Practising prevention: sport for all

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Promoting a healthy lifestyle among our patients is a cornerstone of family medicine. Exercise is the very essence. Is your practice fit? How may we establish a practice-centred exercise programme? Who would benefit most? How would we organize it? What facilities would we use?

WE may advise our patients to exercise and our advice is reinforced by one of the many leaflets available from the Sports Council and Health Education Council. We may encourage them to join one of the many sports clubs or exercise groups in the community. Of particular value are the groups organized through the Health Education Council's programme '50+ and all to play for' and the Sports Council's 'Businessmen's fitness'.

We may even start our own practice or self-help group for our patients. Selected groups of patients, easily identified through age, sex and disease registers may benefit from medically supervised training programmes of graded intensity. These are the elderly, asthmatics, people undergoing post-coronary rehabilitation and others such as those with psoriasis or scoliosis and women after a mastectomy who may be too embarrassed to exercise in public because of their conditions. For some patients it may be advisable to supervise exercise initially before they progress to community based groups: to monitor peak flow in asthmatics; glucose balance in diabetics. Our exercise programme may be complementary to our other preventive medicine programmes such as antenatal clinics, hypertension screening. stop smoking and weight watchers clinics, and add an extra dimension to them.

Personnel

The family doctor knows his patients' needs, limitations and past medical histories and will have some understanding of their motivation.¹ While we may have the enthusiasm and provide the medical supervision, we need the expertise of colleagues in other disciplines to plan and implement the exercise programmes. We may employ a physiotherapist part-time (recommended rate £3.81 per hour)² or a local physical education teacher out-of-hours (at about £3—£5 per hour). This may be financed through practice funds (it is not eligible for reimbursement as a 'qualifying duty'),³ through an arrangement with patients' voluntary bodies⁴ or on a per capita basis by the patient.⁵ One may even be able to negotiate some sessions with the local authority community physiotherapist.6

Premises

Most general practitioners practise in health centres or purpose built premises (68 per cent in Devon and Cornwall in 1981) and may have a central waiting area suitable as an exercise area. This facility has the advantage of being easily available at low running costs. The addition of shower facilities might qualify for an improvement grant after negotiation with the FPC. In the absence of suitable premises, the practice may book an exercise period in a local community hall (£32 per evening)* or in the sports hall of a local college or university (£11 per hour, showers inclusive).* Some rehabilitation and exercise sessions may be more suited to a swimming pool (£14 per hour).* Little or no equipment will be required as the aim will be light aerobic exercise and mobilization, but the practice may wish to invest in an exercise cycle (retail £88-£139), a rowing machine (£110-£130) or a cassette recorder for musical accompaniment (£20-£100).



'Sport for All

Summary

With little capital expenditure and the use of available resources, we may provide a useful patient-orientated, primary preventive medicine programme. We can ensure referral to local community projects where appropriate and a practice-centered group for selected patients where medical supervision is advised. In this way we may promote a dynamic mode of health education at a time when sport and exercise are topical and popular. We may break new ground in preventive medicine and help make health a part of daily living. Our patients have already taken the initiative. Many are literally voting with their feet.

References

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^{*}Costs quoted are for facilities in Exeter.