

# Transcript for Prominence Physical Activity on Prescription (PAP) – Lecture

## Slide 1:

Before this lecture starts, it is recommended that the students read and watch the following: [Physical activity recommendations for people with overweight and obesity](#) (pages 56 -57); [Introduction to the transtheoretical model](#) and [Introduction to the social cognitive theory](#).

## Slide 2:

Welcome to this lecture on physical activity on prescription, also called PAP, with a focus on prescribing PAP to people with overweight and obesity.

This lecture consists of a brief introduction to PAP and a suggestion for a workshop.

## Slide 3:

The objectives for this lecture are to get an introduction to physical activity on prescription. It is also to practise prescribing PAP to individuals with overweight and obesity and to practice tailoring physical activity to individuals' needs and motivation. Finally, the objectives are also to reflect on communication and interaction skills, as well as reflect on how PAP can be applied in your own professional context.

## Slide 4:

This is an overview of the content of this lecture which consists of three parts. The first part consists of a short introduction to PAP followed by a roleplay exercise, which consists of practicing prescribing PAP to people with overweight and obesity, as well as a group reflection exercise. At the end of this presentation, you will also find provided materials that you need for the roleplay exercise and recommended literature.

## Slide 5:

So, the first part is the introduction to physical activity on prescription.

Physical activity on prescription is a structured method developed in Sweden which is an evidence-based medical treatment and way of prescribing physical activity to individuals with physical, psychological or health conditions where physical activity has proven health benefits.

**Slide 6:**

Physical activity on prescription is more than a general advice to be more active. It is a formalised person-centred method used in healthcare to prescribe physical activity in the same structured way as medication. It includes an individual consultation, a written prescription, and follow-up and is supposed to be based on the patient's motivation, capability, and medical needs.

**Slide 7:**

The activities prescribed are also supposed to be drawn from evidence-based recommendations on physical activity. Physical activity on prescription is particularly suitable for individuals with lifestyle related conditions such as for example overweight and obesity.

**Slide 8:**

The aim of a physical activity on prescription is to increase the patient's motivation for physical activity but also to increase their physical activity level.

**Slide 9:**

Physical activity on prescription is mainly based on two theories: the social cognitive theory and the transtheoretical model.

Important factors in these theories are confidence in one's own ability (self-efficacy), as well as the individual's motivation and readiness for change. The theories are supposed to help the prescriber to understand where the patient is in their motivational process and how to provide the right type of support for that patient. This includes exploring the patient's readiness for change, strengthening the patient's confidence to succeed, and setting realistic goals about physical activity together. For example, a patient with overweight who feels uncertain about being physically active might first need to discuss their concerns and set small, achievable, realistic goals to build confidence. By doing this, the prescriber can adapt the conversation to support meaningful and lasting changes in physical activity over time. Hopefully, you have seen the short videos about these two theories prior to this lecture, which were recommended to watch. Otherwise, you can find them in the first slide of this presentation.

**Slide 10:**

As previously mentioned, physical activity on prescription is based on the person-centred care which takes into account the patient's knowledge, experience and needs.

There are three core components of physical activity on prescription, which were also mentioned earlier, and these are individual consultation, tailored physical activity with a written prescription and individualised follow-up.

**Slide 11:**

In the first core component, the individual consultation, the patient's previous experience and attitudes towards physical activity are explored and their starting point and goals concerning physical activity are identified.

**Slide 12:**

The second core component consists of an individually tailored written prescription for physical activity.

The prescription is supposed to be individually tailored to the patient regarding type, duration, frequency, and intensity. The activities recommended for the patients are also supposed to be evidence-based, meaning they are based on scientific research and clinical guidelines and are supposed to have proven health impacts on people with the specific condition the patient has, for example obesity. The physical activity recommendations for patients with overweight and obesity are part of the suggested literature to read prior to this lecture and can be found on the first slide of this presentation.

**Slide 13:**

And lastly, the third core component consists of a follow-up. Thus, a follow-up is supposed to be planned to evaluate progress, adjust the prescription if needed, and to maintain motivation over time.

Physical activity on prescription can be prescribed by all licensed professionals in healthcare.

**Slide 14:**

So now you have an introduction to what physical activity on prescription really is.

But does it really work? The physical activity on prescription method has been shown to be effective in increasing physical activity levels but also in improving quality of life and reducing cardiometabolic risk factors in several populations. Physical activity on prescription is therefore recommended in many national guidelines for prevention and treatment of unhealthy lifestyles and is also described as best practise by both the

World Health Organization and the European Union.

**Slide 15:**

Studies have also shown that 85 to 95% of the patients who have gotten a prescription are positive towards physical activity on prescription. Furthermore, the studies also show that physical activity on prescription has higher compliance compared to long-term drug treatments. For example, are the compliance for drug treatments in Sweden 50% compared to the compliance of physical activity on prescription, which is up to 73%.

**Slide 16:**

Here is an example of how a physical activity on prescription template can look like. The form should be filled in together with the patient, not for the patient. The focus is on listening, exploring, and co-creating a realistic and meaningful activity plan. You go through all the different parts with the patient and write the prescription together with the patient before the patient gets the prescription to take home.

**Slide 17:**

First, you explore the patient's physical activity history.

Ask questions about their physical activity, their sedentary time, but also what goals they have, what motivates them, what do they think is fun to do, etc.

All this to get a better understanding what to prescribe and how to motivate the patient.

**Slide 18:**

After that, it is time to choose activities together. Suggest evidence-based options adapted to the patient's condition but always involve the person in the decision.

Focus on what feels realistic and enjoyable. Also specify what activities they are going to do, where and how, the duration, when they are going to start, and if they need any kind of support.

**Slide 19:**

In the end of the template, it is time to plan for the follow-up.

Plan for and write down when and where the follow-up is going to take place.

Also plan for how you're going to evaluate the activities prescribed in the prescription. You can always adjust the prescription at the follow-up and change it for the future.

**Slide 20:**

Remember that physical activity on prescription is more than just writing a prescription. The conversation is central in physical activity on prescription, and you need to build trust and tailor the activities to the patients and support the patients in their behaviour change. Due to the importance of the conversation, the next part of this lecture is a roleplay exercise where you get the opportunity to practise this conversation while writing a prescription.

**Slide 21:**

Now it is time for part two of this lecture.

**Slide 22:**

The roleplay exercise is organised as follows:

Divide into groups of three where one is supposed to play the physiotherapist, one the patient, and one an observer. Each participant in the group of three will rotate through all the roles. So, everyone gets the chance to play all three parts. Hand a provided case to the patient to play. You will find the patient cases in the end of this presentation.

Now, the physiotherapist is supposed to lead a structured conversation aiming to co-create a prescription and set physical activity goals together with the patient using the physical activity on prescription template. The template can be found in the end of this presentation. The observer's role is to manage time and take notes during the conversation. Note how the patient's own motivation is supported. Also note if the goals that are set are concrete and realistic for the patient.

And finally, note something good the physiotherapist said or did and if you have any suggestions for the future. After 10 minutes of role play, take 5 minutes and discuss in the small groups of three about the observer's notes and the questions on the next slide before you change roles.

**Slide 23:**

After each role play, reflect in the small groups of three in 5 minutes about the observer's notes, but also discuss: how was it to play the physiotherapist? How was it to be the patient? Also discuss: what went well in this specific conversation and was there something that was difficult. Could anything have been done differently? And finally, how well was the prescription adapted to the patient's needs, motivation, and circumstances?

**Slide 24:**

After everyone has played each role, gather and reflect in the whole group for about 15 minutes the following questions:

What was the most challenging aspect of your role as the physiotherapist?

What will you take with you into future meetings with real patients with obesity or overweight?

How can you further improve your ability to support lifestyle changes? And how can you apply the concept of physical activity on prescription in a clinical context you have worked in or are working in?

**Slide 25:**

This is part three of this lecture, which consists of provided materials. Here you can find the patient cases and the physical activity on prescription template that you need for the roleplay exercise. You will also find recommended literature.

**Slide 26:**

Here you have three patient cases you can use when you play the patient in the roleplay exercise.

First, we have Nora. She is 73 years old, and her BMI is 33. Her activity level has decreased since retirement. Nora has tried many dieting methods without success, and her goal is to stay mobile and independent, and her motivation is high but she feels uncertain how to get started with physical activity.

Then we have Marco. He is 33 years old and his BMI is 35. He has a

sedentary work and wants to lose weight and feel more energetic, but his motivation for physical activity is low.

Finally, we have Sophia. She is 45 years old and is a single mom and has gradually gained weight over the years. She previously liked dancing but does not know how to fit in physical activity in her busy schedule. She wants to feel stronger and be a good role model for her children and her motivation is moderate.

**Slide 27:**

This is how the physical activity on prescription template can look like.

The template is based on the Swedish official physical activity on prescription template which was developed by the Professional association for physical activity in Sweden. The template is adapted for educational use only.

**Slide 28:**

On this slide you will find recommended literature. This lecture was developed by researchers at the physiotherapy department at Mälardalen University in Sweden for the Prominence project. My name is Johanna Zetterlund. Thank you for listening!