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Editorial

A current look at exercise prescription practices

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Editorial

The significant health benefits of physical activity, including exercise, have long been recognized. Regular activity reduces diseases such as musculoskeletal disorders, heart disease, diabetes, and some cancers, as well as leading to improvements in mental health and cognitive function.

Surprisingly, approximately 5 million deaths per year are attributed to physical inactivity. Physical activity is a crucial primary treatment for many chronic diseases and a cost-effective method for reducing morbidity and mortality in the population.[1]

There is ample evidence that physical activity, with the understanding that "exercise is medicine," should be a part of every treatment plan after a chronic disease is diagnosed. Similarly, there is objective evidence that exercise can be used as an effective first-line treatment for cardiovascular, metabolic, musculoskeletal, neurological, psychiatric, and other disorders. In conclusion, the benefits of exercise and the importance of prescribing exercise should not be underestimated.

Physical activity and exercise prescriptions should be part of every patient's treatment plan, but exercise prescriptions should be individualized according to their needs.[2]

"An exercise prescription is a systematically designed, structured, and individualized exercise program to improve health or functional capacity. These programs are usually developed by relevant specialists according to the patient's clinical condition, goals, and needs."

Patients should be immediately prescribed and guided towards implementing individualized, goal-oriented, and evidence-based exercise methods that will enable them to optimize their overall health, rather than simply questioning whether they are active or not.[3]

Exercise prescriptions are programs specifically tailored to the disease, lifestyle, and recovery goals, and also specify the type, frequency, intensity, and duration of movements. In this regard, physiotherapists, in particular, create highly customized programs based on the clinical evaluation of cases and internationally accepted principles. These programs are structured around the FITT-VP framework.

The individualized preparation of exercise prescriptions, goal-setting roles, and outcomes can help improve adherence in cases. However, there is a limited understanding of the mechanisms underlying effective exercise prescriptions.

With the continuous updating of treatment approaches globally, exercise as a core part of treatments requires updating. However, there are still significant limitations in primary care settings that can affect effectively prescribing exercise. Increasing patient demands and expectations, time constraints, and uncertainties regarding exercise dosage and duration can hinder primary care providers from this potentially beneficial application.

With the proliferation of mobile health technologies, exercise prescription applications are increasingly being used to support the remote implementation of prescribed exercise programs. However, there is considerable uncertainty regarding the standardization of these widely used applications.[4]

Currently, the overall quality of commonly used exercise prescription applications is reported as "medium," indicating that while they meet basic structural requirements, they do not fully support clinical progress and individualized processes. Future developments should prioritize transparent progression mechanisms, individualized adjustments, and the implementation of clinically relevant behavioral change strategies to enhance safety and long-term effectiveness.

While evidence supporting the feasibility and effectiveness of digitally delivered exercise interventions is growing, concerns remain about the professionalism of exercise prescriptions generated by mobile applications.

At the same time, a disadvantage of mobile platforms is that they can limit important approaches such as detailed instructions, real-time biomechanical feedback, and applied correction, which are integral parts of a safe and effective exercise prescription.

Furthermore, the rapid development of commercial applications also raises concerns about usability, consistency, and quality from a clinical perspective.

Future developments should prioritize a collaborative design approach involving both clinicians and users to close existing gaps. This collaborative strategy is necessary to align practices with clinical standards and behavioral change principles, thereby enhancing their reliability, effectiveness, and clinical significance.

Finally, exercise works through a multi-system approach that supports the effect of different mechanisms in different conditions. Since it can vary in different populations, clinical conditions, and settings, it can be challenging to select the optimal outcome to achieve clinically meaningful progress.

There is a need to establish evidence-based practices and implementation strategies that facilitate exercise prescription in different diseases and populations.

In primary care settings, the assessment of physical activity in children, the elderly, and healthy individuals should become an integral part of approaches to prevent diseases as well as provide assessment and treatment methods.

In conclusion, the fundamental principle of exercise prescription is that it should be personalized and adapted to the current health condition. A gradual and progressive physical activity program is necessary to achieve health benefits and optimize the role of exercise

on outcomes. Conditions that may hinder adherence to exercise prescription should be considered.

Future studies should focus on how social, psychological, environmental factors and technology can be adapted to and further improved in exercise prescriptions.

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Conflicts of interest

The author declares there is no conflcit of interest.

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