



Frequently Asked Questions on the Consensus Statement on Physical Activity Risk

Target Audience, Meanings and Definitions

1. Who are the statements designed for?

The statements have been designed for healthcare professionals, by healthcare professionals to be used in consultations/conversations with their patients.

They are not suitable, nor have they been designed for the direct use of patients.

2. What is the definition of "being physically active" or "physical activity"

The World Health Organisation defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity refers to all movement including during leisure time, for transport to get to and from places, or as part of a person's work.

The intensity of activity will be individual to the patient, hence why person centered conversations are so important. For some patients, activities such as standing more often, stretching, chair based movement, completing household tasks such as cleaning and gardening, or walking more might be a sufficient way to start moving more.

Other patients might feel confident to explore more structured exercise or sporting activities and should be encouraged to start at lower levels of intensity with the view to build this up over time as is suitable for their own symptom

management.

3. What does "gradually" in the context of 'the risk is low, when physical activity is increased gradually'?

Sport England, The Faculty of Sport and Exercise Medicine UK and the Office of Health Improvement and Disparities (formerly Public Health England), produced guidance for getting started in physical activity as part of the We Are Undefeatable campaign in 2019. These included:

- *move more, however you choose will be good for your health and wellbeing.*
- *find an activity you enjoy,*
- *start slowly (low intensity) and build up (everything counts, can start with just 10 minutes),*
- *stay hydrated and*
- *make the most of your good days. For more information visit:
<https://weareundefeatable.co.uk/getting-started>.*

Starting slowly and building up gradually advises people to increase the length and intensity of any activities they choose to do gradually, over time. Everything counts and this could start with just 10 minutes of activity at a low intensity level. It is recommended that people progress over time, as appropriate for them, to a moderate level of intensity (makes them feel warmer and breathe harder) to gain more health benefits.

This is developed further in the consensus statements, with the importance of "everyone having their own starting point" recognised. The fourth impact statement asserts "Everyone has their own starting point, depending on their current activity level. Help people identify where they are and agree a plan to begin there and build up gradually to minimise the risks of adverse events".

Risk, contraindications and medical clearance

4. How would I know if someone is high risk for physical activity? What advice should they receive?

Symptom specific advice is provided in this consensus statement and its

supporting documents.

The use of this statement and the associated recommendations is intended for use by a healthcare professionals to guide decisions on risk, using their clinical expertise, in combination with any individual patient concerns.

5. What are the contraindications to physical activity?

The recommendations of the consensus statement can be applied to all people based on symptoms.

The absolute contraindications for physical activity are few. The American College of Sports Medicine state the absolute contraindications to exercise are:

- *A recent significant change in the resting ECG suggesting significant ischemia, recent myocardial infarction (within two days) or other acute cardiac event*
- *Unstable angina*
- *Uncontrolled cardiac arrhythmias causing symptoms or hemodynamic compromise*
- *Severe symptomatic aortic stenosis*
- *Uncontrolled symptomatic heart failure*
- *Acute pulmonary embolus or pulmonary infarction*
- *Acute myocarditis or pericarditis*
- *Suspected or known dissecting aneurysm*
- *Acute infections*

In reality, patients who have any of these absolute contraindications will be experiencing uncontrolled symptoms and are unlikely to feel well enough to undertake significant physical activity.

Ref: ACSM's Guidelines for Exercise Testing and Prescription, 6th Ed.

The Consensus statement states that people should seek medical review if they experience:

- *A dramatic increase in breathlessness*
- *New or worsening chest pain and/or increasing glyceryl trinitrate (GTN) requirement*
- *A sudden onset of rapid palpitation or irregular heartbeat*
- *Dizziness*
- *A reduction in exercise capacity*
- *Sudden change in vision.*

6. Based on the evidence and the statements should I sign off medical clearance/fit to exercise forms?

The authors of the paper and statements support the WHO recommendation set out in it's 2020 guidelines on physical activity and sedentary behaviour that routine medical screening of people with long term conditions is unnecessary. However, it is likely that pre-participation screening tools will continue to be demanded in some instances, at least for the short term, due to the current approach to pre participation screening in the UK. In these situations, doctors should use these statements and clinical expertise to complete them.

As part of wider work to improve the physical activity offer for people living with long term conditions, Sport England will, in collaboration with others, explore how the consensus statements can support the removal of systemic physical activity barriers for people living with LTC's. This includes encouraging discussions with a range of partners, including the physical activity and leisure sector insurers, and supporting a review of pre participation protocols used by health, physical activity and sport partners, including the need for medical clearance.

How the statements relate to specific audiences

7. How do the statements relate to those with ME/Chronic Fatigue Syndrome? What advice should I give to them?

While the statements address fatigue as a symptom, we do not include Myalgic encephalomyelitis (or encephalopathy) (ME)/ chronic fatigue syndrome within

the scope of this work.

This is due to the evidence on physical activity risk being limited and actively evolving in this area at this time. We cannot therefore be sure that our symptom-specific statements translate effectively to clinical practice and subsequently to people living with these conditions.

We understand that the response to physical activity of people living with Chronic fatigue is highly variable. It is recognised that in cases of ME/chronic fatigue syndrome it is best practice to refer to specialist guidance (as recommended within the statements).

It is recommended that healthcare professionals follow the recently published [NICE guidelines \(NG206\) Myalgic encephalomyelitis \(or encephalopathy\)/chronic fatigue syndrome: diagnosis and management](#)

8. How do the statements relate to those with Long COVID?

While the symptoms in the statements may present in patients with Long COVID, covid 19 research was not included as part of the evidence review.

This is due to the review taking place prior to the start of the pandemic, and to date there is insufficient research to allow recommendations around physical activity to be concluded with the same level of confidence as with the other conditions considered in this review. We recognise that the evidence base for Long COVID is evolving and as such we hope that it will be possible for guidance regarding safe and effective Long COVID rehabilitation and physical activity of any kind to be developed in the future.

Current Advice is currently available around this condition from World Physiotherapy including their [Briefing paper version 9](#) and their [toolkit](#) .

9. How relevant are the statements to disabled people?

The rapid evidence review that underpins the statements focused on long term health conditions and did not include specific searches relating to disabilities or impairments.

[The Chief Medical Officer's physical activity guidelines for disabled adults](#) recommends that physical activity is a daily habit for disabled adults and that a little movement is better than none.

The symptoms considered within the statements may be experienced by disabled people or they may have a health condition diagnosis alongside an impairment. As such, in these cases the statements should be considered a relevant way of supporting disabled people to gain the benefits that physical activity will bring their health and well being.

You can find our more information on how to support people with disabilities to get active through the following resources:

[Activity Alliance enabling healthcare professionals resources](#)

[Moving Medicine modules](#)

Methodology

10. How were the statements established and information about symptoms concluded?

The statements were developed through a four stage process.

1. A preparation stage which aimed to understand the opinion and perspectives of healthcare professionals and those with lived experience of long term conditions on the risks of physical activity and how to address them. This was through a patient and public involvement project to explore NHS service users

experiences, the National Centre for Sport and Exercise Medicines #EasierToBeActive national consultation and an open question survey to a practitioner group of 57 healthcare professionals recruited through stakeholder organisations.

2. Rapid evidence review please see the response to **“What is the evidence that sits behind the statements?”**
3. Steering Group meeting

A steering group of 13 multidisciplinary healthcare professionals with extensive clinical and or academic experience in using physical activity to manage long term conditions was developed. Their role was to:

- Agree on core messages
- Review contraindication advice
- Develop the consensus statements format
- Identity clinical priorities
- Approve the statement development plan
- Ratify the delphi protocol.

The group made the decision that the statements should follow a symptoms based format and supported the development of the initial draft statements ready for the delphi study.

4. Delphi Study. Please see the response to **“What is a Delphi process and group and why was this approach taken?”**

For more detail on the methodology please read the full article at <https://bjsm.bmj.com/content/early/2021/10/21/bjsports-2021-104281#DC1>

11. What is the evidence that sits behind the statements?

Stage two of the four stage development approach for the consensus statements was a rapid evidence review.

The review aimed to establish what is known about the risks of physical activity in people with long term conditions, using systematic review methods to search and critically appraise existing research.

It sought to provide an overview of existing guidelines and/or recommendations that address the risks of physical activity for people with long term conditions.

79 relevant reports (reviews, consensus statements, position statements or guidelines) were reviewed with the findings written into a summary report which is available in the supplementary information to the article [here](#)

The evidence consistently reported that the benefits of physical activity outweigh any potential risks, except where explicitly contraindicated. A person centred approach is essential, with the understanding that there is an injury risk that applies to the whole population, that tolerance of physical activity will vary with symptom severity and that supervision may be appropriate or necessary.

For more detail on the methodology please read the full article at <https://bjsm.bmj.com/content/early/2021/10/21/bjsports-2021-104281#DC1>

12. What is a Delphi process and group and why was this approach taken?

A delphi process is a systematic academically rigorous process that seeks to develop a consensus of opinion on a particular topic or research question. It determines the extent to which experts agree or disagree on a specific topic and follow a dedicated questioning approach to forming a consensus.

The Delphi process used for the development of the consensus statements followed an modified online version of the delphi process following the Conducting and REporting DElphi studies (CREDS) guidelines. This method was chosen as it allows expert opinion from a wide range of clinical specialists to be used in an academically rigorous way to create consensus on the risks of physical activity for people living with long term conditions (or research question).

This was particularly useful in this incidence because research and advice for long term health conditions tends to be classified by condition, where as the aim of this research was to determine if the advice for symptom management was

true across conditions and specialisms.

In this case, 28 clinical specialists from a broad range of disciplines were recruited based on their knowledge and expertise, to form the delphi group. This group were sent draft statements developed from the rapid evidence review developed by the authorship group and asked to score how strongly they agreed and invited to make suggestions to strengthen the statements.

Pre-determined criteria set minimum requirements in scoring to conclude when a consensus had been reached across the group. This was set at >80% consensus at phase 1 and all responses being above 3 on the scale (1 strongly disagree) to 6 (strongly agree).

Where the agreement was not strong, edits were made and the statement re-submitted to the group. Questions meeting that criteria were removed for the second phase of the Delphi process. Questions with an average score of >80% but with one or more participants scoring 1-3 were put back to the panel and interrogate for free text feedback.

In phase 2, agreement stratification focused on high agreement being seen at >80% agreement and satisfactory consensus being reached at 60 - 80% agreement.

Consensus was reached at phase 2 with the delphi panel percentages for agreeing the statements ranging from 89% (dysglycaemia and impact statement 4) - 97% (Shortness of breath) across the statements.

For more detail on the methodology please read the full article at <https://bjsm.bmj.com/content/early/2021/10/21/bjsports-2021-104281#DC1>

Promotion and activation of the messages

13 How will you promote the findings and statements to help make change happen?

Sport England, the Faculty of Sport and Exercise Medicine, the Royal College of G.P's and Office for Health Improvement and Disparities (formerly Public Health

England) , will promote the statements through a range of approaches:

- *Hosting the statements and associated resources on the Moving Medicine website which is already recognised as a hub for supporting Healthcare Professionals to have evidence based physical activity conversations with their patients.*
- *Promoting the statements through a range of networks for example with professional bodies such as the Royal College of Physicians, Chartered Society of Physiotherapy and Royal College of Nursing, as well as The Richmond Group of Charities*
- *A call to action to Healthcare Professionals to use the statements and talk to colleagues about this and the impact it is having for patients.*
- *Other promotional activities will include hosting discussions, promotion via social media and providing health, sport and physical activity partners with promotional material.*

Sport England will, in collaboration with others, explore how the consensus statements can support the removal of systemic physical activity barriers for people living with LTC's. This includes encouraging discussions with a range of partners, including the physical activity and leisure sector insurers, and supporting a review of pre participation protocols used by health, physical activity and sport partners, including the need for medical clearance.

Using the statements with Patients

14. Are the messages suitable to print off for patients?

The statements have been developed for the use of Health Care Professionals to inform their conversations with patients, at this stage they have not been tailored to be suitable as patient resources.

The Faculty of Sport and Exercise Medicine UK, Sport England and the Richmond Group of Charities, alongside others, will work together to consider how we use the statements to challenge patient's perceptions about risk and physical activity including evolving them into public-facing resources that empower people's decision making and connect to wider support such as the We Are Undeatable

campaign

15. What information can I signpost patients to?

The Moving Medicine resources include condition specific patient information leaflets that can be given out to patients to support them to get active. You can access them through the patient info finder section at this [link](#)

The We Are Undefeatable campaign provides support, inspiration and encouragement to people with long term conditions to find ways to be active that work with each person's conditions, not against them. The campaign has been developed by 16 leading health and social care charities and backed by expertise, insight and significant National Lottery funding from Sport England. Resources available include inspirational stories, advice and support on how to get active, planning tools, digital activities to get people started and a chat option to get direct advice from the We Are Undefeatable Team.

16. Will you provide simplified guidance which draws out the statements and symptoms advice to make the information more user friendly?

The statements have been designed for healthcare professionals, by healthcare professionals to be used in consultations/conversations with their patients.

The infographic aims to make the statements user friendly by providing a short aide memoire for healthcare professionals.

The Faculty of Sport and Exercise Medicine UK, Sport England and the Richmond Group of Charities, alongside others, will work together to consider how we use the statements to challenge patient's perceptions about risk and physical activity including evolving them into user friendly public-facing resources that empower people's decision making and connect to wider support such as the We Are Undefeatable campaign. We will explore further how such resources can support friends, family and carers to understand the messages and ensure that people with long term conditions are less likely to get conflicting messages on physical activity from those who support and influence them

Support for Healthcare Professionals to embed physical activity in their clinical practice

17. We know Physical Activity is good for us, but many Healthcare Professionals don't routinely talk about the benefits, how will this help?

Healthcare professionals report that a lack of knowledge and skills around how to have physical activity conversations with people with long term health conditions is a barrier to talking about and recommending physical activity, especially where there is anxiety that physical activity could exacerbate symptoms and lead to complications.

This work aimed to agree clear statements for use by healthcare professionals about the medical risks of physical activity for people living with long term condition based on the evidence and expert consensus.

It is hoped that the statements (and the academically rigorous approach to developing them) will give confidence to health care professionals that for the majority of people with long term health conditions, physical activity is safe. The statements can be used to provide guidance on what might be the expected and unexpected physical responses to activity to provide reassurance to patients who are concerned about exacerbating symptoms and help healthcare professionals to respond with evidence based advice to better support patients to gain the benefits that physical activity can bring them.

The statements highlight the importance of person-centred conversations that consider the concerns of individuals and their carers, as well as individual preference, symptoms, functional capacity, psychosocial factors, social support and environmental factors.

The statements do not stand alone as a support tool. They are part of a wider package of support for healthcare professionals who would like to include physical activity within their toolbox to support patients to prevent or manage health conditions.

The [Moving Healthcare Professional Programme](#) provides physical activity training for healthcare professionals through a network of over 40 Clinical

Champions. It also provides e learning opportunities through 11 online learning modules available at [ADD LINK](#).

The award winning [Moving Medicine](#) platform provides support for healthcare professionals to have one-minute, five-minute and longer conversations, along with step-by-step guides, behavioural change insights, and all the evidence to back it up. This helps to alleviate the barrier of time constraints that healthcare professionals face when speaking to their patients, allowing them to incorporate physical activity into their conversations.

The [Royal College of GP's physical activity hub](#) is designed to support healthcare professionals to increase their physical activity knowledge and put this into practice.

These are all designed to provide healthcare professionals with the knowledge, skills and support to have physical activity conversations with their patients.