

# Exercise in the Management and Prevention of Chronic Pain

By Adam J. Locketz, M.D.

**T**OO MANY AMERICANS are obese. According to the U.S. Centers for Disease Control and Prevention, we don't exercise, and our physical condition is getting worse. Obviously, this is not good news, even to health care providers who will have job security as they treat the long-term consequences of their patients' actions, or lack thereof. The good news is that it's not too late for physicians to encourage patients to change their behaviors.

Most physicians are aware we urgently need to change the direction of these public health trends and that physicians should play a role in effecting the change. Countless studies have documented the preventive cardiovascular, musculoskeletal and psychological benefits of even modest daily activity and a healthy lifestyle. These benefits also include improvements in subjective well-being and pain. Recent studies have also documented objective neurohormonal changes that occur in response to exercise that influence the brain, cognition and performance. Recent research efforts have greatly improved our understanding of the importance of physical activity. We have learned that the benefits extend from the beginning to the end of the life cycle. Children who spend a lot of time watching television are more likely to be obese. In adulthood, continued regular physical activity promotes joint strength, prevents osteoarthritis and helps maintain psychological well-being. This helps prevent recurrence of common musculoskeletal pain complaints such as chronic low-back pain and joint pain. Studies have shown that for most people, losing only 11 pounds decreases the risk of getting painful osteoarthritis of the knee by 50%. Even in advanced age, physical activity can improve strength, decrease pain from arthritis, decrease the risk of falls, decrease osteoporotic fractures, improve cardiorespiratory fitness and improve one's ability to live independently.

Physicians often underestimate their role in helping patients adopt more healthful behaviors, and our not intervening can, unfortunately, be perceived as silent support for patients' inactivity or unhealthy habits. So, what can we do?

Here are suggestions you can offer your patients:

➤ **Be proactive:** The MMA House of Delegates previously passed Resolution 307, "The Importance of Physical Activity for the Health Maintenance of Minnesotans," which commits us



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to develop a statewide education campaign in conjunction with others "to create awareness of the modifiable causes of obesity, obesity complications and effective, sustained obesity treatment.

- **Start slow:** We need to help our patients make exercise a part of their lives by encouraging them to start slow and plan for the long haul.
- **Be specific:** Tailoring interventions to an individual's current stage of change and activity level is the most effective way to achieve long-term compliance.
- **Encourage good habits:** Encourage patients to turn off the television. Encourage them to make continued television viewing for themselves and their children contingent on a regular activity schedule. Make these good habits a routine.
- **Walk often and take the stairs:** It's effective and simple. It burns many calories. Patients need to hear this more. It is the least expensive way to promote good health across the board.

Let's promote this effort together. We need to act now and in the future to stem the growing problem of obesity in America. The message of this mounting evidence is clear: exercise is essential to good health. All of us — physicians, other health care providers and patients — need to heed this message.

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