

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

A blurred background image showing a group of diverse people, including men and women of various ethnicities, engaged in a group exercise or dance class in a gym. They are wearing casual athletic wear and are positioned around a white railing.

- (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);

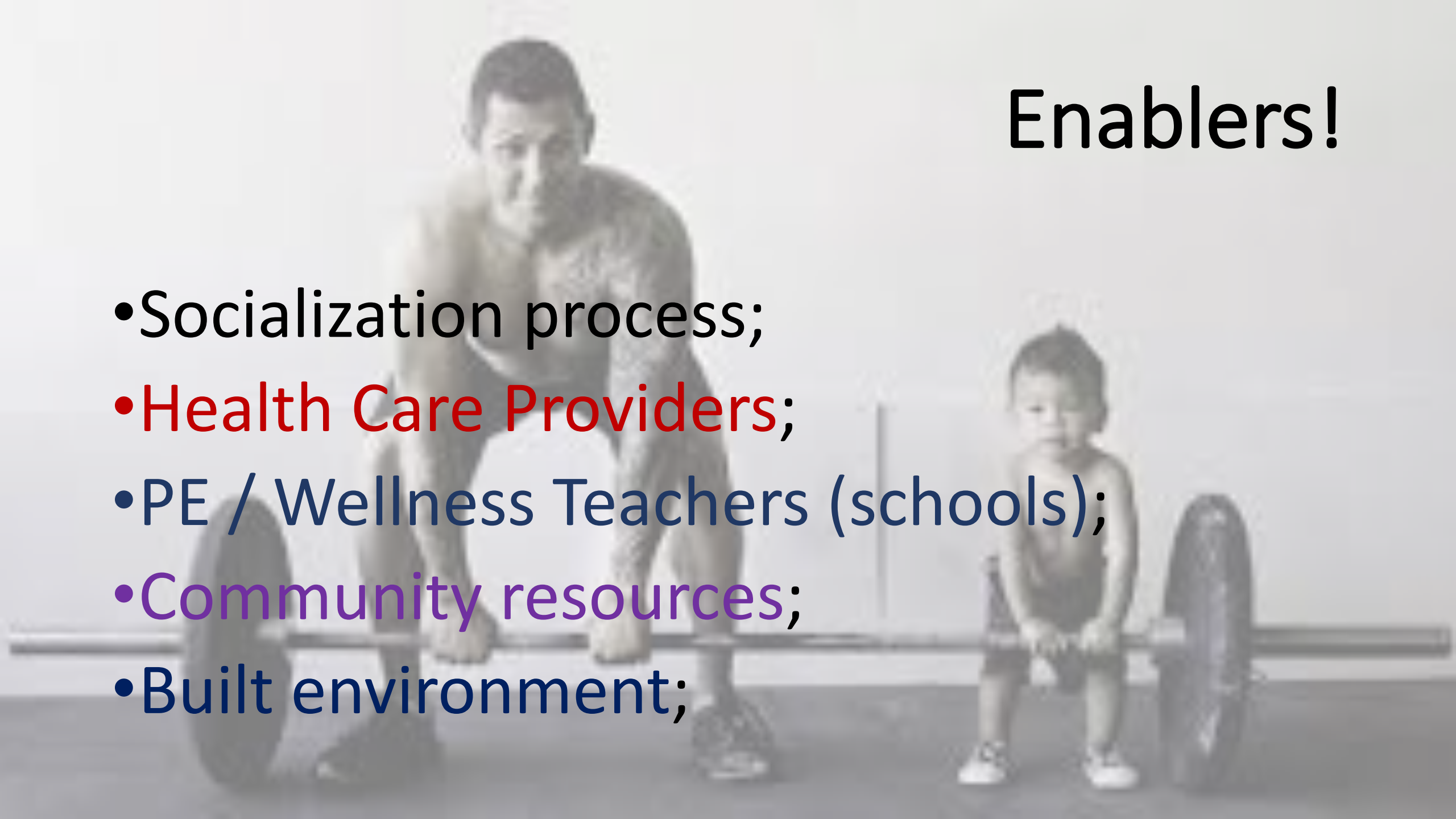
Motivation(s)?



- 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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