



Your Lifestyle Medicine Rx - Physical Activity

Physical activity is any movement of the body that uses energy. For health benefits, physical activity should be moderate or vigorous intensity.

- Walking
- Dancing
- Taking the stairs
- Playing soccer
- Yard work

Being physically active can help you:

- Live longer
- Feel better about yourself
- Decrease your chances of becoming depressed
- Sleep well at night
- Have stronger muscles and bones
- Move around better
- Stay at or get to a healthy weight
- Spend time with friends

How much physical activity do you need?

The National Activity Guidelines recommend 150 minutes of **moderate** intensity aerobic activity each week. That may seem like a long time, but if you break it up you will reach your goal in no time!

10 min. walking dog
 10 min. walking at lunch
 + 10 min. dancing in house

 = 30 min. physical activity

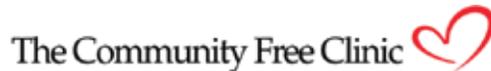
Use the Talk Test

- Low intensity- able to sing and talk
- **Moderate intensity- able to talk but not sing (recommended)**
- Vigorous intensity- able to only say a few words without stopping to catch your breath



Tips to be more active

- Write down the reason you want to be active and place it somewhere you will see it daily
- Break your daily activity up into smaller sessions
- Join a walking group or walk with a buddy
- Take the stairs
- Park further away
- Set a timer to get up every hour and move for at least one minute
- Listen to music
- Try a You Tube physical activity video at www.communityfreeclinic.org/lifestylemedicine
- Track your activity
- Schedule your activity on a calendar and put it somewhere you will see it daily
- Other: _____



01/2022

Your Lifestyle Medicine Rx - Physical Activity

Patient Name: _____

DOB: _____

[] Get active! _____ min/day at least _____ times per week.

[] Stretch 5-10 minutes _____ times per week.

Provider Signature

Date

Referrals (from today's visit)

Date: ____ / ____ / ____

Chart Number: _____

Registered Dietitian

Healthy Future

Counseling

Declined

Patient Email: _____

Patient Phone: _____

Follow Up:

Rx Status (based on last Rx) Date: ____ / ____ / ____

Complete (C)

Partially Complete (P)

Incomplete (I)

Referral Status (based on last referral) Date: ____ / ____ / ____

Registered Dietitian

Healthy Future

Healthy Living Department

Counseling

Declined