A Proposal for a New Screening Paradigm and Tool Called Exercise Assessment and Screening for You (EASY)

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The Exercise Assessment and Screening for You (EASY) is a tool developed to help older individuals, their health care providers, and exercise professionals identify different types of exercise and physical activity regimens that can be tailored to meet the existing health conditions, illnesses, or disabilities of older adults. The EASY tool includes 6 screening questions that were developed based on an expert roundtable and follow-up panel activities. The philosophy behind the EASY is that screening should be a dynamic process in which participants learn to appreciate the importance of engaging in regular exercise, attending to health changes, recognizing a full range of signs and symptoms that might indicate potentially harmful events, and becoming familiar with simple safety tips for initiating and progressively increasing physical activity patterns. Representing a paradigm shift from traditional screening approaches that focus on potential risks of exercising, this tool emphasizes the benefits of exercise and physical activity for all individuals.

Keywords: aging, physical activity, older adults

There is now substantial evidence documenting the many health benefits associated with physical activity for adults of all ages (Katzmarzyk, Janssen, & Ardern, 2003; Netz, Wu, Becker, & Tenenbaum, 2005; Palombaro, 2005; Prohaska et al., 2006; Tardon et al., 2005; Wendel-Vos et al., 2004). Physical activity improves health even for chronically ill or frail older adults for whom it is often falsely believed that physical activity will exacerbate rather than ameliorate underlying health problems (Hurley & Scott, 1998; Mallery et al., 2003; Roddy, Zhang, & Doherty, 2005; Singh et al., 2005; Thompson et al., 2003).
Meta-analytic reviews have provided strong evidence that participation in either nonspecific physical activity or specific aerobic or resistive exercise is associated with a variety of health improvements such as decreased risk of coronary heart disease and stroke (Cornelissen & Fagard, 2005; Kelley & Sharpe Kelley, 2001; Lee, Folsom, & Blair, 2003; Wendel-Vos et al., 2004; Williams, 2001), decreased progression of degenerative joint disease (Roddy et al., 2005), prevention of osteoporosis of the lumbar spine (Berard, Bravo, & Gauthier, 1997; Palombaro, 2005), decreased incidence of falls (Chang et al., 2004; Weatherall, 2004), increased gait speed if the activity is of sufficient intensity and dosage (Lopopolo, Greco, Sullivan, Craik, & Mangione, 2006), improved cognitive function in sedentary older adults (Colcombe & Kramer, 2003) and in those with dementia (Heyn, Abren, & Ottenbacher, 2004), a modest benefit in quality of life for frail older adults (Schechtman & Ory, 2001), and a positive association with successful aging (Depp & Jeste, 2006). Although there is some evidence of a dose–response relationship between physical activity and health outcomes (Hurley & Scott, 1998; Rankinen & Bouchard, 2002; Singh, 2002; Sutton, Muir, Mockett, & Fentem, 2001), substantial benefits can be achieved at even relatively low levels of exercise intensity (Agency for HealthCare Research and Quality & Centers for Disease Control, 2002; Pescatello, 2001; U.S. Department of Health and Human Services, 2001), and previously sedentary older adults are the most likely to benefit from physical activity (Schnelle, MacRae, Ouslander, Simmons, & Nitta, 1995; Singh). The level of exercise intensity, defined as the rate of energy expenditure during physical activity and expressed in metabolic equivalents (METs), can vary depending on the activity. Current public health recommendations stress the importance of all adults engaging in at least 30 min of moderate-intensity activity (4.0–5.9 METs) on most, if not all, days of the week (Agency for Healthcare Research and Quality & Centers for Disease Control).

Despite repeated findings of the benefit of low- to moderate-intensity physical activity for older adults, less than a third of older individuals engage in regular physical activity, with the proportion meeting recommended guidelines dropping with advanced age (Centers for Disease Control and Prevention, 2006). Physical activity rates could be increased if primary health care providers proactively recommended physical activity to all patients. Unfortunately, most health care providers do not encourage physical activity or take time to discuss its benefits (Balde, Figueras, Hawkins, & Miller, 2003; Dauenhauer, Podgorski, & Karuza, 2006; Kerse, Elley, Robinson, & Arroll, 2005). In 423 videotaped physician–patient encounters (Ory et al., 2006), only 39% were found to include a discussion about physical activity. Approximately 50% of providers report that they do not prescribe physical activity for older adults (Dauenhauer et al.). Patient recollections of the frequency of physician recommendations related to physical activity are somewhat higher, ranging from 50% to 62% (Balde et al.; Hirvensalo, Heikkinen, Lintunen, & Rantanen, 2005). Ten percent of older patients reported that they received warnings against participating in physical activity, and 34% reported receiving both recommendations for and warnings against physical activity (Hirvensalo et al.). Providers (physicians, nurse practitioners, and physician assistants), although they report believing in the benefits of physical activity, admit to having insufficient knowledge of what to recommend with regard to beginning a physical activity program (Dauenhauer et al.).
New practice guidelines associated with “Welcome to Medicare” (Centers for Medicare and Medicaid Services, 2006) and the Healthcare Effectiveness Data and Information Set (HEDIS) provide reimbursement and regulatory incentives for providers to take the time to discuss and encourage health-promotion activities such as physical activity. It is critical, however, that these providers have information and resources available for themselves and their patients so that recommendations can be made to the patients that will enable them to choose activities that will optimize their health and quality of life.

A screening tool, the Exercise Assessment and Screening for You (EASY), was developed to provide health care providers and older adults with an easy-to-use Web-based tool that would match underlying health problems with a physical activity program known to be safe and beneficial for individuals with those underlying health problems. For example, it provides several exercise options for older adults with arthritis. This tool builds off prior work in the area of screening for physical activity among older adults and makes accessible for providers and older adults a wide variety of professionally sanctioned physical activity options that meet the needs of older adults across a wide range of ability levels and health conditions.

**Recommendations for Screening for Physical Activity in Older Adults**

In light of the many benefits of physical activity and the relatively low risk of serious adverse events associated with low- and moderate-intensity physical activity, current guidelines from a consensus group from the American Heart Association and the American College of Cardiology (Gibbons et al., 1997; U.S. Preventive Services Task Force, 2004) no longer recommend routine stress testing for those initiating physical activity. For sedentary older people who are asymptomatic, low-intensity physical activity can be safely initiated regardless of whether they have had a recent medical evaluation (Cress et al., 2005; Pescatello, 2001). Screening of some type, however, is still frequently recommended for older adults before their being able to participate in research studies with a physical activity component or physical activity classes or use exercise equipment in wellness centers (Resnick, Ory, Coday, & Riebe, 2005). Legal concerns are often cited, although there are few data indicating that lawsuits result from the lack of mandated screening programs (Herbert & Herbert, 2002; Resnick et al., 2005).

The American College of Sports Medicine currently recommends a preparticipation screening algorithm for older adults using either the PAR-Q or the American College of Sports Medicine/American Health Association Questionnaire. The exercise prescriber is encouraged to categorize the individual into one of several ACSM risk strata. A decision tree indicates when further medical examination and testing before participation in physical activity programs are needed. Although to date the major emphasis of screening has been on prevention of life-threatening cardiovascular events (Gill, DiPietro, & Krumholz, 2000; Shephard, 1994), existing screening tools are ineffective in correctly identifying the extremely small number of individuals who are at risk for sudden death during exercise (Morey & Sullivan, 2003). To compound the problem further, existing screening protocols are associated with an unacceptably high rate of false positives that result in unneeded
and expensive office visits that can serve as a disincentive to begin physical activity (Ory, Resnick, Jordan, et al., 2005; Resnick, Ory, Coday, & Riebe, in press; Shephard, 1994).

We, the authors, believe that screening tools could be redesigned to encourage physical activity and serve as a guide to what kinds of activities can be recommended to people with medical problems such as arthritis. Such screening tools can likewise help identify individuals who might need additional clinical evaluation or screening before initiating an exercise program. This type of preactivity screening would be used to “tailor” an individual’s activity choices and thereby prevent serious adverse cardiovascular events and the far more common adverse musculoskeletal events that can accompany the initiation of physical activity (Keysor & Jette, 2001). Even relatively minor musculoskeletal injuries can have an adverse impact on older adults’ willingness to continue to be physically active (Edmond & Felson, 2003; Resnick et al., 2005; Resnick, Vogel, & Luisi, 2006). Recognizing these risks, a number of strategies have been recommended for preventing musculoskeletal events during physical activity, such as starting with low-intensity physical activity and increasing the intensity gradually over time (Cress et al., 2005; Pescatello, 2001), performing exercises that increase muscle strength around weight-bearing joints (Roddy et al., 2005), completing active stretching during the cool-down portions of aerobic-exercise programs (Pescatello), and avoiding high-intensity vigorous exercise (Pescatello; Singh et al., 2005).

Commonly Recommended Screening Tools

The most commonly recommended and frequently used preactivity screening tool in the United States and Canada is the Physical Activity Readiness Questionnaire (PAR-Q; Shephard, Thomas, & Weller, 1991). The PAR-Q focuses on assessment of risk factors for potential cardiovascular events, with only minimal attention paid to more common muscle, joint, or bone-related problems and other risk factors. To increase the specificity of the PAR-Q, particularly when used with older adults, it was revised to decrease the number of individuals who were responding affirmatively to screening questions because of benign symptoms or normal aging changes (Shephard et al.). Individuals who responded affirmatively to any of the PAR-Q items were referred to their primary health care provider for further evaluation to determine whether medical or behavioral interventions were needed to reduce their risk of negative health outcomes associated with exercise. Validity testing of the revised PAR-Q (rPAR-Q) was done by coupling completion of the tool with data from a national health survey. Those who did not pass the rPAR-Q had a crude overall mortality risk ratio of 2.2 (Arraiz, Wigle, & Mao, 1992). Unfortunately this type of validation does not answer the question of whether these individuals were at risk for dying when engaging in physical activities or the equally important question of whether physical activity might have extended or improved the quality of their lives.

Use of the rPAR-Q rather than the original PAR-Q decreased the likelihood of a false positive from 17% to 12% (i.e., 12% did not pass the screening). It is likely the individuals who did not successfully pass the rPAR-Q are the ones who would benefit the most from a physical activity program. Reliance on the rPAR-Q in these situations might be a barrier to physical activity because the individual would need
to go for further (possibly costly) evaluation from a health care provider and might become fearful of engaging in physical activity because of potential health risks. Even for individuals who do pass the rPAR-Q, the tool does not give health care providers or older individuals the greatly needed guidance about what physical activity regimen would be safe and useful for them to engage in. Moreover, screening tools such as the rPAR-Q are often viewed as a one-step process as opposed to an ongoing and flexible risk-management plan that can be responsive to changing situations and settings. Given the likelihood that older adults will have chronic medical problems and be at risk for acute exacerbations of those problems, it is critical that ongoing health status be considered before, during, and after physical activity. Incorporating and encouraging the use of safety tips for physical activity into the screening process can help providers and older individuals continually monitor their safety with any given physical activity.

The proposed EASY screening tool addresses many of the weaknesses in the currently available screening processes because it incorporates an interactive Web-based system (www.easyforyou.info) to guide older individuals and health care providers through a series of six questions. The purpose of these questions is to identify any health problems an individual might have that could affect the type of exercise that he or she should perform and highlight those that might best benefit their clinical problems. The exercise programs that are recommended are from respected professional organizations. In addition, older individuals completing the EASY are encouraged to use the comprehensive listing of safety tips before, during, and after physical activity. An example of the results of the EASY for an older adult who has a history of dizziness is included in Table 1. Given the affirmative response to the second question, Do you currently experience dizziness or lightheadedness? the individual is reminded to “Make sure your health care provider knows about the dizziness or lightheadedness” and then has the opportunity to link to exercise options for individuals with known dizziness.

Development of the Exercise/Physical Activity Assessment and Screening for You (EASY)

The initial work toward the development of the EASY came out of the Behavioral Change Consortium (BCC) Physical Activity Workgroup (Ory, Jordan, & Bazzarre, 2002). The workgroup considered the relationship between screening and recruitment of participants and the history of adverse events associated with physical activity interventions in each of the 11 BCC studies supported by the National Institutes of Health (Ory et al., 2002). Despite the presence (55%) or absence (45%) of preactivity screening in the BCC studies, no major adverse events were reported in any of these studies (Ory, Resnick, Jordan, et al., 2005).

With support from the Robert Wood Johnson Foundation, a small group of investigators from the BCC Physical Activity Workgroup explored the experiences and beliefs of researchers, clinicians, and older adults regarding the value and efficacy of preactivity screening (Resnick et al., 2005, in press). The findings from these qualitative studies emphasized that there were pros and cons associated with the screening process for older adults. Specifically, there were some older adults and clinicians who felt that screening had a psychological benefit, because it gave participants a sense of assurance that it was safe for them to start exercising.
Alternatively, there were some older individuals and clinicians who felt that requiring medical screening was not needed and inconvenient, it sometimes can be physically or psychologically traumatic, it is costly for the individual and the health care system, and screening sometimes excludes the individuals who are most likely to benefit from low- to moderate-intensity physical activities.

Using these findings the expert panel reviewed screening and assessment issues related to the pros and cons of current physical activity screening practices and seeming inconsistencies between clinical screening guidelines and current public health recommendations to increase physical activity. They met at a screening roundtable held in May 2005 to discuss current information about best practices for promoting physical activity in older adults, introduce a new “tailored” screening paradigm including the new EASY screening tool, and recommend actions for identifying and monitoring adverse events in existing community programs. An

Table 1  EASY Results for an Individual With a History of Dizziness

Great! You are ready to start exercising. Visit First Steps to Active Health to begin. Use recommendations below if you have answered yes to any of the questions for exercising safely with your condition. Share the results with your health care provider and ask “Are there any exercises that I should not do?”

<table>
<thead>
<tr>
<th>EASY question</th>
<th>Older adult response</th>
<th>Recommendation from the EASY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have pains, tightness, or pressure in your chest during physical activity (walking, climbing stairs, household chores, similar activities)?</td>
<td>No</td>
<td>View these links and tips. Make sure your health care provider knows about the dizziness or lightheadedness.</td>
</tr>
<tr>
<td>2. Do you currently experience dizziness or lightheadedness?</td>
<td>Yes</td>
<td>If your blood pressure has not been checked in the last 6 months, it is recommended to get it checked with a health care provider.</td>
</tr>
<tr>
<td>3. Have you ever been told you have high blood pressure?</td>
<td>No</td>
<td>If you use an assistive device it is okay to exercise, but please continue to use it while exercising as appropriate.</td>
</tr>
<tr>
<td>4. Do you have pain, stiffness, or swelling that limits or prevents you from doing what you want or need to do?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. Have you fallen in the past year, or do you feel unsteady or use a cane or walker while standing or walking?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6. Is there a health reason not mentioned why you would be concerned about starting an exercise program?</td>
<td>No</td>
<td></td>
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*The links include exercise options for individuals with dizziness. In addition, the individual is provided with the tips for safe exercise as shown in Table 3.*
An annotated bibliography of existing literature was prepared, and conclusions and recommendations from the screening roundtable were summarized in a report for the White House Conference on Aging. The expert panel concluded that adverse events occurring during light- to moderate-intensity physical activity were infrequent across a wide variety of populations and settings. In addition, the panel believed that a screening tool that provides some assurance to older adults that it can be safe for them to begin physical activity, activity options that match their physical condition, and safety tips to use before, during, and after physical activity was greatly needed. Motivated older individuals searching for information about exercise, and health care providers interested in providing patients with information about the benefits of physical activity and the kinds of activities they can enjoy if they have specific medical problems or needs, might benefit from the availability of this tool.

The expert panel felt was that screening should not be seen as a one-time activity and that participants need to appreciate the importance of attending to health changes, be aware of signs and symptoms of potentially harmful events, and be familiar with simple safety tips. Although health care providers are encouraged to go through the EASY with older patients, older individuals are likewise encouraged to talk with their health care provider about their physical activity program. This helps health care providers become champions for initiating physical activity and helps patients take responsibility for making choices to improve and maintain their health.

The Exercise Assessment and Screening for You (EASY) tool was modeled on the commonly used rPAR-Q and based on prior experience and clinical research. The questions in the r-PAR-Q and the EASY are similar (see Table 2). There are profound differences, however, in how the tool guides respondents with respect to their physical activity options. The rPAR-Q involves only a single yes/no response to each item, and the individual either passes screening or does not. If the individual fails the screening process, he or she is required to see his or her health care provider before beginning physical activity. Conversely, each question in the EASY follows an algorithm such that the older adult or the health care provider is guided toward a list of known and available physical activity programs that are effective and appropriate for a given concern. In addition, the EASY provides all respondents with a number of specific safety tips to follow before, during, and after physical activity. It is only in the event that an individual is experiencing an acute medical problem that has not been previously evaluated by a health care provider that the individual is encouraged to see his or her provider before exercising. Each question in the EASY is addressed briefly herein, with consideration given to the rationale for asking the question and rationale for the recommendations provided.

**Question 1: Do you have pain, tightness, or pressure in your chest during physical activity (walking, climbing stairs, household chores, similar activities)?**
This question helps older adults identify acute cardiac problems that might result in cardiac stress if an aerobic activity is initiated and guides them toward a physical activity program that will result in cardiac benefits and will not aggravate symptoms. Not only is routine comprehensive cardiac stress testing no longer recommended for older individuals before starting a physical activity program (Gibbons et al., 1997), but questions have also been raised about the utility of preenrollment screening questionnaires to identify individuals with cardiac risks associated with
Cardiovascular events in response to physical activity are both rare and unpredictable. Neither stress tests nor screening instruments such as the rPAR-Q effectively identify the tiny subset of individuals at risk for these events (Morey & Sullivan, 2003; Shephard, 2000). At the same time there is significant risk associated with screening through traditional graded exercise testing. Approximately 20% of older individuals will have a positive stress test and consequently will be exposed to more invasive testing (Kohl, Gibbons, Gordon, & Blair, 1990; Wennberg et al., 1996). Both stress tests and existing preactivity questionnaires are associated with unacceptably high false positive and false negative results (Morey & Sullivan). Moreover, there is no prognostic value of exercise testing in asymptomatic individuals with regard to cardiovascular events (Mora et al., 2003).

### Table 2  The Revised PAR-Q Questions Compared With the EASY Questions

<table>
<thead>
<tr>
<th>rPAR-Q question</th>
<th>Comparable EASY question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?</td>
<td>1. Do you have pains, tightness, or pressure in your chest during physical activity (walking, climbing stairs, household chores, similar activities)?</td>
</tr>
<tr>
<td>2. Do you have chest pain brought on by physical activity?</td>
<td>2. Do you currently experience dizziness or lightheadedness?</td>
</tr>
<tr>
<td>3. Have you developed chest pain at rest in the past month?</td>
<td>3. Have you ever been told you have high blood pressure?</td>
</tr>
<tr>
<td>4. Do you lose consciousness or lose your balance as a result of dizziness?</td>
<td>4. Do you have pain, stiffness, or swelling that limits or prevents you from doing what you want or need to do?</td>
</tr>
<tr>
<td>5. Do you have a bone or joint problem that could be aggravated by physical activity?</td>
<td>5. Do you currently experience dizziness or lightheadedness?</td>
</tr>
<tr>
<td>6. Is your doctor currently prescribing medication for your blood pressure or heart condition (e.g., diuretics or water pills)?</td>
<td>6. Is there a reason not mentioned why you would be concerned about starting an exercise program?</td>
</tr>
<tr>
<td>7. Are you aware, through your own experience or a doctor’s advice, of any other reason against your exercising without medical approval?</td>
<td>5. Do you fall, feel unsteady, or use an assistive device while standing or walking?</td>
</tr>
</tbody>
</table>
Asking about cardiac symptoms in Question 1 allows the older individual and the health care provider to focus on these symptoms, particularly newly identified symptoms; to pursue a more comprehensive assessment of the symptoms as indicated; and to establish a physical activity program likely to improve underlying cardiovascular disease. Physical activity focused on inducing a cardiovascular benefit includes activities that involve large muscle groups and are continued for 20–60 min. These activities include, but are not limited to, walking, running, swimming, and biking. The recommended goal is for 30 min of activity daily, although guidelines suggest that individuals should build up to this level of activity if they are initially inactive (Pescatello, 2001; Tackett, 2005). The EASY would guide an individual with known heart disease, which has been previously evaluated by a health care provider, to initiate a heart-healthy physical activity program such as that recommended by the American Heart Association (www.americanheart.org).

**Question 2: Do you currently experience dizziness or lightheadedness?**

This question helps individuals and health care providers address dizziness, which might be caused by a variety of underlying medical problems such as vertigo, cardiovascular problems (e.g., atrial fibrillation or orthostatic hypotension), metabolic problems such as high or low blood sugar, visual impairment, or side effects of medications. In the event that the symptoms of dizziness are new to an individual and have not been previously evaluated by a health care provider, the individual should be directed to see his or her health care provider. If dizziness is a chronic problem, the individual will be linked to physical activity programs for individuals who have known dizziness, such as those provided by the American Physical Therapy Association (http://headtotoe.apta.org/kbase/frame/ug117/ug1176/frame.htm), and the safety tips for physical activity (Table 3).

**Question 3: Have you ever been told you have high blood pressure?**

This question reminds older adults of the importance of regular blood-pressure monitoring. It is not meant to serve as a deterrent to physical activity. Individuals who do have high blood pressure are encouraged to continue to work with health care providers to optimize treatment. In addition, they will be able to link to physical activity interventions that will further improve systolic and diastolic pressure (Pescatello et al., 2004; Brennan et al., 2005; Stewart, Ouyang, Bacher, Lima, & Shapiro, 2006), such as those recommended by the American College of Sports Medicine (www.acsm.org/pdf/EOA.pdf). In addition, they will be linked to safety tips to ensure safe participation in physical activity (Table 3).

**Question 4: Do you have pain, stiffness, or swelling that limits or prevents you from doing what you want or need to do?**

This question helps older adults and their health care providers recognize chronic musculoskeletal problems (e.g., arthritis) and identify acute exacerbations of these problems so that the physical activity program the individual initiates will prevent or manage these musculoskeletal conditions. The prevalence of arthritis in older adults ranges from 25% in non-Hispanic whites to 40% in non-Hispanic blacks to 44% in Hispanics (Dunlop et al., 2005), and the associated pain and stiffness are often used as reasons or excuses to avoid physical activity (Resnick & Spellbring, 2000; Thomas et al., 2002). Physical therapy and physical activity clearly benefit older adults with arthritis (Kovar, Fitti, & Chyba, 1992; O’Reilly & Doherty, 2001;
### Table 3 EASY Safety Tips for Initiation of Physical Activity

<table>
<thead>
<tr>
<th>Safety tips before starting physical activity</th>
<th>Safety tips for when to stop physical activity</th>
<th>Safety tips to recognize times when physical activity should not be initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Always wear comfortable, loose-fitting clothing and appropriate shoes for your activity.</td>
<td>• You have pain or pressure in your chest, neck, shoulder, or arm.</td>
<td>• Do not do hard exercise for 2 hr after a big meal.</td>
</tr>
<tr>
<td>• Warm up: Perform a low- to moderate-intensity warm-up for 5–10 min.</td>
<td>• You feel suddenly dizzy or sick.</td>
<td>• Do not exercise when you have a fever or viral infection accompanied by muscle aches.</td>
</tr>
<tr>
<td>• Drink water before, during, and after your exercise session.</td>
<td>• You break out in a cold sweat.</td>
<td>• Do not exercise if your systolic blood pressure is greater than 200 and your diastolic is greater than 100.</td>
</tr>
<tr>
<td>• When exercising outdoors, evaluate your surroundings for safety: traffic, pavement, weather, and strangers.</td>
<td>• You have muscle cramps.</td>
<td>• Do not exercise if your resting heart rate is higher than 120 beats per minute.</td>
</tr>
<tr>
<td>• Wear clothes made of fabrics that absorb sweat and remove it from your skin.</td>
<td>• You feel sudden acute (not just achy) pain in your joints, feet, ankles, or legs.</td>
<td>• Do not exercise if you have a joint that you are using to exercise (such as a knee or an ankle) that is red and warm and painful.</td>
</tr>
<tr>
<td>• Never wear rubber or plastic suits. These could hold the sweat on your skin and make your body overheat.</td>
<td>• Slow down if you are out of breath. You should be able to talk while exercising without gasping for breath.</td>
<td>• Stop exercising if you experience severe pain or swelling in a joint. Discomfort that persists should always be evaluated.</td>
</tr>
<tr>
<td>• Wear sunscreen when you exercise outdoors.</td>
<td>• Do not do hard exercise for 2 hr after a big meal.</td>
<td>• Do not exercise if you have a new symptom that has not been evaluated by your health care provider, such as pain in your chest, abdomen, or a joint; swelling in an arm, leg, or joint; difficulty catching your breath at rest; or a fluttering feeling in your chest.</td>
</tr>
<tr>
<td>• Start low and build with regard to time and intensity of any physical activity.</td>
<td>• You break out in a cold sweat.</td>
<td>• Do not exercise if your systolic blood pressure is greater than 200 and your diastolic is greater than 100.</td>
</tr>
<tr>
<td>• If you always feel dizzy or off balance, do your exercises sitting down.</td>
<td>• You have muscle cramps.</td>
<td>• Do not exercise if your resting heart rate is higher than 120 beats per minute.</td>
</tr>
</tbody>
</table>

**Note.** Additional safety information is provided at the National Institutes of Health Web page: www.nlm.nih.gov/medlineplus/safety.html
& Kahaleh, 2002; Wyatt, Milam, Manske, & Deere, 2001). Individuals with known arthritis will be linked to physical activity programs specifically geared toward decreasing the progression of the arthritis and managing the symptoms, such as those recommended by the American College of Rheumatology (www.rheumatology.org/public/factsheets/exercise_new.asp).

Question 5: Do you fall, feel unsteady, or use an assistive device while standing or walking?

This screening question focuses on possible balance concerns and optimizing safety of older individuals during their physical activities. Falls and fear of falling are common problems in older adults (Howland et al., 2000; Lach, 2005; Li, Fisher, Harmer, McAuley, & Wilson, 2003; Rubenstein & Josephson, 2002), and approximately one third of community-dwelling adults 65 years of age or older experience one or more falls each year (Friedman, Munoz, West, Rubin, & Fried, 2002; Means, Rodell, & O’Sullivan, 2005; Tinetti, 2003; Tromp et al., 2001). Clinical trials have demonstrated that physical activity interventions result in decreased fear of falling and prevent actual falls (Brouwer, Walker, Rydahl, & Culham, 2003; Day et al., 2001; Liu-Ambrose et al., 2004; Lord et al., 2003; Schoenfelder & Rubenstein, 2004; Sherrington, Lord, & Herbert, 2004; Takeshima et al., 2002).

Although more research is needed to better understand the relationship between the use of assistive devices and decreased falls and fear of falling, there is some evidence to support the utility of these devices (Bateni & Maki, 2005). A comprehensive review of over 1,000 studies exploring the use of canes and walkers provided evidence to suggest that these devices improve balance and mobility in many situations (Bateni & Maki; Steultjens et al., 2004). In addition, new technologies should be explored to encourage and ensure safe physical activity among older individuals using assistive devices (Nelson et al., 2004). The EASY will link older individuals who have a history of falls, feel unsteady when walking, or use an assistive device to physical activity interventions that were developed for those with balance problems, such as those provided by the Center for Neurological Studies (www.cnsonline.org/www/archive/parkins/park-03.html). As with the other EASY questions, the individual will also be linked to the comprehensive list of safety tips to use before, during, and after physical activity (Table 3).

Question 6: Is there a reason not mentioned why you would be concerned about starting a physical activity program?

This question encourages individuals to report additional symptoms that might influence their ability and willingness to increase their physical activity. For example, some individuals might be concerned about participating in physical activity because of urinary incontinence, and this should be addressed. Responses to this question might provide important information for motivational interventions. Concerns associated with increasing physical activity must be addressed so that the individual feels confident in his or her ability to safely engage in a physical activity program (Clark, 1999; Conn, Burks, Pomeroy, Ulbrich, & Cochran, 2003; Damush, Perkins, Mikesky, Roberts, & O’Dea, 2004; Netz & Raviv, 2004). This final question links to a variety of physical activity programs for older individuals that incorporate stretching and balance with aerobic and resistance activities (www.nihseniorhealth.gov/exercise/toc.html). Likewise, the user will be encouraged to follow the comprehensive safety tips before, during, and after physical activity (Table 3).
Use of the EASY

Figure 1 provides an example of one screen in the EASY. As previously described, each of the EASY screening questions is followed by an algorithm that guides the individual completing the measure through a variety of options. For example, the first question differentiates whether the cardiac symptoms experienced are new or if they had previously been evaluated. If an individual is experiencing a new symptom, the individual is encouraged to check with his or her primary health care provider to determine if there is any reason he or she cannot be physically active. If it is not a new problem and the individual has previously had the problem evaluated and been told that there is no reason that he or she cannot be physically active, then he or she can begin exercising and will be linked to the recommended physical activity programs likely to benefit older adults with a history of cardiovascular disease and the safety tips to use when exercising (Table 3).

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Figure 1 — Example of a question from the Exercise Assessment and Screening for You (EASY): Question 1.
The questions in the EASY can be completed by older adults independently or with the help of their primary health care provider, an exercise trainer, or group exercise leader. The underlying message of the EASY is that physical activity is good for people at all ages. Nearly all older adults can safely participate in moderate-intensity physical activities such as a brisk walk or gardening for at least 30 min a day, most days of the week. There is a new tool that helps individuals know when to see a health care provider and how to choose activities for optimal benefit given particular health conditions or situations. This changes the role of health care provider from “gatekeeper” to “partner” in developing appropriate and effective physical activity programs.

The EASY tool provides a resource to facilitate access to information about physical activity for older adults, particularly with regard to specific exercise recommendations for individuals with certain common chronic medical problem. The EASY has yet to be tested in randomly controlled trials to determine its effectiveness in terms of increasing physical activity or preventing adverse events associated with physical activity, although some practitioners are already beginning to employ this tool in their activity programs with older adults, demonstrating the feasibility of using the tool in community settings. The EASY philosophy, however, is supported by research demonstrating the safety of physical activity at a low to moderate level of intensity and incorporates the important ongoing safety tips to ensure safety during all exercise activities. We encourage health care providers and older adults to use the EASY (www.easyforyou.info) and provide us with feedback. The tool’s overriding purpose is to promote a flexible, tailored approach to screening that will better inform older adults and their health care providers about safe physical activity programs with appropriate injury-management strategies. The identification of a broader range of activities appropriate for different health circumstances and situations will enable most older adults to engage in physical activity that will improve their health and functioning.

References


