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**Title:** **Call for a Physical Activity Vital Sign in Clinical Practice**

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**Endorsed by:**

WHEREAS, physical inactivity increases the relative risk of coronary artery disease, stroke, hypertension, and osteoporosis by 45 percent, 60 percent, 30 percent and 59 percent, respectively,<sup>1</sup> and

WHEREAS, physical inactivity is associated with an increased risk of 25 chronic diseases,<sup>2</sup> and

WHEREAS, US Physical Activity Guidelines recommend at least 150 minutes per week of moderate-intensity activity (e.g., brisk walking), and

WHEREAS, 90 percent of American adults do not meet current physical activity guidelines,<sup>3</sup> and

WHEREAS, deaths attributable to physical inactivity may soon exceed those attributed to cigarette smoking,<sup>4,5</sup> and

WHEREAS, physical activity is reflected in improved cardiorespiratory fitness, expressed as metabolic equivalents, which in turn correlates with a reduced risk of cardiovascular disease,<sup>6</sup> and

WHEREAS, in persons with and without heart disease, each single Metabolic Equivalent increase in cardiorespiratory fitness is associated with an approximately 15 percent reduction in mortality,<sup>7,8</sup> and

WHEREAS, individuals with low cardiorespiratory fitness have higher annual healthcare costs,<sup>9,10</sup> and

WHEREAS, the American Heart Association recently emphasized that physical inactivity represents a leading cause of death worldwide,<sup>11</sup> and

WHEREAS, the beneficial effects of regular exercise are often underestimated by many clinicians<sup>11</sup> who then miss opportunities to endorse proven behavioral interventions, and

WHEREAS, the 19th Surgeon General of the United States Vivek Murthy, MD, has endorsed physical activity as a priority in clinical settings<sup>12</sup>, and

WHEREAS, vital signs inform clinicians about the likelihood of future disease and the presence and severity of acute and chronic illness, and

WHEREAS, asking a patient about exercise habits may have greater impact than asking questions about smoking or diet, which are routinely asked, and has significant implications regarding preventative care, and

WHEREAS, current AAFP policy endorses promotion of fitness as an integral component of preventive care, risk reduction and disease management and family physicians are uniquely positioned to promote fitness among their patients and encouraged to open a dialogue with their patients about fitness during patient visits, and

WHEREAS, a physical activity vital sign is successfully being used in several large health care systems, including Kaiser Permanente, Intermountain Healthcare (Utah), and the Greenville Health System (South Carolina), now, therefore be it

RESOLVED, that California Academy of Family Physicians' (CAFP) policy reflect and formally endorse the World Health Organization policy that adults aged 18–64 should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate- and vigorous-intensity activity, and be it further

RESOLVED, that the CAFPP develop policy endorsing the routine, standardized and widespread practice of measuring patients' habitual physical activity, and consider physical activity a "vital sign," be to assessed at every clinical visit to engage patients in conversation and preventative counseling to ensure they are aware of and understand the proven connection between regular physical activity and optimal health, and be it further

RESOLVED, that the CAFPP partner with like-minded organizations, such as American Society of Sports Medicine, American College of Sports Medicine, and/or Exercise is Medicine to provide tools, references and resources to allow physicians to better and more accurately assess patients' physical activity and counsel and connect patients to resources in the community accordingly.

#### CITATIONS

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