Part 1: The *good, bad, and ugly* of exercise prescription

Part 2: How to engage families in a physically active lifestyle

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Exercise, Physical Activity or Play?

• What do we really mean?
Prescribing Exercise: The Good

• It is “clean”; i.e., the FITT Model;
• Objective: specific & measurable;
• Easily differentiated;
Prescribing Exercise: The Bad

• Connotations of “Exercise”;
• Accountability measures (incentives?);
• Knowledge of family dynamics / logistics;
Prescribing Exercise: The Ugly

• (Demographic) Health Disparities;
• Adherence rates of adults, currently;
• Lack of scholarship on this topic (longitudinal, in particular);
Alternatives?

• Being moderately to vigorously active for 60 minutes a day, most days of the week.
Factors for prescription / success

• Efficacious (you and families);
• Nimble / fluid (changing / trial & error);
• Meet families where they are at (MI – up next);
Motivation(s)?

• Extrinsic versus Intrinsic;
• SDT?
• Incentivize adherence;
Enablers!

• Socialization process;
• Health Care Providers;
• PE / Wellness Teachers (schools);
• Community resources;
• Built environment;
Saboteur(s)?

• “Life”;

• Perceived lack of:
  • Time
  • Ability / expertise
  • Resources / access;

• Lack of motivation / urgency;

• Built environment;
Best Practices (evidenced-based).

• View exercise / physical activity / play as a public health initiative;
• Afford your families a voice & choice***;
• Use / adapt the CDC WSCC model;
• Communicate, assess, & develop a feed-back loop.
Parting thoughts & Questions

• Re-casting of how we know and understand “exercise” (prescription et al);

• Much remains unstated, for instance, interventions, follow-up, consequences
Thanks!
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