

HNS Network News

Physician News

Quarter 3, 2010

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Prevention of Medical Errors

by Mario Fucinari, DC, CCSP, MCS-P

Standard of Care

Standard of Care is defined as “that course of action that a reasonably prudent [physician] in the defendant’s specialty would have taken under the same or similar circumstances.”

-Washington v. Washington Hospital Center
579 A2d 177 (DC App 1990)

Most lower back problems that present in our office are biomechanical in nature and do not necessarily signify a dangerous underlying abnormality. However, some back pain indicates a serious condition, such as inflammatory disease, fracture, referred pain, infection, or cancer.¹ To determine whether there is a potentially dangerous cause of back pain, clinicians often seek historical or examination findings that might be “red flags.”

The evaluation and management of a case consists of the history, examination and medical decision making. In the medical decision making, the clinician decides if treatment is indicated or if contraindications exist. Treatment and the mode of treatment, must take into account several factors. Listed below are assembled various factors that should be taken into consideration before rendering care to the patient.

Prevention of Medical Errors

continued

Red Flags and Yellow Flags

Red Flags – a clinical symptom or sign that may indicate serious pathology as a source of the patient’s spinal pain. This may represent a contraindication to treatment.

Yellow Flags – a symptom or sign that should raise the index of suspicion regarding the development of chronicity in a patient with spinal pain.

Red Flags of Serious Spinal Disease

- Spinal pain of unknown origin in patient age <20 or >50
- Trauma related to pain
- History of cancer
- Night pain
- Fever, chills, night sweats, nausea, vomiting, fatigue, diarrhea
- Weight loss
- Pain at rest
- Corticosteroid use
- Recent infection
- Generalized systemic disease (diabetes)
- Failure of 4 weeks of conservative care
- Cauda Equina
- Saddle anesthesia
- Sphincter disturbance
- Motor weakness lower limbs

Waddell Nonorganic Signs also known as “Yellow Flags” do not cause a contraindication to care, but rather indicates a psychosocial consideration for care.

- Superficial tenderness to light pinch
- Nonanatomic tenderness, which is not localized and often extends from the lumbar spine to thoracic or pelvis
- Axial loading pain, when low back pain is reported with vertical loading to the patient’s head
- Pain with whole body rotation, when shoulders and pelvis are rotated in the same plane
- Discrepancy between seated and lying SLR
- Give-way or cogwheel weakness that cannot be explained on a localized neurologic basis
- Sensory disturbances in a stocking rather than a dermatomal pattern of distribution
- Disproportionate verbalization and facial expressions during examination

Contributory Negligence

When care is prescribed for a patient, it is incumbent that the physician rules out all contraindications to the treatment prescribed. Current practice parameters indicate that the patient should be placed into active care, rather than passive care, as quickly as possible.

In cases of malpractice, when negligence is considered, three factors are taken into consideration to determine the extent of liability. These factors are:

- Standard of care
- Causation
- Liability

Prevention of Medical Errors

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1. The Standard of Care as established by national and state organizations, malpractice carriers and independent organizations with governing authority over standard practices.
2. Causation of injury indicates to what degree the physician is responsible for the injury or death.
3. Liability is the calculated damages or punishment to remedy the malady.

One such instance is in the prescribing of rehabilitation exercises. Certain patients should not participate in active exercise without further testing. One of the methods for screening a patient for activity is through the Physical Activity Readiness Questionnaire (PAR-Q). If the patient answers yes to any of the questions, a discussion between the doctor and the patient is indicated to decide if further exercise rehabilitation is safe for the patient. If the patient has answered yes to two or more questions, an EKG or consultation with a cardiologist may be indicated.

Physical Activity Readiness Questionnaire (PAR-Q) (See form on last page...)

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

Cervical Spine Manipulation and Vertebral Artery Dissections

Incidence of Vertebral Artery Injury

NCMIC estimates the occurrence of “serious arterial syndromes” to be less than 1 in 2 million to 1 in 3.8 to 5.8 million cervical manipulations.

NCMIC, Current Concepts: Spinal Manipulation and Cervical Arterial Incidents, 2006.

Analysis of the Data

The Bone and Joint Decade 2000-2010 Task Force on Neck Pain reviewed 32,000 research citations and more than 1,000 relevant studies. They concluded that the risk of suffering a stroke from cervical manipulation was attributable to a patient coming in to the office while in the process of a vertebral artery dissection.

The physician must be able to recognize the signs and symptoms of vertebral artery dissection (VAD). The patient will characteristically complain, “I have pain in my head and/or neck unlike anything I have ever had before.” This will not present as a typical headache.

If the patient presents with an atypical headache, the physician must first rule out a vertebral artery dissection. A review with the patient as to the signs and symptoms of a VAD must be documented. The “**5 Ds And 3 Ns**” are as follows:

Prevention of Medical Errors

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5 Ds And 3 Ns

Dizziness/vertigo/giddiness/light headed

Drop attacks/loss of consciousness

Diplopia (or other visual problems)

Dysarthria (speech difficulties)

Dysphagia

And = **A**taxia of gait (walking difficulties), Ataxia of the extremities or falling to one side.

Nausea (with possible vomiting)

Numbness on one side of the face and/or body

Nystagmus

PHYSICAL EXAMINATION

In the past, provocative tests were done to indicate a propensity to VAD. The use of these tests has been found to be of no predictive value. It is still advisable to take the blood pressure of a patient bilaterally, prior to the initiation of care of a cervical spine patient. The provocative tests are of no predictive value in the case of a VAD.

Spinal Manipulation and Cervical Arterial Incidents

NCMIC, Chapter 8, page 48:

"In contrast to earlier clinical practice recommendations, auscultation of the neck^{108;176;239;343-352} and use of functional vascular test variations (e.g., Estridge's, deKleyn's, George's, Hautant's, Houle's, Maigne's, Smith's, Wallenberg's tests, etc.) 4 now are known to have no diagnostic value in identifying patients with cervical vascular susceptibility."

The Acute Management of Stroke

If a patient presents with what is believed to be a stroke, time is of the essence! The acute management of stroke is supportive and emergent. The doctor should keep in mind that the principle is to get the patient to the hospital as fast as possible.

The treatment of acute ischemic stroke has advanced in the last 10 years. Intravenous fibrinolytic drugs such as tissue plasminogen activator (tPA) Activase dissolve the thrombi, reduces morbidity, and improves the proportion of patients who have a complete recovery. To be effective, thrombolytic therapy must be administered within 3 hours of onset. Faster administration (less than 3 hours) will result in a better outcome. It is most effective in the first 90 minutes.

The role of the chiropractor is to recognize the stroke and the stroke-in-progress, resulting in rapid delivery of the patient to the emergency room.

Several marketing and public service announcements have been released regarding this issue. It is also helpful for the physician and staff to be aware of these useful tips:

In the case of suspected stroke, a person should "Think Fast."

Prevention of Medical Errors

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Think F.A.S.T.

Facial....have the patient show their teeth (smile). Asymmetry is a warning sign

Arms....raise both arms. Inability or weakness is a warning sign

Speech....slurred speech is cause for alarm

Time....time is of the essence

Steps if a Stroke Occurs - Time is of the Essence

Stroke Attack is a Brain Attack

Early Care is Critical Care

If a Stroke Occurs

Get the patient to the hospital as fast as possible.

Place the patient on a bed or table in a rescue and recovery position.

DO NOT MANIPULATE THE NECK!

Do not give the patient anything to eat or drink; they may be dysphagic.

If a Stroke Occurs

Look at the clock and note the time of onset.

Call EMS (911) immediately

- Tell them you have a suspected stroke patient in the office
- Tell them the age of the patient
- Tell them the time of onset
- Tell them of any known past medical history

While waiting for EMS

- Do not allow the patient to ambulate
- Check their pupils
- Test the lower cranial nerves looking for
 - Facial numbness or paresis
 - Swallowing
 - Gag reflex
 - Slurred speech
 - Palatal elevation
- Note all vital signs

If the patient improves spontaneously, **DO NOT** allow them to go home. Even if it is a TIA, it requires evaluation.

Diagnostic Imaging Indications for VAD

MRI/MRA yields the best information without being invasive. MRI is best suited for viewing vessel abnormality, while MRA is useful for characterizing flow within the vessel. The MRI is best to visualize the effects of the dissection such as ischemia and hemorrhage.

The MRI and MRA are often used in combination, but must be done in the same encounter. The MRI and MRA is considered to be the method of choice for initial diagnosis and follow-up of craniocervical artery dissection.

Prevention of Medical Errors

continued

Non-Pregnancy Verification

Knowledge of the gravid state of the patient is important in the medical decision making of a case. If the patient denies pregnancy, it is important that written documentation of this fact is crucial. The Non-Pregnancy Verification Form is important when initiating care in the chiropractic office or when the patient has been out of care. A good rule of thumb is that any patient out of care for 90 days or more must revalidate that they are not pregnant before radiographic studies or physiotherapy modalities and procedures.

Treatment of a Minor

Prior to care, have a permission slip signed by the parent or guardian **prior** to treatment. The permission form must grant permission to not only the doctor but any other employee of the office.

Remember, you are a "Point of Contact" for abuse or neglect observance. **Anytime** abuse or neglect is suspected, you must report it to the Department of Child and Family Services (DCFS). In the case of a suspected child abuse case the parent no longer has the right to obtain the child's health information.

1. Deyo RA, Weinstein JN. Low back pain. N Engl J Med. 2001;344:363-370

Update on EFTs and HIPAA ERA/835 files

HNS is committed to providing the most advanced electronic solutions to our providers.

We are currently working to complete the final phases of our latest electronic solution which will:

- Replace HNS "paper" checks with Electronic Fund Transfers (EFTs)
- Provide you with two options to receive your HNS EOBs:
 1. Print your HNS EOBs directly from the HNS website and continue to post payments just as you currently do.
 2. If your software has the capability to post payments from the information provided to you by HNS in the electronic payment file, and can interpret the data contained in this file, it can be downloaded to your practice management software system for automatic posting directly to your patient accounts. To take advantage of this new feature, you will need to contact your software vendor to determine if your software can correctly interpret the data contained in this file and also for set-up assistance.

We expect to have these electronic solutions available to you by the end of 2010 or early 2011. Once these projects have been completed, all HNS payments will be issued via EFTs and HNS will no longer send paper checks or paper EOBs to our providers. EOBs can be printed from our website **OR**, if possible, downloaded to your billing software.

Don't Miss Another SCCA Annual Convention

Held at the Kingston Plantation, the 2010 SCCA Convention was a fabulous success! Featuring a multitude of excellent continuing education programs and a large group of vendors that introduced many new products and services relevant to the chiropractic profession, this year's convention was outstanding!

"Hats off" to SCCA Executive Director, Mrs. Nicki Davis, the hard working staff of the SCCA and all those involved for making this convention another huge success.

There were great activities for chiropractors and their families including a golf tournament, volleyball tournament, a dolphin watching cruise, as well as plenty of fun in the sun by the pool and at the beach.

One of the highlights of this year's convention was the Saturday night banquet, featuring "**Sinatra & Friends**", who paid tribute to the legendary stars of the Rat Pack. The Rat Pack show was an amazing Vegas style production with professional artists singing the songs of Sinatra, Dean Martin, Sammy Davis Jr, Marilyn Monroe and Liza Minnelli. The 'Rat Pack' did a fabulous job entertaining all of us.

During the banquet, the SCCA recognized the following chiropractors for their outstanding dedication and service to this profession. HNS congratulates each of you for your hard work and commitment to chiropractic.

Distinguished Service Award & a Life Membership - Dr. Stanley N. Frost

President's Cup - Dr. Norman E. Ouzts, Jr.

Chiropractor of the Decade - Dr. Norman E. Ouzts, Jr.

Chiropractor of the Decade - Dr. Farrel I. Grossman

Chiropractor of the Decade - Dr. Evan M. Cohen

Chiropractor of the Year - Dr. Gregory P. Lonscak

Young Chiropractor of the Year - Dr. Brian E. Quattlebaum

District Director of the Year - Dr. Tyrone D. Wallace

Presidential Pillar - Dr. David H. Mruz

Presidential Pillar - Dr. Farrel I. Grossman

Presidential Pillar - Dr. Michael W. Tillman

Presidential Pillar - Dr. Henry W. Hulteen

HNS proudly supported the SCCA as a Platinum Sponsor and was honored to receive the 2010 Friend of Chiropractic Award.

Are you a member of the SCCA?

The efforts of this great organization benefit **ALL** chiropractors and HNS encourages our network providers to support our profession by joining the SCCA and attending the annual convention each year. As the largest chiropractic association in South Carolina, the SCCA continues to provide our members meaningful benefits, including strong continuing education offerings and a strong unified presence with the South Carolina General Assembly.

Requests for Patient Records

We have several complaints from patients indicating that a few network providers have not responded in a timely manner to their requests for copies of their healthcare records. Please remember that all requests for copies of healthcare records must be responded to promptly. The HNS and payor policy concerning requests for healthcare records is included in the HNS Practice Protection Plan.

Requests for Patient Records - **ALL** requests for patient healthcare records should be responded to in a prompt and courteous manner. Any requests for copies of healthcare records should be clearly documented in the healthcare record and should include the date of the request and the name of the person or entity that requested the records, as well as the date the copies were released.

- **Requests from Payors**

Network providers must immediately respond to any requests for healthcare records from a HNS contracted payor and if a Due Date is provided in the request, the payor must receive the records by the stated due date. If a Due Date is not provided, records should be submitted to the payor within 10 days of receipt of request.

- **Requests from HNS**

Network providers must immediately respond to any requests for healthcare records from HNS. Records must be submitted to HNS by the Due Date stated.

- **Requests from Patients**

If requested by a patient, network providers must promptly provide patient with copies of the healthcare record. In all cases, records must be provided within 10 days of receipt of request from patient.

**To stay *In the Know...*
check out the “What’s New” section
of our website at:**

www.HealthNetworkSolutions.net

Billing E/M Consultation Codes

Consultation E/M codes should ONLY be billed when the opinion or advice of another physician, insurer, employer, or other appropriate source has requested your opinion or advice.

Please remember that "Report of Findings" appointments should never be billed as "consults".

A referral from a patient and/or friend or family member of a patient that did not originate from a physician or other appropriate source (as indicated above) should not be reported using an E/M consultation code.

HNS DOCUMENTATION REQUIREMENTS for E/M Consultation visits:

- The verbal or written request from the appropriate source requesting the advice or opinion of the provider must be clearly documented in the patient's healthcare record and must include the name of the provider or organization requesting the advice or opinion and the date the request was received.
- A copy of the provider's written report back to the requesting physician or appropriate organization, including his opinion, advice and/or any services ordered or performed, must be clearly documented in the patient's healthcare record. A copy of this report must be maintained in the patient's healthcare record.
- Documentation must clearly reflect the level of the E/M service rendered.
- E/M documentation must include all information necessary to support the level of E/M service reported.

"There are no real secrets to success. Success in anything has one fundamental aspect - effort...Take action with commitment."

~Sam Parker

THE ON-GOING FIGHT FOR ANTI-DISCRIMINATION

Anthony W. Hamm, DC, FACO

This past week I read with interest an article authored by Lou Sportelli, DC (An Old War in a Modern Era, Dynamic Chiropractic, Volume 28, Number 15). I urge each of you to take the time to read the historical background related to organized medicine's attempt to contain and eliminate chiropractic. The Wilk, et al vs. the AMA et al case brought by a group of courageous doctors of chiropractic ended with a monumental court decision to end organized medicine's discrimination against our profession.

Enter 2010 as history repeats itself. Forty-seven years after the AMA formed its "Committee on Quackery" with the intent to "contain and eliminate" the chiropractic profession, the AMA House of Delegates have come forward with two separate resolutions that would have the effect of limiting both our scope of practice and reimbursement. The recent AMA resolution defines physician "...a physician is an individual who has received a 'Doctor of Medicine' or a 'Doctor of Osteopathy' degree. Further, 'the performance of comprehensive physical examinations to diagnose medical conditions should be limited to licensed MD/DO providers or those practitioners who are directly supervised by MD/DO.' It is clear that organized medicine (and the pharmaceutical industry) wishes to maintain tight control over the delivery of health care in the United States.

As we can see, the AMA has clearly made the decision that if you are a chiropractor, or a natur-opath, or any type of health care provider other than an MD/DO you are not indeed a physician. And if you are not under the direct supervision of a MD/DO you are not qualified to conduct a comprehensive physical examination to diagnose a medical condition. Among other things this is in direct conflict with our status as physicians with the US Dept of HHS and Federal Blue Cross Blue shield, not to mention our status as physicians in most states.

In case you are wondering why these AMA resolutions have been discussed and passed recently, consider the passage of the 'Public Protection and Affordable Care Act,' (Section 2706, non-discrimination in health care). This legislation specifically eliminates discrimination against non-MD/DO providers in the federal mandated health system. And consider the fact that if organized medicine is successful in their attempt to repeal this language on the federal level, they will begin a systematic attack on non MD/DO provider scopes of practice in each state. If you don't believe it, look at the recent action filed by the Texas Board of Medical Examiners to limit chiropractic scope.

This battle is different than the tact taken by Medicine in the past. They are attempting to limit our practice and reimbursement and maintain control of health care delivery by legislative means. And the constitution may indeed allow this strategy. I would acquiesce to legal authority on this matter, but I can report the National Association of Chiropractic Attorneys has this item on their agenda.

How can we as individuals battle this affront to our ability to provide comprehensive services to our patients and be reimbursed fairly? The answer is simple, yet the war may be a bitter one. We must come together as a profession and raise the funds to fight this war. Our patients deserve our care and we deserve to be paid relative to other health care providers.

THE ON-GOING FIGHT FOR ANTI-DISCRIMINATION

continued

The ACA has developed a CHAMP fund to offset expenses incurred to reimburse our lobbying firm in Washington, DC. Currently the Gephardt Group, led by former Senate Majority Leader Dick Gephardt, is assisting us in our lobby effort. The ACA PAC is also active in raising funds to support candidates and incumbents in Congress that support our patients` rights. In order to contribute to ACA PAC, you must be an ACA member, so if you are not an ACA member, please join. Contact me at thammdc@suddenlink.net and I will forward an application for membership, help you make a donation to CHAMP or to ACA PAC.

Mrs. Parker Binder, CEO of HNS and an ACA member, recently contributed \$1200.00 to the ACA PAC. Thank you very much, Parker, for your dedication to this effort.

If we are to successfully win this war against organized medicine we must rally around this cause. I know you are thinking, there seems to be no end in battles to be fought to preserve our practice rights both on the state and federal levels, and you are correct. If we are unsuccessful in this effort, there will be a trickledown effect into North Carolina and other states. This is why it is also critical that you join and support the North Carolina Chiropractic Association and its Political Action Committee.

Please answer my appeal. Let's leave this profession stronger and better than we found it for the generations to follow and more importantly for the patients we serve. And consider the possibility that without discrimination we may multiply the number of patients that have access to chiropractic care.

Important Notice Malpractice Insurance Requirements

Just a reminder that **ALL HNS** providers must maintain malpractice insurance with minimum coverage amounts of \$1 million/\$ 3 million and cannot have **ANY** lapse of coverage while they are participating providers with HNS.

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



PAR-Q & YOU

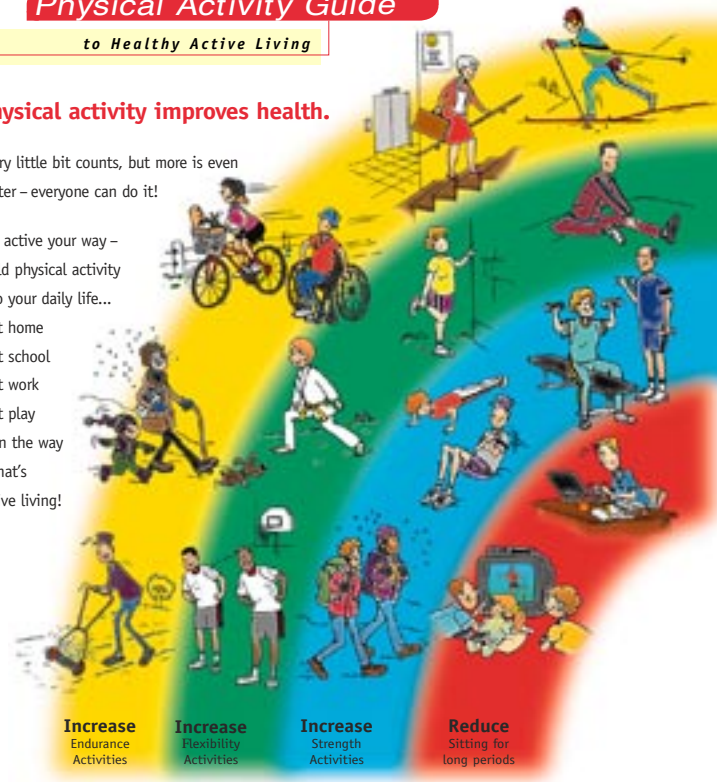
CANADA'S
Physical Activity Guide
to Healthy Active Living

Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



- Increase** Endurance Activities
- Increase** Flexibility Activities
- Increase** Strength Activities
- Reduce** Sitting for long periods

Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: **1-888-334-9769**, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort				
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	Maximum Effort
• Strolling • Dusting	60 minutes • Light walking • Volleyball • Easy gardening • Stretching	30-60 minutes • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics	20-30 minutes • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing	• Sprinting • Racing
Range needed to stay healthy				

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity:	Health risks of inactivity:
<ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life 	<ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer

Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

- Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. **J. Clin. Epidemiol.** 45:4 419-428.
- Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.
- PAR-Q Validation Report, British Columbia Ministry of Health, 1978.
- Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). **Can. J. Spt. Sci.** 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».