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Exercise as Medicine: The Future of Healthcare

Recorded July 11, 2017

Course Type: Recorded 1 Hour Webinar

Course Level: All Levels

Course Objectives

After completing this course you will be able to:

1. Discuss statistics supporting the need for medical fitness.
2. Describe elements for assessment, programming, and staff to support a medical fitness program.
3. Explain how to design and integrate medical fitness protocols and systems to improve patient outcomes.

Course Description

With all the uncertainty regarding the sustainability and future of the Health Care System, physicians, private medical practices, and fitness professionals are beginning to see a unique opportunity. The obesity epidemic and the incidence of chronic disease and injury have forced the need for a preventable, medically integrated, and outcome-based model of medical fitness. The goal is to combine the science of medicine, and the physiology and endocrinology of the body to develop a health care model that creates permanent changes, heals degenerative conditions, and restores health and vitality to patients.

For fitness professionals there is a profound opportunity to capture a part of the market that is typically terrified to walk into your average gym or studio, and that one may feel equally terrified to train. However, the unparalleled unique selling position of a medically integrated facility lends a level of credibility, authority, and trust that will set you apart from almost all competition.

About the Presenter

J.R. Burgess, MS, CPT

J.R. Burgess is the CEO of Rejuv Medical and MedFit. In 2009, he partnered with Dr. Joel Baumgartner, MD with the purpose to change the direction of the current healthcare crisis. Together they developed a successful 27,000 sq. ft., integrated medical center that utilizes medical fitness, functional medicine and regenerative orthopedics to restore health and vitality to their patients. They offer a full-service weight loss and corporate wellness program that boasts medical supervision by doctors, registered dietitians, nurse practitioners, athletic trainers, exercise physiologists, physical therapists and certified personal trainers. It's their team's mission to help re-define the future of healthcare using exercise and nutrition as medicine. With MedFit they have partnered and helped 46 other clinics worldwide to add medical fitness to their communities to create life changing results in their patients.

Course Outline

Overview

- Healthcare Now
- What is Medical Fitness
- How Rejuv/MedFit Started
- What is an Integrated Fitness and Nutrition Model
- How You Could, Get Medical Referrals, Partner or Create a Medically Integrated Practice on a Shoestring Budget
- Why It May Work Right Now More than Ever Before

Healthcare: Where Are We Now

- Obesity on the Rise
- Disease on the Rise
- Rx's Increase Yearly
- Healthcare Costs on the Rise
- Insurance Rates on Rise
- Deductibles on the Rise
- Reimbursements Decreasing
- Bundled Payments and Outcome Based Quality Measures
- Managed Care

Obesity Crisis

On the Rise in AMERICA - est. 1 in 2 by 2020.

Leading Cause of **PREVENTABLE** Death in the World and Now According to AMA is Considered a Disease.

- Overweight Patients the Healthcare System 40% More than Healthy Patients.
- As Reported in a Study from 2008, Physical Inactivity Cost the US Healthcare System More than \$102 Billion Annually.
- Spending in the U.S. for Prescription Drugs was \$259.1 Billion in 2010, and is Projected to DOUBLE over the Next Decade.
(Kaiser Family Foundation)

GLOBAL CRISIS

- China had almost no DM 25 year ago
 - Now 24M
 - 42M by 2030
- From 1983 to 2012 DM increased 10 times (35 to 350M)
- By 2020
 - 20M death from infections
 - 50M deaths from chronic preventable diseases
- Not going to be cured by a new MEDICATION
- We **NEED** lifestyle and behavior change
SELF-FAMILY-COMMUNITY- WORLD

Healthcare Crisis

- We Can't Support the Rising Costs, **IMPLOSION** is Inevitable
- 90% of Chronic Disease is **PREVENTABLE**
- We **NEED** to Target the **ROOT CAUSES** to Truly Change Health and Decrease Costs.

Our Role – “Healers”

- **OBESITY, DM and METABOLIC SYNDROME**
 - 1st Line Treatment Is **NUTRITION** and **EXERCISE**
 - **NOT Another MEDICATION**
- **PAIN, ARTHRITIS and DEGENERATION**
 - Goal is to **Restore, Rebuild Function and Regenerate Tissue**, NOT more Steroids & Pain Meds.

Obesity and Back Pain: Risk

- The Risk of Low Back Pain Increases in Step with BMI from 2.9% for Normal BMI (20-25) to 5.2% for Overweight (26-30), 7.7% for Obese (31-35), and 11.6% for Ultra-Obese (36+)
(Spin J. 2014 Feb 1;14(2):209-16. doi: 10.1016/j.spinee.2013.11.010. Epub 2013 Nov 12.)

- When Patients Lack Sufficient Exercise Over a Long Period of Time, the Supporting Structures in the Back Become Stiff, Weak, and Deconditioned Increasing Risk of Degeneration and Injury.
(Weight Loss for Back Pain Relief By [Donald J. Frisco, MD](#))
- Overweight individuals who Increase the Amount of Time They Spend in Moderate Activity (Walking Briskly, Water Aerobics, Riding a Bike, Ballroom Dancing, and General Gardening) by Less Than 20 Minutes a Day can Reduce Their Risk of Back Pain by 32%.
(How Are Back Pain, Obesity, and Exercise Connected? By: [Nicolle Heller](#))

Obesity and Spinal Surgery: Outcomes

- Operative Times are Longer for Obese Patients in Comparison with Normal Weight Patients in Addition Have a Higher Incidence of Postoperative Complications.
(Lumbar Spine Fusion in Obese and Morbidly Obese Patients Rahul Vaidya, MD, FRCSC; Julia Carp, BS; Stephen Bartol, MD, FRCSC; Nicole Ouellette, RN; Sandra Lee, DO; Anil Sethi, MD)
- Obese Patients Had Worse Postoperative Patient-Reported Outcome Scores and Less Overall Patient-Rated Improvement Compared with Non-Obese Patients. Patients with BMI >25 Reported Less Improvement After Surgery Both in the Patients' and in the Surgeons' Perspectives.
([World Neurosurg](#). 2014 Jul-Aug;82(1-2):e345-52. doi: 10.1016/j.wneu.2013.09.053. Epub 2013 Oct 18.)
- Movement and Exercise Are the Only Ways to Foster Blood Flow that Distributes Nutrients into the Disc Space and Soft Tissues in and Around the Spine. This Exchange of Nutrients Through Exercise Keeps Discs, Muscles, Ligaments and Joints in the Back Healthy.
(Weight Loss for Back Pain Relief By [Donald J. Frisco, MD](#))

Physician's Role: Weight Loss

- A Patient Survey Indicated that 86% of Obese Patients Wanted to Lose Weight and 62% Felt that their Physician could Help with Weight Loss.
(The Diabetes Educator. 32.4 (July-August 2006): p557.)

THE WRONG TREND

Physician's Role

- **1996 to 2007**
 - An Overweight or Obese Person Getting Advice on Weight, Diet, or Exercise from a Primary Care Physician Dropped by 41% Over the Study Period—Even Though Obesity Rates Soared.
 - The Decline Was even Greater for People with HTN, DM, & MS Who would Most Benefit from Weight-Loss Counseling. (American Diabetes Association)
 - Only 29% to 42% of Overweight and Obese Patients Report that They Had Been Counseled by Their Physicians. (JABFM, March-April 2009 Vol. 22 No. 2)

Physician's: Weight Loss

- Patients Who Were Counseled by Their Physician:
 - Were more Motivated to Attempt Weight Loss and Had a Better Understanding of Their Health Risk.
(Acad Med. 2004;79:156-161)
 - Were 3 Times more Likely to Attempt Weight Loss than Those who Reported not Receiving Advice.
(JAMA. 1999;282:1576-1578)

Physician's Role

According to **AAFP News Now**:

- Physicians Are in an Ideal Position to **Reverse Skyrocketing Obesity** Rates because of the Unique Role They Play in the Healthcare System.
- We Have a Self-Responsibility to Take Action. Physicians Are Seen as Top Authoritative Source.

Exercise As a Vital Sign

BP, Height, Weight...Exercise

Every Patient Is Asked Two Questions:

1) "On Average, How Many Days Per Week Do You Engage in Moderate to Strenuous Exercise (Like a Brisk Walk)?"

2) "On Average, How Many Minutes Do You Engage in Exercise at This Level?"

GOAL: 150 Minutes/ Week of Moderate to Intense Activity

Time For Change!

- Estimated that in the Next 10 Years Every Healthcare Organization Will Have a Facility and Program Dedicated to the Prevention and Treatment of Life-Style Related Disease. (Pamela Kufahl, Editor-in-Chief | Club Industry , Jun. 1, 2011)

What Direction Will Healthcare Take?

The Answer: MEDICAL FITNESS

- Exercise-Medically Supervised
- Weight Optimization
 - Lean Muscle Gain, Fat Loss
- Healthy Nutrition Services
- Hormone Optimization
- Avoiding Food Sensitivities/Gut Health
- Good Sleep Hygiene
- Stress and Adrenal Control
- Regenerative Procedures

Health: Physical, Internal, Mental, Social & Spiritual Wellbeing

- Comprehensive Weight Mgmt. Program (Insurance and Non Insurance)
 - MD/NP/PA, Personal Trainer(MFS), Dietician, Psychologist, Health Coach
- Personal Training/Coaching –Fitness or Nutritional
- Small Groups 2-6
- Boot Camp Group Training
- Online Programs
 - Health Coaching, Workouts, Educational Membership Sites
- Breaking Barrier Classes
- Cooking Classes
- Shopping Tours
- Sports Performance Training
- Gym Memberships
- Massage Therapy
- InfraRED Hot Yoga and Studio

Story...

- Medical Fitness Facility – 2009
- Medical Fitness Facility – 2010
- Clinic
- Nutrition Center
- Hospital
- Surgery
- Physical Therapy
- Chiropractic
- Naturopath
- Stand Alone Gym
- Company-Corporate Wellness

The Medical Fitness I.M.P.A.C.T. Plan (I):Integration

- Patient Demographics
- Concierge/Community Outreach
- Outcomes 1st or Profitability 1st
- Personal Service & Accountability or Technology Driven/Home Centered/Combination
- Functional and Corrective Exercise/ Automated Equipment/ Combination
- Integrated/ Independent/ Insurance
- Open Access or Supervision Only
- How Will Your Medical Fitness Practice Fill Your Funnel?
- How Will You Refer to Medical Fitness Department?
- How Will the Two Systems Communicate Together?
- Medical Team at Rejuv Medical
- Nurse Practitioners

- Physical Therapy/Nutrition/Pharmacy/ATC
- Medical Fitness Specialists Leadership
- MEDICAL WEIGHT LOSS & RESTORATIVE HEALTH PROGRAM
- BMI over 30
- Health Diagnosis
- Underlying Symptoms
- Chronic Medication Use
- Injury
- Chronic Pain

Clinical Components

- Health Risk Assessment
 - Health History
 - Medication Review
 - Biometric Measurements
 - Comprehensive Blood Panel
- Clinical Referrals Based on Individual Need:
 - Hormone Consult
 - Orthopedics
 - Physical Therapy
 - Psychologist

Fitness Component

- Personal Training a Minimum of 2x/week
- Structured Exercise Program
- Group Classes
- Fitness Center Membership

Nutrition, Accountability & Education Component

- × Health Coaching Sessions
- × Nutritionist, RD
- × Monthly Group Health Coaching

BIO-SCORE

EXTERNAL

- BMI or Body Fat % (7 site/BIA)
- Waist/Hip Ratio
- BP - Systolic
- BP- Diastolic
- Smoker

INTERNAL (all via spot blood lab)

- Cholesterol Profile (TC, TG, LDL, HDL)
- Glucose
- Triglycerides
- HgA1C

Will Then Have a Health Score Based on Their **BIOSCORE** Screen that Can be Used to Help with Risk Stratification and Follow MEDICAL FITNESS Progress

BIO-SCORE **MEDICAL/ORTHOPEDIC LIMITATIONS**

- **RED** – Cardiorespiratory (Hypertension, Pacemakers, MI, A-Fib, CVD, CHD, PVD, Asthma, COPD)
- **ORANGE** – Metabolic (Obesity, Diabetes)
- **BLUE** – Orthopedic (Joint or Muscle Condition or Injury, Arthritis, Fibromyalgia,)
- **PURPLE** – Other (Not Previously Listed, ex. MS, CP, Spinal Cord, Intellectual)
- **GREEN** – No Limits (good to GO)

Levels of fitness

- ***RESISTANCE TRAINING** (Olympic, Barbell, Dumbbell, Cables, Machines, Kettle Bells)
- ***BODY WEIGHT** (Pushups, Pull-ups, Dips, Lunges, TRX/Rings, Stability ball)
- ***CARDIO** (Run, Row, Bike, Stair Climber, Cross-Trainer)
- ***INTERVAL** (Tabata, Sprint 8, Circuit, Gibila, HIIT)
- ***PLYOMETRICS**

FMA

- **WHITE**– Beginner, No Experience, Untrained, Sedentary
- **YELLOW**– Deconditioned, Some Experience
- **RED**– Intermediate, Some Experience, Moderate Fitness
- **BLUE**– High Experience and Fit, Many Components
- **BLACK** – Highly Experienced and Trained, Athletic, All Components

At a Glance... *BioSCORES*®

Building A Successful Practice Without Results Is Impossible

- You Are Only as Good as Your Team and System
- Not a Get Rich Quick Program - Need Right Personnel and Development
- Over Deliver on Value and Must Generate Results
- Patient Centered Care, Compassion, Professionalism, Positive Relationships, Accountability, Support, and Leadership
- “They Don’t Care Until They Know How Much You Care.”

3 Ways to Begin Your Journey into Medical Fitness

- Becoming Employed: Become Equipped MFN Education
- Partnering with a Physician/Medical Group
- Owning Own

IMPACT(M): Marketing & Sales

IMPACT(P): Personal & Personnel

IMPACT(A): Automation & Core Process

IMPACT(C): Communication

Medical Fitness: “Bridging the Gap”

- Create Real Health for Patients by Helping to Reverse Chronic Disease and Improve Outcomes In Clinical Settings.
- Make a Undeniable Difference in Your Community and, as a Result, Be the “Go-To” within Your Niche.
- Lead the Mission to Change the Direction of Our Health Care Crisis by Being Proactive in Adding Conservative, Integrative and Preventative Medicine through Nutrition and Fitness Services.
- Mission and Purpose Drive a TEAM that Is on Fire to Make a Difference.
- It is Easy to Add to any Current Clinic Size if There Is Existing Office or PT Space.
- Low Overhead Options and No Risk Propositions.

Medical Fitness: Benefits For Clinic

- They Don’t Have to Build It. You Lead the Implementation.
- Build a Practice that isn’t Fully Dependent on Provider Income!
- DECREASE the NEED For MEDICATIONS that DON’T Address the Root of Several Medical Issues, NO BANDAIDS.
- Diversify and Build a Practice That is Cash Model Friendly.
- Outcome and Bundled Payment Models Are the Future.
- Create Constant New Referrals to Their Existing Practice.
- Incredible Marketing and Patient Attractor for Your Practice.
- Highly Motivated Population Make Better Patients and Outcomes
- Extreme Cross Referral Synergy that Benefits All Departments

Additional Intangible Benefits

- Medical Fitness Patients Become Lifelong Patients. Because You Change Their Lives, Your Patients Will Become Your Best “Walking Billboards”.
- Medical Clinics Can Use Position of Authority to Attract Patients Into a Practice Using Medical Oversight USP (Unique Selling Position).
- Compliment a Current Medical Practice to Increase Revenue and Obtain New Patients. Medically Supervised WL Captures an Untouched Market.

- Stay a Step Ahead of the Competition by Being the First in Your Area in the Medical Fitness Market. Differentiation is Essential in a Competitive Niche.

Question and Answer Segment

REFERENCES

Please see location of references in the outline above in order to see the context for the reference.

- Lumbar Spine Fusion in Obese and Morbidly Obese Patients Rahul Vaidya, MD, FRCSC; Julia [World Neurosurg.](#) 2014 Jul-Aug;82(1-2):e345-52. doi: 10.1016/j.wneu.2013.09.053. Epub 2013 Oct 18.
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