Each health condition toolkit is made up of 4 elements:

- The 1 minute conversation
- The 5 minutes conversation
- More minutes conversation
- Information for Patients

Prescribing movement for
Inflammatory Rheumatic Disease

We've squeezed all the important information into our step-by-step guides to help you have good quality conversations about physical activity. Just pick how much time you've got, we've done the rest.

- 1**
The 1 minute conversation
- 5**
The 5 minutes conversation
- +**
The more minutes conversation
- ?**
Information for patients


The 1 minute conversation:

For when there really is very little time – suggests the 3 most important messages to get across to the patient and a print-out for you to give the patient to reinforce the messages. The 3 messages are:

1. **Ask:** if they know that many people with Ax SpA find that moving more really helps them.

2. **Explain:** that regular physical activity can help them take control of their condition.

3. **Invite:** them to return to discuss their thoughts about being more active at a time suitable to them and when more time is available. Offer them the patient information sheet. (See below)



Being active is important for your Inflammatory Rheumatic Disease

What good things could being more active do for you?

- Fights fatigue
- Combats pain
- Reduces stiffness
- Lower disease activity scores
- Improve self-esteem
- Promotes restorative sleep
- Improves quality of life

Reduce your risk by being more active. All adults keeping physically active reduces your chance of:

Type 2 Diabetes	-40%
Cardiovascular disease	-35%
Falls	-30%
Dementia	-30%
Depression	-30%
Joint and back pain	-20%

How can being active improve my fatigue?

- Better sleep quality & longer self-esteem
- Gradual increase in physical activity
- Improve fitness
- Less fatigue and greater energy
- Improves resilience

Follow these Top Tips to keep you active:

- If new to physical activity start gently and build up gradually over 3-6 months
- Adequate warm up and cool down of 5-10 minutes helps to minimise pain
- Some discomfort during and immediately after activity does not mean damage. It is normal for anyone to experience some muscle soreness after doing a new exercise, particularly if not previously active. Over time, as your body adapts and strengthens, this will reduce.
- Regular stretching can help maintain a good range of movement in your joints
- Pace yourself and listen your body - if after an activity you feel you've done too much, make a note to do slightly less next time until you gradually build up. It can take time to feel the benefits of activity.
- Build up how often you do your activity first, then do each activity for slightly longer, then finally work harder during each activity
- Doing something you enjoy is more important than the exact exercise you choose.
- Try to undertake physical activity at the time of day you are most comfortable
- Don't stop your physical activity altogether during a flare - think about other things you could do.

Build activity into everyday life:

- At play:** Cycling, Swimming or aqua class, Dance, Walk, Exercise class, Yoga/pilates /tai chi, Throwing ball in park with child
- At home:** Walking up stairs, Gardening, Stand during advert break, Housework: doing the Hoovering, Standing to talk on telephone
- Travelling:** Cycling, Public transport, Walk
- At work:** Walking meeting, Standing at your desk, Standing to talk on telephone

The 5 minute conversation:

Comprises 3 steps:

- Ask:** permission to talk about either their physical activity or something that can make a big difference to their future health and wellbeing.
- Assess impact:** how has their disease affected their physical activity levels and the things they enjoy.
- Explore benefits:** what do they know about the benefits of physical activity in people with Ax SpA.

The more minutes conversation:

All the content of the five minute consultation with extra, in-depth features including:

· An **Activity Calculator**, which I find really useful and can be used very quickly and easily to clearly demonstrate to the patient whether they are doing enough physical activity or not. The patient has to answer two questions:

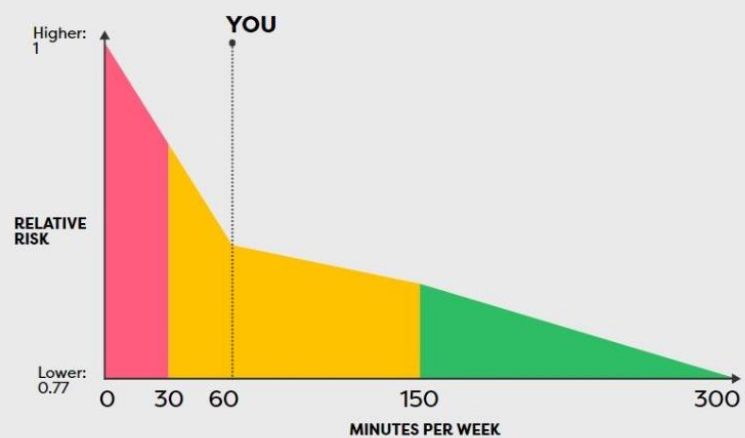
- 1.) On average, how many days each week do you do moderate or greater level physical activity (like a brisk walk)?
- 2.) On those days, on average how many minutes do you do this physical activity for?



Insufficiently active.
A good start, but there is still a lot to be gained by increasing physical activity levels.

Explain that just 30 minutes physical activity in one week can make a huge difference to their health.

START AGAIN



· There is also a section on **benefits to exercise** with clear diagrammes explaining how physical activity improves symptoms. By selecting an icon, more information will come up and give the HCP a summary of the evidence and the strength of the recommendation.

2 Share

2-3 benefits of physical activity for people with Inflammatory Rheumatic Disease (General)?



Manage fatigue ⓘ



Reduce pain ⓘ



Reduce stiffness ⓘ



Reduce disease activity ⓘ



Improve self-esteem ⓘ



Promote a better night's sleep ⓘ



Keeps bones strong ⓘ



Improves quality of life ⓘ



Improves fitness ⓘ

Some benefits will be generic (feel better, have more energy, improve sleep, improve fitness levels, improve mood, etc.) and others will be condition specific (experience less pain, reduce risk of serious complications in the future, etc.) Based on your discussion so far, choose to share the benefits you judge will be most relevant and important to them.

- It helps to give **guidance** and suggests **appropriate responses** to give to the patient on answering some of their common concerns re: exercise. For example (see below) if the patient says they are already feeling very tired and the thought of doing more makes them dread the idea of even contemplating adding in any extra activities into their day. (A common complaint) the toolkit will give the HCP a suitable, helpful reply.

If they mention one of these common concerns, click on it to see a useful response.



I already feel tired and you want me to do more....



I am already in pain being active will just make it worse



I am worried I will damage my joints

Becoming more active is the most important treatment for persistent fatigue as it helps with body reconditioning and boosts energy levels. It can be a way for individuals to take back some control over their health



Tips you may wish to share:

- Encourage a slow start with a gradual build up to small bouts of activity (this just needs to be a few minutes). This can increase over time
- Increase the number of activity sessions first, then increase the duration each activity, followed by the intensity of an activity

- Gives ideas on how to build activity into the patient's daily routine

3 Build activity

Can they think of any easy and/or enjoyable ways of fitting in opportunities to move more during their daily routine? ①

Build activity into everyday life



Home



Travel



Work



Play



Walking up stairs



Standing desk



Walking meeting



Standing to talk on telephone

· A diary to printout for the patient to take away where SMART goals can be agreed, set and written down.

Personalised Plan for an Active Lifestyle

This worksheet will help you generate your own, tailored plan for becoming and staying more active.

How physical activity currently fits into my life:

.....
.....
.....

How important increasing my activity levels is to me:

(Circle a number on the scale below)

Not important 0 1 2 3 4 5 6 7 8 9 10 Very important

Why did you choose this number and not a lower one?

.....

How confident I am that I will be able to increase my activity levels:

(Circle a number on the scale below)

Not important 0 1 2 3 4 5 6 7 8 9 10 Very important

Why did you choose this number and not a lower one?

.....
.....
.....

My 3 best reasons for becoming more active are:

.....

Moving Medicine takes a little while to navigate your way around and to remember which drop down box you want when. But, I think it is well worth spending some time looking at all the resources and getting familiar with the layout. I don't feel there are any "rules" on how to use Moving Medicine and I find I like the activity calculator, for some patients the diagrams of the benefits to exercise work well or the suggestions for building in activity or the diary. So have a look at Moving Medicine <https://movingmedicine.ac.uk/> and if you like it do share it with your MDT colleagues, perhaps you could include it in an in-service training session?

And remember you may only have time for a short conversation with your patient, but a good quality discussion can be incredibly effective in changing their level of physical activity. Moving Medicine gives you everything you or a member of your MDT need for an effective 1 minute, 5 minute and even more minute conversation, complete with step-by-step guides, behavioural change insights and all the evidence to back it up.



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